2019

Uniform Service Coding Standards Manual



COLORADO

Department of Health Care Policy & Financing



COLORADO Office of Behavioral Health

Department of Human Services

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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)¹
- Current Procedural Terminology (CPT[®]), Professional Edition²
 - Healthcare Common Procedure Coding System (HCPCS) ³ 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 1st 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[®]/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	 A. Inpatient Hospital – Adult 21-64: A program of psychiatric care in which the Member remains twenty-four (24) hours a day in a facility licensed as a hospital by the State, excluding State Institutions for Mental Disease (IMDs). B. Inpatient Hospital – Under 21: A program of care for Members under age twenty-one (21) in which the Member remains twenty-four (24) hours a day in a psychiatric hospital, or other facility licensed as a hospital by the State. Members who are inpatient on their twenty-first birthday are entitled to receive inpatient benefits until discharged from the facility or until their twenty-second (22) birthday, whichever is earlier, as outlined in 42 CFR 441.151. C. Inpatient Hospital – 65 and Over: A program of care for Members age sixty-five (65) and over in which the Member remains twenty-four (24) hours a day in Institutions for Mental Diseases (IMD) or other facility licensed as a hospital by the State. 		
Outpatient	 A program of care in which the Member receives services in a hospital or other health care facility/office, but does not remain in the facility twenty-four (24) hours a day, including: A. Physician Services, including psychiatric care: Behavioral health services provided within the scope of practice of medicine as defined by State law. 		

Category	Medicaid State Plan Program Service Categories Description			
eategory	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. Outpatient Day Treatment : Therapeutic contact with a patient in a structured, non-residential program of			
	therapeutic activities. Services include assessment and monitoring; individual/group/family therapy;			
	medical/nursing support; psychosocial education; skill development and socialization training focused on			
	improving functional and behavioral deficits; medication management; expressive and activity therapies; and			
	coordination of needed services with other agencies. When provided in an outpatient hospital program, may be			
	called "partial hospitalization."			
	E. Emergency/Crisis Services: Services provided during a behavioral health emergency which involve unscheduled			
	immediate, or special interventions in response to crisis situation with a patient/family, including associated			
	laboratory services, as indicated.			
	F. Pharmacy Services : Prescribed drugs when used in accordance with 10 CCR 2505-10 Section 8.800,			
	Pharmaceuticals.			
	G. Targeted Case Management: Case management services furnished to assist individuals, eligible under the State			
	Plan, in gaining access to needed medical, social, educational and other services.			
	H. School-Based Behavioral Health Services: Behavioral health services provided to school-aged children and adapted to school aged children and			
	 adolescents on-site in their schools, with the cooperation of the schools. Drug Screening and Monitoring: Substance use disorder counseling services provided along with screening 			
	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 an 			
	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			
1915(b)(3) services State Plan as Expar	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 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	INOSOS		

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).^{iv} 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*,^v developed cooperatively by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare and Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). These guidelines are a companion document to the ICD-10-CM, and while not exhaustive, assist the user in situations where the ICD-10-CM does not provide direction. The ICD-10-CM is updated annually, effective October 1st. The ICD-10-CM does not include diagnostic criteria, primarily because its principal function as an international system is to define categories that aid in the collection of basic health statistics.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), on the other hand, is the universal authority in the United States for diagnosing psychiatric disorders. Clinicians are encouraged to base their diagnostic decisions on DSM-5 criteria, and reference tables in the DSM-5 for ICD-10-CM insurance billing information. DSM-5 and the ICD are compatible with one another, and the DSM-5 contains a crosswalk to both ICD-9 and ICD-10 codes. The ICD–10-CM was implemented October 1, 2015.

a. Non-Covered Diagnoses

A covered diagnosis is required for reimbursement, unless it falls in one of the following categories: Screening, Assessment, Crisis, or Prevention/Early Intervention. (See <u>Appendix B</u> and <u>Appendix C</u> for specific codes allowed without a covered diagnosis.) For these services, a non-covered diagnosis may be reported when these services have been rendered to a Medicaid enrollee for the purpose of evaluating and assessing to determine the presence of and/or diagnose a behavioral health (BH) disorder(s). When no other diagnosis has been determined, R69 or Z03.89 may be used. These codes are specifically intended for use when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist.^{vi}

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 Illness, unspecified		
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out	

b. Covered Diagnoses

The table below lists the covered diagnoses under the Colorado 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

^{III} 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[®]), "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."⁷

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

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- 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)

Licensed Marriage and Family Therapist (LMFT) g.

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

Licensed Professional Counselor (LPC) h.

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

Uniform Service Coding Standards Manual 2019 Revised: December 2018 Effective: January 1, 2019 16 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."^{vi} The following is a useful overview of the four major types of recovery support services: (1) peer mentoring or coaching, (2) recovery resource connecting, (3) facilitating and leading recovery groups, and (4) building community.^{viii} Peer specialists assist 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).⁸

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 programs⁹

"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."¹⁰ 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
- Transdermal¹¹

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.		

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	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 ¹²	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) ¹³	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) ¹⁴	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.¹⁵

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.		
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/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and family therapy; medication management; and behavioral interventions.		

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U4	Intensive Case Management (ICM)	Community-based services averaging more than one hour per week, provided to adults with serious behavioral health disorders who are at risk of a more intensive 24 hour placement and who need extra support to live in the community. Services are assessment, care plan development, multi-system referrals, and assistance with wraparound and supportive living services, monitoring and follow-up.
ТМ	Assertive Community Treatment (ACT)	Comprehensive, locally-based, individualized treatment for adults with serious behavioral health disorders that is available 24 hours a day, 365 days a year. Services include case management, initial and ongoing behavioral health assessment, psychiatric services, employment and housing assistance, family support and education, and substance use disorders services.
НМ	Respite Services	Temporary or short-term care of a child, youth or adult patient provided by adults other than the birth parents, foster/adoptive parents, family members or caregivers that the patient normally resides with. Respite is designed to give the caregivers some time away from the patient to allow them to emotionally recharge and become better prepared to handle normal day-to-day challenges. Respite care providers are specially trained to serve individuals with behavioral health issues.
HJ	Vocational (Voc) Services	Services designed to help adult and adolescent patients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, vocational assessment, and job coaching.
HQ*	Clubhouses & Drop- In Centers	Peer support services for people who have behavioral health disorders, provided in a Clubhouse or Drop-In Center setting. Clubhouse participants may use their skills for clerical work, data input, meal preparation, providing resource information, and outreach to patients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting, and supporting recovery.
TT	Recovery Services	Community-based services that promote self-management of behavioral health symptoms, relapse prevention, treatment choices, mutual support, enrichment, rights protection, social supports. Services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring, consumer and family support groups, warm lines, and advocacy services.
HT*	Prevention/Early Intervention Activities (Prev/EI)	Proactive efforts to educate and empower individuals 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 [®] 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.			

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 to the above criteria for Psychotherapy. E/M services rendered in addition to psychotherapy may include:

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

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

- Interactive psychotherapy
- Insight-oriented, behavior-modifying and/or supportive psychotherapy
- 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).¹⁶

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,¹⁷ coordination of care or both, the service is coded based upon the length of time spent with the patient and/or family.¹⁸

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.¹⁹

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 18th birthday; youth in the custody of the Division of Youth Corrections (DYC) may be placed in an RCCF by court order past their 18th birthday but prior to their 21st birthday (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[®]/HCPCS Procedure Code The 5-digit numeric Current Procedural Terminology (CPT[®]) or alphanumeric Healthcare Common Procedure Coding System (HCPCS) code used to identify, report and/or bill the specific service or procedure rendered.
- **Procedure Code Description** A brief narrative description of the procedure code based on the definitions from the 2009 Coders' Desk Reference for Procedures^{xx} and/or the Centers for Medicare and Medicaid Services (CMS).^{xxi}
- 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>.^{xxii}
- 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.^{xxiv} 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.^{xxv} The appropriate modifiers, if applicable, are identified in parentheses.
 - Video Conference is based on the current allowable procedure codes for telemedicine (telehealth).^{xxvi}

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.^{xxviii}
- Staff Requirements The staff credentials allowed to render the service or procedure, unless specifically restricted by the procedure code description.^{xxix} 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).^{xxx} 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	Ø OBH			
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.	 Date of service Patient consent Screening results Patient's identified treatment/service plan (if applicable) Referral for treatment (if applicable) Signed with 1st initial, last name & credentials 				
NOTES	EXAMPLE ACTIVITIES				
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.	Enzyme assays measure either the consumption of 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+)	Encounter □ 15 Minutes Minimum: NA Day □ 1 Hour Maximum: NA				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☐ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Telephone ☐ Family (HS) 	П НЕ 04 П НЈ П НК П ТМ П НQ П НМ П ТТ П НТ				
STAFF REQUIREMENTS					
Suptern	Iaster's Level (HO) ⊠LAC ⊠ LPN/LVN (T dD/ PhD/PsyD (HP) ⊠CAC I ⊠ RN (TD) dD/ PhD/PsyD (HP) ⊠CAC II ⊠ APN (SA) /PhD/PsyD (AH) ⊠CACIII □ QMAP	TE) 🗵 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 – PATHOLOGY AND LABORATORY						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
80306	Drug screen, presumptive, read by instrument	⊠ ОВН				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
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	 Date of service Patient consent Screening results Patient's identified treatment/service plan (if applicable) Referral for treatment (if applicable) Signed with 1st initial, last name & credentials 					
NOTES	EXAMPLE ACTIVITIES					
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.	Enzyme assays measure either the consumption of production of a product over time. An example sub an opioid compound.					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Encounter 15 Minutes Minimum: NA Day 1 Hour Maximum: NA					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone □ Family (HS) 	П НЕ 0.04 П НЈ П НК 0.ТМ 0.НQ П НМ 0.ТТ П НМ 0.ТТ П НТ					
STAFF REQUIREMENTS						
I Bachelor's Level (HN) I LPC Unlicensed E	Master's Level (HO)	E) X RxN (SA) PA (PA) MD/DO(AF)				
PLACE OF SERVICE (POS) Image: CMHC (53) Image: Shelter (04) Image: Shelter (57) Image: CMHC (53) Image: Shelter (04) Image: Shelter (57) Image: CMHC (53) Image: Shelter (04) Image: Shelter (57) Image: CMHC (53) Image: Shelter (56) Image: Shelter (50) Image: CMHC (52) Image: Shelter (56) Image: Shelter (56) Image: CMHC (52) Image: Shelter (56) Image: Shelter (56) Image: CMHC (52) Image: Shelter (56) Image: Shelter (56) Image: CMHC (52) Image: Shelter (56) Image: Shelter (56) Image: CMHC (52) Image: Shelter (56) Image: Shelter (56) Image: CMHC (56) Image: Shelter (56) Image: Shelter (56) Image: CMHC (56) Image: Shelter (56) Image: Shelter (56) Image: CMHC (56) Image: Shelter (56) Image: Shelter (56) Image: CMHC (56) Image: Shelter (56) Image: Shelter (56) Image: CMHC (56) Image: Shelter (56) Image: Shelter (56) Image: CMHC (56) Image: Shelter (56) Image: Shelter (56) Image: CMHC (56) Image: Shelter (56)	I Other POS (99)					

	SCR	EENING – PATHOLOGY	AND LABORATORY -	ALCOHOL			
CPT [®] /HCPCS PROCE	DURE CODE		PROCEDURE CODE	DESCRIPTION		US	SAGE
	82075		Alcohol (ethanol); b	reath			OBH
SERVICE DESCRIPTIC)N		MINIMUM DOCUM	IENTATION RE		rs	
Alcohol breathalyzer degree of alcohol int	administered to test oxication of an indivi		 Date of service Client consent Screening rest Signed with 1st 	: Ilts	ame & crede	ntials	
NOTES			EXAMPLE ACTIVITI	-0			
sample viability for e	recording and storing	g procedures assuring	Breathalyzer admin intoxication	istered to test		ee of ald	cohol
APPLICABLE POPULA			UNIT		DURATION		
	-	Adult (21-64)		15 Minutes	Minimum: I		
	•	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	□ U4 (□ TM	ICM)		Clubhouse) lecovery)
STAFF REQUIREMEN	TS						
☑ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	I) 区 LCSW (A 区 LPC 区 LMFT	🗵 Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	区 LPN/L 区 RN (T 区 APRN 区 QMAI	D) (SA)	区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)
PLACE OF SERVICE (F							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ OutpHospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ Hospice (34) 	⊠ NF (32) ⊠ PRTF (56) ⊠ Shelter (04)	☑ FQHC (50) ☑ RHC (72) ☑ RSATF (55) ☑ NRSATF (57) ☑ Inpt Hosp (21)	 ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5 ☑ School (0 ☑ Other PO 	52) 3)		

	TREA	TMENT - PSYCHOTH	ERAPY - INTERACT	IVE COMPLEXITY		
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
	90785* ADD-ON			plexity (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	ITIES		
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		
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) ⊠ HK (Residentia	I U4 al) I TM □ HM (Respin	(ACT) □ HQ □ TT (Voc) (Clubhouse) Recovery) (Prev/El)
STAFF REQUIREMEN	TS					-
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern) 🗵 LCSW 🗵 LPC 🗵 LMFT	⊠Unlicensed	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						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ ICF-MR (54) ⊠ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) I Teleho I Other	ıl (03) ealth (02) POS (99)

TREATMENT - PSYCHOTHERAPY - INTERACTIVE COMPLEXITY						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
	90785* ADD-ON		Interactive complexity (list separately in addition to the code for the primary service)			⊠ 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			ICE CATEGORY(II	ES)	
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) ⊠ HK (Residentia	I U4 I I I I I I I I I I I I I I I I I I I	(ACT) □ HQ □ TT (Voc) (Clubhouse) Recovery) (Prev/El)
STAFF REQUIREMEN	TS					
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern) 🗵 LCSW 🗵 LPC 🗵 LMFT	⊻Unlicensed	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						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ ICF-MR (54) ⊠ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) I Teleh I Other	ol (03) ealth (02) POS (99)

ASSESSMENT - DIAGNOSIS					
CPT [®] /HCPCS PROCEDURE CODE		PROCEDURE CODE DES	CRIPTION		USAGE
90791		Psychiatric diagnostic	c evaluation		☑ Medicaid
90791 Psychiatric diagnostic evaluation SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMI 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. Technical Documentation Requireme See Section X Service Content Service Content 1. The reason for the visit. What we Chief complaint/presenting cond 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. Psychiatric diagnostic formulation * Prescribers use procedure code 90792. Diagnostic formulation 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 Evaluation to gather psychosocial history, prince of the set of function of the set of function of the set of function of the set of t			ents vas the intended g cern(s) or problen examination elem and treatment his g any follow-up or position presenting concerns	oal or agenda? n(s) nents tory r coordination , determine appropriate level of	
are conducted with the patient and other info services as being provided to the patient and other party in such circumstances. Codes 907 once per day but not on the same day as an e management service performed by the same patient. The psychiatric diagnostic evaluation interactive complexity services when factors the delivery of the psychiatric procedure. The reported with add-on code 90785 used in cor are used for assessment(s) and re-assessmen not include psychotherapeutic services. Psych may not be reported on the same day. Psych patient in crisis state is reported with the app (H2011, 90839-90840). 90839-90840 cannot day as 90791 If appropriate and based on patient stability/ Assessment services (90791) may be provide	not the informant or 91 may be reported evaluation and provider for the same n may include exist that complicate ese services should be njunction 90791. 90791 t (s), if required, and do notherapy services, notherapy provided to a propriate crisis code be billed on the same status in social detox,	ants. Report the informant or may be reported uation and vider for the same ay include t that complicate services should be ction 90791. 90791 , if required, and do nerapy services, erapy provided to a riate crisis code willed on the same us in social detox,			
APPLICABLE POPULATION(S)		UNIT		DURATION	
Image: Child (0-11) Image: Young Adult Image: Adol (12-17) (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	🗆 Day 🗆 1	5 Minutes Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY Image: State of the state of		PROGRAM SERVICE CATEGORY(IES) Image: HE (SP) Image: U4 (ICM) Image: HJ (Voc) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HK (Residential) Image: TM (Respite) Image: TT (Recovery) Image: HK (Respite) Image: TT (Recovery) Image: HT (Prev/EI)			Clubhouse) Recovery)
STAFF REQUIREMENTS					
□ Peer Specialist ⊠ LCS □ Bachelor's Level (HN) ⊠ LPC ⊠ Intern ⊠ LM	🛛 🖾 Unlice	nsed Master's Level (HO) nsed EdD/ PhD/PsyD (HP) ed EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP	□ RxN (SA) □ PA (PA) □ MD/DO(AF)
PLACE OF SERVICE (POS)					1 (02)
☑ 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) 	 ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ ER (23) ☑ PF-PHP (52) 		ol (03) ealth (02) ⁻ POS (99)

ASS	ESSMENT - DIAGNOSIS		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPT	ION	USAGE
90791	Psychiatric diagnostic eval	luation	⊡ овн
SERVICE DESCRIPTION	MINIMUM DOCUMENTATIO	N REQUIREMENTS	
Psychiatric diagnostic evaluation is an integrated biophysical assessment, including history, mental status, and recommendation 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 developmentall appropriate initial diagnostic examination, which includes taking th 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 Section X Service Content The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) Referral source Psychiatric diagnostic interview examination elements Review of psychosocial, family, and treatment history Mental status exam Diagnostic formulation Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition 		
NOTES	EXAMPLE ACTIVITIES		
In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of th patient. Codes 90791 may be reported more than once, but not on the same day, for the patient, when separate diagnostic evaluation 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. 9079 are used for assessment(s) and re-assessment (s), if required, and not include psychotherapeutic services. Psychotherapy services, may not be reported on the same day. Psychotherapy provided to 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.	diagnosis/diagnoses, baseline care or treatment needs and	e level of functioning, det	termine appropriate level of
APPLICABLE POPULATION(S)	UNIT	DURATIO	N
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Encounter □ 15 Mir Day □ 1 Hour	Maximum	' .
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGO		
 ☑ Individual ☑ Face-to-Face □ Group (HQ) ☑ Video Conf (GT) □ Family (HR) □ Telephone □ Family (HS) 	⊠ HE (SP) ⊠ HK (Residential)	⊠ TM (ACT) □ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS	line and Market July 1990		
🗆 Bachelor's Level (HN) 🗵 LPC 🗵 Un	licensed EdD/ PhD/PsyD (HP) ensed EdD/PhD/PsyD (AH)	☑ LAC □ LPN/I □CAC I □ RN (T □CAC II ☑ APN (□CAC III ☑ QMA	D)
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)	区 SNF (31)	pt PF (51)	 ☑ School (03) ☑ Telehealth (02) ☑ Other POS (99)

	ASSESS	MENT - DIAGNOSIS			
CPT [®] /HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	USAGE		
90792		Psychiatric diagnostic evaluation with medica	al services 🗹 Medicaid		
SERVICE DESCRIPTION					
 Psychiatric diagnostic evaluation is an integr medical assessment, including history, ment physical examination elements as indicated, recommendations. The evaluation may inclus with family or other sources, prescription of review and ordering of laboratory or other d In certain circumstances one or more other i members, guardians, or significant others) in the patient. * This code is for Prescribers (or prescriber in the patient. * This code is for Prescribers (or prescriber in the patient. Codes 90792 may be reported more than on not on the same day by the same provider will diagnostic evaluations are conducted with the informants. Report services as being provide not the informant or other party in such circe 90792 may be reported once per day and not an evaluation and management service perfor provider for the same patient. The psychiatric procedure. 90792 is used for asses assessment (s), if required, and do not include services. Psychotherapy provided to a patient in with the appropriate crisis code (H2011, 908 90840 cannot be billed on the same day as 9 and based on patient stability/status in social services (90792) may be provided prior to diagonal diagonal	al status, other and ude communication medications, and liagnostic studies. informants (family nay be seen in lieu of interns) only. unce for the patient, but when separate ne patient and other ed to the patient and umstances. Codes of on the same day as ormed by the same ric diagnostic ty services (90785 – ccate the delivery of the essment(s) and re- de psychotherapeutic e reported on the same crisis state is reported 339-90840). 90839- 10792. If appropriate al detox, Assessment	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X 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 3 rd parties and disposition EXAMPLE ACTIVITES 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)			RATION		
☑ Child (0-11) ☑ Young Adult ☑ Adol (12-17) (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)		iimum: N/A ximum: N/A		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Individual ☑ Group (HQ) ☑ Video Conf (GT) □ Family (HR) □ Telephone □ Family (HS) 		☑ HE (SP) ☑ U4 (ICM ☑ HK (Residential) ☑ TM (AC □ HM (Res	T) 🗆 HQ (Clubhouse)		
STAFF REQUIREMENTS					
□ Peer Specialist □ LCSV □ Bachelor's Level (HN) □ LPC ☑ Intern □ LMF	Unlicense	ed Master's Level (HO) CAC I E ed EdD/ PhD/PsyD (HP) CAC II E EdD/PhD/PsyD (AH) CAC II E	□ LPN/LVN (TE)		
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Office (11) ☑ Cust Care (33) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ Outp Hospital (22) ☑ Home (12)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	☑ Shelter (04) ☑ Inpt Hosp (21) ☑ SNF (31) ☑ Inpt PF (51) ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP (52) ☑ Independent Clinic (49)	区 School (03) 区 NRSATF (57) 区 Telehealth (02) 区 Other POS (99)		

		ASSESSI	MENT - DIAGNOSIS				
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE D	ESCRIPTION		l	USAGE
90	792		Psychiatric diagnostic	evaluation with m	nedical services	s [⊴ овн
SERVICE DESCRIPTION			MINIMUM DOCUME	NTATION REQUIR	EMENTS	1	
 SERVICE DESCRIPTION Psychiatric diagnostic evaluation is an integrated biophysical and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. * This code is for Prescribers (or prescriber interns) only. NOTES 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 			 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) Referral source Psychiatric diagnostic interview examination elements Review of medical and medication history, psychosocial, family, and treatment history mental status exam Diagnostic formulation 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		
Child (0-11) Young A				15 Minutes	Minimum: N		
Adol (12-17) (18-20)	🗵 Geriatr	IC (65+)	,		Maximum: N	/A	
ALLOWED MODE(S) OF DELIVERY Service Face Video Conf (GT) Telephone Content of the family of the	al HQ) HR)		PROGRAM SERVICE (☑ HE (SP) ☑ HK (Residential)	区 U4 区 TN	(ICM) I (ACT) 1 (Respite)	🗆 TT (Voc) (Clubhouse) Recovery) (Prev/EI)
STAFF REQUIREMENTS					— · • • · /· ·	() (7 -)	
 Peer Specialist Bachelor's Level (HN) Intern 	LPC	Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LV □ RN (TD □ APN (S/ □ QMAP)	⊠ 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 system Image: Construction of the system Image: Construction of the system Image: Construction	ne (14) 🗵 PRTF (5 12) 🗵 Shelter (34) 🖾 SNF (32	56) 1) 1)	 ☑ RHC (72) ☑ Independent Clinic ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ ER (23) 	 ☑ PF-PHP (! (49) ☑ School (0 ☑ NRSATF (☑ Telehealt ☑ Other PC)3) [57) th (02)		

TRE	ATMENT - PSYCHOTHE	RAPY - INDIVIDUA	L PSYCHOTHERAP	Y	
CPT [®] /HCPCS PROCEDURE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
90832		Psychotherapy, 3	30 minutes with th	e patient	☑ Medicaid
SERVICE DESCRIPTION		MINIMUM DOC	UMENTATION REC	UIREMENTS	
Face-to-face psychotherapy with a pati member is present, the focus of the se patient and not on the family unit.		Technical Documentation Requirements			nt/service plan? the individual's progress towards
NOTES		EXAMPLE ACTIV	•		
reportable as psychotherapy. If psychotherapy is provided by a prescriber management services, use the appropriate code. All providers, licensed or unlicensed, i psychotherapy only within their areas of co accordance with State rules and regulations Psychotherapy provided to a patient in crisi the appropriate crisis code (H2011, 90839-5 cannot be billed in addition to psychotherap care professional on the same day. Use add-on code 90785 for interactive com	psychotherapy add-on are required to practice mpetency, in s state is reported with 10840). 90839-90840 by by the same health				
APPLICABLE POPULATION(S)		UNIT		DURATION	
 ☑ Child (0-11) ☑ Young Adult ☑ Adol (12-17) (18-20) 	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	Minimum: 16 Maximum: 37	
ALLOWED MODE(S) OF DELIVERY	/ /	,	ICE CATEGORY(IES		
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone ☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS) 		⊠ HE (SP) ⊠ HK (Residentia	⊠ U4 (I al) ⊠ TM (/	CM)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS					
X Intern	LPC 🗵 U	nlicensed Master's Le nlicensed EdD/ PhD/i icensed EdD/PhD/Psy		I 🗵 APN (SA)	
PLACE OF SERVICE (POS)					
 ☑ CMHC (53) ☑ ACF (13) ☑ Office (11) ☑ Cust Care (33) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ Outp Hospital (22) ☑ Home (12) 		 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) 	区 Inpt Hosp 区 Inpt PF (5 区 ER (23) 区 PF-PHP (5	51) 🗵 Te 🗵 Ot	nool (03) lehealth (02) her POS (99)

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
90832	Psychotherapy, 30 minutes with the 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 See Section X Service Content The reason for the visit. What was the intended goal or agen How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordinat needed with 3rd parties 				
NOTES	EXAMPLE ACTIVITIES				
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a 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)	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)	winutes			
 ☑ Face-to-Face ☑ Individual □ Group (HQ) ☑ Video Conf (GT) □ Family (HR) □ Telephone □ Family (HS) 	☑ HE (SP) ☑ U4 (ICM) ☑ HK (Residential) ☑ TM (ACT) □ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS					
□ Bachelor's Level (HN)	nlicensed Master's Level (HO) 🛛 LAC 🗆 LPN/LVN nlicensed EdD/ PhD/PsyD (HP) 🗠 CAC I 🔅 APN (5A) censed EdD/PhD/PsyD (AH) 🗠 CACIII 🖾 APN (5A)	(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)	⊠ SNF (31) ⊠ Inpt PF (51) ⊠ Tel	ool (03) ehealth (02) ner POS (99)			

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY						
CPT [®] /HCPCS PROCEDURE CODE		PROCEDURE CODE DESC	RIPTION		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			TION REQ	UIREMENTS		
Face-to-face psychotherapy with a patient p same day as an Evaluation and Managemen same prescriber. The two services must be separately identifiable. If a family member i focus of the session is still on the patient an family unit.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties See Appendix G for more information on E/M services.					
NOTES		EXAMPLE ACTIVITIES			-	
Incidental telephone conversations and con not reportable as psychotherapy. If psychotherapy is provided by a prescriber evaluation and management services, use tl psychotherapy add-on code. All providers, I unlicensed, are required to practice psychot within their areas of competency, in accord rules and regulations. Psychotherapy provided to a patient in crisi reported with the appropriate crisis code (H 90840). 90839-90840 cannot be billed in ad psychotherapy on the same day by the sam professional. Use add-on code 90785 for interactive com appropriate.						
APPLICABLE POPULATION(S)		UNIT		DURATION		
区 Child (0-11) 区 Young Adult ⊠ ⊠ Adol (12-17) (18-20) ⊠	Adult (21-64) Geriatric (65+)	Encounter 15 I Day 1 H		Minimum: 16 Mi Maximum: 37 M		
ALLOWED MODE(S) OF DELIVERY Image: State of the state of		PROGRAM SERVICE CATI ☑ HE (SP) ☑ HK (Residential)	⊠ U4 (⊠ TM	ICM) 🗆 HJ (ACT) 🗆 HC (Respite) 🗆 TT	(Voc) (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMENTS					c)	
Peer Specialist Bachelor's Level (HN) LCSW LPC Intern LMFT	U U	nlicensed Master's Level (HO) nlicensed EdD/ PhD/PsyD (HP) ensed EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC I □CACII	• •	E) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)	
PLACE OF SERVICE (POS)	_					
区 Office (11) 区 Cust Care (33) 区 Mobile Unit (15) 区 Grp Home (14)	⊠ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	⊠ Inpt H ⊠ Inpt F ⊠ ER (2 ⊠ PF-PH	PF (51) ⊠ Te 3) ⊠ Ot	hool (03) :lehealth (02) :her POS (99)	

EVALUATION AND MANAGEMENT -	PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
90833* ADD-ON	Psychotherapy, 30 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.					
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 Minimum: 16 Minutes Day 1 Hour Maximum: 37 Minutes				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone ☑ Family (HR) □ Family (HS) 	☑ HE (SP) ☑ U4 (ICM) □ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
	Inlicensed Master's Level (HO) □LAC □LPN/LVN (TE) ≅ RxN (SA) Inlicensed EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) ⊠ PA (PA) censed EdD/PhD/PsyD (AH) □CAC II ⊠ APN (SA) ⊠ MD/DO(AF)				
PLACE OF SERVICE (POS)					
Image: Construction of the system Image: Construction of the system<	☑ 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)				

CDT® /UCDCC DDCCC		MENT - PSYCHOTHE						
CPT [®] /HCPCS PROCED	DURE CODE		PROCEDURE COD	DE DESCRIP	TION			USAGE
	Psychotherapy, 4	5 minutes	with a pa	tient		☑ Medicaid		
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATIO	ON REQU	IREMENT	s	
Face-to-face psychotl member is present, t patient and not on th	he focus of the sessi		 How does the state of the state	for the visi he service of the serv eutic interv the interv e service in tives? ct contact(s	it. What w relate to vice vention(s) ention(s) npact the s) includir	vas the int the treatn utilized a individua	nent/se nd the i l's prog	·
NOTES			needed wit		!S			
reportable as psychother If psychotherapy is prov management services, to code. All providers, licer psychotherapy only with accordance with State r Psychotherapy provided the appropriate crisis co cannot be billed in addii the same health care pr Use add-on code 90785	rided by a prescriber w use the appropriate psy nsed or unlicensed, are hin their areas of comp ules and regulations. It to a patient in crisis s ode (H2011, 90839-908 tion to psychotherapy ofessional. for interactive comple	ychotherapy add-on e required to practice betency, in tate is reported with 840). 90839-90840 on the same day by						
APPLICABLE POPULA			UNIT			DURATION		
	☑ Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Mir □ 1 Hour		Minimum: Maximum		
ALLOWED MODE(S)	· ·		PROGRAM SERVI				. 52 1911	
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS) 		⊠ HE (SP) ⊠ HK (Residentia		⊠ U4 (IC ⊠ TM (A □ HM (F	CT)	□ нс □ тт	(Voc) 2 (Clubhouse) (Recovery) ⁻ (Prev/El)
STAFF REQUIREMEN	TS							
 Peer Specialist Bachelor's Level (HN) Intern 	⊠ LC: ⊠ LP0 ⊠ LM	c Šu	nlicensed Master's Lev nlicensed EdD/ PhD/P censed EdD/PhD/PsyD	syD (HP)	ILAC □CAC I □CAC II □CACIII	□ LPN/L □ RN (T ☑ APN (□ QMA	D) (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P								
CMHC (53)	🗵 ACF (13)	🗵 Hospice (34)	🗵 Shelter (04)	×	Inpt Ho	sp (21) (51)	🗵 Sch 🗵 Tele	ool (03)

	TREAT	MENT - PSYCHOTHI	RAPY – INDIVIDUAL PSYCH	IOTHERAPY	
CPT®/HCPCS PROCEE	DURE CODE		PROCEDURE CODE DESCR	RIPTION	USAGE
	90834		Psychotherapy, 45 minute	es with a patient	⊡ 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		 How does the servic Description of the s The therapeutic interesponse to the interesponse to the interesponse to the service goals/objectives? 	visit. What was the inter ce relate to the treatmen ervice ervention(s) utilized and ervention(s) impact the individual's ct(s) including any follow	nt/service plan? the individual's progress towards
NOTES			EXAMPLE ACTIVITIES	ties	
reportable as psychother If psychotherapy is prov management services, u 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	vided by a prescriber wi use the appropriate psy nsed or unlicensed, are hin their areas of comp ules and regulations. d to a patient in crisis st ode (H2011, 90839-908 tion to psychotherapy o 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) ⊠ Geriatric (65+)	☑ Encounter □ 15 M □ Day □ 1 Ho	Ainutes Minimum: 38 Dur Maximum: 52	
ALLOWED MODE(S)					
☑ Face-to-Face ☑ Video Conf (GT) □ Telephone	☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		☑ HE (SP) ☑ HK (Residential)	⊠ U4 (ICM) ⊠ TM (ACT) □ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMEN	TS				
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	된 LCS 된 LPC 된 LM	×υ	nlicensed Master's Level (HO) nlicensed EdD/ PhD/PsyD (HP) censed EdD/PhD/PsyD (AH)	I LAC □ LPN/LVN □CAC I □ RN (TD) □CAC II I APN (SA □CACIII □ QMAP	× × × RXN (SA)
PLACE OF SERVICE (P					
区 CMHC (53) 区 Office (11) 区 Mobile Unit (15) 区 Outp Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	🗵 Inpt PF (51)	외 School (03) 고 Telehealth (02) 김 Other POS (99)

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY							
CPT [®] /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	IMENTATION RE	QUIREMENTS		
Face-to-face psychoth same day as an Evalua same prescriber. The t separately identifiable focus of the session is family unit.	wo services must be signal to a family member is	service by the gnificant and present, the	Technical Docum See Section X Service Content 1. The reason agenda? Hoplan? 2. Description 3. The therape response to 4. How did the goals/object 5. Plan for new needed wit	entation Require for the visit. Whe we does the service of the service eutic intervention the intervention e service impact tives? at contact(s) inclu h 3 rd parties	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			EXAMPLE ACTIVI			-	
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.	hotherapy. by ided by a prescriber we ement services, use the code. All providers, lic ed to practice psychoth propetency, in accordance ed to a patient in crisis ropriate crisis code (H2 cannot be billed in add	vith an e appropriate ensed or erapy only nce with State state is 011, 90839- ition to health care					
APPLICABLE POPULAT	TON(S)		UNIT		DURATION		
 ☑ Child (0-11) ☑ Adol (12-17) (18) 	Young Adult 🗵 / 8-20) 🗵 (Adult (21-64) Geriatric (65+)	🗆 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 SERVI ☑ HE (SP) ☑ HK (Residentia	⊠ U4 (I) ⊠ TM	ICM) 🗌 HJ (ACT) 🗍 HQ (Respite) 🗍 TT	(Voc) (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMENTS	S					\	
Peer Specialist Bachelor's Level (HN) Intern	LCSW (/ LPC LMFT	Unli	icensed Master's Leve icensed EdD/ PhD/Psy nsed EdD/PhD/PsyD () 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)	
					laan (24) 🖾 C	h = = (02)	
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	☑ Cust Care (33)☑ Grp Home (14)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) 	⊠ Inpt F ⊠ Inpt F ⊠ ER (2 ⊠ PF-PF	PF (51) I Te 3) I Of	hool (03) elehealth (02) ther POS (99)	

EVALUATION AND MANAGEMENT	- PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE 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	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.	 See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	See <u>Appendix G</u> for more information on E/M services.
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+) ALLOWED MODE(S) OF DELIVERY ☑ Interface	PROGRAM SERVICE CATEGORY(IES)
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone ☑ Family (HR) □ Family (HS) 	 ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS	
□ Bachelor's Level (HN) □ LPC □	Unlicensed Master's Level (HO) Unlicensed EdD/ PhD/PsyD (HP) Licensed EdD/PhD/PsyD (AH) Licensed EdD/PhD/PsyD (AH) License EdD/PhD
PLACE OF SERVICE (POS)	
 ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56) 	

TREATMENT - PSYCHOTHER	APY – INDIVIDUAL PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
90837	Psychotherapy, 60 minutes with a patient I Me				
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	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) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Encounter 15 Minutes Minimum: 53 Mir Day 1 Hour Maximum: no max				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	,			
 ☑ Face-to-Face ☑ Video Conf (GT) □ Family (HR) □ Telephone □ Family (HS) 		Clubhouse) ecovery)			
STAFF REQUIREMENTS					
Intern	ed Master's Level (HO) Image: CAC I Image: LPN/LVN (TE) ed EdD/ PhD/PsyD (HP) Image: CAC I Image: RN (TD) EdD/PhD/PsyD (AH) Image: CAC II Image: RN (SA) Image: CAC III Image: RN (SA) Image: CAC III Image: RN (SA) Image: CAC III Image: RN (SA)	区 RxN (SA) 区 PA (PA) 区 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 ☑ SNF (31) ☑ Inpt PF (51) ☑ Telehea ☑ FQHC (50) ☑ ER (23) ☑ Other P ☑ RHC (72) ☑ PF-PHP (52)	alth (02)			

TREATMENT - PSYCHOTHEF	RAPY – INDIVIDUAL PSYCHOTHERAPY
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
90837	Psychotherapy, 60 minutes with a patient II 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.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES 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 Minutes
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Day Day Day Day Day
ALLOWED MODE(S) OF DELIVERY Image: Space-to-Face Image: Space-to-Face-t	PROGRAM SERVICE CATEGORY(IES) Image: He (SP) Image: U4 (ICM) Image: HJ (Voc) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HM Image: TT (Recovery) Image: (Respite) Image: HT (Prev/EI)
Peer Specialist	
□ Bachelor's Level (HN)	sed Master's Level (HO) □CAC I □ RN (TD) ⊠ RxN (SA) sed EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) ⊠ PA (PA) d EdD/PhD/PsyD (AH) □CAC II ⊠ APN (SA) ⊠ MD/DO(AI □CACIII □ QMAP
PLACE OF SERVICE (POS)	
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56)	Shelter (04) Inpt Hosp (21) School (03) SNF (31) Inpt PF (51) Telehealth (02) FQHC (50) ER (23) Other POS (99) RHC (72) PF-PHP (52)

EVAI	LUATION AND I	MANAGEMENT - PS	CHOTHERAPY – II	NDIVIDUA	L PSYCH	OTHERAPY		
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CO	DE DESCR	IPTION			USAGE
9083	Psychotherapy, 60 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)					☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOC	UMENTA	FION REC	QUIREMENTS		
Face-to-face psychotherap same day as an Evaluation same prescriber. The two s separately identifiable. If a focus of the session is still o family unit.	agenda? H plan? 2. Description 3. The therap response t 4. How did th goals/obje	n for the v ow does t n of the se peutic inte o the inte ne service ctives? ext contac on needed	isit. What the service ervention rvention impact t t(s) inclu d with 3 ^{rr}	t was the inte ce relate to th (s) utilized an (s) he individual' ding any follo ¹ parties	e trea d the s prog w-up o	tment/service individual's ress towards or		
NOTES			EXAMPLE ACTIV		mormat		ivices	•
provided by a prescriber wi management services, use add-on code. All providers, required to practice psycho competency, in accordance Psychotherapy provided to reported with codes 90839 be reported in addition to t 90838, if provided by the sa 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 POPULATION	(S)		UNIT			DURATION		
🗵 Adol (12-17) (18-20))	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Mi □ 1 Hou	ır	Minimum: 53 Maximum: N		utes
I I Face-to-Face I Gr I I Video Conf (GT) I Fa I Telephone I Fa	LIVERY dividual roup (HQ) amily (HR) amily (HS)		PROGRAM SERV ☑ HE (SP) ☑ HK (Residentia		GORY(IE	CM) ACT)	TT (Re	oc) ilubhouse) ecovery) rev/El)
STAFF REQUIREMENTS								
Peer Specialist Bachelor's Level (HN) Intern	□ LCSV □ LPC □ LMF	🗆 Unl	icensed Master's Lev icensed EdD/ PhD/Ps nsed EdD/PhD/PsyD	syD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LV □ RN (TD) ☑ APN (S. □ QMAP)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (POS)								
⊠ Office (11) ⊠ Cu ⊠Mobile Unit (15) ⊠ Gr	CF (13) ust Care (33) rp Home (14) ome (12)	⊠ ICF-MR (54) ⊠ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	X	Inpt Hos Inpt PF (ER (23) PF-PHP	51) 🗵 1 🗵 ((03) alth (02) POS (99)

EVALUA	TION AND	YCHOTHERAPY – I	NDIVIDU	AL PSYCH	OTHERAPY			
CPT [®] /HCPCS PROCEDURE CO	DE		PROCEDURE CO	DE DESCI	RIPTION			USAGE
90838*	Psychotherapy, 60 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)					⊠ ОВН		
SERVICE DESCRIPTION			MINIMUM DOC	UMENTA	TION REC	QUIREMENT	ſS	
Face-to-face psychotherapy v same day as an Evaluation and same prescriber. The two serv separately identifiable. If a far focus of the session is still on t family unit.	agenda? H plan? 2. Descriptio 3. The therap response t 4. How did th goals/obje	n for the s low does n of the s peutic inte to the inte he service ectives? ext contaction neede	visit. What the service ervice ervention impact t ct(s) inclu d with 3 ^r	at was the ir ce relate to (s) utilized ((s) he individua ding any fol a parties	the tre and the al's pro llow-up	atment/service e individual's gress towards o or		
NOTES			EXAMPLE ACTIV		intornat		Service	.3.
provided by a prescriber with management services, use the add-on code. All providers, lic required to practice psychothe competency, in accordance w Psychotherapy provided to a p reported with codes 90839 an be reported in addition to the 90838, if provided by the sam 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 POPULATION(S)			UNIT			DURATION	I	
Child (0-11) Young Adol (12-17) (18-20) ALLOWED MODE(S) OF DELIV		⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day PROGRAM SERV		ur	Minimum: Maximum:		nutes
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone ☑ Fami □ Fami 	idual p (HQ) ly (HR)		HE (SP) ⊠ HK (Residenti		SORY(IE U4 (TM (HM (Respit	ICM) ACT)	🗆 TT (F	/oc) Clubhouse) Recovery) Prev/El)
STAFF REQUIREMENTS								
Peer Specialist Bachelor's Level (HN) Intern		🗆 Unl	icensed Master's Lev icensed EdD/ PhD/Ps nsed EdD/PhD/PsyD	syD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/ □ RN (1 ⊠ APN □ QMA	D) (SA)	⁾ ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (POS)								
	Care (33) Iome (14)	🗵 ICF-MR (54)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	X	Inpt Hos Inpt PF (ER (23) PF-PHP	51) 🗵		ol (03) ealth (02) ⁻ POS (99)

	CRI	SIS - PSYCHOTHERA	PY – PSYCHOTHERA	APY FOR CRISIS			
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPTION		US	AGE
	90839		Psychotherapy for Crisis, first 60 min 🗹 Medicaid				
SERVICE DESCRIPTIC	DN	MINIMUM DOCU	MENTATION REC	UIREMENTS	;		
of a crisis state ment treatment includes p resources to defuse implementation of p minimize the potent	ION MINIMUM DOCUMENTATION REQUIREMENTS and relevant behavioral health history Technical Documentation Requirements had table status exam, and disposition. The psychotherapy, mobilization of Technical Documentation Requirements psychotherapy, mobilization of See Section X e the crisis and restore safety, and Description of the crisis/need for crisis intervention psychotherapeutic interventions to 1. The reason for the visit. What was the intended goal of Description of the crisis/need for crisis intervention additional 30 minutes of service. 2. The therapeutic intervention(s) utilized (assessment, restatus, de-escalation techniques, consultation, referra and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) an existing crisis plan (WRAP, advance directive), if avais 5. Other problems identified (mental health, substance a medical, etc.) 6. Plan for next contact(s) including any follow-up or coor needed with 3rd parties					nental , therapy) inked with ilable buse,	
NOTES			EXAMPLE ACTIVI	TIES			
Please note that this co 90792, psychotherapy o services, or 90785-9089 should be used only on physician or other heal date.	codes 90832-90838 or 99 if services are on the ce per date even if the thcare provider is not c	other psychiatric same day. This code time spent by the	 assessment of crisis state, risk, triage and support to prevent froneding higher level of care services or further assess and/or coplacement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on 				from coordinate on crisis urn to pre- e skills for asating to creen or
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	1	
🗵 Adol (12-17) (포 Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum: *Less than 3 billed as 908	74 Minute 0 minutes s	es hould be
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	CE CATEGORY(IES	5)		
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS) 		⊠ HE (SP) ⊠ HK (Residentia	•	,	□ HJ (Voo □ HQ (Clu □ TT (Reo □ HT (Pre	ubhouse) covery)
STAFF REQUIREMEN	ITS						
□ Peer Specialist □ Bachelor's Level (HN ⊠ Intern) 🗵 LCSW 🗵 LPC 🗵 LMFT	🛛 🗵 Unlicen	sed Master's Level (H sed EdD/ PhD/PsyD (H d EdD/PhD/PsyD (AH)		□ LPN/L □ RN (TE ☑ APN (S □ QMAP) [2 5A) [2	 ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (F	POS)						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Cl 	⊠ Inp ⊠ ER ⊠ PF-	Hosp (21) t PF (51) (23) PHP (52)		

	CRIS	SIS - PSYCHOTHERA	PY – PSYCHOTHERAPY FC	OR CRISIS			
CPT [®] /HCPCS PROCE	DURE CODE		PROCEDURE CODE DES	CRIPTION			USAGE
	90839		Psychotherapy for Crisis	s, first 60 mi	n		⊠ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENT	TATION 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 c sychotherapy, mobil the crisis and restore sychotherapeutic int ial for psychological t	lisposition. The ization of safety, and erventions to rauma.	Son Sontian V				
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 c 99 if services are on the ce per date even if the t	other psychiatric same day. This code time spent by the	 assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coor placement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on c 				ent from for coordinate ills on crisis eturn to pre- nce skills for pensating to o screen or
APPLICABLE POPULA	TION(S)		UNIT		DURATIO	N	
	⊠ Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)		5 Minutes Hour	Minimum Maximum *Less than billed as 90	: 74 Min 30 minute	utes es should be
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CA	TEGORY(IES)		
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		区 HE (SP) 区 HK (Residential)	⊠ U4 (⊠ TM (□ HM		🗆 TT (F	/oc) Clubhouse) Recovery) Prev/El)
STAFF REQUIREMEN	TS						
□ Peer Specialist □ Bachelor's Level (HN ⊠ Intern	⊠ LPC ⊠ LMFT	🗵 Unlicen	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							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Clinic (4) 	⊠ Inpt ⊠ ER (⊠ PF-F	Hosp (21) PF (51) 23) PHP (52)	⊠ NR ⊠ Tel	oool (03) SATF (57) ehealth (02) ner POS (99)

	CRI	SIS PSYCHOTHERAP	(- PSYCHOTHERAP)	FOR CRISIS			
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE CODI	E DESCRIPTION	1	USAGE	
	Psychotherapy for Crisis, each additional 30 minutes (List separately in addition to code 90839 for primary service)						
SERVICE DESCRIPTIO	N		MINIMUM DOCUI	MENTATION R	EQUIREMENT	S	
90840 is the add-on c Use 90840 for each a minutes.							
NOTES			needed with 3 ^r EXAMPLE ACTIVIT	•			
90840 for each addition. minutes. 90840 can only entire crisis session (incl minutes.	v be used if 90839 is al	so reported and the	needing higher le placement for hi Therapy to reinfor plan or treatmer crisis level of fun client who is a fr maintain outpati	evel of care servi gher level of car orce and/or prac it/service plan to ctioning (e.g. pra equent crisis util ent level care). therapy/counsel irmation about t	ces or further a e. tice psychothera pincrease functi actice DBT Distra izer and current ing 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 ent tools to screen or on, precipitating	
APPLICABLE POPULA	TION(S)		UNIT	induing ractors.	DURATION		
	-	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ □ Day □	15 Minutes 1 Hour 30 Minutes	Minimum: 7 increments Maximum: n	5+ Minutes, in 30 min one	
ALLOWED MODE(S)			PROGRAM SERVIC				
⊠ Face-to-Face ⊠ Video Conf (GT) □ Telephone	 ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS) 		☑ HE (SP) ☑ HK (Residential)	X T	4 (ICM) M (ACT) M (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENT	rs						
Peer Specialist Bachelor's Level (HN) Intern	보 LCSW 보 LPC 보 LMFT	I Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)		□ LPN/LV □ RN (TD ☑ APN (S □ QMAP) 🖾 RXN (SA)	
PLACE OF SERVICE (P	OS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	 ACF (13) Cust Care (33) Grp Home (14) Home (12) 	⊠ ICF-MR (54) ⊠ NF (32) —	Shelter (04) SNF (31) FQHC (50) RHC (72)	 ☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5 	1)	 ☑ School (03) ☑ Telehealth (02) ☑ Other POS (99) 	

CRISIS PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
90840* ADD-ON	Psychotherapy for Crisis, each additional 30minutes (List separately in addition to code90839 for primary service)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
90840 is the add-on code for the primary code of 90839.	Technical Documentation Requirements				
Use 90840 for each additional 30 minutes of service past 75	See Section X				
minutes. NOTES *90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 74	 Service Content The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) Relevant behavioral health history Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available Other problems identified (mental health, substance abuse, medical, etc.) Plan for next contact(s) including any follow-up or coordination needed with 3rd parties EXAMPLE ACTIVITIES Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from 				
minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes.	 a bedding higher level of care services or further assess and/or coordinate placement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to precrisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors. 				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) 	□ Encounter □ Day □ 15 Minutes □ 1 Hour □ 30 Minutes □ 30 Minutes □ Minimum: 75+ Minutes, in 30 min increments □ Maximum: none				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Individual ☑ Group (HQ) ☑ Video Conf (GT) ☑ Family (HR) ☑ Telephone ☑ Family (HS) 	☑ HE (SP) ☑ U4 (ICM) □ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
LIPC Intern	Ised Master's Level (HO) ⊠LAC □ LPN/LVN (TE) ⊠ RxN (SA) Ised EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) ⊠ PA (PA) d 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)	☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School (03) ☑ SNF (31) ☑ Inpt PF (51) ☑ Telehealth (02) ☑ FQHC (50) ☑ ER (23) ☑ Other POS (99)				

TREATMENT - PSYCHOTHERAPY - FAMILY PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90846	Family psychotherapy (without the 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.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the response to the intervention(s). Emphasis on family dynamics How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination 			
NOTES	needed with 3 rd parties 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 generally from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90846. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Observing and correcting, through psychotherapeutic tect a patient's interaction(s) with family members and a patient of the patient's interaction or counselor attends a family session. Family history and/or Providing parents specific feedback and strategies for ma child's behavior 		rs in managing		
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 Image: State St		Voc) (Clubhouse) Recovery) (Prev/El)		
STAFF REQUIREMENTS				
Intern	Sed Master's Level (HO) Image: LAC 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) ☑ RPTE (56)	⊠ SNF (31) ⊠ Inpt PF (51) ⊠ ⊠ FQHC (50) ⊠ ER (23) ⊠	School (03) NRSATF (57) Telehealth (02) Other POS (99)		

TREATMENT - PSYCHOTHERAPY - FAMILY PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
90846	Family psychotherapy (without the patient present)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Meeting with the patient's family to evaluate and treat th patient's condition. Family dynamics as they relate to th patient's mental status and behavior are a focus of th session. Attention is also given to the impact the patient' condition has on the family, with therapy aimed at improvin the interaction between the patient and family members.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the response to the intervention(s). Emphasis on family dynamics How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination 				
NOTES	needed with 3 rd parties 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 generally from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90846. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Observing and correcting, through psychotherapputic technia a patient's interaction(s) with family members Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in manage patient. Providing parents specific feedback and strategies for manage child's behavior 					
APPLICABLE POPULATION(S)	UNIT DURATION*				
Child (0-11) Young Adult Adult (21-64)	Encounter 15 Minutes Minimum: 26 minutes				
Adol (12-17) (18-20) Geriatric (65+)	Day 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY Image: State of the stat	PROGRAM SERVICE CATEGORY(IES) Image: HE (SP) Image: U4 (ICM) Image: HJ (Voc) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HM Image: TT (Recovery) (Respite) Image: HT (Prev/EI)				
Peer Specialist Bachelor's Level (HN) Intern LCSW (AJ) Intern	ised Master's Level (HO) ised EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH) □CAC I □CAC				
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) ☑ NRSATF (57) ☑ FQHC (50) ☑ ER (23) ☑ Telehealth (02) ☑ RHC (72) ☑ PF-PHP (52) ☑ Other POS (99) ☑ Independent Clinic (49) ☑				

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.	 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES	EXAMPLE 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. Conjoint psychotherapy in the office with a married coupl their mid-40s, for marital issues related to the wife's sympt of moderate depression with vegetative signs, which is gratimer with an average of 1.5 hours. Family psychotherapy 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. 					
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+)	□ Day □ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Individual ☐ Group (HQ) ☑ Family (HR) ☑ Family (HS) 	 ☑ HK (Residential) ☑ HM (ACT) □ HM (Respite) □ T 	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)			
STAFF REQUIREMENTS					
LPC Unlicense	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)					
☑ 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 - PSYCHOTHERAPY - FAMILY							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COI	DE DESCRIPTION	l	U	SAGE
	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)Image: OBH				1 OBH	
SERVICE DESCRIPTION	J		MINIMUM DOCU	UMENTATION R	EQUIREMEN	TS	
Meeting with the patient's condition. Fa patient's condition. Fa patient's mental statu session. Attention is a condition has on the fi improving the interact members.	 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination 				ent/service esponse to the /objectives?		
NOTES			needed with				
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.			their mid-40s of moderate improving wit treatment of Observing an techniques, a Assessing cor	chotherapy in the s, for marital issu depression with th antidepressar wife's condition d correcting, thr o child's interaction officts/impedime ough psychother	es related to vegetative sint medication) ough psycho on(s) with pa nts within fa	the wife igns, which (focus is therapeu arents du mily syst	ers symptoms ch is gradually s on utic ring session em and
APPLICABLE POPULAT	rion(s)		UNIT		DURATION	*	
区 Child (0-11) 区 区 Adol (12-17) (18	Young Adult 🛛 🗵 -20) 🛛 🗵	Adult (21-64) Geriatric (65+)	🗆 Day 🛛 I	□ 15 Minutes □ 1 Hour	Minimum: Maximum:	26 minut	es
ALLOWED MODE(S) O			PROGRAM SERV				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	□ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) ⊠ HK (Residentia		(ACT) (Respite)	HJ (Vc HJ (C HQ (C TT (Re HT (P)	lubhouse) ecovery)
STAFF REQUIREMENT	S						
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	区 LCSW (/ 区 LPC 区 LMFT	Inlicense Unlicense	ed Master's Level (HC ed EdD/ PhD/PsyD (H EdD/PhD/PsyD (AH)		□ LPN/I □ RN (T ☑ APN □ QMA	D) (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (PC							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ ICF-MR (54) ⊠ NF (32)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent CI 	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.	 MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number members present. The therapeutic intervention(s) utilized and response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 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.		
90849 is reported once for each family group present. 908- does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document 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 regulation 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.		
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 Image: Space-to-Face Image: Image	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS			
Suptern	ensed Master's Level (HO) Ensed EdD/ PhD/PsyD (HP) sed EdD/PhD/PsyD (AH) CAC I CAC I		
PLACE OF SERVICE (POS)			
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTF (5) ☑ Outp Hospital (22) ☑ Shelter	⊠ FQHC (50) ⊠ Other POS (99) 5) ⊠ RHC (72)		

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TREATMENT - PSYCHOTHERAPY - GROUP							
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COD	E DESCRIPTION	I	USAGE		
90849		Multiple-family g	roup therapy		🗹 ОВН		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
similar issues of the patients' treatm	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			 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number members present. The therapeutic intervention(s) utilized and response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties If the identified patient is not present for the group the progress note for the group session needs to describe why the patient was not present. The explanation should include the clinical reasoning as to why the patient was not part of the group and 			
NOTES		how therapy g		ary for the covere	d diagnosis.		
90849 is reported once for each family group present. 90849 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document as family therapy. While group psychotherapy is not a time- based service, the average session length is 1.5 hours. Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention		is not present in t			p where the child		
APPLICABLE POPULATION(S)		UNIT		DURATION*			
🗵 Child (0-11) 🛛 🗵 Young Adult	🗵 Adult (21-64)		15 Minutes	Minimum: 30 m			
X Adol (12-17) (18-20)	🗵 Geriatric (65+)	· · ·] 1 Hour	Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY Image: Space-to-Face Image: Image: Image: Space-to-Face Image: Video Conf (GT) Image: Space-to-Face Image: Telephone Image: Space-to-Face Image: Space-to-Face Image: Space-to-Face Image: Space-to-Face-		PROGRAM SERVI	⊠ U4 (I) ⊠ TM (ICM) 🗌 H (ACT) 🗌 H (Respite) 🗍 T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)		
Intern	LPC 🛛 🗵 Unlice	ensed Master's Level (HO ensed EdD/ PhD/PsyD (Hf ed EdD/PhD/PsyD (AH)		□ LPN/LVN (' □ RN (TD) ☑ APN (SA) □ QMAP	TE) 🗵 RxN (SA) 🗵 PA (PA) 🗵 MD/DO(AF)		
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ Outp Hosp ☑ Office (11) ☑ Cust Care ☑ ACF (13) ☑ Grp Home ☑ Mobile Unit (15) ☑ Hospice (3)	(33)	区 FQHC (50 区 RHC (72)		ool (03) er POS (99)			

TREATMENT - PS	CHOTHERAPY - GROUP				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
90853	Group psychotherapy (other than of a multiple- family group)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	rs			
Facilitating emotional and rational cognitive interactions in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchanges. The group may include patients with separate, distinct, maladaptive disorders, or share some facet of a disorder with other people in the group (e.g., drug abuse, victims of violence). Goals relate to BH treatment, including the development of insight/affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality/any combination thereof to provide therapeutic change.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number of patients present. The therapeutic intervention(s) utilized and the response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or 				
NOTES	coordination needed with 3 rd 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.	 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 Personal dynamics of a patient may be discussed dynamics of group may be explored at same tim Interpersonal interactions, support, emotional or reminiscing 	as low self- through al enhancement t, and/or sexual d by group and ne			
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) 	 ☑ Encounter □ Day □ 15 Minutes □ 14 Hour Minimum: 45 min. (children) min. (children) Maximum: N/A 	n. (adult); 30			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face □ Individual ☑ Group (HQ) □ Video Conf (GT) □ Family (HR) □ Telephone □ Family (HS) 	 ☑ HE (SP) ☑ U4 (ICM) □ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI) 				
STAFF REQUIREMENTS					
I Bachelor's Level (HN) Intern	d Master's Level (HO) □CAC I □ LPN/LVN (T d EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) dD/PhD/PsyD (AH) □CAC II ☑ APN (SA) □CACIII □ QMAP	E) 🗵 RxN (SA) IXIPA (PA) IXIMD/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)	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.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number of patients present. The therapeutic intervention(s) utilized and the response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or 					
NOTES	coordination needed with 3 rd 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.	 Serving special patient populations with a particular theoretical framework/addressing a specific problem, such as low selfesteem, poor impulse control, depression, etc., through cognitive behavioral therapy (CBT), motivational enhancement therapy, trauma counseling, anger management, and/or sexual offender (SO) treatment Personal dynamics of a patient may be discussed by group and dynamics of group may be explored at same time Interpersonal interactions, support, emotional catharsis, and reminiscing 					
APPLICABLE 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: 45 min. (adult); 30 min. (children) 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) ☐ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HM ☐ TT (Recovery) (Respite) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
Sachelor's Level (HN)	ed Master's Level (HO) 🛛 LAC 🗆 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 EdD/PhD/PsyD (AH) 🔤 CACIII 🔤 QMAP					
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 POS (99) ☑ SNF (31) ☑ PF-PHP (52) ☑ FQHC (50) ☑ School (03) 					

TREATMENT - OTHER PROFESSIONAL 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					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or 					
NOTES	coordination needed with 3 rd parties 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: 15 Minutes Minimum: 16Minum: 16Minum: 16Minum: 16Minum: 16Minum: 16Minum: 17Minum: 37 Minutes Image: Second term Image: 1 Hour Maximum: 37 Minutes					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HK (Residential) □ TM (ACT) □ I □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)				
STAFF REQUIREMENTS						
Supreme Level (HN)	ed Master's Level (HO)	「E) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)				
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ FQHC (50) ☑ Office (11) ☑ RHC (72) ☑ Outp Hospital (22) 						

TREATMENT - OTHER PROFESSIONAL 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					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or 					
NOTES	coordination needed with 3 rd parties 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+)	Encounter □ 15 Minutes Minimum: 16Min Day □ 1 Hour Maximum: 37 M					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HK (Residential) □ TM (ACT) □ H □ HM (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)				
STAFF REQUIREMENTS						
Supreme Level (HN)	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) CAC II CAC II CAC II CAC II CAC II CAC II CAC II QMAP	E) IX RxN (SA) IX PA (PA) IX MD/DO(AF)				
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ FQHC (50) ☑ Office (11) ☑ RHC (72) ☑ Outp Hospital (22) 						

TREATMENT - OTHER PROFI	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		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intend agenda? How does the service relate to the t plan? Description of the service provided The therapeutic intervention(s) utilized and t response to the intervention(s). Include biofer interventions How did the service impact the individual's p goals/objectives? Plan for next contact(s) including any follow-coordination needed with 3rd parties 	reatment/service he individual's redback rogress towards	
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 constraint of the second constraint of th	nutes	
ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR) ☐ Family (HS)	□ HK (Residential) □ TM (ACT) □ HC □ HM □ TT	(Voc) 2 (Clubhouse) (Recovery) - (Prev/El)	
STAFF REQUIREMENTS			
Suptern	ed Master's Level (HO) ICAC I LPN/LVN (TI) ed EdD/ PhD/PsyD (HP) ICAC I I RN (TD) EdD/PhD/PsyD (AH) ICAC II APN (SA) ICACIII QMAP	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 PROFESSIONAL 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.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES	EXAMPLE ACTIVITIES					
Biofeedback training may not be suitable for some 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 secon					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM □ TT (Recovery) (Respite) □ HT (Prev/EI)					
STAFF REQUIREMENTS						
Suptern	ed Master's Level (HO) □LAC □LPN/LVN (TE) ⊠ RxN (SA) □CAC I ed EdD/ PhD/PsyD (HP) □CAC II ⊠ APN (SA) ⊠ PA (PA) □CACIII ⊠ APN (SA) EdD/PhD/PsyD (AH) □CACIII □ QMAP ⊠ MD/DO(A)					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Office (11) ☑ RHC (72) ☑ Outp Hospital (22) ☑ FQHC (50)						

		ASSESSMENT - P	SYCHOLOGICAL TES	TING		
CPT [®] /HCPCS PROCEDU	IRE CODE		PROCEDU	JRE CODE DESC	RIPTION	USAGE
	90887		Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient			☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION R	EQUIREMENTS	
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.			 Technical Documentation Requirements See Section X 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? What is the clinical need for specific testing? 2. Description of the service provided and patient response 3. Summary of test results, interpretation of test results, discussion with individual about results 4. Treatment recommendations 			
NOTES						
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			Discussion reDi253	garding results	exam or testing of exam or testing ily members can g	
family or other respons APPLICABLE POPULATI			UNIT		DURATION	
Image: Child (0-11) Image: Yes Image: Adol (12-17) (18-2)	oung Adult 🗵 20) 🗵	Adult (21-64) Geriatric (65+)		l 15 Minutes l 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF			PROGRAM SERVIC		-	
✓ Face-to-Face ✓ Video Conf (GT) ✓	□Individual □ Group (HQ) ⊠Family/collateral ⊠Family/collateral		E HE (SP) E HK (Residential		1 🗆 TT	(Voc) L (Clubhouse) (Recovery) (Prev/El)
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)	□CAC I □ □CAC II 🗵	RN (TD) 🗵 PA	:N (SA) A (PA) D/DO (AF)
PLACE OF SERVICE (PO	•					
X Office (11) X Mobile Unit (15)	⊠ ACF (13) ⊠ Cust Care (33) ⊠ Grp Home (14) ⊠ Home (12)	区 ICF-MR (54) 区 NF (32)	외 Shelter (04) 외 SNF (31) 외 FQHC (50) 외 RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) 🗵 Other	

		ASSESSMENT - P	SYCHOLOGICAL TES	TING		
CPT®/HCPCS PROCED	URE CODE		PROCEDU	JRE CODE DESC		USAGE
	90887		Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient			⊡ овн
SERVICE DESCRIPTION	N		MINIMUM DOCU	MENTATION R	EQUIREMENTS	
The treatment of the 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.			 Technical Documentation Requirements See Section X 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? What is the clinical need for specific testing? 2. Description of the service provided and patient response 3. Summary of test results, interpretation of test results, discussion with individual about results 4. Treatment recommendations 			
NOTES			EXAMPLE ACTIVIT			
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			Discussion reDi253	garding results	exam or testing of exam or testing hily members can g	
family or other respon			UNIT		DURATION	
🗵 Child (0-11)	Young Adult	Adult (21-64) Geriatric (65+)] 15 Minutes] 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) C			PROGRAM SERVIO	CE CATEGORY(•	
K Face-to-Face ∏ Video Conf (GT)	□Individual □ Group (HQ) ☑Family/collateral ☑Family/collateral		⊠ HE (SP) ⊠ HK (Residential		1 □ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENT	S					
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	LCSW LPC LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ □CAC II 🗵		:N (SA) A (PA) D/DO (AF)
PLACE OF SERVICE (PO	OS)					
🗵 Mobile Unit (15)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ ICF-MR (54) ⊠ NF (32) 2	외 Shelter (04) 외 SNF (31) 외 FQHC (50) 외 RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) 🗵 Other	

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCE	DURE CODE		PROCEDU	RE CODE DESCRIPT	ΓΙΟΝ	USAGE	
*This code is no lon	96101 <mark>ger available aft</mark>	er 12/31/2018.	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	DN		MINIMUM DOCL	JMENTATION REQ	UIREMENTS		
The licensed psycholog interprets the results o written, oral, or combi emotions, intellectual t culturally and develop Information obtained t a written report is gene administering the tests interpretation and report	f psychological tern ned formats, mean functioning, and p mentally appropria through the testing erated. Both face- to the patient, as	sting. The testing, in sures personality, sychopathology in ate ways. g is interpreted and to-face time well as	See Section X Service Content 1. The reason for t How does the s is the clinical ne		ne intended go 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.		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 noses, interpersonal o veaknesses to target	ere is a need to g, personality, v a patient's dynamics, and	o learn more emotional or relative		
APPLICABLE POPULA		· · · · · · · · · · · · · · · · · · ·	UNIT		DURATION		
区 Child (0-11) ⊠ 区 Adol (12-17) (18	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	□ 15 Minutes 区 1 Hour	Minimum: <u>></u> Maximum: N		
ALLOWED MODE(S)				ICE CATEGORY(IES			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS) 		⊠ HE (SP) □ HK (Residential)	□ U4 (ICM) □ TM (ACT) □ HM (Resp	oite) 🛛 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		
PLACE OF SERVICE (I	POS)						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 		⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Inpt Hosp (21)	 ☑ School (03) ☑ Other POS (99) ☑ Inpt PF (51) ☑ PF-PHP (52) 	⊠ ER (23) ⊠ Hospice	(34)	

ASSESSMENT - PSYCHOLOGICAL TESTING								
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE					
96101 *This code is no longer available after 12/31/2018.			assessment of emo personality, and ps Rorschach, WAIS), physician's time, be administering tests	ng (includes psychod otionality, intellectua sychopathology; e.g., per hour of the psycl oth face-to-face time s to the patient and t test results and prep	l abilities, MMPI, hologist's or e ime	⊠ ОВН		
SERVICE DESCRIPTIO	N			JMENTATION REQ				
The licensed psychologist or physician administers and interprets the results of psychological testing. The testing, in written, oral, or combined formats, measures personality, emotions, intellectual functioning, and psychopathology in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the patient, as well as interpretation and report preparation are included.			Technical Documentation Requirements See Section X 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 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.			 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. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 					
APPLICABLE POPULA	TION(S)	· · · ·	UNIT		DURATION			
区 Child (0-11) 区 区 Adol (12-17) (18	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes ☑ 1 Hour	Minimum: <u>></u> Maximum: N			
ALLOWED MODE(S) (Face-to-Face Video Conf (GT) Telephone	 ☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS) 		PROGRAM SERVI ☑ HE (SP) □ HK (Residential)	ICE CATEGORY(IES U4 (ICM) TM (ACT) HM (Resp	□ HJ (□ HQ pite) □ TT (Voc) (Clubhouse) Recovery) Prev/El)		
STAFF REQUIREMEN	TS							
			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 ∆) ⊠ PA (I			
PLACE OF SERVICE (P								
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 		区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Inpt Hosp (21)	 ☑ School (03) ☑ Other POS (99) ☑ Inpt PF (51) ☑ PF-PHP (52) 	⊠ ER (23) ⊠ Hospice	(34)		

ASSESSMENT - F	PSYCHOLOGICAL TESTING				
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
96102 *This code is no longer available after 12/31/2018.	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.	 Technical Documentation Requirements See Section X 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 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.	 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 				
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: ≥ 31 mins □ Day ⊠ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ⊠ HE (SP) □ U4 (ICM) □ HJ (Voc)				
☑ Face-to-Face □ Group (HQ) □ Video Conf (GT) □ Family(HR) □ Telephone □ Family (HS)	Image: Here (or y) Image: Here (or y) Image: Here (o				
STAFF REQUIREMENTS					
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed	Master's Level (HO) ILAC ILPN/LVN (TE) Image: RxN (SA) EdD/ PhD/PsyD (HP) Image: CAC II Image: RN (TD) Image: RxN (SA) ID/PhD/PsyD (AH) Image: CAC II Image: RxN (SA) Image: RxN (SA) ID/PhD/PsyD (AH) Image: CAC III Image: RxN (SA) Image: RxN (SA) ID/PhD/PsyD (AH) Image: CAC III Image: RxN (SA) Image: RxN (SA)				
PLACE OF SERVICE (POS)					
⊠ CMHC (53) ⊠ ACF (13) ⊠ Hospice (34) ⊠ Office (11) ⊠ Cust Care (33) ⊠ ICF-MR (54) ⊠ Mobile Unit (15) ⊠ Grp Home (14) ⊠ NF (32) ⊠ Outp Hospital (22) ⊠ Home (12) ⊠ PRTF (56)	 ☑ 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 is no longer available after 12/31/2018.	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.	 Technical Documentation Requirements See Section X 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 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.	 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	□ Encounter □ 15 Minutes Minimum: ≥ 31 mins □ Day ☑ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY Image: State St	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed I ☑ Intern □ LPC □ Unlicensed I □ LMFT ☑ Licensed Ed	Master's Level (HO) ULAC UPN/LVN (TE) KRN (SA) EdD/ PhD/PsyD (HP) CAC I RN (TD) KPA (PA) D/PhD/PsyD (AH) CAC II KAPN (SA) MD/DO (AF) UCACIII QMAP			
PLACE OF SERVICE (POS)				
Image: CMHC (53) Image: ACF (13) Image: Hospice (34) Image: CMHC (51) Image: Cust Care (33) Image: ICF-MR (54) Image: CMMC (15) Image: Cust Care (14) Image: ICF-MR (54) Image: CMMC (15) Image: Cust Care (14) Image: ICF-MR (54) Image: CMMC (15) Image: Cust Care (14) Image: ICF-MR (54) Image: CMMC (15) Image: Cust Care (14) Image: ICF-MR (54) Image: CMMC (12) Image: ICF-MR (54) Image: ICF-MR (54) Image: CMMC (15) Image: ICF-MR (54) Image: ICF-MR (54) Image: CMMC (15) Image: ICF-MR (54) Image: ICF-MR (54) Image: CMMC (15) Image: ICF-MR (54) Image: ICF-MR (54) Image: CMMC (15) Image: ICF-MR (54) Image: ICF-MR (54) Image: CMMC (15) Image: ICF-MR (54) Image: ICF-MR (54) Image: CMMC (15) Image: ICF-MR (54) Image: ICF-MR (54) Image: CMMC (15) Image: ICF-MR (54) Image: ICF-MR (54) Image: CMMC (15) Image: ICF-MR (54) Image: ICF-MR (54) Image: CMMC (15) Image: ICF-MR (54) Image: ICF-MR (54) Image: CMMC (15) Image: ICF-MR (54) Image: ICF-MR (54) <td> ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School (03) ☑ SNF (31) ☑ Inpt PF (51) ☑ Other POS (99) ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP (52) </td>	 ☑ 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 - F	SYCHOLOGICAL TE	STING		
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE COD	DE DESCRIPTION		USAGE
96103 *This code is no longer available after 12/31/2018.			Psychological test assessment of em personality and p WAIS), administe	notionality, intel sychopathology red by a comput	lectual abilities, , e.g., MMPI and ter, with qualified	
	-	· ·	health care profe			
SERVICE DESCRIPTION		acurac	MINIMUM DOCU			
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 Section X 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			4. Treatment re		5	
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.			interventions patient's level abilities.	are ineffective a of functioning, ting can help cla namics, and relat	personality, emo rify a patient's dia	earn more about a tional or cognitive agnosis/diagnoses,
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
		⊠ Adult (21-64) ⊠ Geriatric (65+)	□Day	□ 15 Minutes ⊠1 Hour	Minimum: <u>></u> 31 Maximum: N/A	
ALLOWED MODE(S) O			PROGRAM SERVI			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia	•	(ACT) □ I I (Respite) □	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENT	S					
		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)			RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (PC	DS)					
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) 	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	⊠ Inpt Hos ⊠ Inpt PF (! ⊠ ER (23) ⊠ PF-PHP (51) 🗵 Oth	ool (03) er POS (99)

		ASSESSMENT - F	SYCHOLOGICAL TE	STING		
CPT [®] /HCPCS PROCEDU	JRE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
96103 *This code is no longer available after 12/31/2018.				notionality, intel osychopathology ered by a compu	llectual abilities,	
SERVICE DESCRIPTION	l					•
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.			MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations			
NOTES			EXAMPLE ACTIVI	TIES		
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.			interventions patient's leve abilities. Psychological tes	are ineffective a l of functioning, ting can help cla namics, and relat	personality, emot	earn more about a tional or cognitive agnosis/diagnoses,
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
	-	⊠ Adult (21-64) ⊠ Geriatric (65+)		□ 15 Minutes ⊠1 Hour	Minimum: <u>></u> 31 Maximum: N/A	
ALLOWED MODE(S) O			PROGRAM SERV	ICE CATEGORY(I	ES)	
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia	al) □ TIV	1 (ACT) □ H 1 (Respite) □ 1	HJ (Voc) HQ (Clubhouse) ⊤ (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS	S					
			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ □CAC II 🗵		xxn (sa) 'A (pa) /ID/DO (AF)
PLACE OF SERVICE (PC	DS)					
⊠ CMHC (53) ⊠ Office (11) ⊠Mobile Unit (15) ⊠ Outp Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 		☑ 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), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.	☑ Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Meet with patient, and, if appropriate, significant others. Perform neurobehavioral status examination, which involves clnical assessment for impairments in acquired knowledge, attention, language, learning, memory, problem solving, and visual-spatial abilities. Observe behavior and record responses. Develop clinical impression.	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. mental status exam 4. Summary of test results in a formal report 5. Treatment recommendations 			
NOTES	EXAMPLE ACTIVITIES			
If neurobehavioral status exam services are performed by an intern, they must be supervised by a licensed psychologist. The exam includes an initial clinical assessment and evaluation of the patient's mental status. In this regard, the neurobehavioral status exam is similar to the psychiatric diagnostic interview exam (90791, 90792). Although the descriptor does not specify use of standardized instruments, both standardized interview instruments and expanded interviews with the patient and family/significant other(s), if appropriate, are used.	 Differential diagnosis between psychogenic and ne syndromes Delineation of neurocognitive effects of central net (CNS) disorders 	-		
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	Encounter 15 Minutes Minimum: Day X 1 Hour Maximum: PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Individual □ Group (HQ) □ Video Conf (GT) □ Family (HR) □ Telephone □ Family (HS) 	E HE (SP) □ U4 (ICM) □ HJ (\ □ HK (Residential) □ TM (ACT) □ HQ (□ HM (Respite) □ TT (F	Voc) (Clubhouse) Recovery) Prev/El)		
□ Bachelor's Level (HN) □ LPC □ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) DCAC I CAC II D/PhD/PsyD (AH) CAC III CAC III	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)	 区 Shelter (04) 区 Inpt Hosp (21) 区 SNF (31) 区 Inpt PF (51) 区 Othe 区 FQHC (50) 区 ER (23) 区 RHC (72) 区 PF-PHP (52) 	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), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.	⊡ ОВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Meet with patient, and, if appropriate, significant others. Perform neurobehavioral status examination, which involves clnical assessment for impairments in acquired knowledge, attention, language, learning, memory, problem solving, and visual-spatial abilities. Observe behavior and record responses. Develop clinical impression. NOTES 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	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended generation of the service relate to the treatment/serwith the clinical need for specific testing? Description of the service (specific test(s)administic) and status exam Summary of test results in a formal report Treatment recommendations EXAMPLE ACTIVITIES Differential diagnosis between psychogenic and new syndromes Delineation of neurocognitive effects of central new (CNS) disorders 	vice plan? tered) eurogenic			
appropriate, are used.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Encounter 15 Minutes Minimum: Day I Hour Maximum:				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone ☑ Family (HR) □ Family (HS) 	🗆 HM (Respite) 🛛 TT (I	Voc) (Clubhouse) Recovery) Prev/El)			
STAFF REQUIREMENTS					
	Master's Level (HO) EdD/ PhD/PsyD (HP) DCAC I CAC II CAC I	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)	区 Shelter (04) 区 Inpt Hosp (21) 区 Scho 区 SNF (31) 区 Inpt PF (51) 区 Othe 区 FQHC (50) 区 ER (23) 区 RHC (72) 区 PF-PHP (52)	ool (03) er POS (99)			

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CO	USAGE		
96118 *This code is no longer available after 12/31/2018.			Neuropsychologie Neuropsychologie Scales, and Wisco of the licensed ps both face-to-face patient and time and preparing the	cal Battery Wech onsin Card Sorting sychologist or phy time administer interpreting thes	sler Memory g test), per hou ysician's time, ing tests to the	ur ☑ Medicaid
SERVICE DESCRIPTIC	N				REQUIREME	INTS
The licensed psychologist administers a series of tests in thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the patient, as well as interpretation and report preparation are included.			 Technical Documentation Requirements See Section X Service Content: 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? Description of the service (specific test(s) administered) Summary of test results Treatment recommendations 			
NOTES	NOTES			/ITIES		
If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.			syndromes	-		ral 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 ⊠ 1 Hour	Minimum: <u>></u> Maximum: N	
ALLOWED MODE(S)			PROGRAM SER			_
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia		(ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMEN	ITS					
			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A		3 RxN (SA) 3 PA (PA) 3 MD/DO (AF)
PLACE OF SERVICE (F						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 		⊠ Shelter (04 ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)) 🗵 Inpt Ho 🗵 Inpt PF 🖾 ER (23) 🗵 PF-PHP	(51)	School (03) Other POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CO	USAGE		
96118 *This code is no longer available after 12/31/2018.			Neuropsychologi Neuropsychologi Scales, and Wisco of the licensed ps both face-to-face patient and time and preparing the	cal Battery Wech onsin Card Sorting sychologist or phy time administer interpreting thes	sler Memory g test), per ho /sician's time ing tests to th	our e, ☑ OBH
SERVICE DESCRIPTIO	N				REQUIREM	ENTS
The licensed psychologist administers a series of tests in thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the patient, as well as interpretation and report preparation are included.			 Technical Documentation Requirements See Section X Service Content: 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? Description of the service (specific test(s) administered) Summary of test results Treatment recommendations 			
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	-		tral nervous system
APPLICABLE POPULA			UNIT		DURATION	J
🗵 Adol (12-17) (18	3-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes ⊠ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S)			PROGRAM SER		<u> </u>	
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia		-	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMEN	TS					
			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A	ΡΝ (SΔ)	본 RxN (SA) 본 PA (PA) 본 MD/DO (AF)
PLACE OF SERVICE (F	POS)					
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter (04 ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)) 🗵 Inpt Ho 🗵 Inpt PF 🗵 ER (23) 🗵 PF-PHP	(51)	区 School (03) 区 Other POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT [®] /HCPCS PROCEDURE CODE			PROCED	URE CODE DESC	RIPTION	USAGE	
96119 *This code is no longer available after 12/31/2018.			Neuropsychologi Scales, and Wisco qualified health o	cal testing (e.g., F cal Battery Wech onsin Card Sortin care professional nistered by a tecl e, face-to-face	sler Memory g test), with interpretation	☑ Medicaid	
SERVICE DESCRIPT	ION		MINIMUM DO	CUMENTATION	REQUIREMENTS	5	
Testing measures thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. The technician, under supervision of a licensed psychologist, administers the neuropsychological test, which is interpreted and reported by the licensed psychologist. Information obtained through the testing is interpreted and a written report is generated by the licensed psychologist. The psych technician's face-to-face time administering the tests to the patient, as well as the licensed psychologist's time for interpreting the test results and creating the report			 Technical Documentation Requirements See Section X Service Content: 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? Description of the service (specific test(s) administered) Summary of test results 				
is included. 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	LATION(S)		UNIT		DURATION		
区 Child (0-11) ☑ Adol (12-17) (I Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	□ 15 Minutes ⊠ 1 Hour	Minimum: >31 Maximum: N/A	mins	
ALLOWED MODE(S			PROGRAM SER				
☑ Face-to-Face □ Video Conf (GT) □ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)		⊠ HE (SP) □ HK (Residentia		(ACT) □ H (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)	
STAFF REQUIREME	NTS						
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 □ R □CAC II ⊠ A	PN/LVN (TE) N (TD) 🗵 Rxf NPN (SA) 🗵 PA NAP		
PLACE OF SERVICE	· · · ·						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	区 Hospice (34) 区 ICF-MR (54) 区 NF (32) 区 PRTF (56)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) 🗵 Other	il (03) POS (99)	

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE CODE DESCRIPTION USAG			USAGE	
96119 *This code is no longer available after 12/31/2018.			Neuropsychologi Scales, and Wisco qualified health o	cal testing (e.g., F cal Battery Wech onsin Card Sortin care professional nistered by a tecl e, face-to-face	sler Memory g test), with interpretation	⊠ ОВН	
SERVICE DESCRIPT	ION		MINIMUM DO	CUMENTATION	REQUIREMENT	S	
Testing measures thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. The technician, under supervision of a licensed psychologist, administers the neuropsychological test, which is interpreted and reported by the licensed psychologist. Information obtained through the testing is interpreted and a written report is generated by the licensed psychologist. The psych technician's face-to-face time administering the tests to the patient, as well as the licensed psychologist's time for interpreting the test results and creating the report			 Technical Documentation Requirements See Section X Service Content: 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? Description of the service (specific test(s) administered) Summary of test results 				
is included. 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 effects of central r	-	
APPLICABLE POPU			UNIT		DURATION		
	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	□ 15 Minutes 区 1 Hour	Minimum: <u>></u> 31 Maximum: N/A	mins	
ALLOWED MODE(S	,			VICE CATEGOR			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia		(ACT) □ H (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)	
STAFF REQUIREME	INTS						
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	PN/LVN (TE) N (TD) E Rxl PN (SA) PA MAP	N (SA) (PA) D/DO (AF)	
PLACE OF SERVICE							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	区 Inpt Hosp 区 Inpt PF (5 区ER (23) 区 PF-PHP (5	1) 🗵 Other	ol (03) POS (99)	

		ASSESSMENT - P	PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAGE		
96120 *This code is no longer available after 12/31/2018.			Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.		
SERVICE DESCRIPTION	l		MINIMUM DOCUMENTATION REQUIREMENTS		
The test is administered by computer, which is interpreted and reported by a qualified health care professional.			White Document at the intended goal or agenda? Technical Documentation Requirements See Section X 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 ACTIVITIES		
The computer testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If neuropsychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.			 Computer based testing with a child/adolescent to assess neurocognitive abilities. Testing when treatment interventions are ineffective and neuropsychological deficits are expected. 		
APPLICABLE POPULAT			UNIT DURATION		
🗵 Adol (12-17) (13	8-20) 🗵	Adult (21-64) Geriatric (65+)	□ Encounter □ 15 Minutes Minimum: ≥ 31 mins □ Day ☑ 1 Hour Maximum: N/A		
ALLOWED MODE(S) O			PROGRAM SERVICE CATEGORY(IES)		
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS) 		☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS	S				
			Master's Level (HO) ILAC I LPN/LVN (TE) I RxN (SA) EdD/ PhD/PsyD (HP) ICAC I I RN (TD) I PA (PA) ID/PhD/PsyD (AH) ICAC III I APN (SA) I MD/DO (AF)		
PLACE OF SERVICE (PO	S)				
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) 			

	A	SSESSMENT - P	SYCHOLOGICAL TES	TING			
CPT®/HCPCS PROCEDURE	PROCEDURE CODE DESCRIPTION USAGE						
96120 *This code is no longer available after 12/31/2018.			Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.			⊠ овн	
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION RE	QUIREMENTS	•	
The test is administered by computer, which is interpreted and reported by a qualified health care professional.			Technical Documentation Requirements See Section X 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			
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			 Computer base neurocognitive Testing when t neuropsycholo 	abilities. reatment inter	ventions are ine		
neuropsychological tests u APPLICABLE POPULATION			UNIT		DURATION		
☑ Child (0-11) ☑ You ☑ Adol (12-17) (18-20	ung Adult 🗵 Ad)) 🗵 Ge	ult (21-64) riatric (65+)		15 Minutes 1 Hour	Minimum: ≥3 Maximum: N/		
ALLOWED MODE(S) OF DE			PROGRAM SERVIC				
✓ Face-to-Face ✓ Video Conf (GT) ✓	Individual Group (HQ) Family (HR) Family (HS)		⊠ HE (SP) □ HK (Residential)		(ACT) [(Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS							
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	□ LCSW (AJ) □ LPC □ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)			RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (POS)							
⊠ Office (11)⊠⊠ Mobile Unit (15)⊠	Cust Care (33) Grp Home (14)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	⊠ Inpt Hos ⊠ Inpt PF (! ⊠ ER (23) ⊠ PF-PHP (51) 🗵 Ot	hool (03) her POS (99)	

	ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT [®] /HCPCS PROCEDU	JRE CODE		PROCEDURE COD	DE DESCRIPTI	ON	USAG	iΕ
9	96121 *ADD-ON		Each additional hour of a neurobehavioral status exam (list separately in addition to code for primary				
*Use in conjunction w	ith 96116		procedure)			⊠ Me	edicaid
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION	REQUIREMEN	rs	
Meet with patient, and, if appropriate, significant others. Perform neurobehavioral status examination, which involves clnical assessment for impairments in acquired knowledge, attention, language, learning, memory, problem solving, and visual-spatial abilities. Observe behavior and record responses. Develop clinical impression.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. mental status exam 4. Summary of test results in a formal report 5. Treatment recommendations				
NOTES			EXAMPLE ACTIVI	TIES			
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			syndromes	f neurocognit	een psychogeni	-	
appropriate, are used. APPLICABLE POPULAT	ION(S)		UNIT		DURATIO	N	
🗵 Adol (12-17) (18	8-20) 🗵	Adult (21-64) Geriatric (65+)	□ Encounter □ Day	□ 15 Minute 区 1 Hour	Maximum		
ALLOWED MODE(S) OF			PROGRAM SERVI				
✓ Face-to-Face ✓ Video Conf (GT) ✓	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia	I) 🗆 -	U4 (ICM) IM (ACT) HM (Respite)	HJ (Voc) HQ (Clubhc TT (Recove HT (Prev/El	ry)
STAFF REQUIREMENTS	5						
□ 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 □CAC II	□ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
					+ (24)		
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	⊠ Inp ⊠ ER	t Hosp (21) t PF (51) (23) PHP (52)	School (03)	

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
96121 *ADD-ON *Use in conjunction with 96116	Each additional hour of a neurobehavioral status exam (list separately in addition to code for primary procedure)						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Meet with patient, and, if appropriate, significant others. Perform neurobehavioral status examination, which involves clnical assessment for impairments in acquired knowledge, attention, language, learning, memory, problem solving, and visual-spatial abilities. Observe behavior and record responses. Develop clinical impression. NOTES 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	Technical Documentation Requirements es See Section X Service Content 1. 1. The reason for the visit. What was the intended goal or agend How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. mental status exam 4. Summary of test results in a formal report 5. Treatment recommendations EXAMPLE ACTIVITIES an Differential diagnosis between psychogenic and neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders s,						
appropriate, are used. APPLICABLE POPULATION(S)	UNIT DURATION						
\boxtimes Child (0-11) \boxtimes Young Adult \boxtimes Adult (21-64) \boxtimes Adol (12-17)(18-20) \boxtimes Geriatric (65+)	Dokation Dokation □ Encounter □ 15 Minutes □ Day ☑ 1 Hour Maximum:						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	HM (Respite)	Voc) (Clubhouse) Recovery) (Prev/El)					
STAFF REQUIREMENTS							
□ Bachelor's Level (HN) □ LPC □ Unlicensed ☑ Intern □ LMFT ☑ Licensed Ed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH) ID/PhD/PsyD (AH) ID/PhD/P						
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)					

ASSESSI	MENT - P	PSYCHOLOGICAL TESTING				
CPT [®] /HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
96130		Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision Medicaid making, treatment planning and report and interactive feedback to patient, family member(s) or caregiver(s), when performed; first hour				
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
Interpret tests; integrate patient data; make clinical decision; diagnosis and/or create treatment planning: provide interactive feedback, when performed; and cr report.		 Technical Documentation Requirements See Section X Service Content 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? Description of the service (Specific test(s)administered) Summary of test results 				
NOTES		4. Treatment recommendations EXAMPLE ACTIVITIES				
If psychological testing services are performed by an ir services must be supervised and at the direction of a licensed psychologist, even though his/her presence is required during intern administration. The licensed psychologist ensures that the testing environment offe adequate privacy and confidentiality and maximizes th examinee's performance. An NP, CNS or PA may perform diagnostic psychological neuropsychological tests under their scope of practice	s not ers he al and	 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. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 				
APPLICABLE POPULATION(S)		UNIT DURATION				
⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21- ⊠ Adol (12-17) (18-20) ⊠ Geriatric		□ Encounter □ 15 Minutes Minimum: □ Day ☑ 1 Hour Maximum:				
ALLOWED MODE(S) OF DELIVERY Image: Sector Face Image: Sector Face Image: Video Conf (GT) Group (HQ) Image: Telephone Family (HR) Image: Telephone Family (HS)		PROGRAM SERVICE CATEGORY(IES) Image: Mail of the second				
	nlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) CAC II CAC I				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTF (5) ☑ Outp Hospital (22) ☑ Home (12) ☑ Shelter) 56)	☑ SNF (31) ☑ School (03) ☑ ER (23) ☑ FQHC (50) ☑ Other POS (99) ☑ Hospice (34) ☑ RHC (72) ☑ Inpt PF (51) ☑ Inpt Hosp (21) ☑ PF-PHP (52)				

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ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision☑ OBHmaking, treatment planning and report and interactive feedback to patient, family member(s) or caregiver(s), when performed; first hourImage: Comparison of the test of test					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Interpret tests; integrate patient data; make clinical decision; diagnosis and/or create treatment planning: provide interactive feedback, when performed; and create report.	Technical Documentation Requirements See Section X 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					
NOTES	4. Treatment recommendations 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.	 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. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 					
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+)	\Box Encounter \Box 15 MinutesMinimum: \geq 31 mins \Box Day \boxtimes 1 HourMaximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)					
STAFF REQUIREMENTS						
□ Bachelor's Level (HN) □ LPC □ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) EdD/PhD/PsyD (AH) □CAC II □ RN (TD) ⊠ RxN (SA) □CAC II ☑ APN (SA) ☑ PA (PA) □CACIII □ QMAP					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTF (56) ☑ Outp Hospital (22) ☑ Home (12) ☑ Shelter (04)	 ☑ SNF (31) ☑ School (03) ☑ FQHC (50) ☑ Other POS (99) ☑ Hospice (34) ☑ RHC (72) ☑ Inpt PF (51) ☑ Inpt Hosp (21) ☑ PF-PHP (52) 					

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCED	PROCEDURE CODE DESCRIPTION USAGE						
*Use in conjunction w	96131 *ADD-ON iith 96130		Each additional h evaluation service health care profe to code for prima				
SERVICE DESCRIPTION	1		MINIMUM DOCU	JMENTATION RE	QUIREMENTS	· · · ·	
Interpret tests; integra diagnosis and/or creat interactive feedback, v	e treatment plannin						
NOTES			EXAMPLE ACTIVI	TIES			
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			interventio about a pat cognitive al Psychologic diagnosis/d		, and you war actioning, pers Ip clarify a pat ersonal dynam	nt to learn more sonality, emotional or ient's nics, and relative	
neuropsychological tes APPLICABLE POPULAT			UNIT DURATION				
⊠ Child (0-11) ⊠ ⊠ Adol (12-17) (1	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes × 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) O	⊠ Individual □ Group (HQ) □ Family (HR)		PROGRAM SERVI ☑ HE (SP) □ HK (Residentia	□ U4 I) □ TN	(ICM) I (ACT)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) 	
	□ Family (HS)					□ HT (Prev/El)	
STAFF REQUIREMENT:	S LCSW LPC LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A	PN (SA)	로 RxN (SA) 로 PA (PA) 로 MD/DO (AF)	
PLACE OF SERVICE (PC							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) 	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) × 0	chool (03) ther POS (99)	

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE COD	USAGE			
*Use in conjunction w	Each additional hour for sychological testing evaluation services by physician or other qualified health care professional (list separately in addition to code for primary procedure.)						
SERVICE DESCRIPTION	l		MINIMUM DOCU	MENTATION RE	QUIREMENTS		
Interpret tests; integra diagnosis and/or creat interactive feedback, v	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations 						
NOTES			EXAMPLE ACTIVI	TIES			
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			intervention about a pat cognitive ab Psychologic diagnosis/d		e, and you wan nctioning, pers Ip clarify a pat ersonal dynam	t to learn more onality, emotional or ient's ics, and relative	
neuropsychological tes APPLICABLE POPULAT		- F	UNIT DURATION				
🗵 Child (0-11)	Young Adult	☑ Adult (21-64) ☑ Geriatric (65+)		□ 15 Minutes ⊠ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) O			PROGRAM SERVI	CE CATEGORY(IE	S)		
☑ Face-to-Face □ Video Conf (GT) □ Telephone	 ☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS) 		⊠ HE (SP) □ HK (Residentia	I) □ T№	1 (ACT) / (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENT	S						
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	□ LCSW (□ LPC □ LMFT	Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A		3 RxN (SA) 3 PA (PA) 3 MD/DO (AF)	
PLACE OF SERVICE (PC							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	⊠ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) 🗵 O	:hool (03) ther POS (99)	

		ASSESSMENT - P	SYCHOLOGICAL TE	STING			
CPT®/HCPCS PROCE	PROCEDURE CODE DESCRIPTION USAGE						
96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.				
SERVICE DESCRIPTION	ON		MINIMUM DOC		REQUIREM	ENTS	
Interprets tests; integr decision; diagnose and provide interactive fee report.	d/or create treatmen	t planning;	agenda? Ho plan? What 2. Description 3. Summary of	for the visit. Wh	at was the int ice relate to t ed for specifi pecific test(s)	he treatment/service c testing?	
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			 Differential dia syndromes Delineation of (CNS) disorder 	neurocognitive		and neurogenic tral nervous system	
neuropsychological te APPLICABLE POPUL		•	UNIT		DURATION	J	
⊠ Child (0-11) ⊠ Adol (12-17) (1	Young Adult	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes ⊠ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)			PROGRAM SERV				
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		☑ HE (SP) □ HK (Residential			□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMEN							
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 □ R □CAC II ⊠ A	N (TD)	포 RxN (SA) 포 PA (PA) 포 MD/DO (AF)	
PLACE OF SERVICE ((POS)						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑Home (12)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	☑ Inpt Ho ☑ Inpt PF ☑ ER (23) ☑ PF-PHP	(51)	포 School (03) 포 Other POS (99)	

	ASSESSME	ENT - PS	SYCHOLOGICAL TES	STING			
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.				
SERVICE DESCRIPTION)N		MINIMUM DOC	UMENTATION	REQUIREM	IENTS	
Interprets tests; integrate patient data; make clinical decision; diagnose and/or create treatment planning; provide interactive feedback, when performed; and create report.			 Technical Documentation Requirements See Section X Service Content: 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? Description of the service (specific test(s) administered) Summary of test results Treatment recommendations 				
NOTES			EXAMPLE ACTIV	/ITIES			
intern, they must be su licensed psychologist e required during intern psychologist ensures t adequate privacy and examinee's performan	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			-		and neurogenic	
APPLICABLE POPUL			UNIT DURATION				
区 Child (0-11) ⊠ 区 Adol (12-17) (1	Young Adult I Adult (21-6 8-20) I Geriatric (6	-	□ Encounter □ Day	□ 15 Minutes 区 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)			PROGRAM SERV				
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residential			□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMEN	ITS						
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	LPC Unlic LMFT ELicen	ensed E	/laster's Level (HO) dD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	□CAC I □ F □CAC II ⊻ A	ΙΝ (TD) ΔΡΝ (SΔ)	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)	
PLACE OF SERVICE (
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	☑ ACF (13) ☑ Hospice ☑ Cust Care (33) ☑ ICF-MR ☑ Grp Home (14) ☑ NF (32) ☑ Home (12) ☑ PRTF (50)	(54)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	⊠ Inpt Ho ⊠ Inpt PF ⊠ ER (23) ⊠ PF-PHP	(51)	⊠ School (03) ⊠ Other POS (99)	

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCE	PROCEDURE CODE DESCRIPTION USAGE						
96133 *ADD-ON *Use in conjunction with 96132			Each additional hour of neuropsychological testing evaluation services by physician or other qualified health care professional (List separately in addition to code for primary procedure).				
SERVICE DESCRIPTIC	ON		MINIMUM DOC	UMENTATION		INTS	
Interprets tests; integrate patient data; make clinical decision; diagnose and/or create treatment planning; provide interactive feedback, when performed; and create report.			 Technical Documentation Requirements See Section X Service Content: 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? Description of the service (specific test(s) administered) Summary of test results Treatment recommendations 				
NOTES			EXAMPLE ACTIV	/ITIES			
licensed psychologist e required during intern psychologist ensures th adequate privacy and o examinee's performan	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			neurocognitive rs	effects of cent	tral nervous system	
APPLICABLE POPULA		•	UNIT		DURATION		
	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)		□ 15 Minutes ⊠ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	VICE CATEGOR	Y(IES)		
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia	•	(ACT) (Respite)	 □ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El) 	
STAFF REQUIREMEN	ITS						
			d Master's Level (HO) d EdD/ PhD/PsyD (HP) ddD/PhD/PsyD (AH) □CAC II I I I I I I I I I I I I I I I I I			A (PA)	
PLACE OF SERVICE (I	POS)						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14 ☑Home (12)		⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)) 🗵 Inpt Ho 🗵 Inpt PF 🗵 ER (23) 🗵 PF-PHP	(51)	⊠ School (03) ⊠ Other POS (99)	

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCE	PROCEDURE CO	USAGE					
96 *Use in conjunction wi	133 *ADD-ON ith 96132	Each additional I testing evaluatio other qualified h separately in ado procedure).					
SERVICE DESCRIPTIC)N		MINIMUM DOC	UMENTATION	REQUIREM	ENTS	
Interprets tests; integrate patient data; make clinical decision; diagnose and/or create treatment planning; provide interactive feedback, when performed; and create report.			 Technical Documentation Requirements See Section X Service Content: 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? Description of the service (specific test(s) administered) Summary of test results Treatment recommendations 				
NOTES			EXAMPLE ACTIV	ITIES			
If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.			 Differential dia syndromes Delineation of (CNS) disorders 	neurocognitive		itral nervous system	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	N	
	-	⊠ Adult (21-64) ⊠ Geriatric (65+)		□ 15 Minutes ⊠ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	ICE CATEGOR	Y(IES)		
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residential)			□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMEN	ITS						
I Bachelor's Level (HN)			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A	N (TD) PN (SA)	포 RxN (SA) 포 PA (PA) 포 MD/DO (AF)	
PLACE OF SERVICE (F							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	区 ACF (13) 区 Cust Care (33) 区 Grp Home (14) 区Home (12)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	⊠ Inpt Ho ⊠ Inpt PF ⊠ ER (23) ⊠ PF-PHP	(51)	⊠ School (03) ⊠ Other POS (99)	

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCE	PROCEDURE CODE DESCRIPTION USAGE					
	Psychological or neuropsychological test administration and scoring by physisican or other qualified health care professional, two or more tests, any method; first 30 minutes					
SERVICE DESCRIPTIO	N					
SERVICE DESCRIPTION Administer a series of tests (standardized, rating scales, and/or projective). Record behavioral observations made during testing. Score test protocol(s) according to latest methods for each test.			MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content: 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s) administered) 3. Summary of test results 4. Treatment recommendations			
NOTES			EXAMPLE ACTIV	VITIES		
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	f neurocognitive		and neurogenic
APPLICABLE POPULA			UNIT		DURATIO	N
🗵 Child (0-11)	Young Adult 3-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER	VICE CATEGOR	Y(IES)	
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia		• •	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMEN	TS					
			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ F □CAC II ⊠ A	.PN/LVN (TE) RN (TD) APN (SA) QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)
PLACE OF SERVICE (F						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 		⊠ Shelter (04 ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)) ⊠ Inpt Ho ⊠ Inpt PF ⊠ ER (23) ⊠ PF-PHP	(51)	⊠ School (03) ⊠ Other POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CO	DDE DESCRIPTI	ON	USAGE
	96136		Psychological or i administration ar qualified health c tests, any metho			
SERVICE DESCRIPTIC)N					
Administer a series of tests (standardized, rating scales, and/or projective). Record behavioral observations made during testing. Score test protocol(s) according to latest methods for each test.		 Technical Documentation Requirements See Section X Service Content: 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? Description of the service (specific test(s) administered) Summary of test results Treatment recommendations 				
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	f neurocognitive		c and neurogenic	
APPLICABLE POPULA		•	UNIT		DURATIO	N
· ·	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER	VICE CATEGOR	Y(IES)	
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia	,	• •	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMEN	ITS					
□ 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	PN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (I						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33 ☑ Grp Home (14 ☑ Home (12) 	()	⊠ Shelter (04 ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)) 🗵 Inpt Ho 🗵 Inpt PF 🗵 ER (23) 🗵 PF-PHP	(51)	⊠ School (03) ⊠ Other POS (99)

		ASSESSMENT - P	SYCHOLOGICAL TE	STING		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
96137 *ADD-ON *Use in conjunction with 96136			Each additional 30 minutes of psychological or neuropsychological test administration and scoring by physisican or other qualified health care professional (List separately in addition to code for primary procedure).			
SERVICE DESCRIPTIC	DN .		MINIMUM DOC	UMENTATION	I REQUIREMENT	rs
Administer a series of tests (standardized, rating scales, and/or projective). Record behavioral observations made during testing. Score test protocol(s) according to latest methods for each test.			 Technical Documentation Requirements See Section X Service Content: 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? Description of the service (specific test(s) administered) Summary of test results Treatment recommendations 			
NOTES			EXAMPLE ACTIV			
intern, they must be su licensed psychologist e required during intern psychologist ensures th adequate privacy and o examinee's performan	If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic		syndromes	f neurocognitive	n psychogenic and effects of central	-
APPLICABLE POPULA		•	UNIT		DURATION	
		⊠ Adult (21-64) ⊠ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER	VICE CATEGOR	Y(IES)	
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia	•	(ACT) □ I (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 □ □CAC II ×	(ID) (SA) (P)	KN (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (I	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)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)) 🗵 Inpt Ho 🗵 Inpt PF 🗵 ER (23) 🗵 PF-PHF	(51) I O	chool (03) ither POS (99)

ASSESSMENT - F	PSYCHOLOGICAL TESTING			
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
96137 *ADD-ON *Use in conjunction with 96136	Each additional 30 minutes of psychological or neuropsychological test administration and scoring by physisican or other qualified health care professional (List separately in addition to code for primary procedure).			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Administer a series of tests (standardized, rating scales, and/or projective). Record behavioral observations made during testing. Score test protocol(s) according to latest methods for each test.	 Technical Documentation Requirements See Section X Service Content: 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? Description of the service (specific test(s) administered) Summary of test results Treatment recommendations 			
NOTES	EXAMPLE ACTIVITIES			
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.	 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	□ Encounter □ 15 Minutes Minimum: □ Day □ 1 Hour Maximum:			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
	Master's Level (HO) ILAC I LPN/LVN (TE) IX RxN (SA) EdD/ PhD/PsyD (HP) ICAC II IX APN (SA) IX PA (PA) JD/PhD/PsyD (AH) ICAC III IX APN (SA) IX 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 - P	SYCHOLOGICAL TE	STING		
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE COD	DE DESCRIPTION		USAGE
	96138		Psychological or neuropsychological test administration and scoring by a technician, two or Image: Medicaid more tests, any method; first 30 minutes			
SERVICE DESCRIPTION	l		MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
Technician gathers tests as ordered by the physician or other qualified health professional; administeres a series of tests (standardized, rating scales, and/or projective); records behavioral observations made during the testing; scores test protocol(s) according to the latest methods for each test; and transcribes all test scores onto data summary sheets.			 Technical Documentation Requirements See Section X Service Content 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? Description of the service (specific test(s)administered) Summary of test results Treatment recommendations 			
NOTES			EXAMPLE ACTIVI	TIES		
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and		interventio about a pat cognitive al Psychologic diagnosis/d	ns are ineffective cient's level of fur bilities. cal testing can he liagnoses, interpe	helpful when trea , and you want to nctioning, persona lp clarify a patient ersonal dynamics, o target through tr	learn more lity, emotional or 's and relative	
neuropsychological te APPLICABLE POPULAT			UNIT		DURATION	
🗵 Adol (12-17) (1	8-20) 🗵	Adult (21-64) Geriatric (65+)	□ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) O			PROGRAM SERV			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	☑ Individual □ Group (HQ) □ Family(HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia	I) □ TN	I (ACT) □ H I (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENT	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 □ R □CAC II ⊠ A	PN/LVN (TE) N (TD) 🛛 RxI .PN (SA) 🖾 PA .MAP	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (PC	DS)					
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) 🗵 Other	ol (03) POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	96138		Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method; first 30 minutes				
SERVICE DESCRIPTION	I		MINIMUM DOCU	JMENTATION RE	QUIREMENTS		
Technician gathers tests as ordered by the physician or other qualified health professional; administeres a series of tests (standardized, rating scales, and/or projective); records behavioral observations made during the testing; scores test protocol(s) according to the latest methods for each test; and transcribes all test scores onto data summary sheets.			 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations 				
NOTES			EXAMPLE ACTIVI	TIES			
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and		interventio a patient's cognitive a • Psychologie diagnosis/c	ns are ineffective level of functioni bilities. cal testing can he liagnoses, interpe	helpful when trea e and you want to ng, personality, er lp clarify a patient ersonal dynamics, o target through to	learn more about notional or 's and relative		
neuropsychological tes APPLICABLE POPULAT		•	UNIT		DURATION		
🗵 Adol (12-17) (1	8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) O			PROGRAM SERV				
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	☑ Individual ☐ Group (HQ) ☐ Family(HR) ☐ Family (HS)		⊠ HE (SP) □ HK (Residentia	l) □ TN	1 (ACT) □ H / (Respite) □ T	łJ (Voc) łQ (Clubhouse) T (Recovery) łT (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) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A		N (SA) . (PA) D/DO (AF)	
PLACE OF SERVICE (PC	DS)						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	区 Inpt Hosp 区 Inpt PF (5 区 ER (23) 区 PF-PHP (5	1) 🗵 Other	ol (03) r POS (99)	

		ASSESSMENT - P	SYCHOLOGICAL TE	STING			
CPT®/HCPCS PROCEDU	URE CODE		PROCEDURE COD	USAGE			
	96139 *ADD-ON *Use in conjunction with 96138			Each additional 30 minutes of psychological or neuropsychological test administration and scoring by a technician (List separately in addition to code for primary procedure).			
SERVICE DESCRIPTION	I		MINIMUM DOCU	JMENTATION RE	QUIREMENTS		
Technician gathers tests as ordered by the physician or other qualified health professional; administeres a series of tests (standardized, rating scales, and/or projective); records behavioral observations made during the testing; scores test protocol(s) according to the latest methods for each test; and transcribes all test scores onto data summary sheets.			 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations 				
NOTES			EXAMPLE ACTIVI	TIES			
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and		intervention about a pat cognitive al Psychologic diagnosis/d	ns are ineffective cient's level of fur bilities. cal testing can he liagnoses, interpe	helpful when tre , and you want to actioning, persona lp clarify a patien ersonal dynamics, o target through t	o learn more ality, emotional or t's and relative		
neuropsychological tes		•	UNIT		DURATION		
🗵 Adol (12-17) (1	8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) O			PROGRAM SERVI				
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	☑ Individual ☐ Group (HQ) ☐ Family(HR) ☐ Family (HS)		⊠ HE (SP) □ HK (Residentia	I) □ TN	I (ACT)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS	S			_			
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	□ LCSW □ LPC □ LMFT	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A	N (ID) × P/	KN (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (PC	DS)						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) 🗵 Othe	ol (03) r POS (99)	

		ASSESSMENT - P	SYCHOLOGICAL TE	STING		
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION	l	USAGE
*Use in conjunction w	96139 *ADD-ON ⁄i th 96138		Each additional 30 neuropsychologic scoring by a techr to code for prima	al test administ nician (List sepa	tration and	on 🗹 OBH
SERVICE DESCRIPTION	J		MINIMUM DOCU	IMENTATION R	EQUIREMENTS	
Technician gathers tes qualified health profes (standardized, rating s behavioral observation protocol(s) according t and transcribes all test	ssional; administeres icales, and/or project ns made during the t to the latest method	a series of tests cive); records esting; scores test s for each test;	agenda treatme	son for the visit ? How does the ent/service plar testing? The service (sp est results	:. What was the service relate t ? What is the c ecific test(s)adr	linical need for
NOTES			EXAMPLE ACTIVI	TIES		
psychologist's overall of presence is not required licensed psychologist of offers adequate private the examinee's perfor If psychological test in performed by an inter licensed psychologist	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		intervention about a pat cognitive al Psychologic diagnosis/d	ient's level of fu pilities. al testing can h	ve, and you war unctioning, pers elp clarify a pat personal dynam	nt to learn more sonality, emotional or ient's nics, and relative
APPLICABLE POPULAT		or practice.	UNIT		DURATION	
🗵 Child (0-11)	Young Adult	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) O			PROGRAM SERVI			
☑ Face-to-Face □ Video Conf (GT) □ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)		⊠ HE (SP) □ HK (Residentia	I) 🗆 Т	4 (ICM) M (ACT) M (Respite)	 □ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENT	S					
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	LCSW LCSW LPC LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ □CAC II ⊠		ସ RxN (SA) ସ PA (PA) ସ MD/DO (AF)
PLACE OF SERVICE (PC					(2.1)	
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	⊠ Inpt Hos ⊠ Inpt PF (⊠ ER (23) ⊠ PF-PHP	51) 🗵 O	chool (03) ither POS (99)

		ASSESSMENT - P	SYCHOLOGICAL T	ESTING		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAGE			
96146			Psychological or neuropsychological test administration with single automated, standardized instrument via electronic platform, with automated result only			
SERVICE DESCRIPTION	N			UMENTATION R	EQUIREMENTS	
	·		Technical Docum See Section X Service Content 1. The reason How does th What is the 2. Description 3. Summary of	nentation Requi	rements at was the inten to the treatmer specific testing? pecific test(s)ad	?
NOTES					13	
care professional, or report see 96127, 961 Do Not use for admir	*If test is administered by a physician, other qualified health care professional, or technician, do not report 96146, To report see 96127, 96136, 96137, 96138, 96139. Do Not use for administration of 2 or more tests and/or if test administration is performed by a professional or technician.		interventions patient's leve abilities. Psychological tes	el of functioning, sting can help cla namics, and rela	and you want to personality, em prify a patient's o	atment o learn more about a otional or cognitive diagnosis/diagnoses, nd weaknesses to
APPLICABLE POPULAT	rion(s)		UNIT		DURATION	
区 Child (0-11) 区 区 Adol (12-17) (1	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV			
⊠ Face-to-Face □ Video Conf (GT) □ Telephone	☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia	al) □ TN	1 (ACT) □ ⁄I (Respite) □] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENT	LCSW LPC LMFT	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 (PC						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ ICF-MR (54) ⊠ NF (32)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) 	区 Inpt Hos 区 Inpt PF (区 ER (23) 区 PF-PHP (51) 🗵 Ot	hool (03) :her POS (99)

	ASSESSMENT - P	SYCHOLOGICAL T	ESTING		
CPT [®] /HCPCS PROCEDURE CODE	PROCEI	OURE CODE DESC	CRIPTION	USAGE	
96146	Psychological or neuropsychological test administration with single automated, standardized instrument via electronic platform, with automated result only				
SERVICE DESCRIPTION		MINIMUM DOC	UMENTATION R	EQUIREMENTS	1
NOTES *If test is administered by a physician, other qualified health care professional, or technician, do not report 96146, To report see 96127, 96136, 96137, 96138, 96139. Do Not use for administration of 2 or more tests and/or if		 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations EXAMPLE ACTIVITIES Computer based testing with a child/adolescent to assess neurocognitive abilities. Testing when treatment interventions are ineffective and neuropsychological deficits are expected. 			
test administration is performed by a technician. APPLICABLE POPULATION(S)	professional or	UNIT		DURATION	
	Adult (21-64)	Encounter	□ 15 Minutes	Minimum:	
	Geriatric (65+)		\Box 15 Minutes \Box 1 Hour	Maximum:	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV			
☑ Face-to-Face ☑ Individual □ Video Conf (GT) □ Group (HQ) □ Telephone □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residenti	□ U4 al) □ TM	(ICM) □ H I (ACT) □ H 1 (Respite) □ T	H (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern LMFT	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ □CAC II 🗵	APN (SA)	N (SA) (PA) D/DO (AF)
	-			QMAP 🖂 🕅	,
PLACE OF SERVICE (POS)Image: CMHC (53)Image: ACF (13)Image: CMHC (53)Image: Cust Care (33)Image: CMHC (11)Image: Cust Care (33)Image: CMHC (12)Image: Cust Care (14)Image: CMHC (12)Image: Cust Care (12)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	⊠ Inpt Hos ⊠ Inpt PF (⊠ ER (23) ⊠ PF-PHP (51) 🗵 Othe	ol (03) r POS (99)

		TREATMENT - ME	DICATION MANAG	GEMENT			
CPT®/HCPCS PROCE	OURE CODE		PROCED	URE CODE DESC	RIPTION	USAGE	
	96372			Therapeutic, prophylactic, or diagnostic injection(specify substance or drug) subcutaneous orintramuscular			
SERVICE DESCRIPTIO	N		MINIMUM DOCL	JMENTATION RE	QUIREMENT	S	
A therapeutic, prophylactic/diagnostic injection for the administration of medications. Written physician order (required) Actual injectable medication reported/billed separately.			Technical Documentation Requirements See Section X Service Content 1. Documentation supports injection of medication ordered 2. Injection site 3. Medication administered 4. 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				
NOTES			EXAMPLE ACTIV	TIES			
the medication to be a the administration of o Injectable drugs inten- patient's home/ admin be billed by a pharmao A certified medical ass a physician's/APN's or the signature of the M individual sees a nurse technician for services perform the service, in Do not report 96372 fr physician or other qua To report, use 99211 i be reported with a 992 an included service.	This code may be used in a clinic/CMHC, even if patient brings in the medication to be administered. Pharmacies cannot bill for the administration of drugs in a practitioner's office/clinic. Injectable drugs intended for self-administration/use in the patient's home/ administration for a patient in a LTC facility may be billed by a pharmacy. A certified medical assistant may administer an injection under a physician's/APN's order, but billing and service must be under the signature of the MD/APN. The service code is used when an individual sees a nurse or other trained nurse's aide or medical technician for services that do not require the physician to perform the service, in this case, an injection. Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211 instead. (AMA CPT 2016) 96372 should not be reported with a 99211 E&M code as this is considered to be						
APPLICABLE POPULA	TION(S)		UNIT		DURATION	I	
🗵 Child (0-11)	⊠ Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV				
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia	•	. ,	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMEN	TS						
□ 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 ⊠ I □CAC II ⊠ /	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (P	POS)						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ ICF-MR (54) ⊠ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	 ☑ Independent ☑ PF-PHP (52) ☑ School (03) ☑ NRSATF (57) 	Clinic (49)	I Other POS (99)	

		TREATMENT - ME	DICATION MANAG	GEMENT		
CPT [®] /HCPCS PROCEDU	JRE CODE		PROCED	URE CODE DESC	RIPTION	USAGE
	96372		Therapeutic, prophylactic, or diagnostic injection(specify substance or drug) subcutaneous orintramuscular			
SERVICE DESCRIPTION			MINIMUM DOCL	JMENTATION RE	QUIREMENTS	5
A therapeutic, prophylactic/diagnostic injection for the administration of medications. Written physician order (required) Actual injectable medication reported/billed separately.			Technical Documentation Requirements See Section X Service Content 1. Documentation supports injection of medication ordered 2. Injection site 3. Medication administered 4. 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			
NOTES			EXAMPLE ACTIVI			
the medication to be add the administration of dru Injectable drugs intende patient's home/ adminis be billed by a pharmacy. A certified medical assist a physician's/APN's orde the signature of the MD, individual sees a nurse o technician for service, in t Do not report 96372 for physician or other qualif To report, use 99211 ins	This code may be used in a clinic/CMHC, even if patient brings in the medication to be administered. Pharmacies cannot bill for the administration of drugs in a practitioner's office/clinic. Injectable drugs intended for self-administration/use in the patient's home/ administration for a patient in a LTC facility may be billed by a pharmacy. A certified medical assistant may administer an injection under a physician's/APN's order, but billing and service must be under the signature of the MD/APN. The service code is used when an individual sees a nurse or other trained nurse's aide or medical technician for services that do not require the physician to perform the service, in this case, an injection. Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211 instead. (AMA CPT 2016) 96372 should not be reported <i>with</i> a 99211 E&M code as this is considered to be					
APPLICABLE POPULATI	ION(S)		UNIT		DURATION	
区 Child (0-11) ⊠ 区 Adol (12-17) (18	Young Adult 3-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum: I	•
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SERV	ICE CATEGORY(I	ES)	
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia		· /	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS	6					
□ 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) 본 PA (PA) 본 MD/DO (AF)
PLACE OF SERVICE (PO	S)					
E Office (11) Init (15) Init (15)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ ICF-MR (54) ⊠ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	 ☑ Independent ☑ PF-PHP (52) ☑ School (03) ☑ NRSATF (57) 	Clinic (49)	⊠ Other POS (99)

TREATMEN	- REHABILITATION			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	caid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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.	 Technical Documentation Requirements See Section X 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 service increases ADLs and ability to function in the community and patient response to service 3. How did the service impact progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES	EXAMPLE ACTIVITIES			
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 housekee needs, medications, appointments, or other activities. Step-by-step problem solving interventions: develop shopping to obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; foods following recipes for basic meal preparation skills. Develop and reconcile budget for personal needs/bills.	g list s		
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)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☑ HQ (Clubł □ HM (Respite) □ TT (Recov ☑ HT (Prev/	very)		
STAFF REQUIREMENTS				
LMFT (HP)	Master's Level ⊠LAC ⊠ LPN/LVN (TE) ⊠ RxN (SA) EdD/ PhD/PsyD □CAC I ⊠ RN (TD) ⊠ PA (PA) □CAC II ⊠ APN (SA) ⊠ MD/DO (AF) D/PhD/PsyD (AH)			
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) ⊠ Shelter (04)	 ☑ SNF (31) ☑ Other POS (99) ☑ FQHC (50) ☑ RHC (72) ☑ School (03) 			

		TREATMENT	- REHABILITATIO	N				
CPT®/HCPCS PROCEDU	JRE CODE		PROCED	URE CODE DESC	CRIPTION	USAGE		
	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes☑ OBH							
SERVICE DESCRIPTION	MINIMUM DO	CUMENTATION		IENTS				
Direct one-on-one contact and trains a patient in the and home management a function in the communit the specific needs of the p Activities of Daily Living (<i>A</i> impairments, meal prepar of assistive technology de	e performance of activities related t y. Activities are d patient, including ADLs) and compe- ration, safety pro	essential self-care o his/her ability to esigned to address but not limited to nsatory training for cedures, and use	agenda? Ho plan? 2. Description ability to fu service 3. How did the	for the visit. What we does the service an nction in the com e service impact p ct contact(s) inclu	at was the int ce relate to th d how service nmunity and p progress towa	ended goal or ne treatment/service e increases ADLs and patient response to ards goals/objectives? ow-up or coordination		
NOTES			EXAMPLE ACTI	VITIES				
normal Activities of Daily resulting from Intellectua or behavioral health illnes	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 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 POPULATI	ION(S)		UNIT		DURATION	I		
□ Adol (12-17) (18-20) 🗵	Adult (21-64) Geriatric (65+)	🗆 Day	区 15 Minutes □ 1 Hour	Minimum: 8 Maximum: 8	-		
ALLOWED MODE(S) OF			PROGRAM SER					
✓ Face-to-Face ✓ Video Conf (GT) ✓ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) ⊠ HK (Residentia	al) 🗵 TM	(ICM) (ACT) 1 (Respite)	⊠ HJ (Voc) ⊠ HQ (Clubhouse) □ TT (Recovery) ⊠ HT (Prev/EI)		
STAFF REQUIREMENTS	5							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	⊠ LCSW ⊠ LPC ⊠ LMFT	I Unlicensed E	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 (PO	S)							
区 Office (11) ☑ Mobile Unit (15) ☑	ACF (13) Cust Care (33) Grp Home (14) Home (12)	 ☑ 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)			

TREATMEN	Γ - 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.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended agenda? How does the service relate to the troplan? Description of the service and how the service increase community/work functioning and path How did the service impact the individual's progoals/objectives? Plan for next contact(s) including any follow-u coordination needed with 3rd parties 	eatment/service is designed to tient response ogress towards			
NOTES	EXAMPLE ACTIVITIES				
Patient requires supervised training to help perform essential Activities of Daily Living (ADLs) related to his/her ability to function in the community and to reintegrate into the work environment, due to impairment resulting from Intellectual or Developmental Disability (IDD), injury, or behavioral health illness. There is reasonable expectation that the patient's functional level will improve as a result of this service.	 Applying for transportation assistance by planning bus route and stop times, scheduling transportation service rides, practicing route to and from work site. Resume, interview, and job coaching skills to obtain employment and ensure success. Review and address hygiene, proper dress attire, interpersonal skill and expectations for workplace environment. 				
APPLICABLE POPULATION(S)	UNIT DURATION				
□ Child (0-11)	□ Encounter 区 15 Minutes Minimum: 8 min □ Day □ 1 Hour Maximum: 8 hou				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	⊠ HK (Residential) ⊠ TM (ACT) ⊠ H □ HM (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)			
STAFF REQUIREMENTS					
Sachelor's Level (HN)	EdD/ PhD/PsyD (HP)	xN (SA) A (PA) ID/DO (AF)			
PLACE OF SERVICE (POS)					
	 ☑ RHC (72) ☑ School (03) ☑ Other POS (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✓ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Direct one-on-one contact in which the provider instructs and trains a patient in the performance of essential Activities of Daily Living (ADLs) related to his/her ability to function in the community and to reintegrate into the work environment. Activities are designed to address the specific needs of the patient including but not limited to shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, and use of assistive technology devices/adaptive equipment.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how the service is designed to increase community/work functioning and patient response How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or experimentations. 					
NOTES	coordination needed with 3 rd parties EXAMPLE ACTIVITIES					
Patient requires supervised training to help perform essential Activities of Daily Living (ADLs) related to his/her ability to function in the community and to reintegrate into the work environment, due to impairment resulting from Intellectual or Developmental Disability (IDD), injury, or behavioral health illness. There is reasonable expectation that the patient's functional level will improve as a result of this service.	 Applying for transportation assistance by planning bus route and stop times, scheduling transportation service rides, practicing route to and from work site. Resume, interview, and job coaching skills to obtain employment and ensure success. Review and address hygiene, proper dress attire, interpersonal skills and expectations for workplace environment. 					
APPLICABLE POPULATION(S)	UNIT DURATION					
□ Child (0-11) ☑ Young Adult ☑ Adult (21-64) □ Adol (12-17) (18-20) ☑ Geriatric (65+)	□ Encounter ☑ 15 Minutes Minimum: 8 mins □ Day □ 1 Hour Maximum: 8 hours					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
E Face-to-Face	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☑ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) ☑ 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) ⊠ MD/DO (AF)					
PLACE OF SERVICE (POS)						
Solution Office (11) Grp Home (14) Shelter (04)	☑ RHC (72) ☑ School (03) ☑ Other POS (99)					

	ASSESSMENT – I	NON-FACE-TO-FACE	- PHONE ASSESSM	IENT AND MANA	GEMENT	
CPT [®] /HCPCS PROCED	PROCEDURE CODE DESCRIPTION USAGE					
*Not recommended guidelines.	Telephone assessment and management provided by qualified non-physician health care professional.					
SERVICE DESCRIPTION	J		MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Telephone assessmen a qualified non-physic established patient, pa a related assessment a within the previous 7 management service o or soonest available a discussion.	ian health care profe arent, or guardian no and management ser days not leading to a or procedure within t	ssional to an t originating from vice provided n assessment and he next 24 hours	Technical Docum See Section X Service Content 1. Presenting cor 2. Review of mec and treatment referral, etc.	ncern(s)/problem	ı(s)	
NOTES			EXAMPLE ACTIVI	TIES		
		 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULAT	ΓΙΟΝ(S)		UNIT		DURATION	
· · · ·	0	⊠ Adult (21-64) ⊠ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: 5 m Maximum: 10 r	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)	
□ Face-to-Face □ Video Conf (GT) ⊠ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia		(ACT) [(Respite) [HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENT	S					
□ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A	$PN(ID)$ $\Box PA$	N (SA) \ (PA) D/DO (AF)
PLACE OF SERVICE (PC						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13) 	 Cust Care (33) Grp Home (14) Home (12) ICF-MR (54) 	🗵 PRTF (56)	 ☑ FQHC (50) ☑ RHC (72) ☑ Inpt Hosp (21) ☑ Inpt PF (51) 	⊠ ER (23) ⊠ PF-PHP (5 ⊠ School (0 ⊠ Other PO	3)	

	ASSESSMENT – N	ON-FACE-TO-FACE	- PHONE ASSESSM	IENT AND MANA	GEMENT		
CPT [®] /HCPCS PROCED	URE CODE	PROCEDURE CODE DESCRIPTION USAGE					
*Not recommended guidelines.	98966 for use; if used, pla	Telephone assessment and management provided by qualified non-physician health care professional.					
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION RE	QUIREMENTS		
a qualified non-physic established patient, p a related assessment within the previous 7 management service	nt and management see cian health care profes: arent, or guardian not and management serv days not leading to an or procedure within th appointment; 5 - 10 min	sional to an originating from ice provided assessment and e next 24 hours	2. Review of m	concern(s)/proble nedical and medic ent history. Dispo	em(s)	ychosocial, family, BH services,	
NOTES			EXAMPLE ACTIVI	TIES			
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
🗵 Adol (12-17) (1	18-20) 🗵 🗵	Adult (21-64) Geriatric (65+)		□15 Minutes □ 1 Hour	Minimum: 5 mi Maximum: 10 r		
ALLOWED MODE(S) (PROGRAM SERVI				
□ Face-to-Face □ Video Conf (GT) ⊠ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia		(ACT) 🗆 (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENT	rs						
□ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	오 LCSW (A 오 LPC 오 LMFT	Vnlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A	PN(SA) PA	N (SA) (PA) D/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) 	⊠ NF (32) ⊠ PRTF (56) ⊠ Shelter (04) ⊠ SNF (31)	☑ FQHC (50) ☑ RHC (72) ☑ Inpt Hosp (21) ☑ Inpt PF (51)	区 ER (23) 区 PF-PHP (5 区 School (0) 区 Other PO	3)		

	ASSESSMENT – N	ION-FACE-TO-FACE	- PHONE ASSESSM	ENT AND MANA	GEMENT			
CPT [®] /HCPCS PROCE	DURE 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.					
SERVICE DESCRIPTIO	N		MINIMUM DOCUI	MENTATION REG	QUIREMENTS			
a qualified non-phy established patient, a related assessme within the previous 7 management service	nt and management se visician health care pr parent, or guardian no nt and management 7 days not leading to an 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 t history.	m(s)	rchosocial, family, c.		
NOTES			EXAMPLE ACTIVIT	IES				
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 					
APPLICABLE POPULA		_	UNIT		DURATION			
	-	☑ Adult (21-64) ☑ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: 11 Maximum: 20			
ALLOWED MODE(S)			PROGRAM SERVIC			111113		
□ Face-to-Face □ Video Conf (GT) ☑ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residential)	⊠ U4 ⊠ TM	· (ICM) □ 1 (ACT) □ Λ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMEN	TS							
□ Peer Specialist ⊠ Bachelor's Level (HN ⊠ Intern) ICSW (I LPC IMFT	. 🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A	PN(SA)	xxn (SA) 'A (PA) /ID/DO (AF)		
PLACE OF SERVICE (F								
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13) 	⊠ Cust Care (33) ⊠ Grp Home (14) ⊠ Home (12) ⊠ ICF-MR (54)	⊠ NF (32) ⊠ PRTF (56) ⊠ Shelter (04) ⊠ SNF (31)	 ☑ FQHC (50) ☑ RHC (72) ☑ Inpt Hosp (21) ☑ Inpt PF (51) 	区 ER (23) 区 PF-PHP (5 区 School (0 区 Other PO	3)			

ASSESSMENT – NON-FACE-TO-FACE	- PHONE ASSESSMENT AND MANAGEMENT					
CPT [®] /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.	 Technical Documentation Requirements See Section X Service Content Presenting concern(s)/problem(s) Review of medical and medication history, psychosocial, family, and treatment history. 					
NOTES	EXAMPLE ACTIVITIES					
	 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 					
APPLICABLE 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)	□ HK (Residential)	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)				
STAFF REQUIREMENTS						
Intern	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RxN EdD/ PhD/PsyD (HP) □CAC I ⊠ RN (TD) □ PA D/PhD/PsyD (AH) □CAC II □ APN (SA) □ PA □CACIII □ QMAP					
PLACE OF SERVICE (POS)						
Image: Construction of the state of the	 ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP (52) ☑ Inpt Hosp (21) ☑ School (03) ☑ Inpt PF (51) ☑ Other POS (99) 					

	ASSESSMENT – N	NON-FACE-TO-FACE	- PHONE ASSESSM	ENT AND MANAG	GEMENT		
CPT®/HCPCS PROCE	PROCEDURE CODE DESCRIPTION USAGE						
*Not recommended guidelines.	98968 for use; if used, pleas	Telephone assessment and management provided by qualified non-physician health care professional.					
SERVICE DESCRIPTIO	N		MINIMUM DOCU	JMENTATION RE	QUIREMENTS	1	
a qualified non-phy established patient, a related assessment within the previous 7 management service	nt and management s rsician health care p parent, or guardian n nt and management 7 days not leading to e or procedure within appointment; 21-30 n	orofessional to an ot originating from t service provided an assessment and the next 24 hours	Technical Docum See Section X Service Content 1. Presenting co 2. Review of me and treatment 3. Disposition –	oncern(s)/probler edical and medica nt history.	n(s) ation history, p	sychosocial, family, tc.	
NOTES			EXAMPLE ACTIVI	TIES			
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULA			UNIT		DURATION		
🗵 Adol (12-17) (1	8-20)	Adult (21-64) Geriatric (65+)	🗆 Day	□ 15 Minutes □ 1 Hour	Minimum: 2: Maximum: 3	-	
ALLOWED MODE(S)							
□ Face-to-Face □ Video Conf (GT) ⊠ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia		(ACT) [(Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMEN	TS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern) 🗵 LCSW 🗵 LPC 🗵 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A	PN(SA)	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (F							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13) 	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54) 		 ☑ FQHC (50) ☑ RHC (72) ☑ Inpt Hosp (21) ☑ Inpt PF (51) 	区 ER (23) 区 PF-PHP (52 区 School (03) 区 Other POS	,		

ASSESSMENT – NON-FACE-TO-FA	CE - PHONE ASSESSMENT AND MANAGEMENT				
CPT [®] /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	L			
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	 Technical Documentation Requirements See Section X Service Content Presenting concern(s)/problem(s) Review of medical and medication history, psych and treatment history. Disposition – need for BH services, referral, etc. 	nosocial, family,			
NOTES	EXAMPLE ACTIVITIES				
	 Phone assessment with the patient in order to assess his/her need Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE 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)	□ HK (Residential)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
Sachelor's Level (HN)	ed EdD/ PhD/PsyD (HP) CAC II APN (SA) PA	KN (SA) A (PA) ID/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) ☑ ACF (13) ☑ ICF-MR (54) ☑ SNF (31)	 ☑ FQHC (50) ☑ RHC (72) ☑ PF-PHP (52) ☑ Inpt Hosp (21) ☑ School (03) ☑ Inpt PF (51) ☑ Other POS (99) 				

	JATION AND MANAGE	EMENT - OFFICE OR OT	THER OUTPATIE	NT– NEW & E	STABL	ISHED PATIE	NT
CPT®/HCPCS PROCED	URE CODE					RE CODE ION	USAGE
New Patient				Offi	ce or C	Other	
99201 requires proble	m focused history, pro	blem focused examination	ation, and straigh	ht Out	patien	t Services.	🗹 Medicaid
	al decision making. Typ						
99202 requires expand	e ,.						
	nd straightforward me			ent is			
20 minutes.			.)pica and ope				
99203 requires detaile	d history detailed exa	mination and low cor	nnlexity medical				
	g. Typical time spent is		inpressity incluied				
99204 requires compr			n and moderate	<u>_</u>			
	dical decision making.			-			
99205 requires compr	-			nlevity			
				plexity			
	n making. Typical time	spent is 60 minutes.					
Established patient	m focused history	blom focused evering	ation and				
99212 requires proble							
-	I medical decision mak						
99213 requires expand							
	nd low complexity med	lical decision making.	lypical time sper	nt is			
15 minutes.							
99214 requires detaile			ate complexity m	nedical			
	g. Typical time spent is						
99215 requires compr			on, and high com	plexity			
medical decisio	n making Typical time						
		spent is 40 minutes.					
SERVICE DESCRIPTION							5
SERVICE DESCRIPTION These codes are used f	I for face to face service	s in an office or	Technical Doc				5
SERVICE DESCRIPTION These codes are used to other outpatient settir	for face to face service ng for the evaluation a	s in an office or nd management of	Technical Doc See Section X	umentation R	equire	ements	
SERVICE DESCRIPTION These codes are used to other outpatient settin an individual with pres	for face to face service ng for the evaluation a senting problem(s) of v	is in an office or nd management of varying severity.	Technical Doc	umentation R	equire	ements	
SERVICE DESCRIPTION These codes are used i other outpatient settin an individual with pres A patient is considered	for face to face service ng for the evaluation a senting problem(s) of v	is in an office or nd management of varying severity.	Technical Doc See Section X	umentation R	equire	ements	
SERVICE DESCRIPTION These codes are used to other outpatient settir an individual with pres	for face to face service ng for the evaluation a senting problem(s) of v	is in an office or nd management of varying severity.	Technical Doc See Section X	umentation R	equire	ements	
SERVICE DESCRIPTION These codes are used i other outpatient settin an individual with press A patient is considered	for face to face service ng for the evaluation a senting problem(s) of v	is in an office or nd management of varying severity.	Technical Doc See Section X	umentation R <u>G</u> for more inf	equire	ements	
SERVICE DESCRIPTION These codes are used f other outpatient settir an individual with press A patient is considered hospital occurs. NOTES	for face to face service ng for the evaluation an senting problem(s) of v d outpatient until inpat	is in an office or nd management of varying severity.	Technical Doct See Section X See <u>Appendix</u>	umentation R <u>G</u> for more inf	equire	ements	
SERVICE DESCRIPTION These codes are used for other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT	for face to face service ng for the evaluation an senting problem(s) of v d outpatient until inpat	is in an office or nd management of varying severity. tient admission to a	Technical Doct See Section X See Appendix EXAMPLE ACT UNIT	umentation R G for more inf	format	ements tion on E/M s DURATION	ervices.
SERVICE DESCRIPTION These codes are used for other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11)	for face to face service ng for the evaluation an senting problem(s) of v d outpatient until inpat	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64)	Technical Doc: See Section X See Appendix EXAMPLE ACT UNIT Image: Encounter	umentation R G for more inf IVITIES	format	ements tion on E/M s DURATION See chart fo	ervices. r typical times for
SERVICE DESCRIPTION These codes are used i other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17)	I for face to face service ng for the evaluation an senting problem(s) of v d outpatient until inpat	is in an office or nd management of varying severity. tient admission to a	Technical Doc: See Section X See Appendix EXAMPLE ACT UNIT Encounter Day	umentation R G for more inf IVITIES	format tes	ements tion on E/M s DURATION See chart fo billing as a t	ervices.
SERVICE DESCRIPTION These codes are used i other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17)	I for face to face service ng for the evaluation a senting problem(s) of v d outpatient until inpat TION(S) ☑ Young Adult (18-20) IF DELIVERY	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64)	Technical Doc: See Section X See Appendix EXAMPLE ACT UNIT ☑ Encounter □ Day PROGRAM SET	umentation R G for more inf IVITIES I 15 Minu I 1 Hour RVICE CATEGO	format tes	tion on E/M s DURATION See chart fo billing as a t S)	ervices. r typical times for ime-based code
SERVICE DESCRIPTION These codes are used i other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O	I for face to face service ng for the evaluation a senting problem(s) of v d outpatient until inpat TION(S)	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64)	Technical Doct See Section X See Appendix EXAMPLE ACT UNIT Encounter Day PROGRAM SEI El (SP)	IVITIES	tes DRY(IE	Ements tion on E/M s DURATION See chart fo billing as a t S) CM)	ervices. r typical times for ime-based code ☐ HJ (Voc)
SERVICE DESCRIPTION These codes are used for other outpatient setting 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	I for face to face service ng for the evaluation a senting problem(s) of v d outpatient until inpat TION(S)	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64)	Technical Doc: See Section X See Appendix EXAMPLE ACT UNIT ☑ Encounter □ Day PROGRAM SET	IVITIES	tes DRY(IE TM (I	Ements tion on E/M s DURATION See chart for billing as a t S) CM) [ACT) [ervices. r typical times for ime-based code ☐ HJ (Voc) ☐ HQ (Clubhouse)
SERVICE DESCRIPTION These codes are used for other outpatient setting 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)	I for face to face service ng for the evaluation a senting problem(s) of v d outpatient until inpat TION(S)	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64)	Technical Doct See Section X See Appendix EXAMPLE ACT UNIT Encounter Day PROGRAM SEI El (SP)	IVITIES	tes DRY(IE TM (I	DURATION See chart fc billing as a t S) CM) [ACT) [Respite) [ervices. r typical times for ime-based code HJ (Voc) HQ (Clubhouse) TT (Recovery)
SERVICE DESCRIPTION These codes are used i other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT I Child (0-11) Adol (12-17) ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone	I for face to face service ng for the evaluation a senting problem(s) of v d outpatient until inpat TON(S)	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64)	Technical Doct See Section X See Appendix EXAMPLE ACT UNIT Encounter Day PROGRAM SEI El (SP)	IVITIES	tes DRY(IE TM (I	DURATION See chart fc billing as a t S) CM) [ACT) [Respite) [ervices. r typical times for ime-based code ☐ HJ (Voc) ☐ HQ (Clubhouse)
SERVICE DESCRIPTION These codes are used i other outpatient settir 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	I for face to face service ng for the evaluation a senting problem(s) of v d outpatient until inpat TON(S)	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64)	Technical Doct See Section X See Appendix EXAMPLE ACT UNIT Encounter Day PROGRAM SEI El (SP)	umentation R G for more int IVITIES I 15 Minu I 1 Hour RVICE CATEGG Itial)	format format tes DRY(IE] U4 (I] TM (] HM (Ements Cion on E/M s DURATION See chart for billing as a t S) CM) [ACT) [Respite) [[ervices. r typical times for ime-based code HJ (Voc) HQ (Clubhouse) TT (Recovery)
SERVICE DESCRIPTION These codes are used i other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT S Child (0-11) ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT Peer Specialist	I for face to face service ng for the evaluation and senting problem(s) of v d outpatient until inpate TON(S) I Young Adult (18-20) IF DELIVERY Individual □ Group (HQ) I Family (HR) I Family (HS) S	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64) ⊠ Geriatric (65+)	Technical Doc: See Section X See Appendix EXAMPLE ACT UNIT Encounter Day PROGRAM SEI X HE (SP) HK (Resider	umentation R G for more inf IVITIES 15 Minur 1 Hour RVICE CATEGO Intial) C LAC	tes DRY(IE U4 (I TM (HM (LPN/L	Ements ion on E/M s DURATION See chart for billing as a t S) CM) [ACT) [Respite] [VN (TE) [ervices. r typical times for ime-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
SERVICE DESCRIPTION These codes are used i other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT S Child (0-11) Adol (12-17) ALLOWED MODE(S) O S Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT Deer Specialist Bachelor's Level (HN)	I for face to face service ng for the evaluation an senting problem(s) of v d outpatient until inpat TON(S) I Young Adult (18-20) IF DELIVERY Individual □ Group (HQ) I Family (HR) I Family (HS) S □ LCSW (A	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64) ⊠ Geriatric (65+)	Technical Doc See Section X See <u>Appendix</u> EXAMPLE ACT UNIT ☑ Encounter ☑ Day PROGRAM SEI ☑ HE (SP) ☑ HK (Resider HK (Resider	umentation R G for more inf IVITIES 15 Minur 1 Hour RVICE CATEGO Intial) LAC CACI	tes DRY(IE U4 (I U4 (I TM (HM (HM (RN (TI	Ements Eion on E/M s DURATION See chart fc billing as a t S) CM) [Respite] [I VN (TE) [Respite] [VN (TE) [N (TE)] [N (ervices. r typical times for ime-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
SERVICE DESCRIPTION These codes are used i other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT S Child (0-11) Adol (12-17) ALLOWED MODE(S) O S Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT D Peer Specialist Bachelor's Level (HN)	I for face to face service ng for the evaluation and senting problem(s) of v d outpatient until inpate TON(S) I Young Adult (18-20) IF DELIVERY Individual □ Group (HQ) I Family (HR) I Family (HS) S	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64) ⊠ Geriatric (65+)	Technical Doc: See Section X See Appendix EXAMPLE ACT UNIT ☑ Encounter □ Day PROGRAM SEI ☑ HE (SP) □ HK (Resider ter's Level (HO) (PhD/PsyD (HP)	umentation R G for more inf IVITIES I 15 Minur I 1 Hour RVICE CATEGO I 1 Hour CATEGO I LAC	tes DRY(IE U4 (I U4 (I U4 (I HM (HM (HM (HM (HM (HM (HM (HM (Ements ion on E/M s DURATION See chart fc billing as a t S) CM) [Respite] [Respite] [VN (TE)] VN (TE)] SA)] [] R P SA)] [] N	ervices. r typical times for ime-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI) xN (SA) A (PA)
SERVICE DESCRIPTION These codes are used 1 other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT I Child (0-11) I Adol (12-17) ALLOWED MODE(S) O I Face-to-Face I Video Conf (GT) I Telephone STAFF REQUIREMENT I Peer Specialist I Bachelor's Level (HN) I Intern	I for face to face service ng for the evaluation and senting problem(s) of v d outpatient until inpate TION(S) I Young Adult (18-20) F DELIVERY Individual □ Group (HQ) I Family (HR) Family (HR) Family (HS) S □ LCSW (A □ LPC □ LMFT	Is in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64) ⊠ Geriatric (65+)	Technical Doc: See Section X See Appendix EXAMPLE ACT UNIT ☑ Encounter □ Day PROGRAM SEI ☑ HE (SP) □ HK (Resider ter's Level (HO) (PhD/PsyD (HP)	umentation R G for more inf IVITIES I 15 Minur I 1 Hour RVICE CATEGO I 1 Hour CATEGO I LAC	tes DRY(IE U4 (I U4 (I TM (HM (HM (RN (TI	Ements ion on E/M s DURATION See chart fc billing as a t S) CM) [Respite] [Respite] [VN (TE)] VN (TE)] SA)] [] R P SA)] [] N	ervices. r typical times for ime-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
SERVICE DESCRIPTION These codes are used 1 other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Addol (12-17) ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT Deer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (PC	I for face to face service ng for the evaluation and senting problem(s) of v d outpatient until inpate TION(S) I Young Adult (18-20) F DELIVERY Individual □ Group (HQ) I Family (HR) Family (HR) Family (HS) S □ LCSW (A □ LPC □ LMFT DS)	IS in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64) ⊠ Geriatric (65+) Unlicensed Masi □ Unlicensed EdD/ □ Licensed EdD/Ph	Technical Doci See Section X See Appendix EXAMPLE ACT UNIT ☑ Encounter □ Day PROGRAM SEI ☑ HE (SP) □ HK (Resider ter's Level (HO) (PhD/PsyD (HP)) iD/PsyD (AH)		tes DRY(IE U4 (I U4 (I U4 (I HM (HM (HM (HM (HM (HM (HM (HM (Ements ion on E/M s DURATION See chart fc billing as a t S) CM) [Respite] [Respite] [VN (TE)] VN (TE)] SA)] [] R P SA)] [] N	ervices. r typical times for ime-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI) xN (SA) A (PA)
SERVICE DESCRIPTION These codes are used 1 other outpatient settir 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)	I for face to face service ng for the evaluation and senting problem(s) of v d outpatient until inpate TON(S) INON(S)	IS in an office or nd management of varying severity. tient admission to a ✓ Adult (21-64) ✓ Geriatric (65+) J) □ Unlicensed Mass □ Unlicensed EdD/Ph □ Licensed EdD/Ph ✓ Independent Clin	Technical Doci See Section X See Appendix EXAMPLE ACT UNIT ☑ Encounter □ Day PROGRAM SEI ☑ HE (SP) □ HK (Resider ter's Level (HO) (PhD/PsyD (HP)) iD/PsyD (AH)	umentation R G for more inf IVITIES I 15 Minur I 1 Hour RVICE CATEGO I 1 Hour CATEGO I LAC	tes DRY(IE U4 (I U4 (I U4 (I HM (HM (HM (HM (HM (HM (HM (HM (Ements ion on E/M s DURATION See chart fc billing as a t S) CM) [Respite] [Respite] [VN (TE)] VN (TE)] SA)] [] R P SA)] [] N	ervices. r typical times for ime-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI) xN (SA) A (PA)
SERVICE DESCRIPTION These codes are used 1 other outpatient settir an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Addol (12-17) ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT Deer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (PC	I for face to face service ng for the evaluation and senting problem(s) of v d outpatient until inpate TION(S) I Young Adult (18-20) F DELIVERY Individual □ Group (HQ) I Family (HR) Family (HR) Family (HS) S □ LCSW (A □ LPC □ LMFT DS)	IS in an office or nd management of varying severity. tient admission to a ⊠ Adult (21-64) ⊠ Geriatric (65+) Unlicensed EdD/Ph Licensed EdD/Ph School (03)	Technical Doci See Section X See Appendix EXAMPLE ACT UNIT ☑ Encounter □ Day PROGRAM SEI ☑ HE (SP) □ HK (Resider ter's Level (HO) (PhD/PsyD (HP)) iD/PsyD (AH)		tes DRY(IE U4 (I U4 (I U4 (I HM (HM (HM (HM (HM (HM (HM (HM (Ements ion on E/M s DURATION See chart fc billing as a t S) CM) [Respite] [Respite] [VN (TE)] VN (TE)] SA)] [] R P SA)] [] N	ervices. r typical times for ime-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI) xN (SA) A (PA)

EVALU	ATION AND MANAGEME	NT - OFFICE OR OT	HER OUTPATIEN	NT- NEW	& ESTABL	ISHED PATIEN	г
CPT [®] /HCPCS PROCEDU	IRE CODE				PROCEDU DESCRIPT		USAGE
New Patient					Office or	Other	
 99201 requires problem focused history, problem focused examination, and straight forward medical decision making. Typical time spent is 10 minutes. 99202 requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 					Outpatier	it Services.	☑ ОВН
20 minutes.	20 minutes.						
decision making	d history, detailed examir . Typical time spent is 30	minutes.					
	hensive history, comprel ical decision making. Typ			e			
	hensive history, comprel making. Typical time spe		n, and high com	plexity			
Established patient							
	n focused history, proble medical decision making.						
examination, an	ed problem focused histo d low complexity medica			nt is			
	d history, detailed examir		te complexity m	nedical			
	. Typical time spent is 25 hensive history, comprel		n and high com	nlovity			
	n making. Typical time spe		n, and high com	plexity			
SERVICE DESCRIPTION	Thaking. Typical time spo	the is to minutes.	MINIMUM DO		ATION RE	OUIREMENTS	
	or face to face services in	an office or	Technical Docu				
other outpatient settin	g for the evaluation and i	management of	See Section X		•		
an individual with pres	enting problem(s) of vary	ing severity.	See <u>Appendix</u> (<mark>G</mark> for mor	e informa	tion on E/M sei	rvices.
	outpatient until inpatien	t admission to a					
hospital occurs.							
NOTES			EXAMPLE ACT	IVITIES			
APPLICABLE POPULATI	ION(S)		UNIT			DURATION	
		🗵 Adult (21-					
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young Adult (18-20)	64) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 N □ 1 Ho			typical times for ne-based code
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SEF	RVICE CAT	FEGORY(II	S)	
Image: State of the state			Image: HE (SP) Image: U4 (ICM) Image: HJ (Voc) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubho) Image: HK (Respite) Image: TT (Recover)			HQ (Clubhouse)	
STAFF REQUIREMENTS	,		•				
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern □ LCSW (AJ) □ Unlicensed Mast □ LPC □ Unlicensed EdD/ □ LMFT □ Licensed EdD/Ph			PhD/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/L □ RN (T ☑ APN □ QMA	D) × RxN (SA) × PA (
PLACE OF SERVICE (PO	S)						
I CMHC (53)	SOutpt Hospital(22)	× Ir	ndependent Clini	ic (49)	🗵 Tel	ehealth (02)	
⊠Office (11)	🗵 FQHC (50)		chool (03)				
🗵 Mobile Unit (15)	🗵 RHC (72)	🗵 N	RSATF (57)				

EVALUA	DR OTHER OUTPATIENT – ESTABLISHED PATIENT							
CPT®/HCPCS PROCEDURE	CODE							USAGE
	Office or other outpatient office visit that maynot require the presence of a physician. Usuallypresenting problems are minimal.					☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM D	OCUMEN [®]	TATION	I REQUIE	REMENT	S
This service is an "incident to if the patient is an establishe qualified NPP is in the office supervision. The service code is used whe other trained nurse's aide or that do not require the physi blood pressure or weight che up on side effects, etc. The code is generally not use Typically 5 minutes or less, p	Technical Documentation Requirements See Section X				e spent. nation to ice and any ire.			
NOTES	resenting probi	ems are minimal	EXAMPLE AC					
The service must be medically necessary If another E&M service (including Psychotherapy plus E&M codes) is provided on the same day, the work of the both providers is combined for one higher code that is billed under the prescriber. If another service code more accurately describes the service provided it should be used in place of the 99211, for example, injection codes.			An individual is seen by the nurse for a blood pressure check and to discuss any concerns about medications. An individual appears requesting a blood pressure check because they were in the area. No symptoms are reported. This would not meet medical necessity and should not be billed. An individual follows-up with the nurse post a TB test for reading results.					heck because This would not
APPLICABLE POPULATION	l(S)		UNIT			DURAT	ION	
⊠ Child (0-11) ⊠ Young ⊠ Adol (12-17) (18-20)		Adult (21-64) Geriatric (65+)	Encounter	□ 15 Mi □ 1 Hou		Typical t less	ime sper	nt: 5 minutes or
ALLOWED MODE(S) OF D			PROGRAM SI	ERVICE CA	TEGOR	Y(IES)		
□ Face-to-Face □ □ Video Conf (GT) ☑ □ Telephone ☑	Individual Group (HQ) Family (HR) Family (HS)		⊠ HE (SP) □ HK (Residen	tial)	U4 TM HM (Respi	(ACT)	🗆 TT	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENTS								
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	□ LCSW (AJ) □ LPC □ LMFT	Unlicensed Master' Unlicensed EdD/ Ph Licensed EdD/PhD/	hD/PsyD (HP)		ACI ⊠ RN (TD) ACII ⊠ APN (SA)		 ☑ RxN (S ☑ PA (PA ☑ MD/D ☑ Certifi Medical A 	A) O (AF) ed/Registered
PLACE OF SERVICE (POS)								
⊠CMHC (53) ⊠ Out ⊠Office (11) ⊠ FQF ⊠Mobile Unit (15) ⊠ RHC			⊠ Independer ⊠ NRSATF (57))			

E	ALUATION AND N	ANAGEMENT - OFFIC	E OR OTHER OUTP	ATIENT – ESTABLIS	HED PATI	ENT	
CPT®/HCPCS PROCE	DURE CODE			DE DESCRIPTION		USAGE	
	99211			tpatient office visit nce of a physician. ms are minimal.		not ☑ OBH	
SERVICE DESCRIPTION	ON		MINIMUM DOC	UMENTATION R	EQUIREM	IENTS	
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 established NPP is in the office rvision. ed when an individ aide or medical tec e physician to perfe ght checks, medica cts, etc. not used by physici	patient and the e suite and available ual sees a nurse or hnician for services orm the service, e.g. tion counseling, ans or NPPs.	Technical Documentation RequirementsSee Section XThe 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				
NOTES	less, presenting pr	oblems are minimal	EXAMPLE ACTIV				
The service must be m If another E&M service codes) is provided on a providers is combined under the prescriber. If another service code service provided it sho example, injection code	e (including Psycho the same day, the y for one higher coc e more accurately o puld be used in place	discuss any conce An individual appe were in the area. medical necessity	rns about medicati ears requesting a b	ons. lood press eported. billed.	ressure check and to ure check because they This would not meet TB test for reading		
APPLICABLE POPUL			UNIT DURATION				
🗵 Child (0-11)	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Typical ti less	me spent: 5 minutes or	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	/ICE CATEGORY(ES)		
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)					☐ HQ (Clubhouse) ☐ TT (Recovery)	
STAFF REQUIREMEN	NTS						
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	LCSV LPC LMF	Unlicensed B	ensed Master's Level (HO) ensed EdD/PhD/PsyD (HP) ed EdD/PhD/PsyD (AH)				
PLACE OF SERVICE (POS)						
⊠CMHC (53) ⊠Office (11) ⊠Mobile Unit (15)	 ☑ Outp Hospital (☑ FQHC (50) ☑ RHC (72) 		☑ Independent Cli ☑ NRSATF (57)	nic (49)			

EVALUATION AND MANAGEMENT	- HOSPITAL OBSERVATION - O	BSERVATION C	ARE DISCH	ARGE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE I	PROCEDURE CODE DESCRIPTION				
99217		Observation Care discharge day management when provided on a day other than day of admission				
SERVICE DESCRIPTION	MINIMUM DOCUM	ENTATION REQ	UIREMENT	'S		
This code is to be utilized to report all services provid patient on discharge from Observation status if disch on a day other than the initial date of Observation st To report services to a patient designated as Observa status or inpatient status admitted and discharged of same date use code range 99234-99236.	arged See Section X atus. The final examination instructions for cont	on of the patien tinuing care and	t, discussion d preparatic	on of discharge		
NOTES	EXAMPLE ACTIVITIE	S				
APPLICABLE POPULATION(S)	UNIT		l			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21 ☑ Adol (12-17) (18-20) ☑ Geriatric	,					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE	CATEGORY(IES	5)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 		□ U4 (□ TM □ HM	. ,	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS						
□ Bachelor's Level (HN) □ LPC □ U	nlicensed Master's Level (HO) nlicensed EdD/ PhD/PsyD (HP) rensed EdD/PhD/PsyD (AH)	□CAC I □ RN	PN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (POS)						
ECMHC (53) Outpt Hospital(22) PI	-PHP (52)					

EVAI	LUATION AND MA	ANAGEMENT - HOSPIT	AL OBSERVATION	- OBSERVATION	CARE DISCHAR	GE	
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE				
99217			Observation Care when provided of admission.	0,	0	⊠ ОВН	
SERVICE DESCRIPTION	I		MINIMUM DOCU	IMENTATION RE	QUIREMENTS		
This code is to be utilized to report all services provided to a patient on discharge from Observation status if discharged on a day other than the initial date of Observation status. To report services to a patient designated as Observation status or inpatient status admitted and discharged on the same date use code range 99234-99236.Technical Documentation Requirements See Section X 				of discharge			
NOTES			EXAMPLE ACTIVI	TIES			
APPLICABLE POPULAT	TION(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				
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)		
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ) ☑ Family (HR) □ Family HS) 		⊠ HE (SP) □ HK (Residentia	I) □ TN	1 (ACT) / (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENT	S						
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	LCSV LCSV LCCV LCCV LCCV LCCV LCCV LCCV	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A	N(1D)	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (PC							
⊠CMHC (53)	🗵 Outpt Hospit	al(22) 🗵 PF-PHP (5	52)				

EVALUATION AND MANAGEMENT -	- HOSPITAL OBSERVATION - INITIAL OBSERVATION CARE
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
 99218 requires detailed or comprehensive history, detail or comprehensive exam, and straight forward or le complexity medical decision making, Typical time minutes 99219 requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes 99220 requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes 	low and management of a patient is 30 ✓ Medicaid
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
The following codes are used to report the encounter(s) 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) fi provides the inpatient hospital care, regardless of the number of days since admission. The physician who is the admitting physician must apper modifier AI to all claims.	See Section X 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: Child (0-11)Image: Young AdultImag	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS	
Peer Specialist Bachelor's Level (HN) LCSW (AJ) Unlic LPC Unlic	censed Master's Level (HO) censed EdD/ PhD/PsyD (HP) nsed EdD/PhD/PsyD (AH) \Box CAC I \Box RN (TD) \Box RXN (SA) \Box RXN (SA) \Box RAC II \Box APN (SA) \Box MD/DO (AF)
PLACE OF SERVICE (POS)	
🗵 CMHC (53) 🛛 🖾 Inpt Hosp (21) 🖾 Inpt PF ((51)

EVALUATION AND MANAGEMENT - H	OSPITAL OBSERVATION - INITIAL OBSERVATION CARE
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
 99218 requires detailed or comprehensive history, detaile or comprehensive exam, and straight forward or lor complexity medical decision making, Typical time is minutes 99219 requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes 99220 requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes 	w 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) firs provides the inpatient hospital care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier AI to all claims. The physician/NPP may only bill for one E&M code per day Services provided in multiple locations, e.g. ER or office should be included in the single code.	See Section X See <u>Appendix G</u> 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-	+) Day D1 Hour billing as a time-based code
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)	 □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS	
	nsed Master's Level (HO) nsed EdD/ PhD/PsyD (HP) ed EdD/PhD/PsyD (AH) CAC II I APN (SA) CAC II APN (SA)
PLACE OF SERVICE (POS) CMHC (53) Inpt Hosp (21) Inpt PF (5)	1) 🗵 PF-PHP (52)
	יבן 🗠 דר-דחד (גב)

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				
	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 Section X				
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	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.	 Patient's progress, response to and changes in tr revision in diagnosis if applicable 	earment, and			
of service.	revision in diagnosis if applicable	incto notiont coro			
	8. Counseling and/or activities performed to coord	•			
	 Where time is significant to encounter, docum more than 50% of time spent with patient was 				
	and coordinating care is required	s used couriseiing			
	 Time spent must also be documented (e.g., "2 	0 minutos of the			
	30 minute encounter was used counseling/ coordinating care") 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)				
		HJ (Voc)			
□ Group (HO)		HQ (Clubhouse)			
LI Video Conf (GT)		TT (Recovery)			
□ Telephone ⊠ Family (HS)		HT (Prev/EI)			
STAFF REQUIREMENTS		• • •			
□ Peer Specialist □ LCSW (AJ) □ Unlicensed	Master's Level (HO)	1 (\$A)			
		· · /			
× Infern	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)					

EVALUATION AND MANAGEMENT - I	HOSPITAL INPATIENT- INITIAL HOSPITAL CARE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99221	Initial hospital care, per day, for the evaluation				
	and management of a patient (low severity)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
 Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are low severity. Three key components are required: Detailed/comprehensive history Detailed/comprehensive examination Medical decision-making that is straightforward/of low complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service. 	 he Technical Documentation Requirements (s) See Section X Service Content Documentation for each patient encounter includes: Reason for encounter and relevant history, physical examin findings and prior diagnostic tests Assessment, clinical impression and diagnosis Plan for care Date and identity of provider Past diagnoses Appropriate health risk factors 				
	See <u>Appendix G</u> for more information on E/M service	es.			
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				
Image: Applicable POPOLATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	Encounter 15 Minutes See chart for typ	ical times for			
\boxtimes Adol (12-17) (18-20) \boxtimes Geriatric (65+)	□ Day □ 1 Hour billing as a time-				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HS) 	Image: HE (SP) Image: U4 (ICM) Image: U4 (ICM) Image: HK (Residential) Image: TM (ACT) Image: U4 (ICM) Image: HK (Residential) Image: TM (ACT) Image: U4 (ICM) Image: HK (Residential) Image: TM (ACT) Image: U4 (ICM)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)			
STAFF REQUIREMENTS					
Bachelor's Level (HN) LPC Unlicensed Intern LMFT Licensed Ed	Master's Level (HO) □LAC □ LPN/LVN (TE) ⊠ RxI EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) □ PA D/PhD/PsyD (AH) □CAC II ⊠ APN (SA) ⊠ ME				
PLACE OF SERVICE (POS)					
⊠ Inpt Hosp (21) ⊠ Inpt PF (51) ⊠ PF-PHP (52)					

EVALUATION AND MANAGEMENT -	HOSPITAL INPATIENT - INITIAL HOSPITAL CARE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99222	Initial hospital care, per day, for the evaluation				
	and management of a patient (moderate severity)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Initial inpatient/partial hospital encounter, per day, with the					
patient by the admitting MD/DO. Usually, the problem(s					
requiring admission are moderate severity. Three key					
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	 Assessment, clinical impression and diagnosis Plan for care 				
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 leve					
of service.	7. Patient's progress, response to and changes in treatment, and				
	revision in diagnosis if applicable				
	8. Counseling and/or activities performed to coordinate patient				
	care				
	• Where time is significant to encounter, documentation that				
	more than 50% of time spent with patient was used counseling				
	and coordinating care is required				
	• Time spent must also be documented (e.g., "30 minutes of the				
	50 minute encounter was used counseling/ coordinating care				
	See <u>Appendix G</u> for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES				
This procedure code represents all services rendered on the					
DOS. Only one 99222 should be rendered per admission					
MD/DO typically spends 50 minutes at the patient's bedside.	, ,				
	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 1 Hour billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
⊠ Face-to-Face ☐ Converting	$\square HE (SP) \qquad \square U4 (ICM) \qquad \square HJ (Voc)$				
U Group (HQ)	HK (Residential)				
	HM (Respite)				
Freephone Family (HS)	HT (Prev/EI)				
STAFF REQUIREMENTS					
Bachelor's Level (HN) LCSW (AJ) Unlicense	Master's Level (HO) DCACI D RN (TD) 🛛 🖄 RxN (SA)				
Intern	d EdD/ PhD/PsyD (HP) DCACIL 🖾 APN (SA) 🗆 PA (PA)				
LMFT Licensed E	dD/PhD/PsyD (AH) □CACIII □ QMAP ⊠ MD/DO (AF)				
PLACE OF SERVICE (POS)					
⊠ Inpt Hosp (21)					

EVAL	JATION AND MANAGEMENT - H	OSPITAL INPATIENT - INITIAL HOSP	ITAL CARE			
CPT [®] /HCPCS PROCEDURE CO	DE	PROCEDURE CODE DESCRIPTION		USAGE		
99	222	Initial hospital care, per day, for the evaluation				
		and management of a patient (mo				
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	-			
	al encounter, per day, with the /DO. Usually, the problem(s)	Technical Documentation Require See Section X	ements			
	oderate severity. Three key	Service Content				
components are required:	buchute seventy. Three key	Documentation for each patient e	ncounter includes			
Comprehensive history		1. Reason for encounter and relev				
Comprehensive examina	tion	findings and prior diagnostic te				
Medical decision-making	of moderate complexity	2. Assessment, clinical impression				
U	ordination of care dominates	3. Plan for care				
	atient and/or family encounter	4. Date and identity of provider				
	floor/unit/hospital), time is	5. Past diagnoses				
considered the key/controlling of service.	g factor to qualify for the level	 Appropriate health risk factors Patient's progress, response to 		continent and		
of service.		revision in diagnosis if applicat		eatment, and		
		8. Counseling and/or activities pe		inate patient		
		care				
		• Where time is significant to	encounter, docum	entation that		
		more than 50% of time spen				
		and coordinating care is req	uired			
		 Time spent must also be door 				
		50 minute encounter was us				
		See <u>Appendix G</u> for more informat	tion on E/M servic	es.		
NOTES		EXAMPLE ACTIVITIES				
	ts all services rendered on the be rendered per admission.	 Partial hospital admission for a blended family, transferred from 				
	nutes at the patient's bedside.	treatment to control symptom				
wib/bo typically spends so in	nuces at the patient's seaside.	depression.		Thostinty and		
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-	based code		
ALLOWED MODE(S) OF DELIV		PROGRAM SERVICE CATEGORY(IE				
X Face-to-Face	dividual	⊠ HE (SP) □ U4 (] HJ (Voc)		
	roup (HQ)	□ HK (Residential) □ TM		HQ (Clubhouse)		
	amily (HR)			TT (Recovery)		
STAFF REQUIREMENTS	amily (HS)		L] HT (Prev/EI)		
Peer Specialist			PN/LVN (TE)			
Bachelor's Level (HN)			N (TD) 💛 🖄 🕅 🕅 🕅			
🗵 Intern		EGD/ PhD/PSyD (HP) □CAC II 区 A	APN (SA)	(PA) D/DO (AF)		
			MAP			
PLACE OF SERVICE (POS)						
🗵 Inpt Hosp (21) 🛛 🗵 Inp	ot PF (51) 🛛 🗵 PF-PHP (52)					

EVALU	ATION AND MA	ANAGEMENT - H	OSPITAL INPATIEN	NT- INITIAI	. HOSP	ITAL CARE		
CPT [®] /HCPCS PROCEDURE C	DDE		PROCEDURE CODE DESCRIPTION USAGE					USAGE
992	23		Initial hospital care, per day, for the evaluation					
			and management				45.170	
							/IENTS	
SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are acute/high severity. Three key components are required: Comprehensive history Comprehensive examination Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service. Patient's progress, response to and changes in treatmerevision in diagnosis if applicable Counseling and/or activities performed to coordinate for each additing factor to qualify for the level of service. Where time is significant to encounter, documentation and coordinating care is required The time spent must also be documented (e.g., "50 the 70 minute encounter was used counseling/coordination counter was used counseling/coo				atment, and ate patient care ntation that used counseling "50 minutes of				
			care") See <u>Appendix G</u> fo	or more in	format	ion on E/M	service	5.
NOTES			EXAMPLE ACTI	/ITIES				
This procedure code represent: DOS. Only one 99223 should MD/DO typically spends 70 min	be rendered p	er admission.	attempted suiInitial partial h	cide. nospital ad n 6-month	missio history	n for 16-yea of declining	r-old m g school	l performance,
APPLICABLE POPULATION(S)		UNIT			DURATIC	N	
☑ Child (0-11) ☑ Young A ☑ Adol (12-17) (18-20)	dult 🗵 Ac 🗵 Ge	dult (21-64) eriatric (65+)		□ 15 Min □ 1 Hour		See chart billing as a		cal times for ased code
ALLOWED MODE(S) OF DELL	VERY		PROGRAM SER	VICE CAT	EGOR	(IES)		
☑ Face-to-Face □ Gru □ Video Conf (GT) ☑ Face-to-Face	lividual oup (HQ) nily (HR) nily (HS)		⊠ HE (SP) □ HK (Residentia	1)		(ICM) (ACT) I (Respite)	□ нс □ тт	(Voc) Q (Clubhouse) (Recovery) (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	I RI	PN/LVN (TE) N (TD) NPN (SA) MAP	⊠ RxN □ PA (I ⊠ MD/	. ,
PLACE OF SERVICE (POS)								
	PF (51) 🗵	S PF-PHP (52)						

EVALUATION AND MANAGEMENT -	HOSPITAL INPATIENT- INITIAL HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
99223	Initial hospital care, per day, for the evaluation					
	and management of a patient (high severity)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s)	Technical Documentation Requirements See Section X					
requiring admission are acute/high severity. Three key	Service Content					
components are required:	Documentation for each patient encounter includes:					
Comprehensive history	1. Reason for encounter and relevant history, physical examinatio					
Comprehensive examination	findings and prior diagnostic tests					
Medical decision-making of high complexity	2. Assessment, clinical impression and diagnosis					
When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family	 Plan for care Date and identity of provider 					
encounter (face-to-face time on the floor/unit/hospital), time	5. Past diagnoses					
is considered the key/controlling factor to qualify for the level	6. Appropriate health risk factors					
of service.	7. Patient's progress, response to and changes in treatment, and					
	revision in diagnosis if applicable					
	8. Counseling and/or activities performed to coordinate patient ca					
	• Where time is significant to encounter, documentation that					
	more than 50% of time spent with patient was used counseli and coordinating care is required					
	 The time spent must also be documented (e.g., "50 minutes 					
	the 70 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 the DOS. Only one 99223 should be rendered per admission.	 Initial hospital visit for 55-year-old female in chronic pain who l attempted suicide. 					
MD/DO typically spends 70 minutes at the patient's bedside.	 Initial partial hospital admission for 16-year-old male, sullen an 					
1 - Ab - Ashr	subdued, with 6-month history of declining school performance					
	increasing self-endangerment, and resistance to parental					
	expectations.					
APPLICABLE POPULATION(S)	UNIT DURATION					
\boxtimes Child (0-11) \boxtimes Young Adult \boxtimes Adult (21-64) \boxtimes Adul (12.17) (18.20) \boxtimes Corricting (65.1)	Encounter 15 Minutes See chart for typical times for					
☑ 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)					
	Image: Program Service CATEGORY(IES) Image: Imag					
⊠ Face-to-Face	$\square HK (Residential) \square TM (ACT) \square HQ (Clubhouse)$					
S Family (HR)	$\Box HM (Respite) \qquad \Box TT (Recovery)$					
□ Telephone	□ HT (Prev/El)					
STAFF REQUIREMENTS						
Peer Specialist Bachelor's Level (HN) LCSW (AJ) Unlicensed	Master's Level (HO)					
I BACHEIORS LEVELIEINI	EdD/ PhD/PsyD (HP) \Box CAC I \Box RN (TD) \Box RN (SA) EdD/ PhD/PsyD (HP) \Box CAC II \blacksquare APN (SA) \Box PA (PA)					
Intern ☐ LPC ☐ Unlicensed						
Intern LPC Unlicensed	ID/PhD/PsyD (AH) CACIII CACIII QMAP MD/DO (AF)					
Intern LPC Unlicensed						
Intern						

CPT*/HCPCS PROCEDURE CODE PROCEDURE CODE DESCRIPTION USAGE 99224 requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes. Subsequent hospital care, per day, for the evaluation and management of a patient. Image: Medical decision making. Typical time is 25 minutes. Image: Medical decision making. Typical time is 25 minutes. Image: Medical decision making. Typical time is 25 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical time is 35 minutes. Image: Medical decision making. Typical t	EVALUATION A	ND MANAGEN	<u> 1ENT - HOSPITA</u>	LOBSERVATION -	<u>SUBSEQ</u> UI	ENT OB	SERVATIO	N CARE
focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes. evaluation and management of a patient. Image: 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. MINIMUM DOCUMENTATION REQUIREMENTS 99226 requires detailed interval history, detailed exam, high complexity medical decision making. Typical time is 35 minutes. MINIMUM DOCUMENTATION REQUIREMENTS 99226 requires detailed interval history, detailed exam, high complexity medical decision making trained examples in thistory, physical condition, and response to management) since the last assessment. MINIMUM DOCUMENTATION REQUIREMENTS 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. MINIT MINIT MINIT Services provided in multiple locations, e.g. ER or office should be included in the single code. MINIT MINIT MINIT PHILCABLE POPULATION(S) UNIT UNIT DURATION Child (1-1:1) Young Adult Adult (21-64) ExamPLE ACTIVITIES See chart for typical times for				PROCEDURE COD	DE DESCRIF	PTION		USAGE
SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS All levels of subsequent observation care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the 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 AI to all claims. The physician/NPP may only bill for one E&M code per day. Services provided un 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. EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) UNIT DURATION QC Child (0-11) ⊠ Young Adult Adult (21-64) ⊠ Encounter 15 Minutes See Acto-face ⊠ Intividual	focused exam, and straigh medical decision making. 99225 expanded problem focused problem focused exam, a medical decision making. 99226 requires detailed interval complexity medical decisi	nt forward or lo Typical time is ed interval histo nd moderate or Typical time is history, detaile	bw complexity 15 minutes. bry, expanded omplexity 25 minutes. ed exam, high					☑ 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/NPP may only bill for one E&M code per day. Services provided in multiple locations, e.g. ER or office 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. PAPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Child (0-11) Young Adult Adult (21-64) Chil				MINIMUM DOCU	IMENTATI	ON REC	QUIREMEN	TS
NOTES EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) UNIT DURATION	the medical record and reviewin studies and changes in the patie history, physical condition, and r since the last assessment. This code is used for all services physician or NPP (qualified Non- provides the Observation care, r days since admission. The physician who is the admitti modifier AI to all claims. The physician/NPP may only bill Services provided in multiple loc should be included in the single Services provided subsequent to should be billed using one of the Choose the code based on the w	g the results of nt's status (i.e., response to ma provided on th Physician Pract egardless of the ng physician m for one E&M cr ations, e.g. ER code. the initial hosp subsequent ca whether the serv	i diagnostic , changes in nagement) e date the ditioner) first e number of ust append ode per day. or office pital care are codes.	See Section X		•		services.
⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Encounter □ 15 Minutes See chart for typical times for billing as a time-based code ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+) □ Day □ 1 Hour billing as a time-based code ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) ⊠ Face-to-Face □ Individual □ HL (Voc) □ Video Conf (GT) □ Family (HR) □ TM (ACT) □ HQ (Clubhouse) □ Telephone □ Family (HS) □ TT (Recovery) □ TT (Recovery) □ TT (Recovery) STAFF REQUIREMENTS □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LAC □ LPC □ Unlicensed EdD/PhD/PsyD (AH) □ LAC □ LPN/LVN (TE) ⊠ RxN (SA) □ Intern □ LCSW (AJ) □ Unlicensed EdD/PhD/PsyD (AH) □ CAC II ☑ APN (SA) ⊠ MD/DO (AF)	NOTES			EXAMPLE ACTIVI	TIES			
⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Encounter □ 15 Minutes See chart for typical times for billing as a time-based code ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+) □ Day □ 1 Hour billing as a time-based code ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) ⊠ Face-to-Face □ Individual □ HL (Voc) □ Video Conf (GT) □ Family (HR) □ TM (ACT) □ HQ (Clubhouse) □ Telephone □ Family (HS) □ TT (Recovery) □ TT (Recovery) □ TT (Recovery) STAFF REQUIREMENTS □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LAC □ LPC □ Unlicensed EdD/PhD/PsyD (AH) □ LAC □ LPN/LVN (TE) ⊠ RxN (SA) □ Intern □ LCSW (AJ) □ Unlicensed EdD/PhD/PsyD (AH) □ CAC II ☑ APN (SA) ⊠ MD/DO (AF)							DUDATIO	
 ☑ Face-to-Face □ Group (HQ) □ Group (HQ) □ Telephone □ Telephone □ Family (HR) □ Family (HS) □ Family (HS) □ STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed EdD/PhD/PsyD (HP) □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ QMAP □ U4 (ICM) □ U4 (ICM) □ HJ (Voc) □ HQ (Clubhouse □ HM (ACT) □ HQ (Clubhouse □ TT (Recovery) □ HT (Prev/EI) □ CSW (AJ) □ Unlicensed Master's Level (HO) □ LAC □ LPC □ Unlicensed EdD/PhD/PsyD (AH) □ CACI II □ QMAP □ MD/DO (AF) 	⊠ Child (0-11) ⊠ Young Ad ⊠ Adol (12-17) (18-20)	🗵 Ge		⊠ Encounter □ Day	🗆 1 Hour		See chart billing as a	for typical times for
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EVALUATION AND MANAGEMENT - HOS	SPITAL OBSERVATION - SUBSEQUENT OBSERVATION CARE
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
 99224 requires problem focused interval history, problem focused exam, and straight forward or low complex medical decision making. Typical time is 15 minutes 99225 expanded problem focused interval history, expand problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes 99226 requires detailed interval history, detailed exam, hi complexity medical decision making Typical time is minutes. 	xity evaluation and management of a patient. I OBH is. ded is. igh
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
All levels of subsequent observation care include reviewin 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 Section X See <u>Appendix G</u> for more information on E/M services.
NOTES	EXAMPLE ACTIVITIES
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ 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)
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Service covering or improving patient) EXMOLE DESCRIPTION Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's studies review, along with a review of changes in stroke content Technical Documentation Requirements Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's studies review, along with a review of changes in stroke content Technical Documentation Requirements Subsequent hospital care includes: and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: • A problem-focused examination Service Content • A problem-focused examination • Medical decision-making that is straightforward/of low complexity A scessment, clinical impression/diagnosis . Any changes in relevant history, physical examination findings, and/or priori diagnosis tests • A problem-focused examination of care dominates (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service. 9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 10. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling, and coordinating care is required 10. Subsequent hospital visit for 14-year-old female in middle phase of inpatient treatment; now behaviorally stable and making satisfactory progress in treatment. MD/DO ty	CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE COL	DE DESCRIPTI	ON	USAGE	
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satisfactory progress in treatment. APPLICABLE POPULATION(S) UNIT DURATION	Usually, the patient is	stable, recovering/in	nproving. The	Subsequent h	ospital visit fo	or 14-year-old	d female in middle phase	
APPLICABLE POPULATION(S) UNIT DURATION ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Encounter □ 15 Minutes See chart for typical times for billing as a time-based code ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) □ Day □ 1 Hour billing as a time-based code ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) ☑ Face-to-Face ☑ Individual ☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ Video Conf (GT) ☑ Group (HQ) □ HK (Residential) □ TT (Recovery) □ HQ (Clubhouse) □ Telephone ☑ Family (HR) □ LCSW (AI) □ Unlicensed Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) □ Peer Specialist □ LCSW (AI) □ Unlicensed EdD/PhD/PsyD (HP) □ CAC II ☑ APN (SA) □ PA (PA) ☑ Intern □ LCSW (AI) □ Unlicensed EdD/PhD/PsyD (AH) □ CAC II ☑ APN (SA) ☑ MD/DO (AF) PACE OF SERVICE (POS) □ □ □ QMAP ☑ MD/DO (AF)	MD/DO typically spends	15 minutes at the pati	ent's bedside.					
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☑ Adol (12-17) (18-20) ☑ Geriatric (65+) □ Day □ Hour 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 (GT) ☑ Family (HR) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ Telephone ☑ Family (HS) □ TT (Recovery) □ TT (Recovery) □ HT (Prev/EI) STAFF REQUIREMENTS □ LCSW (AJ) □ Unlicensed Master's Level (HO) □LAC □ LPN/LVN (TE) ☑ RxN (SA) □ Peer Specialist □ LCSW (AJ) □ Unlicensed EdD/PhD/PsyD (AH) □ CAC II ☑ APN (SA) □ PA (PA) ☑ Intern □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC III ☑ APN (SA) ☑ MD/DO (AF)								
ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) Image: State		-						
Image: Second Secon		•	eriatric (65+)	· · ·			s a time-based code	
Image: Face-to-Face □ Group (HQ) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) Image: Video Conf (GT) Image: Family (HR) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) Image: Telephone Image: Family (HR) □ HK (Residential) □ HM (Respite) □ HQ (Clubhouse) Staff REQUIREMENTS Image: Family (HS) □ Unlicensed Master's Level (HO) □ LAC □ LPV/LVN (TE) Image: Family (HZ) Image: Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LAC □ LPV/LVN (TE) Image: Family (HZ) Image: Intern □ LCSW (AJ) □ Unlicensed EdD/PhD/PsyD (AH) □ CAC II □ RN (TD) □ PA (PA) Image: Intern □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC III □ QMAP ™ MD/DO (AF)	ALLOWED MODE(S) OF							
□ Video Conf (GT) □ Group (HQ) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ Telephone □ Family (HR) □ TT (Recovery) □ TT (Recovery) □ Telephone □ Family (HS) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) STAFF REQUIREMENTS □ Family (HS) □ HK (Residential) □ TT (Recovery) □ HT (Prev/EI) STAFF REQUIREMENTS □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LAC □ LPN/LVN (TE) □ HR (SA) □ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/PhD/PsyD (HP) □ CAC II □ RN (TD) □ PA (PA) □ Intern □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC III □ QMAP ™ MD/DO (AF)	Eace-to-Face					. ,		
□ Telephone □ Family (HR) □ HIV (Respite) □ HIV (Respite) STAFF REQUIREMENTS □ HIV (Respite) □ HT (Recovery) □ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LAC □ LPN/LVN (TE) □ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) □ RxN (SA) □ IMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC III ☑ APN (SA) □ PA (PA) □ LACE OF SERVICE (POS) □ CAC III □ QMAP ☑ MD/DO (AF)				🗆 HK (Residentia				
STAFF REQUIREMENTS Image: High (HS) Image: High (HS) Peer Specialist Image: LCSW (AJ) Image: Unlicensed Master's Level (HO) Image: LAC Image: LPN/LVN (TE) Bachelor's Level (HN) Image: LPC Image: Unlicensed EdD/PhD/PsyD (HP) Image: LCSW (AJ) Image: Unlicensed EdD/PhD/PsyD (HP) Image: Unlicensed EdD/PhD/PsyD (AH) Image: Unlicensed EdD/PhD/					[□ HM (Respit		
□ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LAC □ LP/LVN (TE) □ RxN (SA) □ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) □ PA (PA) □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC II ☑ APN (SA) ☑ MD/DO (AF) PLACE OF SERVICE (POS) □ □ □ □	-	본 Family (HS)					HT (Prev/EI)	
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed Master's Level (HO) □CAC I □ RN (TD) ☑ RxN (SA) ☑ Intern □ LPC □ Unlicensed EdD/ PhD/PsyD (HP) □CAC II □ RN (TD) □ PA (PA) □ LMFT □ Licensed EdD/PhD/PsyD (AH) □CAC III ☑ APN (SA) ☑ MD/DO (AF) PLACE OF SERVICE (POS) □ □ □ □					_	_		
□ LPC □ Unlicensed EdD/ PhD/PsyD (HP) □ CAC T □ NN (TD) □ PA (PA) □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC T □ NN (TD) □ PA (PA) □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC T □ NN (TD) □ PA (PA) □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC TI □ APN (SA) ☑ MD/DO (AF)		🗆 LCSW (AJ)	Unlicensed I	Master's Level (HO)			E) 🗵 RxN (SA)	
□ LMFT □ Licensed EdD/PhD/PsyD (AH) □CACIII □ QMAP			Unlicensed I	EdD/ PhD/PsyD (HP)			🗆 РА (РА)	
PLACE OF SERVICE (POS)		□ LMFT	Licensed Ed	D/PhD/PsyD (AH)			🗵 MD/DO (AF)	
	PLACE OF SERVICE (POS	;)				-,		
· · · · · · · · · · · · · · · · · · ·			🗵 PF-PHP (52)					
	······································	r -						

EV	ALUATION AND MANA	GEMENT - HOS	PITAL INPATIENT -	SUBSEQUENT	HOSPITAL CARE	E	
CPT [®] /HCPCS PROCEDU	RE CODE		PROCEDURE COL	DE DESCRIPTIC	N	USAGE	
99231			Subsequent hospital care, per day (stable,				
			recovering or im				
SERVICE DESCRIPTION		MINIMUM DOCU					
Subsequent hospital ca			Technical Docum	nentation Requ	uirements		
diagnostic studies revie	-	-	See Section X				
patient's status (i.e., cl			Service Content	· · ··			
and response to manage			Documentation f				
MD/DO. Requires at lea	st 2 of these 3 compon	ients:	1. Reason for en		ollow-up on con	dition)	
- A problem focusor	lintoryal history		2. Condition bei	-	tony physical ava	mination findings	
 A problem-focused A problem-focused 				diagnostic test		amination findings,	
	naking that is straightfo	orward/of low	4. Assessment,				
complexity		, wara, oj 10w	5. Plan for care		sion/ulagilosis		
Compressivy			6. Date and ider	ntity of provide	۲		
When counseling and	or coordination of ca	re dominates	 Past and pres 				
When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter			8. Appropriate h	-	ors		
(face-to-face time on						in treatment, and	
considered the key/controlling factor to qualify for the level				agnosis if appli			
of service.	of service.			nd/or activities	performed to co	oordinate patient	
			care				
			• Where time is significant to encounter, documentation that				
						t was used counseling	
				nating care is r			
						g., "10 minutes of the	
						g/ coordinating care")	
			See <u>Appendix G</u> f		nation on E/M se	ervices.	
NOTES		·	EXAMPLE ACTIV		4.4		
Usually, the patient is						nale in middle phase	
MD/DO typically spends	s 15 minutes at the pati	ent s beaside.			<pre>v behaviorally sta tmont</pre>	ible and making	
APPLICABLE POPULATIO	ON/S)		satisfactory progress in treatment. UNIT DURATION				
		dult (21-64)	Encounter	15 Minute		r typical times for	
	-	eriatric (65+)				ime-based code	
ALLOWED MODE(S) OF			PROGRAM SERV				
	Individual		HE (SP)] U4 (ICM)	□ HJ (Voc)	
I Face-to-Face	Group (HQ)		HK (Residentia] TM (ACT)	\Box HQ (Clubhouse)	
□ Video Conf (GT)	⊠ Family (HS)				HM (Respite)	TT (Recovery)	
□ Telephone	E Family (HS)				/	HT (Prev/EI)	
STAFF REQUIREMENTS			•				
Peer Specialist	LCSW (AJ)		Master's Level (HO)		□ LPN/LVN (TE)	⊠ RxN (SA)	
Bachelor's Level (HN)			EdD/ PhD/PsyD (HP)			⊴ RXN (SA) ∃ PA (PA)	
🗵 Intern			D/PhD/PsyD (AH)			⊠ MD/DO (AF)	
	1						
PLACE OF SERVICE (POS Inpt Hosp (21)		🗵 PF-PHP (52)					
🗠 ilipt nosh (21)	mihr EL (21)	🗠 FF-FAP (32)					

EVALUATION AND MAN	AGEMENT - HOS	PITAL INPATIENT-	SUBSEQUENT H	OSPITAL CARE			
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE		
		Subsequent hosp					
99232		responding inade developed a mine		py or has	☑ Medicaid		
SERVICE DESCRIPTION		MINIMUM DOCU					
Subsequent hospital care includes medical		Technical Docum	entation Requir	ements			
diagnostic studies review, along with a review		See Section X					
patient's status (i.e., changes in history, phy		Service Content	an aa ah wati ant		dee.		
and response to management) since the last MD/DO. Requires at least 2 of these 3 comport		Documentation f 1. Reason for er					
MD/DO. Requires at least 2 of these 5 compor	ients.	2. Condition bei		low-up on cond			
An expanded problem-focused interval I	nistorv		-	ry physical exa	mination findings,		
An expanded problem-focused examination			diagnostic tests	y, physical cha			
 Medical decision-making of moderate co 		4. Assessment, o		n/diagnosis			
	· ·	5. Plan for care	·	-			
When counseling and/or coordination of ca	6. Date and ider	ntity of provider					
(more than 50%) the physician-patient and/or family		7. Past and pres	-				
encounter (face-to-face time on the floor/unit or hospital),		8. Appropriate h					
time is considered the key or controlling facto	r to qualify for				in treatment, and		
the level of service.		revision in diagnosis if applicable					
		10. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that					
		-		was used counseling			
			nating care is rec		was used counseiing		
					., "15 minutes of the		
					/ coordinating care")		
		See <u>Appendix G</u> f					
NOTES		EXAMPLE ACTIV	TIES				
Usually, the patient is responding inadequately					ale who complains		
therapy/has developed a minor complication.		of symptoms related to recent adjustments to psychotropic					
typically spends 25 minutes at the patient's be	dside.	medications.					
APPLICABLE POPULATION(S)		UNIT		DURATION			
	dult (21-64)	Encounter	□ 15 Minutes		typical times for		
	eriatric (65+)	Day	1 Hour	-	me-based code		
ALLOWED MODE(S) OF DELIVERY							
⊠ Individual ☐ Group (HQ)		HE (SP)		4 (ICM)	HJ (Voc)		
□ Video Conf (GT) □ Group (HQ) □ Video Long (GT) ⊠ Family (HR)		🗆 HK (Residentia	•	И (ACT) И (Respite)	□ HQ (Clubhouse) □ TT (Recovery)		
□ Telephone IS Family (HS)				(nespice)	HT (Prev/EI)		
STAFF REQUIREMENTS					(, ,		
Peer Specialist				_PN/LVN (TE)			
□ Bachelor's Level (HN) □ LCSW (AJ)		Master's Level (HO) EdD/ PhD/PsyD (HP)		RN (TD)	Bxn (SA) PA (PA)		
Intern □ LPC □ LMFT		D/PhD/PsyD (AH)		APN (SA)	MD/DO (AF)		
				QMAP 🖻			
PLACE OF SERVICE (POS)							
🗵 Inpt Hosp (21) 🛛 Inpt PF (51)	⊠ PF-PHP (52)						

EVALUATION AND MANAGEMENT - H	OSPITAL 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 ☑ 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 in					
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.	 Condition being followed 				
An expanded problem-focused interval history	 Any changes in relevant history, physical examination findings, 				
• 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					
(more than 50%) the physician-patient and/or family					
encounter (face-to-face time on the floor/unit or hospital)					
time is considered the key or controlling factor to qualify fo					
the level of service.	revision in diagnosis if applicable				
	10. Counseling and/or activities performed to coordinate patient care				
	• Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling				
	and coordinating care is required				
	 Time spent must also be documented (e.g., "15 minutes of the 				
	25 minute encounter was used counseling/ coordinating care")				
	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				
X Adol (12-17) (18-20) X Geriatric (65+)	Day 1 Hour billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
⊠ Individual ☐ G (110)	$\square HE (SP) \qquad \square U4 (ICM) \qquad \square HJ (Voc)$				
U Group (HQ)	□ HK (Residential) □ TM (ACT) □ HQ (Clubhouse)				
□ Telephone	□ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)				
Peer Specialist					
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicense	d Master's Level (HO) □CAC I □ RN (TD)				
IX Intern	d EdD/ PhD/PsyD (HP) CAC II I APN (SA) I PA (PA)				
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 Medicaid 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.	MINIMUM DOCUMENTATION REQUIREMENTSTechnical Documentation RequirementsSee Section XService ContentDocumentation for each patient encounter includes:1. Reason for encounter (i.e., follow-up on condition)2. Condition being followed3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests4. Assessment, clinical impression/diagnosis5. Plan for care6. Date and identity of provider7. Past and present diagnoses8. Appropriate health risk factors9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable10. Counseling and/or activities performed to coordinate patient care• Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required• Time spent must also be documented (e.g., "20 minutes of the 35 minute encounter was used counseling/ coordinating care")See Appendix G for more information on E/M services.				
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+)	 ☑ Encounter □ 15 Minutes □ Day □ 1 Hour □ Billing as a time-based code 				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Individual ☑ Group (HQ) ☑ Video Conf (GT) ☑ Family (HR) ☑ Telephone ☑ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
Intern	Master's Level (HO) □LAC □LPN/LVN (TE) EdD/ PhD/PsyD (HP) □CAC I □RN (TD) □PA (PA) □CAC II ☑APN (SA) □PA (PA) □CAC III ☑APN (SA) ☑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 OBH complications or problems)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
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. NOTES	 MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content Documentation for each patient encounter includes: Reason for encounter (i.e., follow-up on condition) Condition being followed Any changes in relevant history, physical examination findings, and/or prior diagnostic tests Assessment, clinical impression/diagnosis Plan for care Date and identity of provider Past and present diagnoses Appropriate health risk factors Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 10. Counseling and/or activities performed to coordinate patient care Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required Time spent must also be documented (e.g., "20 minutes of the 35 minute encounter was used counseling/ coordinating care")
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)☑ Child (0-11)☑ Young Adult☑ Adol (12-17)(18-20)☑ Geriatric (65+)	UNIT DURATION Image: Encounter Image: 15 Minutes See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS	
□ Bachelor's Level (HN) □ LPC □ Unlicensed E	□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)	

EVALUATION AND MANAGE	MENT - HOSP	ITAL INPATIENT - SU	JBSEQUENT HO	SPITAL CARE		
CPT [®] /HCPCS PROCEDURE CODE		PROCEDURE COD				USAGE
99234 requires detailed or comprehensive history	, detailed or	Same day admit/c	discharge observ	/ation/inpatie	ent	
comprehensive exam, straight forward or lo complexity med decision making, Typical ti minutes		Evaluation and Ma	anagement serv	ices.		✓ Medicaid
99235 requires comprehensive history, comprehe	ensive exam,					
moderate complexity med decision making time 50 minutes						
99236 requires comprehensive history, comprehe high complexity med decision making, Typi minutes						
SERVICE DESCRIPTION		MINIMUM DOCU	MENTATION RE	QUIREMENT	S	
The following codes are used to report evaluation	and	Technical Docum				
management services provided to hospital inpatient Hospital inpatient services include those services patients in a "partial hospital" setting. These code used to report these partial hospitalization services psychiatry notes in the full text of the CPT code see The following codes are used to report observatio inpatient hospital care services provided to patient	provided to s are to be es. See also it. n or	See Section X See <u>Appendix G</u> fo	or more informa	ition on E/M s	services.	
and discharged on the same date of service. This code is used for all services provided on the d physician or NPP (qualified Non-Physician Practitic provides the inpatient hospital care, regardless of of days since admission.	oner) first					
The physician who is the admitting physician must modifier AI to all claims.	t append					
The physician/NPP may only bill for one E&M code Services provided in multiple locations (e.g. ER or should be included in the single code.						
Services provided subsequent to the initial observ should be billed using one of the subsequent obse codes.						
NOTES		EXAMPLE ACTIVI	TIES			
APPLICABLE POPULATION(S)		UNIT		DURATION	J	
🗵 Adol (12-17) (18-20) 🗵 Ger	ılt (21-64) iatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	See chart f billing as a		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI		-		
 ☑ Face-to-Face ☑ Individual □ Video Conf (GT) □ Group (HQ) □ Telephone ☑ Family (HR) □ Family (HS) 		☑ HE (SP) □ HK (Residential	I) □ TI	4 (ICM) M (ACT) M (Respite)	🗆 TT (Voc) (Clubhouse) Recovery) (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	区 RxN (区 PA (P 区 MD/0	A)
PLACE OF SERVICE (POS)			_			
⊠ Outpt Hospital(22) ⊠ PF-PHP (52) ⊠ Inpt Hosp (21)						
🗵 Inpt PF (51)						

CPT*/HCPCS PROCEDURE CODE PROCEDURE CODE DESCRIPTION USAGE 99234 requires detailed or comprehensive history, detailed or complexity med decision making, Typical time 40 minutes Same day admit/discharge observation/inpatient Image: Complexity med decision making, Typical time 40 minutes Same day admit/discharge observation/inpatient Image: Complexity med decision making, Typical time 50 minutes Image: Complexity med decision
comprehensive exam, straight forward or low complexity med decision making, Typical time 40 minutesEvaluation and Management services.☑ OBH99235 requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutesImage 100 minutesImage 100 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 50 minutesImage 100 minutesImage 100 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 50 minutesImage 100 minutesImage 100 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 50Image 100 minutesImage 100 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 50Image 100 minutesImage 100 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 50Image 100 minutesImage 100 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 50Image 100 minutesImage 100 minutes99236 requires comprehensive history, comprehensive, history, comprehensive, history, comprehensive, histor
complexity med decision making, Typical time 40 minutes99235 requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutesSERVICE DESCRIPTIONMINIMUM DOCUMENTATION REQUIREMENTSThe following codes are used to report evaluation and management services provided to hospital inpatient patients. The following codes are used to report evaluation and management services include those services. See also psychiatry notes in the full text of the CPT code set. The following codes are used to report observation or inpatient hospital care services provided to patients admitted and discharged on the same date of service.This code is used for all services provided to nublical on the date the physician or NPP (qualified Non-Physician Practitioner) first
minutes99235 requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutesSERVICE DESCRIPTIONMINIMUM DOCUMENTATION REQUIREMENTSThe following codes are used to report evaluation and management services provided to hospital inpatient patients.Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report observation or inpatient hospital care services provided to patients admitted and discharged on the same date of service.This code is used for all services provided to patients admitted and discharged on the same date of service.This code is used for all services provided to patients of the number of days since admission.The physician who is the admitting physician must append modifier AI to all claims.The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations (e.g. ER or office) should be included in the single code.Services provided subsequent to the initial observation care codes.Services provided to be subsequent observation care codes.
99235 requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes Image: Comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes 9236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes MINIMUM DOCUMENTATION REQUIREMENTS The following codes are used to report evaluation and management services provided to hospital inpatient patients. Hospital inpatient services provided to hospital inpatient patients. Hospital inpatient services provided to hospital inpatient patients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services. See also psychiatry notes in the full text of the CPT code set. The following codes are used to report observation or inpatient hospital care services provided to patients admitted and discharged on the same date of service. MINIMUM DOCUMENTATION REQUIREMENTS This code is used for all services provided to patients admitted and discharged on the same date of service. See Appendix G for more information on E/M services. 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. Services provided subsequent to the initial observation care codes.
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time 50 minutes99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutesSERVICE DESCRIPTIONMINIMUM DOCUMENTATION REQUIREMENTSThe following codes are used to report evaluation and management services provided to hospital inpatient patients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report these partial hospital" setting. These codes are to be used to report these partial hospital inpatient patients and discharged on the same date of service. This code is used for all services provided to the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission.Technical Documentation on E/M services.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.ER or office) should be billed using one of the subsequent observation care should be billed using one of the subsequent observation care codes.
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Services provided subsequent to the initial observation care should be billed using one of the subsequent observation care codes.
should be billed using one of the subsequent observation care codes.
should be billed using one of the subsequent observation care codes.
codes.
NOTES EXAMPLE ACTIVITIES
APPLICABLE POPULATION(S) UNIT DURATION
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Encounter □ 15 Minutes See chart for typical times for
Image: Markov Adol (12-17) (18-20) Image: Geriatric (65+) Image: Day Image: Hour Adol Hour Adole
ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES)
☑ Face-to-Face ☑ Individual ☑ Face-to-Face ☑ Individual
□ Video Conf (GT) □ Group (HQ) □ HK (Residential) □ TM (ACT) □ HQ (Clubhou
□ Telephone
Family (HS) HT (Prev/EI)
STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed Master's Level (HO) LAC LPN/LVN (TE) RxN (SA)
□ Peer Specialist □ LCSW (AJ) □ Unicensed Master's Level (HO) □ LAC □ LPN/LVN (TE) △ RXN (SA) □ Bachelor's Level (HN) □ LPC □ Unicensed EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) ☑ PA (PA)
\blacksquare Intern \Box LMFT \Box Licensed EdD/PhD/PsyD (AH) \Box CAC II $⊠$ APN (SA) $⊠$ MD/DO (AF)
PLACE OF SERVICE (POS)
☑ Outpt Hospital (22) ☑ PF-PHP (52) ☑ Inpt PF (51) ☑ Inpt Hosp (21)

	EVALUATION AND	MANAGEMENT – H	OSPITAL INPATIEN	T - HOSPITAL	DISCHARGE		
CPT [®] /HCPCS PROCE	DURE CODE		PROCEDURE COL	DE DESCRIPTI	ON		USAGE
99238			Discharge day ma	anagement; 3	30 minutes or	ess	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION		NTS	
may or may not be c contact with the pati including as appropr discussion of the hos to all relevant caregi records, prescription	otal duration of MD/DO time spent (The total time spent or may not be continuous and need not be in direct ct with the patient) for hospital discharge of a patient, ling as appropriate, final examination of the patient, ession of the hospital stay, instructions for continuing care relevant caregivers, and preparation of discharge ds, prescriptions and referral forms.			Technical Documentation Requirements See Section X 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 ACTIVI	TIES			
APPLICABLE POPULA		_	UNIT		DURATIO		
区 Child (0-11) 区 Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter	□ 15 Minute □ 1 Hour	es Minimur Maximur		nutes
ALLOWED MODE(S)			PROGRAM SERV				
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residentia		1 U4 (ICM) 1 TM (ACT) 1 HM Respite)	🗆 TT	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMEN	ITS						
□ Peer Specialist □ Bachelor's Level (HN ⊠ Intern) 🗆 LCSW □ LPC □ LMFT		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □CAC II	I LPN/LVN (TE) RN (TD) APN (SA) QMAP	🖄 RxN	· · /
PLACE OF SERVICE (F	POS)						
 ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52) 							

	EVALUATION AN	D MANAGEN	VENT – HO	SPITAL INPATIENT	- HOSPIT	AL DIS	CHARGE		
CPT®/HCPCS PROCE	OURE CODE			PROCEDURE COD	E DESCRIP	TION			USAGE
99238			Discharge day ma	nagement	; 30 m	ninutes or le	SS	⊠ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATI	ON RE	QUIREMENT	ГS		
may or may not be co contact with the pati including as appropri discussion of the hos to all relevant caregio	uration of MD/DO time spent (The total time spent y not be continuous and need not be in direct th the patient) for hospital discharge of a patient, s appropriate, final examination of the patient, of the hospital stay, instructions for continuing care ant caregivers, and preparation of discharge escriptions and referral forms.			MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X 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.				es.	
NOTES				EXAMPLE ACTIVIT	TIES				
APPLICABLE POPULA	TION(S)			UNIT			DURATION	N	
区 Child (0-11) 区 Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (2 ⊠ Geriatri			□ 15 Min □ 1 Hour	utes	Minimum: Maximum		inutes
ALLOWED MODE(S)	OF DELIVERY			PROGRAM SERVI	CE CATEGO	ORY(IE	S)		
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)			⊠ HE (SP) □ HK (Residential))		(ICM) I (ACT) I (Respite)	□н □т	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)
STAFF REQUIREMEN	TS								
Peer Specialist Bachelor's Level (HN) Intern) CLCSV CLPC LMF	Ξu	Jnlicensed E	Aaster's Level (HO) dD/ PhD/PsyD (HP) d/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ R ⊠ A	PN/LVN (TE) N (TD) PN (SA) MAP	⊠ RxN □ PA ⊠ MD	()
PLACE OF SERVICE (P	POS)								
 ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52) 									

EVALUATION AND MANAGEMENT -	HOSPITAL INPATIENT - HOSPITAL DISCHARGE
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
99239	Discharge day management; more than 30 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 Requirements See Section X Service Content 1. Examination of patient 2. Continuing care instructions 3. Prescriptions 4. 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)	🗵 Encounter 🛛 15 Minutes Minimum: 30 minutes
🗵 Adol (12-17) (18-20) 🗵 Geriatric (65+)	□ Day □ 1 Hour Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone ☑ Family (HR) ☑ Family (HS) 	 ☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS	
	Aaster's Level (HO) □LAC □ LPN/LVN (TE) □CAC I □ RN (TD) □ RX (SA) □CAC II ☑ APN (SA) □ PA (PA) □CAC III ☑ APN (SA) □ PA (PA) □CACIII □ QMAP ☑ MD/DO (AF)
PLACE OF SERVICE (POS)	
 ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52) 	

EVALUATION AND MANAGEMENT -	HOSPITAL INPATIENT - HOSPITAL DISCHARGE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
99239	Discharge day management; more than 30 minutes ☑ 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 Requirements See Section X Service Content 1. Examination of patient 2. Continuing care instructions			
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)			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone ☑ Family (HR) ☑ Family (HS) 	Image: Mexic SP) Image: U4 (ICM) Image: HJ (Voc) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HM (Respite) Image: TT (Recovery) Image: TT (Recovery) Image: TT (Recovery)			
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Unlicensed	Master's Level (HO) □LAC □ LPN/LVN (TE) □CAC I □ RN (TD) □ RXN (SA) EdD/ PhD/PsyD (HP) □CAC II ⊠ APN (SA) □ PA (PA) D/PhD/PsyD (AH) □CACIII □ QMAP ⊠ MD/DO (AF)			
PLACE OF SERVICE (POS)				
 ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52) 				

EVALUATION AND MANAGEMENT - CONSULTATI	ONS - OFFICE OR OTHER OUTPATIENT			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION US	SAGE		
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. ☑ Media Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15			
		c		
SERVICE DESCRIPTION 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".	 MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements, See Section X Documentation of written, verbal/shared medical records request in patient record: 			
NOTES Only one consultation is reported by the consultant for the day of	EXAMPLE ACTIVITIES An RN sees a patient to follow-up on side effec	ts par order		
service. Please refer to Section II.G.1. for details about documentation.	of the physician. The patient does not see the p that day. BILL 99211 –SEE SEPARATE GUIDANG CODE.	physician on		
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ 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 ☑ Group (HQ) ☑ Video Conf (GT) ☑ Family (HR) ☑ Telephone ☑ Family (HS) 	HM (Respite)	(Voc) (Clubhouse) (Recovery) (Prev/El)		
STAFF REQUIREMENTS				
□ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Let □ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/ PhD/ ☑ Intern □ LMFT □ Licensed EdD/PhD/Psy	$\begin{array}{cccc} PsyD(HP) & \Box CAC I & \Box RN(TD) & \boxtimes PA(PA) \\ \hline \blacksquare CAC II & \boxtimes APN(SA) & \boxtimes PA(PA) \end{array}$			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ NF (32) ☑ RHC (72) ☑ Office (11) ☑ SNF (31) ☑ Independent Clinic (49) ☑Outpt Hospital(22) ☑ FQHC (50)	⊠ ER (23) ⊠ NRSATF (57) ⊠Telehealth (02)			

	EVALUATION AND	MANAGEMENT - CONSULTA	TIONS - OFF	ICE OR OT	HER OUTP	ATIENT	
CPT®/HCPCS PROCEDURE CODE				RE CODE D	ESCRIPTIO	N	USAGE
			Office or o	ther outpa	tient consu	ltation for	
	99241		a new or e	stablished	patient. Re	quires	🗹 ОВН
			problem focused history, problem focused				
This consultation code	may only be utilize	d as telephonic	exam strai				
prescriber-to-prescribe					15 minutes		
SERVICE DESCRIPTION						REQUIREME	NTS
A consultation is a servi	ce rendered by an N	MD/DO/prescribing Nurse	Technical	Documenta	ation Requ	irements, S	ee Section X
specific problem is requ	ested by another N	n and/or management of a 1D/DO/other appropriate	reque	st in patien	t record:	·	ed medical records
	viding direct consult	tation services to another	6. Reaso	n for consu	ultation	om attendir	-
MD/DO/prescribing Nur coordination of care wit	h other physicians/	qualified health care					red by consultant e-to-face or floor
professionalsconsiste patient's and/or family's		of the problem(s) and the			is appropri r activities		to coordinate
	3 Neeus .		patient	care			
					also be do encounter		(e.g., "15 minutes
				-	dinating ca	•	nt to referring
			MD/DC		port sent t		it to referring
						ltant's note	2
				ng MD/DO			
			6. Evidence that referring MD/DO requested both				
			consultation and consultant's opinion 7. Advice and/or opinion regarding patient's condition				
						nation on E/	'M services.
NOTES			EXAMPLE				<u> </u>
Only one consultation is		-					ffects per order of
service. Please refer to S	Section II.G.1. for de	etails about	the physician. The patient does not see the physician on that				
documentation.			day. BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.				
APPLICABLE POPULATIO	JN(S)		UNIT			DURATIO	N
	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter	□ 15 N □ 1 Ho		Min: 8 mi Max: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM	I SERVICE O	CATEGORY	(IES)	
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Res	idential)	□ U4 (IC □ TM (A □ HM (I	ACT) Respite)	 □ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS							
Peer Specialist Bachelor's Level (HN) Intern	LCSW LPC LMFT	Unlicensed EdD/ Ph	D/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LV □ RN (TD) ☑ APN (S) □ QMAP) × × × × × × × × × × × × × × × × × × ×	xxn (SA) A (PA) ЛD/DO (AF)
PLACE OF SERVICE (POS	5)						
🗵 CMHC (53)	× NF (32)	🗵 RHC (72)	🗵 ER (23)				
☑ Office (11) ☑Outpt Hospital (22)	⊠ SNF (31) ⊠ FQHC (50)	Independent Clinic (49)	⊠ NRSATF ⊠ Telehea				

·	EVALUATION AND	MANAGEMENT - CO	NSULTATIONS - OFF	ICE OR OTHER O	UTPATIENT		
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
making, Typica 99243 requires detaile complexity mer minutes 99244 requires compr moderate com	ed exam straight for I time 30 minutes ed history, detailed e d decision making, T ehensive history, co plexity med decision	ward med decision exam low ypical time 40 mprehensive exam	Office or other Out and Management		tions Evaluatio	n 🗹 Medicaid	
time 60 minute 99245 requires compr high complexity minutes							
SERVICE DESCRIPTION	J		MINIMUM DOCUM	MENTATION REQ	UIREMENTS		
SERVICE DESCRIPTION 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.			 Technical Documentation Requirements See Section X Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time (face-to-face or floor time, whichever is appropriate Counseling and/or activities performed to coordinate patient care Time spent must be documented (e.g., "15 mins of the 20 mins were used counseling/coordinating care") Copy of written report sent by consultant to referring MD/DO Formal report/copy of consultant's note Referring MD/DO's name Evidence that referring MD/DO requested both consultation and consultant's opinion Advice and/or opinion regarding patient's condition Results of tests/procedures ordered/performed See Appendix G for more information on E/M services. 				
NOTES			An RN sees a patie physician. The pati	nt to follow-up o ent does not see	the physician of	on that day. BILL	
			99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.			•	
🗵 Adol (12-17) (⊠ Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	UNIT Encounter Day	□ 15 Minutes □ 1 Hour	billing as a tin	typical times for ne-based code	
ALLOWED MODE(S) O				•	•		
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ☑ Family (HS)		⊠ HE (SP) □ HK (Residential)		(ICM) I (ACT) I (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENT	S						
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern		Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		N (ID) X I N (SA) X I	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (PC							
또 CMHC (53) 또 Office (11) 또Outpt Hospital(22) 또 NF (32)	⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Independent Clir	⊠ ER (23) ⊠ NRSATF (5 ⊠ Telehealth nic (49)	•				

	EVALUATION AND MAN	AGEMENT - CO	NSULTATIONS - OFF	ICE OR OTHER O	UTPATIENT		
CPT®/HCPCS PROCEDU			PROCEDURE CODE	DESCRIPTION		USAGE	
problem focuse making, Typical 99243 requires detailed complexity med minutes 99244 requires compre moderate comp time 60 minutes 99245 requires compre	led problem focused hist d exam straight forward time 30 minutes d history, detailed exam d decision making, Typica ehensive history, compre- plexity med decision mak s ehensive history, compre- r med decision making, T	med decision low l time 40 hensive exam ing, Typical hensive exam	Office or other Out and Management S	•	tions Evaluatior	л ⊠ ОВН	
SERVICE DESCRIPTION				MENTATION REQ	UIREMENTS		
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. The services of the billing prescriber must be face to face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251. Please refer to Section <u>Appendix G</u> for details about documentation.			 Technical Documentation Requirements See Section X Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time (face-to-face or floor time, whichever is appropriate Counseling and/or activities performed to coordinate patient car Time spent must be documented (e.g., "15 mins of the 20 mins were used counseling/coordinating care") Copy of written report sent by consultant to referring MD/DO Formal report/copy of consultant's note Referring MD/DO's name Evidence that referring MD/DO requested both consultation and consultant's opinion Advice and/or opinion regarding patient's condition Results of tests/procedures ordered/performed 				
NOTES			EXAMPLE ACTIVITIES An RN sees a patient to follow-up on side effects per order of the physician. The patient does not see the physician on that day. BILL				
APPLICABLE POPULATI	ION(S)		99211 –SEE SEPAR UNIT	ATE GUIDANCE I	DURATION		
🗵 Child (0-11)	Young Adult	dult (21-64) eriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour		ypical times for ne-based code	
ALLOWED MODE(S) OF			PROGRAM SERVIC				
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residential)		l (ACT) 1 (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS							
□ Bachelor's Level (HN) ⊠ Intern	□ LCSW (AJ) □ LPC □ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RN	PN (SA)	xxn (SA) 'A (PA) /ID/DO (AF)	
		V ED (22)					
☑ Office (11) ☑Outpt Hospital(22	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Independent Clinic (49	区 ER (23) 区 NRSATF (57) 区 Telehealth ((

EVALUATION AND MANAGEM	MENT - 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			
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.	 Technical Documentation Requirements See Section X Service Content Documentation of written, verbal/shared medical repatient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by condition Total length of time of encounter (face-to-face owhichever is appropriate) Counseling and/or activities performed to coordination of time spent with patient was counseling and coordination Time spent must also be documented (e.g., "15 minutes encounter was used counseling/coordinating care") Copy of written report sent by consultant to reference that referring MD/DO's name Evidence that referring MD/DO requested both consuctant's opinion Advice and/or opinion regarding patient's condition 	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 Appendix G for more information on E/M servic	es.		
NOTES	EXAMPLE ACTIVITIES			
Only one consultation is reported by the consultant per admission. For 99251, the presenting problem(s) are usually self-limited/minor. The consultant typically spends 20 mins at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251.				
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) 	 ☑ Encounter □ 15 Minutes □ Day □ 1 Hour □ based code 	Appendix <u>G</u> for		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Individual ☑ Group (HQ) ☑ Video Conf (GT) ☑ Family (HR) ☑ Telephone ☑ Family (HS) 	□ HK (Residential) □ TM (ACT) □ H □ HM (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Unlicensed	EdD/ PhD/PsyD (HP) $\Box CAC I \Box RN (TD) \Box PA$	N (SA) (PA) D/DO (AF)		
PLACE OF SERVICE (POS)				
☑ NF (32) ☑ Inpt PF (51) ☑ SNF (31) ☑ PF-PHP (52)				

	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	⊡ ОВН				
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 Section X					
specific problem is requested by another MD/DO/other	Service Content					
appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent	Documentation of written, verbal/shared medical recompatient record:	rds request in				
visit. Three key components are required:	1. Request for consultation from attending MD/DO					
	2. Reason for consultation					
Problem-focused history	3. Services and supplies performed/ordered by consul-					
Problem-focused examination Consist forward modified design making	 Total length of time of encounter (face-to-face or flo which aver is encounter) 	oor time,				
Straightforward medical decision-making	whichever is appropriate)5. Counseling and/or activities performed to coordinate	to nationt caro				
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	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 referrir Formal report/copy of consultant's note 					
	Referring MD/DO's name					
	Evidence that referring MD/DO requested both consult	ation and				
	consultant's opinion					
	 Advice and/or opinion regarding patient's condition Results of tests/procedures ordered/performed 					
	See <u>Appendix G</u> for more information on E/M services.					
NOTES	EXAMPLE ACTIVITIES					
Only one consultation is reported by the consultant per						
admission. For 99251, the presenting problem(s) are usually						
self-limited/minor. The consultant typically spends 20 mins at						
self-limited/minor. The consultant typically spends 20 mins at the patient's bedside. If subsequent to the completion of a						
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						
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						
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	UNIT DURATION					
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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: Second constraint of the second	<u>pendix G</u> for				
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 AdultImage: Adult (21-64)Image: Adol (12-17)(18-20)Image: Geriatric (65+)	 ☑ Encounter □ 15 Minutes □ Day □ 1 Hour Minimum: 20 Minutes Maximum: See Approximation of the second seco	<u>pendix G</u> for				
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) \u00ed Child (0-11) \u00ed Y Young Adult \u00ed Adult (21-64) \u00ed Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	Image: Second	<u>bendix G</u> for lling as time-				
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) \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 Face-to-Face-to-Face \Box Face-to-Face-to-Face	Image: Second	oendix <u>G</u> for Iling as time- Voc)				
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) \Box Child (0-11) \Box Young Adult \Box Adult (21-64) \Box Adol (12-17) (18-20) \Box Geriatric (65+) \Box Adult Geriatric (65+) \Box Face-to-Face \Box Video Conf (GT) \Box Family (HB)	Image: Second	Dendix G for Iling as time- Voc) (Clubhouse)				
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 (21-64) Image: Adol (12-17) Image: Young Adult (21-64) Adol (12-17) Image: Young Adult (21-64) Image: Face-to-Face Image: Young Adult (21-64)	☑ Encounter □ 15 Minutes Minimum: 20 Minut □ Day □ 1 Hour Maximum: See Appression of the second of t	oendix <u>G</u> for Iling as time- Voc)				
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) \[X Young Adult \[X Adol (12-17) (18-20) \[X Geriatric (65+) \] ALLOWED MODE(S) OF DELIVERY X Face-to-Face \[X Video Conf (GT) \[Calenbone \] X Family (HR) \]	☑ Encounter □ 15 Minutes Minimum: 20 Minut □ Day □ 1 Hour Maximum: See Appression of the second of t	Dendix G for Iling as time- Voc) (Clubhouse) Recovery)				
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) \[\[X Adol (12-17) (18-20) \[X Adol (12-17) (18-20) \[X Individual \[X Face-to-Face \[X Video Conf (GT) \[Telephone \[X Family (HR) \[X Family (HS) \[X Family (HS) \[X Example Conflict \[X Per Specialist \[D Peer Specialist \[D Convert	Encounter □ 15 Minutes Day □ 1 Hour Hour PROGRAM SERVICE CATEGORY(IES) HE (SP) □ U4 (ICM) □ HJ (\ HK (Residential) □ TM (ACT) □ HQ (oendix G for Iling as time- Voc) (Clubhouse) Recovery) Prev/EI)				
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) \[\[X Adol (12-17) (18-20) \[X Adol (12-17) (18-20) \[X Individual \[X Face-to-Face \[X Video Conf (GT) \[Telephone \[X Family (HR) \[X Family (HS) \[X Family (HS) \[X Family (AJ) \[Unlicensed \[LCSW (AJ) Unlicensed \[Unlicensed \[LOSW (AJ) Unlicensed \[LOSW \[LOS \[LOSW \[LOSW \[Encounter ☐ 15 Minutes Day ☐ 1 Hour Maximum: 20 Minut Maximum: See App typical times and bi based code PROGRAM SERVICE CATEGORY(IES) E HE (SP) ☐ U4 (ICM) ☐ HJ (V HK (Residential) ☐ TM (ACT) ☐ HQ (HM (Respite) ☐ TT (F HT (F HAT (F HASTER'S Level (HO) ☐ LAC ☐ LPN/LVN (TE) GAC I ☐ RN (TD) ☐ RXN (S DA(F) ☐ DA (F DA(F) ☐ DA (F DA	Dendix G for Iling as time- Voc) (Clubhouse) Recovery) Prev/EI) SA)				
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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) \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 Individual \Box Face-to-Face \Box Family (HR) \Box Family (HR) \Box Family (HR) \Box Family (HS) STAFF REQUIREMENTS \Box Peer Specialist \Box Bachelor's Level (HN) \Box Intern \Box December LCSW (AJ) \Box Unlicensed Ecember 2 \Box NF (32) \Box Inpt PF (51) \Box Inpt \Box PF-PHP (52) \Box PF-PHP (51) \Box PF-PHP (52) \Box PF-PHP	Image: Second secon	Dendix G for Iling as time- Voc) (Clubhouse) Recovery) Prev/EI) SA) A)				

	EVALUATION A	ND MANAGEM	IENT - CONSULTAT	IONS - INPA	TIENT		
CPT [®] /HCPCS PROCEDU	IRE CODE		PROCEDURE CO	DE DESCRIPT	ION	US	AGE
	99252		Inpatient consultation for a new or established patient; the presenting problem(s) are of low severity				Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
 SERVICE DESCRIPTION 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. 			 Technical Documentation Requirements See Section X Service Content Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face/floor time, whichever is appropriate) Counseling and/or activities performed to coordinate patient care Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating car is required. 				
For 99252, the presentir The consultant typically If subsequent to the con assumes responsibility for	reported by the consultant pe g problem(s) are usually of lov spends 40 minutes at the patie upletion of a consultation, the or management of a portion/a e appropriate E/M procedure	w severity. ent's bedside. consultant II of the	previously ab	al consultation stinent alcol of gastritis;	on for a 53-year-old r nolic, who relapsed a patient readily accer	and was adm	nitted for
APPLICABLE POPULAT	ON(S)		UNIT		DURATION		
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young Adult ⊠ Ad	ult (21-64) riatric (65+)	⊠ Encounter □ Day	□ 15 Minu □ 1 Hour	Minimum: 40	ee <u>Appendix</u>	
ALLOWED MODE(S) OF			PROGRAM SERV	ICE CATEGO	RY(IES)		
☑ Face-to-Face ☑ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residentia	al)	□ TM (ACT) □ HM (Respite)	□ HJ (Voc) □ HQ (Club □ TT (Reco □ HT (Prev,	very)
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	$\Box \text{ RN (1D)}$ \Box	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (PO	S)						
区 NF (32) 区 SNF (31)		PF-PHP (52) Telehealth (02)				

		AND MANAGEN	ENT - CONSULTAT					1104.67
CPT [®] /HCPCS PROCEDU	JRE CODE		PROCEDURE CO		-	octablished	1	USAGE
	99252		Inpatient consulpatient; the pres					⊠ ОВН
SERVICE DESCRIPTION			MINIMUM DOC					⊡ОВП
		vhose opinion/					,	
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.			 See Section X Service Content Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face/floor time, whichever is appropriate) Counseling and/or activities performed to coordinate patient care Where time is significant to encounter, documentation that more than 50 of time spent with patient was used counseling and coordinating care is 					
NOTES			See <u>Appendix I</u> fe EXAMPLE ACTIV			,		
For 99252, the presentir The consultant typically If subsequent to the con assumes responsibility for	reported by the consultant p og problem(s) are usually of lo spends 40 minutes at the pat opletion of a consultation, the or management of a portion/ ne appropriate E/M procedure	ow severity. ient's bedside. e consultant all of the	 Initial hospita previously at management further treat 	ostinent alcol t of gastritis;	nolic, v	vho relapse	d and wa	s admitted for
APPLICABLE POPULAT	ION(S)		UNIT			DURATION	I	
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young Adult ⊠ Ad	dult (21-64) eriatric (65+)	Encounter	□ 15 Minu □ 1 Hour	tes	Minimum: Maximum:	40 Minut See <u>App</u> es and bill	es <u>endix G</u> for ling as time-
ALLOWED MODE(S) OI	DELIVERY		PROGRAM SERV	ICE CATEGO	RY(IES			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residenti			(ICM) 1 (ACT) 1 (Respite)	🗆 TT (Voc) (Clubhouse) Recovery) (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	\Box RN	N (SA)	□ R×N (SA □ PA (PA) ⊠ MD/DC	1
PLACE OF SERVICE (PO								
区 NF (32) 区 SNF (31)	区 Inpt PF (51) 区 PF-PHP (52)							

Γ

	🗵 Telehealth (02)					
		AND MANAGEN	IENT - CONSULTAT	FIONS - INPATIE	NT	
CPT [®] /HCPCS PROCEDURE	CODE		PROCEDURE CO			USAGE
	99253		Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate severity			rate 🗹 Medicaio
SERVICE DESCRIPTION			MINIMUM DOC	IMENTATION F	REQUIREMENTS	
	rendered by an MD/DO	whose				
SERVICE DESCRIPTION A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/or other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: • Detailed history • Detailed examination • Medical decision-making of low complexity When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face- to-face time on the floor/unit or hospital), time is considered the key/controlling factor to qualify for the level of service.		 Technical Documentation Requirements See Section X Service Content Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face/floor time, whichever is appropriate) Counseling and/or activities performed to coordinate patient care Where time is significant to encounter, documentation that more than 50% of the time spent with patient was used counseling and coordinating 				
NOTES			EXAMPLE ACTIV			
Only one consultation is rep For 99253, the presenting p severity. The consultant typ bedside. If subsequent to th consultant assumes respon of the patient's condition(s used in lieu of 99253.	problem(s) are usually of r pically spends 55 mins at t he completion of a consul sibility for management o	noderate he patient's tation, the f a portion/all				
APPLICABLE POPULATION	N(S)		UNIT		DURATION	
⊠ Child (0-11) ⊠ Adol (12-17)	🗵 Young 🛛 🗵 A	dult (21-64) eriatric (65+)	Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: 5 Maximum: 9	55 Minutes See <u>Appendix G</u> for s and billing as time-
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERV	ICE CATEGORY		
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residenti	ם (al) ם ז	J4 (ICM) IM (ACT) IM (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)		1 APN (1D)	□ RxN (SA) □ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
🗵 NF (32)	⊠ Inpt PF (51) ⊠ PF-PHP (52)					

🗵 Inpt Hosp (21)	🗵 Telehealth (02)					
	EVALUATION A	ND MANAGEN	IENT - CONSULTAT	IONS - INPATIEN	т	
CPT [®] /HCPCS PROCEDUR			PROCEDURE COL		<u>.</u>	USAGE
	99253		Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate severity			
SERVICE DESCRIPTION				JMENTATION RE	QUIREMENT	rs
A consultation is a service	e rendered by an MD/DO w	/hose	Technical Docum			
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/or other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: • Detailed history • Detailed examination • Medical decision-making of low complexity When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face- to-face time on the floor/unit or hospital), time is considered the key/controlling factor to qualify for the level of service.		 See Section X Service Content Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face/floor time, whichever is appropriate) Counseling and/or activities performed to coordinate patient care Where time is significant to encounter, documentation that more than 50% of the time spent with patient was used counseling and coordinating care is 				
For 99253, the presenting severity. The consultant ty bedside. If subsequent to t consultant assumes respon	ported by the consultant pe problem(s) are usually of mo pically spends 55 mins at the he completion of a consultan hsibility for management of a s), the appropriate E/M proc	oderate e patient's tion, the a portion/all	EXAMPLE ACTIVI	IIES		
APPLICABLE POPULATIO	N/S)		UNIT		DURATION	J
Child (0-11) Adol (12-17)	🗵 Young 🛛 🗵 Adı	ult (21-64) riatric (65+)	Encounter	□ 15 Minutes □ 1 Hour	Minimum: Maximum	55 Minutes : <u>See Appendix G</u> for es and billing as time-
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	S)	
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residentia	il) □ TN	(ICM) 1 (ACT) И (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 □ R □CAC II □ A	PN/LVN (TE) N (TD) NPN (SA) NMAP	□ RxN (SA) □ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS) X NF (32) SNF (31)	⊠ Inpt PF (51) ⊠ PF-PHP (52)					

🗵 Inpt Hosp (21)	🗵 Telehealth (02)					
	EVALUATION AND MANAGEM	IENT - CONSULTATIONS - INPATIENT				
CPT [®] /HCPCS PROCEDURE		PROCEDURE CODE DESCRIPTION	USAGE			
	99254	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	🗹 Medicaid			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
 SERVICE DESCRIPTION A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: Comprehensive history comprehensive examination Medical decision-making of moderate complexity When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face- to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service. 		Technical Documentation Requirements See Section X Service Content Documentation of written, verbal/shared medical records request in patient record: 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultant 4. Total length of time of encounter (face-to-face/floor time, whichever is appropriate) 5. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of the time spent with patient was used counseling and coordinating care required • Time spent must also be documented (e.g., "50 minutes of the 80 minute encounter was used counseling/coordinating care") 6. Copy of written report sent by consultant to referring MD/DO • Formal report/copy of consultant's note • Referring MD/DO's name • Evidence that referring MD/DO requested both consultation and consultant's opinion • Advice and/or opinion regarding patient's condition • Results of tests/procedures ordered/performed See Appendix G for more information on E/M services.				
99254, the presenting proble severity. The consultant typic bedside. If subsequent to the consultant assumes responsi	orted by the consultant per admission. For m(s) are usually of moderate to high cally spends 80 minutes at the patient's e completion of a consultation, the bility for management of a portion/all of e appropriate E/M procedure code is used	 EXAMPLE ACTIVITIES Initial hospital consultation for a 27-year-old female patient widiffusely positive medical review of systems and a history of multiple surgeries. 				
APPLICABLE POPULATION	I(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: See Appendix See App	endix G for			
ALLOWED MODE(S) OF D	ELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)	□ HK (Residential) □ TM (ACT) □ HC □ HM (Respite) □ TT	(Voc) Q (Clubhouse) (Recovery) (Prev/El)			
STAFF REQUIREMENTS						
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	LPC Unlicensed	Master's Level (HO) ILAC IPN/LVN (TE) RxN (SA EdD/ PhD/PsyD (HP) ICAC I RN (TD) IPA (PA) D/PhD/PsyD (AH) ICAC II APN (SA) IPA (PA) D/AphD/PsyD (AH) ICAC III IPA (PA)				
PLACE OF SERVICE (POS)						

× NF (32) Inpt PF (51) SNF (31) ☑ PF-PHP (52) Inpt Hosp (21) ☑ Telehealth (02) **EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT CPT®/HCPCS PROCEDURE CODE PROCEDURE CODE DESCRIPTION** USAGE Inpatient consultation for a new or established 99254 ☑ OBH patient; the presenting problem(s) are of moderate to high severity. SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS A consultation is a service rendered by an MD/DO whose opinion/ **Technical Documentation Requirements** advice regarding evaluation and/or management of a specific See Section X problem is requested by another MD/DO/other appropriate Service Content source. An MD/DO consultant may initiate diagnostic and/or Documentation of written, verbal/shared medical records request in therapeutic services at the same/subsequent visit. Three key patient record: components are required: 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultant Comprehensive history 4. Total length of time of encounter (face-to-face/floor time, whichever is • comprehensive examination appropriate) • Medical decision-making of moderate complexity Counseling and/or activities performed to coordinate patient care 5. Where time is significant to encounter, documentation that more than 50% When counseling and/or coordination of care dominates (more of the time spent with patient was used counseling and coordinating care is than 50%) the physician-patient and/or family encounter (facerequired Time spent must also be documented (e.g., "50 minutes of the 80 minute to-face time on the floor/unit/hospital), time is considered the encounter was used counseling/coordinating care") key/controlling factor to qualify for the level of service. 6. Copy of written report sent by consultant to referring MD/DO Formal report/copy of consultant's note Referring MD/DO's name Evidence that referring MD/DO requested both consultation and consultant's opinion Advice and/or opinion regarding patient's condition Results of tests/procedures ordered/performed See Appendix G for more information on E/M services. **EXAMPLE ACTIVITIES** NOTES Only one consultation is reported by the consultant per admission. For • Initial hospital consultation for a 27-year-old female patient with a 99254, the presenting problem(s) are usually of moderate to high diffusely positive medical review of systems and a history of severity. The consultant typically spends 80 minutes at the patient's multiple surgeries. bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99254. **APPLICABLE POPULATION(S)** UNIT DURATION Minimum: 80 Minutes Child (0-11) ⊠ Young X Adult (21-64) ⊠ Encounter □ 15 Minutes Maximum: See <u>Appendix G</u> for X Adol (12-17) Adult (18-20) Geriatric (65+) □ Day □ 1 Hour typical times and billing as timebased code ALLOWED MODE(S) OF DELIVERY **PROGRAM SERVICE CATEGORY(IES)** Individual HE (SP) □ U4 (ICM) □ HJ (Voc) I Face-to-Face ■ □ Group (HQ) □ HK (Residential) TM (ACT) □ HQ (Clubhouse) ☑ Video Conf (GT) ☑ Family (HR) □ HM (Respite) □ TT (Recovery) □ Telephone ☑ Family (HS) □ HT (Prev/EI) **STAFF REQUIREMENTS** LPN/LVN (TE) Peer Specialist LCSW (AJ) □ Unlicensed Master's Level (HO) RxN (SA) □ Bachelor's Level (HN) **DCACI** RN (TD)

□ Unlicensed EdD/ PhD/PsyD (HP)

□ Licensed EdD/PhD/PsyD (AH)

PLACE OF SERVICE (POS)

🗵 Intern

□ LMFT

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APN (SA)

QMAP

D PA (PA)

MD/DO (AF)

	EVALUATI	ON AND MANAGEM	ENT - CONSULTA	TIONS - INPATIEN	IT			
CPT [®] /HCPCS PROCEDURE	CODE		PROCEDURE CO	DE DESCRIPTION		USAGE		
	99255			Inpatient consultation for a new or established patient; the presenting problem(s) are of M moderate to high severity.				
SERVICE DESCRIPTION				UMENTATION RE				
SERVICE DESCRIPTION A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: • Comprehensive history • Comprehensive examination • Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face- to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service. 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 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.			 See Section X Service Content Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face/floor time, whichever is appropriate) Counseling and/or activities performed to coordinate patient care Where time is significant to encounter, documentation that more than 50% 					
								APPLICABLE POPULATION
⊠ Child (0-11) ⊠ Adol (12-17)	🗵 Young	⊠ Adult (21-64) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour				
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERV	/ICE CATEGORY(II	· ·			
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residenti	al) 🗆	U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		(TD)	RxN (SA) PA (PA) MD/DO (AF)		

PLACE OF SERVICE (POS)									
⊠ NF (32) ⊠ SNF (31) ⊠ Inpt Hosp (21)	SNF (31) Inpt Hosp (21)				⊠ Inpt PF (51) ⊠ PF-PHP (52) ⊠ Telehealth (02)				
		TION AND MANAGE	MENT - CONSUL	TATIONS - INPATE		LIEACE			
CPT®/HCPCS PROCEDUR	99255		USAGE Inpatient consultation for a new or established patient; the presenting problem(s) are of Image: Construction of the presenting problem of the presenting presenting presenting presenting presenting presenting prese						
SERVICE DESCRIPTION			-						
SERVICE DESCRIPTION A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: • Comprehensive history • Comprehensive examination • Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face- to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.			Service Content Documentation of written, verbal/shared medical records request in patient record: 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultant 4. Total length of time of encounter (face-to-face/floor time, whichever is appropriate) 5. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50%						
Only one consultation is repr 99255, the presenting proble severity. The consultant typi bedside and on the patient's completion of consultation,	NOTES Only one consultation is reported by the consultant per admission. For 99255, the presenting problem(s) are usually of moderate to high severity. The consultant typically spends 110 mins at the patient's bedside and on the patient's hospital floor or unit. If subsequent to the completion of consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the			 Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of multiple surgeries. 					
			UNIT		DURATION				
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young 🛛	⊠ Adult (21-64) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: 110 Maximum: N/A	for typical times			
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SER	VICE CATEGORY(IE	-				
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residenti	ial) 🗆	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	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)) □CAC I □ R □CAC II □ A	(ID) $\Box P$	xN (SA) A (PA) 1D/DO (AF)			
PLACE OF SERVICE (POS)									

				MENT – EMERGENCY						
CPT®/HCPCS PROCEDURE CODE				PROCEDURE CODE DESCRIPTION					USAGE	
99281 requires problem examination stra making 99282 requires expande	Emergency Depart	ment Serv	ices.			Medicaid				
expanded proble complexity medi	em focused exan	nination l								
99283 requires expande expanded proble complexity medi	em focused exan	nination i								
99284 requires detailed moderate compl	history, detaile	ed examir								
99285 requires comprel examination high making.		•								
SERVICE DESCRIPTION				MINIMUM DOCUM			REMENT	s		
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				Technical Documentation Requirements See Section X See Appendix G for more information on E/M services.						
severity. No distinction is made b patients in the emergen		d establis	shed							
NOTES				EXAMPLE ACTIVIT	IES					
APPLICABLE POPULATIO	ON(S)			UNIT			DURA	-		
	Young Adult -20)		llt (21-64) iatric (65+)	⊠ Encounter □ Day		5 min Hour		pendix G and billing code		
ALLOWED MODE(S) OF	DELIVERY			PROGRAM SERVIC	E CATEGO	RY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ ☑ Family (HR ☑ Family (HS))		⊠ HE (SP) □ HK (Residential)] U4 (ICM] TM (ACT] HM (Res)	□ HJ (Va □ HQ (C □ TT (Re □ HT (Pi	lubhouse) ecovery)	
STAFF REQUIREMENTS										
 Peer Specialist Bachelor's Level (HN) Intern 			Unlicensed I	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 と PA (PA) と MD/DO		
PLACE OF SERVICE (POS	5)									
🗵 ER (23)										

EVALUATION AND MANAGE	MENT – EMERGENCY DEPARTMENT
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
 99281 requires problem focused history, problem focused examination straight forward medical decision making 99282 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making 99283 requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making 99284 requires detailed history, detailed examination moderate complexity medical decision making 99285 requires comprehensive history, comprehensive 	Emergency Department Services.
examination high complexity medical decision making.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
These codes are used for face to face services in an emergency department for the evaluation and management of an individual with presenting problem(s) of varying severity. No distinction is made between new and established patients in the emergency department.	Technical Documentation Requirements See Section X See <u>Appendix G</u> for more information on E/M services.
NOTES	EXAMPLE ACTIVITIES
APPLICABLE POPULATION(S)	UNIT DURATION
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) 	 ☑ Encounter □ Day □ 15 min □ 1 Hour See <u>Appendix G</u> for typical times and billing as time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
 ☑ Face-to-Face ☑ Individual ☑ Group (HQ) ☑ Video Conf (GT) ☑ Family (HR) ☑ Telephone ☑ Family (HS) 	Image: WHE (SP) Image: U4 (ICM) Image: HJ (Voc) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HK (Residential) Image: TM (Respite) Image: TM (Recovery) Image: HK (Respite) Image: TM (Recovery) Image: TM (Recovery) Image: HK (Respite) Image: TM (Recovery) Image: TM (Recovery) Image: HK (Respite) Image: TM (Recovery) Image: TM (Recovery) Image: HK (Respite) Image: TM (Recovery) Image: TM (Recovery) Image: HK (Respite) Image: TM (Recovery) Image: TM (Recovery) Image: HK (Respite) Image: TM (Recovery) Image: TM (Recovery) Image: HK (Respite) Image: TM (Recovery) Image: TM (Recovery) Image: HK (Respite) Image: TM (Recovery) Image: TM (Recovery) Image: HK (Respite) Image: TM (Recovery) Image: TM (Recovery) Image: HK (Recovery) Image: TM (Recovery) Image: TM (Recovery) Image: HK
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)	
区 ER (23) 区 Telehealth (02)	

E	VALUATION AN	D MANAGEME	NT - NURSING FACI	LITY - INITI	AL SERVI	CES		
CPT®/HCPCS PROCEDURE COD	DE		PROCEDURE COD	E DESCRIPT	TION		USAGE	
99304 requires detailed or con or comprehensive exam low complexity medica time is 25 minutes 99305 requires comprehensive examination moderate making, Typical time is 3 99306 requires comprehensive examination high comp making Typical time is 4	Initial Nursing Faci	ility Care Se	ervices		☑ Medicaid			
SERVICE DESCRIPTION	0		MINIMUM DOCUI	MENTATIO	N REQUI	REMENTS		
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity.			Technical Documentation Requirements See Section X See <u>Appendix G</u> for more information on E/M services.					
NOTES		.8 0010111	EXAMPLE ACTIVIT	TES				
APPLICABLE POPULATION(S)			UNIT			DURATION		
⊠ Child (0-11) ⊠ Young Ad ⊠ Adol (12-17) (18-20)		ult (21-64) riatric (65+)	⊠ Encounter □ Day	□ 15 M □ 1 He	vinutes our		<u>dix G</u> for typical billing as time-based	
ALLOWED MODE(S) OF DELIVE	ERY		PROGRAM SERVIC	CE CATEGO	RY(IES)			
✓ Face-to-Face ✓ Video Conf (GT) ✓ Telephone ✓ Telephone	lividual oup (HQ) mily (HR) mily (HS)		☑ HE (SP) ☑ HK (Residential))	□ U4 (IC □ TM (A □ HM (F	(CT)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
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 □CACIII	□ LPN/L □ RN (T ☑ APN (□ QMA	D) × F SA) × F	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (POS)								
☑ NF (32) ☑ SNF (31) ☑ Telehealth (02)								

EVALUATION AND MANAGEME	ENT - NURSING FACILITY - INITIAL SERVICES
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
 99304 requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes 99305 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes 99306 requires comprehensive history, comprehensive 	Initial Nursing Facility Care Services ☑ OBH
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.	Technical Documentation Requirements See Section X 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 ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) 	Encounter □ 15 Minutes Day □ 1 Hour See Appendix G for typical times and billing as time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
 ☑ Face-to-Face ☑ Individual ☑ Group (HQ) ☑ Video Conf (GT) ☑ Family (HR) ☑ Telephone ☑ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS	
LPC Unlicensed	Master's Level (HO) Image: CAC I imag
PLACE OF SERVICE (POS)	
区 NF (32) 区 SNF (31) 区 Telehealth (02)	

EV	ALUATION AND M	ANAGEMENT - I	NURSING FACILITY -	SUBSEQU	JENT SER	VICES		
CPT®/HCPCS PROCEDURE C	PROCEDURE CODE DESCRIPTION USAGE							
 99307 requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes 99308 requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes 99309 requires detailed interval history, detailed 			Subsequent Nursin	ng Facility S	Services.			I Medicaid
examination modera making, Typical time 99310 requires comp interv	te complexity med is 25 minutes	ical decision						
examination high cor		ecision making,						
Typical time is 35 mir SERVICE DESCRIPTION	nutes			451174710				
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity. All levels of subsequent nursing facility care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient's status (i.e., changes in history, physical condition, and response to management) since the last assessment by the physician or other qualified health are professional.			Technical Documentation Requirements See Section X See <u>Appendix G</u> for more information on E/M services.					
NOTES			EXAMPLE ACTIVITIES					
	•							
APPLICABLE POPULATION(S	5)		UNIT					for typical
☑ Child (0-11) ☑ Your ☑ Adol (12-17) (18-20)		dult (21-64) eriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour See <u>Appendix G</u> for times and billing as based code				
ALLOWED MODE(S) OF DEL			PROGRAM SERVIC					
✓ Face-to-Face ✓ Video Conf (GT) ✓] Individual] Group (HQ)] Family (HR)] Family (HS)		☑ HE (SP) □ HK (Residential)] U4 (ICM] TM (AC] HM (Res	Г)	□ HJ (Vc □ HQ (C □ TT (Re □ HT (Pr	lubhouse) covery)
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 □CACIII	□ LPN/L □ RN (TI ⊠ APN (□ QMAF	D) SA)	区 RxN (S/ 区 PA (PA 区 MD/DC)
PLACE OF SERVICE (POS)								
⊠ NF (32) ⊠ SNF (31) ⊠ Telehealth (02)								

E	VALUATION AND	MANAGEMENT - N	NURSING FACILITY -	SUBSEQUE	NT SERV	/ICES		
CPT®/HCPCS PROCEDURE	PROCEDURE CODE	E DESCRIPTI	ON		US	AGE		
 99307 requires problem for focused examination decision making, Ty 99308 requires expanded expanded problem complexity medical minutes 99309 requires detailed in examination moder making, Typical tim 99310 requires comp intere examination high comparison in the formation in the problem in the problem. 	on, straight forward pical time 10 minu problem focused ir focused examinati decision making, T terval history, deta rate complexity me e is 25 minutes rval history, compro omplexity medical	I medical tes nterval history, on, low Typical time 15 niled dical decision ehensive	Subsequent Nursin	ng Facility Se	ervices.			ОВН
Typical time is 35 m SERVICE DESCRIPTION	linutes						rs	
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity. All levels of subsequent nursing facility care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient's status (i.e., changes in history, physical condition, and response to management) since the last assessment by the physician or other qualified health are professional.			Technical Documentation Requirements See Section X See <u>Appendix G</u> for more information on E/M services.					
NOTES			EXAMPLE ACTIVITIES					
APPLICABLE POPULATION	(5)		UNIT					
	ung Adult 🗵	Adult (21-64) Geriatric (65+)	Encounter	□ 15 Minu □ 1 Hour	times and billing as tin			
ALLOWED MODE(S) OF DE	ELIVERY		PROGRAM SERVIC	E CATEGOR	(IES)			
☑ Face-to-Face ☑ Video Conf (GT)	 ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS) 		⊠ HE (SP) □ HK (Residential)		U4 (ICM TM (ACT HM (Res)	HJ (Voo HQ (Clu HQ (Clu TT (Reo HT (Pre	ubhouse) covery)
STAFF REQUIREMENTS								
 Peer Specialist Bachelor's Level (HN) Intern 	□ LCSW (A. □ LPC □ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I	□ LPN/L □ RN (TI ☑ APN (□ QMAF	D) SA)	⊠ RxN (SA ⊠ PA (PA) ⊠ MD/DO	
PLACE OF SERVICE (POS)								
⊠ NF (32) ⊠ SNF (31) ⊠ Telehealth (02)								

EVALUATION AND MANAGEMENT	- NURSING FACILITY - DISCHARGE SERVICES	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
 99315 nursing facility discharge day management; 30 minutes or less 99316 nursing facility discharge day management; more than 30 minutes 	Nursing Facility discharge services.	☑ Medicaid
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Used to report total duration of time spent by physician or other qualified health care professional for the final nursing facility discharge of a patient, the codes include as appropriate final examination of the patient, discussion of the nursing facility stay even if the time spent on that date is not continuous. Instructions are given for continuing care to all relevant care givers, the preparation of discharge records, prescriptions and referral forms.	Technical Documentation Requirements See Section X See <u>Appendix G</u> for more information on E/M serv	ices.
NOTES	EXAMPLE ACTIVITIES	
	UNIT DURATION	
APPLICABLE POPULATION(S)Image: Child (0-11)Image: Young AdultImage: Adult (21-64)Image: Adol (12-17)(18-20)Image: Geriatric (65+)	Encounter 15 Minutes See Appen	<u>dix G</u> for typical billing as time-
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) □ Group (HQ) □ Telephone ☑ Family (HR)	☑ HE (SP) □ U4 (ICM) □ H □ HK (Residential) □ TM (ACT) □ H □ HM (Respite) □ T	łJ (Voc) łQ (Clubhouse) T (Recovery) łT (Prev/El)
STAFF REQUIREMENTS	·	
Intern	d EdD/ PhD/PsyD (HP) 🔲 CAC 🖾 APN (SA) 🗵 F	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS)		
 ☑ NF (32) ☑ SNF (31) ☑ Telehealth (02) 		

EVALUATION AND MANAGEMENT -	NURSING FACILITY - DISCHARGE SERVICES			
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
 99315 nursing facility discharge day management; 30 minutes or less 99316 nursing facility discharge day management; more than 30 minutes 	Nursing Facility discharge services.	🗹 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.	Technical Documentation Requirements See Section X 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+) 	Image: Second structure Image: Second structure Secon			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Individual □ Group (HQ) ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	HM (Respite)	(Voc) (Clubhouse) (Recovery) (Prev/El)		
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Unlicensed I	□LAC □ LPN/LVN (TE) Master's Level (HO) □CAC I □ RN (TD) ⊠ RxN (S EdD/ PhD/PsyD (HP) □CAC ☑ RN (SA) ⊠ PA (PA D/PhD/PsyD (AH) II ☑ QMAP ☑ MD/D □CACIII	A)		
PLACE OF SERVICE (POS)				
区 NF (32) SNF (31) ☑ Telehealth (02)				

	EVALUA	TION AND MANAGEM	ENT - NURSING	FACILITY - C	DTHER		
CPT [®] /HCPCS PROCEDUF	RE CODE		PROCEDURE C		USAGE		
99318 require detailed in examination, low to mor making. Typical time is 3	Annual Nursing		☑ Medicaid				
SERVICE DESCRIPTION			MINIMUM DO	CUMENTAT	ION REQUIREM	ENTS	
This is an annual Nursing	g Facility Assessme	nt.	See Section X		Requirements	/M servio	res.
NOTES			EXAMPLE ACTI		,		
APPLICABLE POPULATIO)N(S)		UNIT			DURATI	ON
	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 SERVICE CATEGORY(IES)				
⊠ Face-to-Face ⊠ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HC ⊠ Family (HF ⊠ Family (HS	R)	⊠ HE (SP) □HK (Resident	ial)	□ U4 (ICM) □ TM (ACT) □ HM (Respite	⊟н т⊡ (•	H (Voc) A (Clubhouse) T (Recovery) H (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		
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE DESCRIPTION				USAGE
99318 require detailed interval history, comprehensive Annual Mexamination, low to moderate complexity medical decision making. Typical time is 30 minutes			Annual Nursing	; Facility As	sessment.		☑ ОВН
SERVICE DESCRIPTION			MINIMUM DO	CUMENTA ⁻	TION REQUIREM	ENTS	
This is an annual Nursing	g Facility Assessmei	nt.	Technical Documentation Requirements See Section X See <u>Appendix G</u> for more information on E/M services.			ces.	
NOTES			EXAMPLE ACTI	VITIES			
APPLICABLE POPULATIO	DN(S)		UNIT			DURATI	ON
· · ·	☑ 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) OF	DELIVERY		PROGRAM SER	VICE CATE	GORY(IES)		
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HC ⊠ Family (HR ⊠ Family (HS	2)	⊠ HE (SP) □ HK (Residen	tial)	□ U4 (ICM) □ TM (ACT) □ HM (Respite)	□ H T □ (łJ (Voc) łQ (Clubhouse) T (Recovery) łT (Prev/EI)
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	× R> ≥ P/	KN (SA) A (PA) D/DO (AF)
PLACE OF SERVICE (POS							
⊠ NF (32) ⊠ SNF (31) ⊠ Telehealth (02)							

EVALUATION AND MANAGEMENT - DOMICILIARY, REST	HOME, CUSTODIAL CARE – NEW & ESTABLISHEI	D PATIENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
New Patient	Domiciliary, rest home, custodial care		
99324 requires problem focused history, problem focused	services	☑ Medicaid	
examination straight forward medical decision making,			
Typical time 20 minutes			
99325 requires expanded problem focused history, expanded			
problem focused examination low complexity medical			
decision making Typical time 30 minutes			
99326 requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45			
minutes			
99327 requires comprehensive history, comprehensive			
examination moderate complexity medical decision			
making, Typical time 60 minutes			
99328 requires comprehensive history, comprehensive			
examination high complexity medical decision making,			
Typical time 75 minutes			
Established patient			
99334 requires problem focused interval history, problem			
focused examination straight forward medical decision			
making, Typical time 15 minutes			
99335 requires expanded problem focused interval history,			
expanded problem focused examination low complexity medical decision making Typical time 25 minutes			
99336 requires detailed interval history, detailed examination			
moderate complexity medical decision making, Typical			
time 40 minutes			
99337 requires comprehensive interval history, comprehensive			
examination moderate to high complexity medical			
decision making, Typical time 60 minutes			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	S	
These codes are used to report E/M services in a facility which provides	Technical Documentation Requirements		
room, board and other personal assistance services, generally on a long term basis. They are also used to report E/M services in an assisted living	See Section X		
facility. The facility services do not include a medical component.	See <u>Appendix G</u> for more information on E/M s	services.	
NOTES	EXAMPLE ACTIVITIES		
APPLICABLE POPULATION(S)	UNIT DURATION		
🗵 Child (0-11) 🗵 Young Adult (18- 🗵 Adult (21-64)	Encounter 15 Minutes See Appendi	x G for typical times	
🗵 Adol (12-17) 20) 🗵 Geriatric (65+)	□ Day □ 1 Hour and billing as	s time-based code	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
⊠ Individual ☐ Gaussian (110)		🗆 HJ (Voc)	
Video Conf (GT)		HQ (Clubhouse)	
		TT (Recovery)	
E Family (HS)		□ HT (Prev/El)	
STAFF REQUIREMENTS			
Peer Specialist Bachelor's Level (HN) LCSW (AJ) Unlicensed Mast		:N (SA)	
Intern ⊔ LPC ⊔ Unlicensed EdD/	$PhD/PsyD(HP)$ $\Box CACII \square APN(SA)$ $\square PA$	(PA)	
LMFT Licensed EdD/Ph	D/PsyD (AH) □CACIII □ QMAP ⊠ M	D/DO (AF)	
PLACE OF SERVICE (POS)			
🗵 ACF (13)			
🗵 Cust Care (33)			
🗵 Grp Home (14)			
🗵 Telehealth (02)			

EVALUATION AND MANAGEMENT - DOMICILIARY, REST	HOME, CUSTODIAL CARE – NEW & ESTABLISHED	PATIENT
CPT®/HCPCS PROCEDURE CODE		USAGE
New Patient	Domiciliary, rest home, custodial care	
	Domiciliary, rest home, custodial care	⊡ ОВН
expanded problem focused examination low complexity medical decision making Typical time 25 minutes 99336 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes 99337 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
These codes are used to report E/M services in a facility which provides 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.	Technical Documentation Requirements See Section X See <u>Appendix G</u> for more information on E/M serv	vices.
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult (18- ☑ Adult (21-64) ☑ Adol (12-17) 20) ☑ Geriatric (65+)	Day 1 Hour and billing as ti	<u>6</u> for typical times ime-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
 ☑ Face-to-Face ☑ Individual ☑ Group (HQ) ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HK (Residential) □ TM (ACT) □ H □ HM □ T	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/El)
STAFF REQUIREMENTS		
□ Peer Specialist □ LCSW (AJ) □ Unlicensed Master □ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/ ☑ Intern □ LMFT □ Licensed EdD/Phi	PhD/PsyD (HP) \Box CAC II \Box RN (ID) \blacksquare PA (P	PA)
PLACE OF SERVICE (POS)		
 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Telehealth (02) 		

EVALUATION AND MANAGEMENT -	HOME – NEW & ESTABLISHED PATIENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
New Patient	Home care services	
99341 requires problem focused history, problem focused		☑ Medicaid
examination straight forward medical decision making,		
Typical time 20 minutes		
99342 requires expanded problem focused history, expanded		
problem focused examination low complexity medical		
decision making Typical time 30 minutes		
99343 requires detailed history, detailed examination moderate		
complexity medical decision making, Typical time 45		
minutes		
99344 requires comprehensive history, comprehensive		
examination moderate complexity medical decision		
making, Typical time 60 minutes		
99345 requires comprehensive history, comprehensive		
examination high complexity medical decision making,		
Typical time 75 minutes		
Established patient		
99347 requires problem focused interval history, problem		
focused examination straight forward medical decision		
making, average time 15 minutes		
99348 requires expanded problem focused interval history,		
expanded problem focused examination low complexity		
medical decision making average time 25 minutes		
99349 requires detailed interval history, detailed examination		
moderate complexity medical decision making, average		
time 40 minutes		
99350 requires comprehensive interval history, comprehensive		
examination moderate to high complexity medical		
decision making, average time 60 minutes		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	S
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 Section X	
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)		ix <u>G</u> for typical times
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)		s time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
] HJ (Voc)
Face-to-Face		HQ (Clubhouse)
K Family (HR)		TT (Recovery)
□ Telephone] HT (Prev/EI)
STAFF REQUIREMENTS		
Peer Specialist	LAC LPN/LVN (TE)	
Bachelor's Level (HN) LCSW (AJ) Unlicensed Ma		RxN (SA)
LILPC LI Unlicensed Ed	D/ PhD/Psyd (HP) CACIL X APN (SA)	PA (PA)
LMFT Licensed EdD/I	PhD/PsyD (AH) 🛛 CACIII 🗖 QMAP	MD/DO (AF)
PLACE OF SERVICE (POS)		
I Telehealth (02)		
⊠ Home (12)		
Srp Home (14)		

EVALUATION AND MANAGEMENT - HOME – NEW & ESTABLISHED PATIENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
New Patient	Home care services					
99341 requires problem focused history, problem focused		🗹 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 Section X	nuicos				
problem(s) of varying severity.	See <u>Appendix G</u> for more information on E/M set	rvices.				
NOTES	EXAMPLE ACTIVITIES					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)		<u>G</u> for typical times				
\boxtimes Adol (12-17) (18-20) \boxtimes Geriatric (65+)		time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
		HJ (Voc)				
K Face-to-Face		HQ (Clubhouse)				
K Family (HR)		TT (Recovery)				
□ Telephone		HT (Prev/EI)				
STAFF REQUIREMENTS						
Peer Specialist	LAC DLPN/LVN (TE)					
Bachelor's Level (HN) LCSW (AJ) Unlicensed Ma	ISTER'S LEVEL (HO) DEACL DRN (TD) X R	xN (SA)				
□ body body body (nint) □ LPC □ Unlicensed Ed ☑ Intern □ LMFT □ Licensed EdD/I	PhD/PsyD (AH)	A (PA) 1D/DO (AF)				
PLACE OF SERVICE (POS)						
☑ Telehealth (02)						
☑ Home (12)						
🗵 Grp Home (14)						

EVALUATION AND MANAGEMENT - CASI	E MANAGEMENT - MEDICAL TEAM CONFERENCE				
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Medical team conference with interdisciplinary				
99366	team, face-to-face with patient and/or family, 30	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 Section X				
direct care to the patient, with the patient and/or family	Service Content1. The reason for the team conference. What was the intended				
member(s), community agencies, surrogate decision maker(s)					
(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				
— 6 • • • • • • • • • • • •	4. Summary of contributed information and trea	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 follo	w-up or			
	coordination needed with 3 rd parties				
NOTES	See <u>Appendix G</u> for more information on E/M servi EXAMPLE ACTIVITIES	ces.			
Reporting/billing participants have rendered face-to-face	Patient and/or family participate in a multi-disciplina	20110200			
evaluation(s)/treatment(s) to the patient, independent of any	conference.	ary team			
team conference, within the previous 60 days. The team	conference.				
conference starts at the beginning of a case review and ends					
at the conclusion of the review. Time related to record					
keeping and generating a report is not reported/billed. The					
reporting participant is present for all time reported. Team					
conferences of less than 30 minutes duration are not					
reported. No more than one individual from the same					
specialty may report 99366 at the same encounter.					
If services are performed by a 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 M	inutes +			
🗵 Adol (12-17) (18-20) 🖾 Geriatric (65+)	 ☑ Encounter □ 15 Minutes □ Day □ 1 Hour □ Maximum: N/A 	inutes +			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	Image: Second system Image: Second system 15 Minutes Minimum: 30 Minimum: 30 Minimum: 30 Minimum: 30 Minimum: N/A Image: Second system Image: Second system Image: Second system Minimum: N/A Image: Second system Image: Second system Image: Second system Minimum: N/A				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual	☑ Encounter □ 15 Minutes Minimum: 30 M □ Day □ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM)	НЈ (Voc)			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual ☑ Video Coof (GT) □ Group (HQ)	☑ Encounter □ 15 Minutes Minimum: 30 M □ Day □ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □ □ HK (Residential) □ TM (ACT) □	HJ (Voc) HQ (Clubhouse)			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual ☑Video Conf (GT) □ Group (HQ) ☑ Telenhone ☑ Family/collateral (HR)	☑ Encounter □ 15 Minutes Minimum: 30 M □ Day □ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □ □ HK (Residential) □ TM (ACT) □ □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery)			
☑ 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) ☑ Family/collateral (HS)	☑ Encounter □ 15 Minutes Minimum: 30 M □ Day □ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □ □ HK (Residential) □ TM (ACT) □ □ HM (Respite) □	HJ (Voc) HQ (Clubhouse)			
Image: Second system Image: Second system ALLOWED MODE(S) OF DELIVERY ALLOWED MODE(S) OF DELIVERY Image: Second system Image: Second system Image: Second system Image: State sy	☑ Encounter □ 15 Minutes Minimum: 30 M □ Day □ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □ □ HK (Residential) □ TM (ACT) □ □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery)			
☑ 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) ☑ Telephone ☑ Family/collateral (HS) STAFF REQUIREMENTS ☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed	Image: Second service of the second service category (IES) Minimum: 30 M Image: Second service category (IES) Maximum: N/A Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Second service category (IES) Image: Maximum category (IES) Image: Second service category (IES) Image: Maximum category (IES) Image: Second service category (IES) Image: Maximum category (IES) Image: Second service category (IES) Image: Maximum category (IES) Image: Second service category (IES) Image: Maximum category (IES) Image: Second service category (IES) Image: Maximum category (IES) Image: Second service category (IES) Image: Maximum category (IES) Image: Second service category (IES) Image: Maximum category (IES) Image: Second service category (IES) Image	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY □ ☑ Face-to-Face □ □ ☑ Video Conf (GT) □ □ □ Telephone ☑ Family/collateral (HR) ☑ Telephone ☑ Family/collateral (HS) STAFF REQUIREMENTS ☑ LCSW (AJ) ☑ Unlicensed ☑ Peer Specialist ☑ LPC ☑ Unlicensed	Image: Second service in the second service category (IES) Minimum: 30 M PROGRAM SERVICE CATEGORY(IES) Maximum: N/A PROGRAM SERVICE CATEGORY(IES) Image: Second secon	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ ☑ Face-to-Face ☑ Individual ☑ 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 service in the second service category (IES) Minimum: 30 M Maximum: N/A PROGRAM SERVICE CATEGORY(IES) Image: Maximum in the second service in the second service in the second second service in the second secon	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)			
☑ 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) ☑ Telephone ☑ Family/collateral (HS) STAFF REQUIREMENTS ☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	Image: Second secon	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual ☑ Yideo Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family/collateral (HR) ☑ Telephone ☑ Family/collateral (HS) STAFF REQUIREMENTS ☑ LCSW (AJ) ☑ Unlicensed ☑ Peer Specialist ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	Image: Second secon	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)			
☑ 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) ☑ Telephone ☑ LSCW (AJ) ☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	Image: Second service of the second service category (IES) Minimum: 30 M. Maximum: N/A PROGRAM SERVICE CATEGORY(IES) Image: Medication of the second service of the second service of the second se	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Individual ☑ Face-to-Face □ Group (HQ) ☑ Video Conf (GT) ☑ Family/collateral (HR) □ Telephone ☑ Family/collateral (HS) STAFF REQUIREMENTS ☑ LCSW (AJ) ☑ Unlicensed ☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed PLACE OF SERVICE (POS) ☑ Grp Home (14) ☑ PRTF (56)	Image: Second service of the second service category (IES) Minimum: 30 M PROGRAM SERVICE CATEGORY(IES) Image: HE (SP) U4 (ICM) Image: HE (SP) U4 (ICM) Image: HE (SP) Image: HC (ACT) Image: HE (SP) Image: HC (T2) Image: HE (SP) Image: HE (SP) Image: HE (SP)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Individual ☑ Face-to-Face □ Group (HQ) ☑ Video Conf (GT) ☑ Family/collateral (HR) □ Telephone ☑ Family/collateral (HS) STAFF REQUIREMENTS ☑ LCSW (AJ) ☑ Unlicensed ☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed PLACE OF SERVICE (POS) ☑ Grp Home (14) ☑ PRTF (56) ☑ Office (11) ☑ Home (12) ☑ Shelter (04)	Image: Second service of the second second service of the second service of the second second second service of the second se	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)			

E\	VALUATION AND WANAGEWIENT - CA	SE MANAGEMENT - MEDICAL TEAM CONFERENCE					
CPT®/HCPCS PROCEDUR	RECODE	PROCEDURE CODE DESCRIPTION	USAGE				
		Medical team conference with interdisciplinary					
	99366	team, face-to-face with patient and/or family, 30 I OBH					
	99300	minutes or more, participation by a non-physician					
		qualified health care professional					
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS					
Face-to-face participatio	on by a minimum of 3 practitioners	Technical Documentation Requirements					
from different specialtie	s/disciplines, each of whom provide	See Section X					
direct care to the patient	t, with the patient and/or family	Service Content					
member(s), community	agencies, surrogate decision maker(s)	1. The reason for the team conference. What wa	as the intended				
	d/or care givers). Participants are	goal or agenda? How does the service relate t	to the				
	development, revision, coordination,	treatment/service plan?					
	he 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	ervision	 Patient and any family members who att 	end				
		4. Summary of contributed information and trea					
Team conference service	es by a physician with the patient	recommendations					
	re reported with an appropriate E/M	 Plan for next contact(s) including treatment g 	oals, what				
procedure code.		treatment is prescribed (be specific), any follo					
procedure code.		coordination needed with 3 rd parties					
		See <u>Appendix G</u> for more information on E/M serv	ices				
NOTES		EXAMPLE ACTIVITIES	1003.				
	aants have rendered face to face	Patient and/or family participate in a multi-disciplin	anteam				
	pants have rendered face-to-face	Patient and/or family participate in a multi-disciplin	iary team				
avaluation (a) /treatment	(c) to the notiont independent of any		,				
	(s) to the patient, independent of any	conference.	,				
team conference, within	the previous 60 days. The team						
team conference, within conference starts at the	the previous 60 days. The team beginning of a case review and ends		,				
team conference, within conference starts at the at the conclusion of the	the previous 60 days. The team beginning of a case review and ends review. Time related to record		,				
team conference, within conference starts at the at the conclusion of the keeping and generating a	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The						
team conference, within conference starts at the at the conclusion of the keeping and generating reporting participant is p	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team						
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not						
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not one individual from the same						
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not						
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter.	conference.					
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATION	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter.	UNIT DURATION					
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATIC S Child (0-11)	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult I Adult (21-64)	conference. UNIT UNIT DURATION ⊠ Encounter □ 15 Minutes Minimum: 30 M					
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATION Child (0-11) N Adol (12-17) (18)	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The oresent for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult Schult (21-64) 8-20) Geriatric (65+)	conference. UNIT UNIT DURATION ⊠ Encounter 15 Minutes □ Day □ Hour					
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATION Child (0-11)	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult I Adult (21-64) 8-20) I Geriatric (65+) DELIVERY	conference. UNIT DURATION ⊠ Encounter 15 Minutes Minimum: 30 N □ Day 1 Hour PROGRAM SERVICE CATEGORY(IES)	linutes +				
team conference, within conference starts at the 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 Child (0-11) Adol (12-17) (18)	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult I Adult (21-64) 8-20) I Geriatric (65+) DELIVERY I Individual	conference. UNIT DURATION ⊠ Encounter 15 Minutes Day 1 Hour PROGRAM SERVICE CATEGORY(IES) ⊠ HE (SP) U4 (ICM)	linutes +				
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATION Child (0-11) C Adol (12-17) (18 ALLOWED MODE(S) OF	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult I Adult (21-64) 8-20) I Geriatric (65+) DELIVERY I Individual Group (HQ)	conference. UNIT DURATION Image: Second s	linutes + HJ (Voc) HQ (Clubhouse)				
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATION Child (0-11) C Adol (12-17) (18 ALLOWED MODE(S) OF I Face-to-Face	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult	conference. UNIT DURATION Image: Second sec	linutes + HJ (Voc) HQ (Clubhouse) TT (Recovery)				
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATIO Second (0-11) Second Adol (12-17) (18 ALLOWED MODE(S) OF Second Conf (GT) Telephone	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult I Adult (21-64) 8-20) I Geriatric (65+) DELIVERY I Individual Group (HQ)	conference. UNIT DURATION Image: Second sec	linutes + HJ (Voc) HQ (Clubhouse)				
team conference, within conference starts at the at the conclusion of the keeping and generating a 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) (18 ALLOWED MODE(S) OF Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The present for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult	conference. UNIT DURATION ⊠ Encounter 15 Minutes Day 1 Hour PROGRAM SERVICE CATEGORY(IES) ⊠ HE (SP) U4 (ICM) HK (Residential) TM (ACT) HK (Respite) UH	linutes + HJ (Voc) HQ (Clubhouse) TT (Recovery)				
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATIO Solution Conference Addol (12-17) (18 ALLOWED MODE(S) OF Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The oresent for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult	conference. UNIT DURATION ⊠ Encounter 15 Minutes □ Day 1 Hour PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □ HK (Residential) □ TM (ACT) □ HK (Residential) □ TM (Respite)	linutes + HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
team conference, within conference starts at the at the conclusion of the keeping and generating a 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) (18 ALLOWED MODE(S) OF Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Schelor's Level (HN)	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The bresent for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult	conference. UNIT DURATION ⊠ Encounter 15 Minutes □ Day 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □ HK (Residential) □ TM (ACT) □ HK (Residential) □ TM (ACT) □ HM (Respite) □ □ d Master's Level (HO) ☑ LAC ☑ LPN/LVN (TE) ☑ d Master's Level (HO) ☑ CAC I ☑ RN (TD) ☑ Ro	linutes + HJ (Voc) HQ (Clubhouse) TT (Recovery)				
team conference, within conference starts at the at the conclusion of the keeping and generating a 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) (18 ALLOWED MODE(S) OF Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN)	In the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The oresent for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult ☑ Adult (21-64) 8-20) ☑ Geriatric (65+) DELIVERY ☑ Individual □ Group (HQ) ☑ Family/collateral (HR) ☑ Family/collateral (HS)	conference. DURATION UNIT DURATION Image: Second Secon	linutes + HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATIO Solution Conference Child (0-11) S Adol (12-17) (18 ALLOWED MODE(S) OF I Solution Conf (GT) Telephone STAFF REQUIREMENTS Solution Package Peer Specialist Solution Conference Starff REQUIREMENTS Solution Conference Starff REQUIREMENTS Solution Conference Starff REQUIREMENTS Solution Conference Starff REQUIREMENTS Solution Conference Solution Conference Starff REQUIREMENTS Solution Conference Solution Co	In the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The oresent for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult ⊠ Adult (21-64) 8-20) ⊠ Geriatric (65+) DELIVERY ⊠ Individual □ Group (HQ) ⊠ Family/collateral (HR) ⊠ LCSW (AJ) ⊠ Unlicensed ⊠ LPC ⊠ Unlicensed ⊠ LMFT ⊠ Licensed	UNIT DURATION ☑ Encounter 15 Minutes ☑ Day 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □ HK (Residential) □ TM (ACT) □ HK (Residential) □ TM (ACT) □ HM (Respite) □ □ Master's Level (HO) ☑ CAC I ☑ RN (TD) ☑ HASTE'S Level (HO) ☑ CAC I ☑ RN (TD) ☑ P4	linutes + HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATIO Solution Conference Child (0-11) S Adol (12-17) (18 Adol (12-17) (18 ALLOWED MODE(S) OF I Stace-to-Face SVideo Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Solution Intern	a the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The oresent for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult ⊠ Adult (21-64) 8-20) ⊠ Geriatric (65+) DELIVERY ⊠ Individual □ Group (HQ) ⊠ Family/collateral (HR) ⊠ Family/collateral (HS) ⊠ LCSW (AJ) ⊠ LCSW (AJ) ⊠ Unlicensed ⊠ LPC ⊠ Unlicensed ⊠ LMFT ⊠ Licensed	UNIT DURATION ☑ Encounter 15 Minutes ☐ Day 1 Hour PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) U4 (ICM) ☐ HK (Residential) TM (ACT) ☐ HK (Residential) TM (ACT) ☐ HM (Respite) ☐ Image: Second Se	linutes + HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATIO ☑ Child (0-11) ☑ ☑ Adol (12-17) (18 Adol (12-17) (18 ALLOWED MODE(S) OF I ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone STAFF REQUIREMENTS ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern PLACE OF SERVICE (POS)	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The bresent for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult I Adult (21-64) 8-20) I Geriatric (65+) DELIVERY I Individual Group (HQ) I Family/collateral (HR) I Family/collateral (HR) Family/collateral (HS) I LCSW (AJ) I Unlicense I LPC I Unlicensed LPC I Unlicensed I LMFT I Licensed Grp Home (14) I PRTF (56)	conference. DURATION UNIT DURATION ⊠ Encounter 15 Minutes Day 1 Hour PROGRAM SERVICE CATEGORY(IES) ⊠ HE (SP) U4 (ICM) HK (Residential) TM (ACT) HK (Residential) TM (ACT) HM (Respite) □ Master's Level (HO) ⊠CAC I ⊠ CAC II ⊠ APN (SA) ⊠ CAC III ⊠ APN (SA) W RHC (72) ⊠ RHC (72)	linutes + HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATIC I Child (0-11) I I Adol (12-17) (18 Adol (12-17) (18 ALLOWED MODE(S) OF I I Telephone STAFF REQUIREMENTS I Peer Specialist I Bachelor's Level (HN) I Intern PLACE OF SERVICE (POS) I Office (11)	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The bresent for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult I Adult (21-64) 8-20) I Geriatric (65+) DELIVERY I Individual Group (HQ) I Family/collateral (HR) I Family/collateral (HR) I Family/collateral (HS) I LCSW (AJ) I Unlicense I LPC I	conference. DURATION UNIT DURATION ⊠ Encounter 15 Minutes Day 1 Hour PROGRAM SERVICE CATEGORY(IES) ⊠ HE (SP) U4 (ICM) □ HK (Residential) TM (ACT) □ HK (Residential) TM (ACT) □ HM (Respite) □ □ d Master's Level (HO) ⊠CAC I ⊠ LAC ⊠ LN(TD) ⊠ CAC II ⊠ APN (SA) ⊠ RHC (72)) ⊠ Telehealth (02)	linutes + HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
team conference, within conference starts at the at the conclusion of the keeping and generating a reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATIO S Child (0-11) S Adol (12-17) (18 Adol (12-17) (18 ALLOWED MODE(S) OF I S Face-to-Face SVideo Conf (GT) ☐ Telephone STAFF REQUIREMENTS S Peer Specialist S Bachelor's Level (HN) S Intern	the previous 60 days. The team beginning of a case review and ends review. Time related to record a report is not reported/billed. The bresent for all time reported. Team 30 minutes duration are not one individual from the same 366 at the same encounter. DN(S) Young Adult I Adult (21-64) 8-20) I Geriatric (65+) DELIVERY I Individual Group (HQ) I Family/collateral (HR) I Family/collateral (HR) Family/collateral (HS) I LCSW (AJ) I Unlicense I LPC I Unlicensed LPC I Unlicensed I LMFT I Licensed Grp Home (14) I PRTF (56)	conference. DURATION UNIT DURATION ⊠ Encounter 15 Minutes Day 1 Hour PROGRAM SERVICE CATEGORY(IES) ⊠ HE (SP) U4 (ICM) HK (Residential) TM (ACT) HK (Residential) TM (ACT) HM (Respite) □ Master's Level (HO) ⊠CAC I ⊠ CAC II ⊠ APN (SA) ⊠ CAC III ⊠ APN (SA) W RHC (72) ⊠ RHC (72)	linutes + HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				

	EVALUATION AND MA	NAGEMENT - CASE	MANAGEMENT - MEDICAL TEAM CONFERENCE					
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE					
	99367		Medical team conference with interdisciplinaryteam, patient and/or family not present, 30minutes or more, participation by physician					
SERVICE DESCRIPTION	N		MINIMUM DOCUMENTATION REQUIREMENTS					
 SERVICE DESCRIPTION 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. *Not to be used for supervision This code isonly used when thephysician/prescriber is part of the medical team conference. All others use 99366 or 99368 as applicable. 			 Technical Documentation Requirements See Section X Service Content The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided. Participants in team conference including: Specific providers with credentials Summary of contributed information and treatment recommendations Plan for next contact(s) including treatment goals, what 					
NOTES			EXAMPLE ACTIVITIES					
conference starts at the the conclusion of the and generating a rep participant is present of less than 30 minu than one individual fr at the same encounter If services are performed	ithin the previous 60 he beginning of a case r e review. Time related ort is not reported/bill for all time reported. tes duration are not re om the same specialty er. d by a CAC provider, a SUD	eview and ends at to record keeping ed. The reporting Feam conferences eported. No more may report 99366						
required.								
🗵 Adol (12-17)	Xoung Adult (18-20)	외 Adult (21-64) 외 Geriatric (65+)	UNIT DURATION Image: Second					
ALLOWED MODE(S) C			PROGRAM SERVICE CATEGORY(IES)					
⊠ Face-to-Face ⊠Video Conf (GT) □ Telephone	☐ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)		□ HK (Residential) □ TM (ACT) □ □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)				
STAFF REQUIREMENT	rs							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	오 LCSW (오 LPC 오 LMFT	. 🗵 Unlicensed	EdD/ PhD/PsyD (HP) 🖾 CACT 🖾 KN (TD) 🗵 PA	kN (SA) 4 (PA) ID/DO (AF)				
PLACE OF SERVICE (P	OS)							
 ☑ CMHC (53) ☑ Office (11) ☑ ACF (13) ☑ Cust Care (33) 	 ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54) ☑ NF (32) 	☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	 ☑ RHC (72) ☑ Telehealth (02) ☑ School (03) ☑ Other POS (99) 					

EVALUATION AND MANAGEMENT - CASE	MANAGEMENT - MEDICAL TEAM CONFERENCE
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
99367	Medical team conference with interdisciplinaryteam, patient and/or family not present, 30☑ OBHminutes or more, participation by physician
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
 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. *Not to be used for supervision This code is only used when the physician/prescriber is part of the medical team conference. All others use 99366 or 99368 as applicable. NOTES Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. No more than one individual from the same specialty may report 99366 at the same encounter. 	 Technical Documentation Requirements See Section X Service Content The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided. Participants in team conference including: Specific providers with credentials Summary of contributed information and treatment recommendations Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), and any follow-up or coordination needed with 3rd parties See Appendix G for more information on E/M services.
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)
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone □ Family (HR) □ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS	
IN Bachelor's Level (HN)	Master's Level (HO)
PLACE OF SERVICE (POS)	
☑ CMHC (53) ☑ Grp Home (14) ☑ PRTF (56) ☑ Office (11) ☑ Home (12) ☑ Shelter (04) ☑ ACF (13) ☑ ICF-MR (54) ☑ SNF (31) ☑ Cust Care (33) ☑ NF (32) ☑ FQHC (50)	 ☑ RHC (72) ☑ Telehealth (02) ☑ School (03) ☑ Other POS (99)

EV	ALUATION AND MA	NAGEMENT - CASE	MANAGEMENT - M	EDICAL TE	AM CON	IFERENCE		
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	DESCRIPTI	ON			USAGE
	care professional					☑ Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUM	VENTATION	N REQU	REMENTS				
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. *Not to be used for supervision			 Technical Documentation Requirements See Section X Service Content The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided. Participants in the team conference including Specific providers with credentials Summary of contributed information and treatment recommendations Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			See <u>Appendix G</u> for EXAMPLE ACTIVIT		Jimatio	n on E/W ser	vices.	
evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. If services are performed by a CAC provider, a SUD Primary Diagnosis is								
APPLICABLE POPULATIO	ON(S)		UNIT			DURATION		
× Adol (12-17) (1	L8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter □ 15 Minutes Minimum: 30 Minutes + □ Day □ 1 Hour Maximum: N/A				nutes +	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	E CATEGOR			_	<i>(</i> , , ,)
⊠ Face-to-Face ⊠ Video Conf (GT) □ Telephone	□ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residential)		□ U4 (□ TM □ HM	(ACT) (Respite)	D TT	
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed Mass ☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed EdD ☑ Intern ☑ LMFT ☑ Licensed EdD/P			/ PhD/PsyD (HP)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN, ⊠ RN (⊠ APN	(SA) □ N	RxN (S/ PA (PA MD/DC)
PLACE OF SERVICE (POS	S)							
☑ CMHC (53) ☑ Office (11) ☑ ACF (13)	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter (04) ⊠ SNF (31) ⊠ Telehealth (0	[⊠ Schoo ⊠ Othe	ol (03) r POS (99)		

EVALUATION AND MANAGEMENT - CAS	E MANAGEMENT - MEDICAL TEAM CONFERENCE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99368	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional Image: Constraint of the second se				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. *Not to be used for supervision	 Technical Documentation Requirements See Section X Service Content The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided. Participants in the team conference including Specific providers with credentials Summary of contributed information and treatment recommendations Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES	See <u>Appendix G</u> for more information on E/M services. EXAMPLE ACTIVITIES				
any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter.					
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				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Individual □ Group (HQ) □ Telephone □ Family (HR) □ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
LPC Unlicensed I	Image: Master's Level (HO) Image: Lac				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Grp Home (14) ☑ PRTF (56) ☑ Office (11) ☑ Home (12) ☑ Shelter (04) ☑ ACF (13) ☑ ICF-MR (54) ☑ SNF (31) ☑ Cust Care (33) ☑ NF (32)	 ☑ Telehealth (02) ☑ School (03) ☑ Other POS (99) 				

EVALUATION	AND MANAGEN	IENT - NON-FACE	TO-FACE -	PHONE		
CPT [®] /HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION				USAGE
	PROCEDURE CODE DESCRIPTION USAGE Telephone evaluation and management (E/M) service provided by a physician to an established ✓ Medicaid patient, parent, or guardian not originating from a related E/M service provided within the ✓ Medicaid 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 ✓ MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content 1. Nature of service rendered and pertinent details				n Medicaid	
to-face visit.		2. Disposition See <u>Appendix G</u>	for more ir	formation	on F/M s	ervices
NOTES		EXAMPLE ACTIV				
99441 may be reported only for established p. patient/patient's parent/guardian must initiat 99441 may not be used for calls initiated by pl other qualified health professional. Calls result to-face encounter for the same problem refer call within 24 hours/soonest available urgent a are not reportable; consider the call part of th work for the billable E/M service. Likewise, if the call relates to an E/M service p reported by the provider within the previous 7 requested or unsolicited patient follow up), th service(s) are considered part of that previous procedure. Do not report 994441-994443 if yo reported 994441-99444 in the previous 7 days reportable if the call relates to a previous call y since these codes are themselves an E/M servi					within the last seven 24 hours or at the II, the provider gets tient's current list of arding symptoms don't and the amount of	
APPLICABLE POPULATION(S)	ice.	UNIT DURATION				
	dult (21-64)	🗵 Encounter	🗆 15 Mi	nutes		n: 5 Minutes
· · · · · · · · · · · · · · · · · · ·	eriatric (65+)					n: 10 Minutes
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV				
□ Face-to-Face □ Group (HQ) □ Video Conf (GT) □ Family (HR) ☑ Telephone □ Family (HS)		⊠ HE (SP) □ HK (Residentia		□ U4 (I □ TM (□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS						
□ Peer Specialist □ LCSW (AJ) □ Bachelor's Level (HN) □ LPC ☑ Intern □ LMFT		laster's Level (HO) JD/ PhD/PsyD (HP) /PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/L\ □ RN (TE □ APN (S □ QMAP) <u>×</u> (A) ×] RxN (SA)] PA (PA)] MD/DO (AF)
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ Office (11) ☑ Cust Care (33) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ Outp Hospital (22) ☑ Home (12) 	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter ⊠ SNF (3 ⊠ FQHC (⊠ RHC (7 ⊠ Inpt Ho	1) (50) 2)	⊠ Inpt P ⊠ ER (23 ⊠ PF-PH ⊠ Schoo	s) P (52)	⊠ Other POS (99)

	EVALUATION	AND MANAGEN	IENT - NON-FACE-	TO-FACE -	PHONE			
CPT [®] /HCPCS PROCEDUF	RECODE		PROCEDURE COI	DE DESCRI	PTION		U	SAGE
*This code has very spe requirements. Follow C	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☑ OBH					ОВН		
SERVICE DESCRIPTION						IREMENT	rs	
SERVICE DESCRIPTIONNon-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.NOTES99441 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99441 may not be used for calls initiated by physician or other qualified health professional. Calls resulting in a face- to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call relates to an E/M service performed and reported by the provider within the previous 7 days (either requested or unsolicited patient follow up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 994441-994443 if you have reported 994441-99444 in the previous 7 days. The call is not								omplaint. The he last seven rs or at the provider gets current list of ms don't e amount of
reportable if the call rela since these codes are th								
APPLICABLE POPULATIO			UNIT			DURATI		
🗵 Adol (12-17) (18-2	20) 🛛 🗵 G	dult (21-64) eriatric (65+)	⊠ Encounter □ Day	□ 15 Mi □ 1 Hou	r		m: 5 Mir ım: 10 M	
ALLOWED MODE(S) OF			PROGRAM SERV	ICE CATEG				
□ Face-to-Face □ Video Conf (GT) ⊠ Telephone	 ☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS) 		⊠ HE (SP) □ HK (Residentia	al)	□ U4 (I □ TM (□ HM		□ нс □ тт	(Voc) Q (Clubhouse) (Recovery) C (Prev/El)
STAFF REQUIREMENTS								
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/L □ RN (TI □ APN (\$ □ QMAF	D) [5A) [본 RxN (S/ 본 PA (PA 본 MD/DC)
PLACE OF SERVICE (POS)							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	区 Shelter (04 区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Inpt Hosp (区 Inpt P 区 ER (23 区 PF-PH 区 Schoo	3) P (52)	区 Ot	her POS (99)

	EVALUATI	ON AND MANAGE	MENT - NON-FACE-	TO-FACE - PHON	E	
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
*This code has very sp requirements. Follow		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				
SERVICE DESCRIPTION	N		MINIMUM DOCUI			
Non-face-to-face E/M services provided by a Psychiatrist to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.			Technical Documentation Requirements See Section X Service Content 1. Nature of service rendered and pertinent details 2. Disposition			
NOTES			See <u>Appendix G</u> fo			5.
99442 may be reported patient/patient's pare 99442 may not be use other qualified health to-face encounter for call within 24 hours/s are not reportable; cc work for the billable E Likewise, if the call re reported by that prov requested or unsolicit service(s) are conside or procedure. Do not reported 99441-9944. The call is not reporta previous call within 7 themselves an E/M se	ent/guardian must initiated by professional. Calls re- the same problem re- oonest available urge onsider the call part of Z/M service. fers to an E/M service ider within the previce ted patient follow-up) red part of that previe report 99441-99443 i 4 performed in the pr- ble if the telephone of days, since these cod ervice.	tiate the contact; y a physician or sulting in a face- ferenced on the nt appointment f the pre-service e performed and ous 7 days (either), then the ous E/M service f you have revious 7 days. call relates to the	ntact; call cannot be related to an E/M that occurred within the last n or days and cannot trigger an appointment within 24 hours or a face- in the brief history from the patient, reviews the patient's current I ment ment meteric attributes and makes a medical decision regarding recom- treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for discussion in the patient's chart. Discussion with other provider included in the code.			
APPLICABLE POPULA			UNIT		DURATION	
☑ Child (0-11) ☑ ☑ Adol (12-17) (12)	Young Adult 🛛 🗵 8-20) 🕞 🖄	Adult (21-64) Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: 11 M Maximum: 20 M	
ALLOWED MODE(S) C Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		PROGRAM SERVIC) U4	(ICM) □ F (ACT) □ F I (Respite) □ T	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/El)
Peer Specialist Bachelor's Level (HN) Intern	□ LCSW (A □ LPC □ LMFT	Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	Image: Lac Image: Lpn Image: Cac I Image: Rn Image: Cac II Image: Apple Image: Cac III Image: Apple	N (SA)	
PLACE OF SERVICE (P ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	OS) ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) 	 Shelter (04) SNF (31) FQHC (50) RHC (72) Inpt Hosp (21) 	⊠ Inpt PF (! ⊠ ER (23) ⊠ PF-PHP (⊠ School (0	52)	POS (99)

	EVALUATIO	ON AND MANAGEN	MENT - NON-FACE-	TO-FACE - PHON	E		
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE				
*This code has very s 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	1						
Non-face-to-face E/M services provided by a Psychiatrist to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.			Technical Documentation Requirements See Section X Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services.				
NOTES			EXAMPLE ACTIVIT			11003.	
99442 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99442 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a face- to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow-up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 performed in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M			An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In an 11 to 20 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.				
service. APPLICABLE POPULAT	TON(S)		UNIT		DURATION		
🗵 Child (0-11)	Young Adult 🗵 8-20)	Adult (21-64) Geriatric (65+)	Encounter Day PROGRAM SERVIC	□ 15 Minutes □ 1 Hour	Minimum: 1 Maximum: 2		
□ Face-to-Face □ Video Conf (GT) ⊠ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		HE (SP) HK (Residential)	□ U4) □ TN	(ICM) I (ACT) I (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENT	□ LCSW (# □ LPC □ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RN	(TD) X N (SA) X	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (PC ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	DS) ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Inpt Hosp (21) 	⊠ Inpt PF (⊠ ER (23) ⊠ PF-PHP (⊠ School ((52)	ner POS (99)	

	EVALUA	TION AND MANAGE	MENT - NON-FACE-1	TO-FACE - PHON	E		
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	E DESCRIPTION		USAGE	
*This code has very spe guidelines. Follow CPT		nd documentation	Telephone evaluat service provided b patient, parent, or related E/M servic days, nor leading t within the next 24 appointment; 21 –	a 57			
			discussion				
SERVICE DESCRIPTION			MINIMUM DOCUI				
Non-face-to-face E/M services provided by a Psychiatrist to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.			Technical Documentation Requirements See Section X Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services.				
NOTES			EXAMPLE ACTIVIT				
99443 may be reported only for established patients. The patient or patient's parent/guardian must initiate the contact; 99443 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow up) then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M			An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In a 21 to 30 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.				
service. APPLICABLE POPULATIO			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) □ HK (Residential)) 🗆 TN	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 E	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							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ Hospice (⊠ ICF-MR (5 ⊠ NF (32) ⊠ PRTF (56)	54) 🗵 SNF (31) 🗵 FQHC (5	区 ER (0) 区 PF 区 Sc	ot PF (51) (23) -PHP (52) hool (03)	☑ Other POS (99)	

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE - PHONE								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIPT	ION			USAGE
*This code has very spo guidelines. Follow CPT		and documentation	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 – 30 minutes of medical discussion				m a ous 7	⊠ ОВН
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATIO	N REQU	JIREMENT	S	
Non-face-to-face E/M s patient using the teleph established patient (i.e. seeking advice/treatme require a face-to-face v	Technical Documentation Requirements See Section X Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services.					S.		
NOTES			EXAMPLE ACTIVIT					
99443 may be reported only for established patients. The patient or patient's parent/guardian must initiate the contact; 99443 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow up) then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M service.			An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In a 21 to 30 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.					the last seven urs or at the provider gets a urrent list of recommended ove. The time for the
APPLICABLE POPULATI	ON(S)		UNIT			DURATIO	N	
☑ Child (0-11)☑ Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Min □ 1 Hour		Minimum Maximum		
ALLOWED MODE(S) OF			PROGRAM SERVIC				_	
 □ Face-to-Face □ Video Conf (GT) ☑ Telephone 	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residential))	□ U4 (□ TM □ HM			HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS								
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	□ LCSW □ LPC □ LMFT	Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN □ RN (□ APN □ QM	(SA)	⊠ RxN ⊠ PA (I ⊠ MD/	
PLACE OF SERVICE (POS	S)							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14 ☑ Home (12)		54) 🗵 SNF (31) 🗵 FQHC (5	50))	⊠ER(⊠PF-F	PF (51) 23) PHP (52) pol (03)	X	Other POS (99)

TREATMENT - INTENSIVE	- PARTIAL HOSPITALIZATION (PHP)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Activity therapy, such as music, dance, art or pla	ау			
C017C	therapies not for recreation, related to care and	Medicaid			
G0176	treatment of patient's disabling mental health				
	problems per session (45 minutes or more)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Therapeutic activities designed to improve social functioning,	Technical Documentation Requirements				
promote community integration and reduce symptoms in	See Section X				
areas important to maintaining/re-establishing residency in	Service Content:				
the community (e.g., home, work, school, peer group).	1. Initial/intake history/exam documenting syn	nptoms or problems			
Activities are delivered to more than one person and are	necessitating treatment				
designed to promote skill development in areas such as stress	2. Individualized treatment/service plan				
management, conflict resolution, coping skills, problem	 Services must be prescribed by an MD/DC) and provided			
solving, money management, nutrition, and community	under an individualized written plan of tre	eatment established			
mobility.	by an MD/DO after any needed consultati	on with appropriate			
	staff members				
	 Plan must state type, amount, frequency, 				
	services to be furnished and indicate diag	noses and			
	anticipated goals				
	3. Target symptoms, goals of therapy and method	nods of monitoring			
	outcome				
	• Why chosen therapy is appropriate treatm				
	in lieu of/in addition to another form of p				
	4. Specify estimated duration of treatment, in	terms of number of			
	sessions				
	 For an acute problem, document treatme 				
		improve health status/function of patient			
	 For chronic problems, document stabilization/ maintenance 				
NOTES	of health status/function is expected EXAMPLE ACTIVITIES				
Interventions cannot be purely recreational/diversionary in					
nature. Interventions must be individualized and based on the					
goals specified in the patient's treatment/service plan. <i>Per</i>					
CMS, this procedure code is only used for partial					
hospitalization programs (PHPs).					
APPLICABLE POPULATION(S)	UNIT DURAT	ION			
⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64)		um: 45 Minutes			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)		um: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
	☑ HE (SP) □ U4 (ICM)	□ HJ (Voc)			
I Face-to-Face	\Box HK (Residential) \Box TM (ACT)	□ HQ (Clubhouse)			
\Box Video Cont (GT) \Box Family (HR)	\Box HM (Respite)	TT (Recovery)			
Telephone Family (HS)		□ HT (Prev/EI)			
STAFF REQUIREMENTS		· · · · · · · · · · · · · · · · · · ·			
Dear Specialist	LAC LPN/LVN (TE)				
Bachelor's Level (HN) K LCSW (AJ) Unlicensed		RxN (SA)			
intern		PA (PA) MD/DO (AF)			
PLACE OF SERVICE (POS)					
区 CMHC (53)					
区Outp Hospital (22)					
🗵 PF-PHP (52)					

TREATMENT - INTENSIVE - F	PARTIAL HOSPITALIZATION (PHP)			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
G0176	Activity therapy, such as music, dance, art or p therapies not for recreation, related to care an treatment of patient's disabling mental health problems per session (45 minutes or more)	d 🛛 🗹 OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	S		
Therapeutic activities designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community (e.g., home, work, school, peer group). Activities are delivered to more than one person and are designed to promote skill development in areas such as stress management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility.	 Technical Documentation Requirements See Section X Service Content: Initial/intake history/exam documenting symptoms or problems necessitating treatment Individualized treatment/service plan 			
NOTES	EXAMPLE ACTIVITIES			
Interventions cannot be purely recreational/diversionary in nature. Interventions must be individualized and based on the goals specified in the patient's treatment/service plan. <i>Per CMS,</i> <i>this procedure code is only used for partial hospitalization</i> <i>programs (PHPs).</i>				
APPLICABLE POPULATION(S)	UNIT DURA	TION		
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)		num: 45 Minutes num: N/A		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face □ Individual ☑ Group (HQ) □ Video Conf (GT) □ Family (HR) □ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HK (Residential) □ TM (ACT) □ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
S lotern	$\operatorname{idd}/\operatorname{Phd}/\operatorname{Psyd}(\operatorname{HP}) \square \operatorname{Cach} \boxtimes \operatorname{KN}(\operatorname{Id}) \square$	립 RxN (SA) 립 PA (PA) 립 MD/DO (AF)		
☑Outp Hospital (22) ☑ PF-PHP (52)				

TREATMENT - INTENSIVE - I	PARTIAL HOSPITALIZATION (PHP)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Training and educational services related to	the care			
G0177	and treatment of patient's disabling mental	l health 🗹 Medicaid			
	problems per session (45 minutes or more)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREME	INTS			
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.	 MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content Initial/intake history/exam documenting symptoms/problems necessitating treatment Individualized treatment/service plan 				
NOTES	EXAMPLE ACTIVITIES				
This is an individual skills training service. <i>Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).</i>					
APPLICABLE POPULATION(S)	UNIT	DURATION			
□ Child (0-11)		Minimum: 45 Minutes			
□ Adol (12-17) (18-20)		Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
	⊠ HE (SP) □ U4 (ICM)	🗆 HJ (Voc)			
⊠ Face-to-Face	\Box HK (Residential) \Box TM (ACT)	\Box HQ (Clubhouse)			
\Box Video Conf (GT) \Box Family (HR)		TT (Recovery)			
Telephone Family (HS)	(Respite)	□ HT (Prev/EI)			
STAFF REQUIREMENTS		()			
	Later (Leo) 🗵 LAC 🗵 LPN/LVN (TE))			
Rachelor's Level (HN)		🖾 RxN (SA)			
X Intern	ad/ Phd/Psyd (HP) DCACIL X APN (SA)	🗵 PA (PA)			
☑ LMFT ☑ Licensed EdD	/PhD/PsyD (AH) □CACIII □ QMAP	🗵 MD/DO (AF)			
PLACE OF SERVICE (POS)					
E CMHC (53)					
⊠ Clurc (55) ⊠Outp Hospital (22)					
⊠ PF-PHP (52)					
^ω ΓΙ ⁻ ΓΙΙΓ (J2)					

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 h	nealth 🗹 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.	 Technical Documentation Requirements See Section X Service Content Initial/intake history/exam documenting symptoms/problems necessitating treatment Individualized treatment/service plan Services must be prescribed by an MD/DO and provided under an individualized written plan of treatment established by an MD/DO after any needed consultation with appropriate staff members Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals Target symptoms, goals of therapy and methods of monitoring outcome Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment Specify estimated duration of treatment, in terms of number of sessions For an acute problem, document that treatment is expected to improve health status/function of patient For chronic problems, document that stabilization/maintenance of health status/function is expected 			
NOTES	EXAMPLE ACTIVITIES			
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 DU	URATION		
□ Child (0-11)		linimum: 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)		
Group (HO)	\Box HK (Residential) \Box TM (ACT)	☐ HQ (Clubhouse)		
\Box Video Conf (GT) \Box Family (HR)		TT (Recovery)		
□ Telephone □ Family (HS)	(Respite)	□ HT (Prev/EI)		
STAFF REQUIREMENTS	(
Peer Specialist	LAC IPN/LVN (TE)	_		
🗵 Bachelor's Level (HNI) 🖄 LCSW (AJ) 🖄 Unlicensed I		🗵 RxN (SA)		
Intern 🖄 LPC 🖾 Unlicensed	Edd/ Phd/Psyd (HP) CACII APN (SA)	X PA (PA)		
Licensed Edl	D/PhD/PsyD (AH)	🗵 MD/DO (AF)		
PLACE OF SERVICE (POS)				
⊠ CMHC (53)				
South Hospital (22)				
⊠ PF-PHP (52)				
(>_ /				

		ASSESSMENT – AL	COHOL AND DRUG A	BUSE			
CPT®/HCPCS PROCED	URE CODE	PROCEDURE CODE D	DESCRIPTION		USAGE		
	H0001		Alcohol and/or Drug (AOD) Assessment				
SERVICE DESCRIPTION	N		MINIMUM DOCUME	ENTATION REC	QUIREMENTS		
The evaluation of an nature and extent of addiction to AOD (, formulating a substar services or appropriate history, mental status SUD, appropriate fan relevant physical and and recommendatio communication with f * Use procedure code mental health diagno NOTES For assessment of a pi 90791 procedure code re-assessment (s), if re does not include psycl If appropriate and based Assessment services (HO	the individual's abus Alcohol or Drug), we nee use related diagn- e referral. The assessm s and diagnosis formut nily and social history mental health histor ns. The evaluation amily or other sources e 90791 for an assessm stic evaluation extremation stic evaluation e. H0001 is used for as equired, related to SUI hotherapeutic services on patient stability/state	e, misuse and/or rith the goal of osis and plan for nent includes AOD ilation specific to y, cultural issues, ry and treatment on may include s. nent of a primary diagnosis use the sessment(s) and D diagnoses, and s. us in social detox,	or See Section X of or Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or proble 2. Referral source 3. Diagnostic interview examination elements specific to SU 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagn 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordin needed with 3 rd parties and disposition EXAMPLE ACTIVITIES e				
APPLICABLE POPULAT			UNIT		DURATION		
	-	Adult (21-64) Geriatric (65+)		15 Minutes 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) C	F DELIVERY		PROGRAM SERVICE	CATEGORY(IE	S)		
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS) 		⊠ HE (SP) □ HK (Residential)		l (ACT) 1 (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
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)	□CAC I □ RI □CAC II ⊠ A		xxN (SA) 4 (PA) 1D/DO (AF)	
PLACE OF SERVICE (PO	OS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	 ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04) 	⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Independent Clir	区 In 区 EF	pt PF (51) R (23)	区 School (03) 区NRSATF (57) 区 Other POS (99) 区 Telehealth (02)	

ASSESSMENT – ALCOHOL AND DRUG ABUSE						
CPT [®] /HCPCS PROCEDU	PROCEDURE COD	DESCRIPTION		USAGE		
	H0001		Alcohol and/or D	⊡ овн		
SERVICE DESCRIPTION	l		MINIMUM DOCU	IMENTATION RE	QUIREMENTS	- 4
The evaluation of an nature and extent of addiction to AOD (<i>A</i> formulating a substan services or appropriate history, mental status SUD, appropriate fam relevant physical and and recommendation communication with fa * Use procedure code mental health diagnos NOTES For assessment of a pr 90791 procedure code re-assessment (s), if re does not include psych If appropriate and based Assessment services (HOC	the individual's abuse Alcohol or Drug), wi are use related diagno e referral. The assessm and diagnosis formu illy and social history mental health histor ns. The evaluatio amily or other sources 90791 for an assessm stic evaluation imary mental health d and the sources on patient stability/statu	e, misuse and/or ith the goal of obsis and plan for ent includes AOD lation specific to , cultural issues, y and treatment n may include ent of a primary liagnosis use the sessment(s) and 0 diagnoses, and s in social detox,	 Technical Documentation Requirements See Section X of Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or prob 2. Referral source 3. Diagnostic interview examination elements specific to S 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diag 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coord needed with 3rd parties and disposition EXAMPLE ACTIVITIES he he he			
APPLICABLE POPULAT		5	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 SERVI	CE CATEGORY(II	ES)	
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residentia	I) 🗆 TN	И (ACT) И (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS	S					
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	区 LCSW (A 오 LPC 区 LMFT	, 🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ F □CAC II ⊠ A	APN (SA)	xN (SA) \ (PA) ID/DO (AF)
PLACE OF SERVICE (PC	DS)					
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04)	⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Independent	II X X	npt PF (51) R (23)	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	•			
A preliminary procedure limited in nature and intended to merely indicate whether there is a probability that a mental health and/or substance use-related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age-relevant.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source and reason(s) for referral 3. Description of the service 4. Review of psychosocial and family history, identified risks, assessment of treatment program appropriateness 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition – need for BH services, referral, etc.				
NOTES	EXAMPLE ACTIVITIES				
Screening may require not only the evaluation of a patient's treatment needs, but also an evaluation of available treatment options. If there is a documented diagnosis, it can be used. If there isn't an existing diagnosis, it needs to be listed as deferred (R69 – illness, unspecified or Z03.89 – encounter for observation for other suspected diseases and conditions ruled out) unless the screener has actually confirmed the diagnosis. If this service is provided by a LAC or CAC, the service must be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) If services are performed by a CAC provider, a SUD Primary Diagnosis is required.	options. In an integrated care setting, a Behavioral Health Professional may do a brief assessment such as a PHQ-9 to assess for the presence/severity of depression.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	 ☑ Encounter □ 15 Minutes □ Day □ 1 Hour □ Maximum: N/A 				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HK (Residential) ☑ TM (ACT) ☑ ☑ HM (Respite) ☑	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
IN Bachelor's Level (HN)	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) ECAC II March SA) March SA) Mar				
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)			

	PROGRAM ELIGIBILITY		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIF	TION	USAGE
H0002	Behavioral health screening	e ,	⊠ ОВН
	for admission to treatment		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION Technical Documentation F		
A preliminary procedure limited in nature and intended to merely indicate whether there is a probability that a mental	See Section X	requirements	
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	ded goal or
interview or a formal standardized screening tool that is	agenda? Chief complaint		
culturally and age-relevant.	2. Referral source and reas	on(s) for referral	
	3. Description of the servic		
	4. Review of psychosocial a		
		t program appropriatene	
	5. Plan for next contact(s)		
	referral, etc.	and disposition – need fo	or bh services,
NOTES			
Screening may require not only the evaluation of a patient's	Screening to determine elig	ibility, treatment needs	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.			
ulagnosis.			
If this service is provided by a LAC or CAC, the service must			
If this service is provided by a LAC or CAC, the service must be provided at a facility licensed by OBH, or under the			
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			
be provided at a facility licensed by OBH, or under the			
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	
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S)	UNIT	DURATION	
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) I Child (0-11) I Young Adult I Adult (21-64)	🗵 Encounter 🛛 15 Min	utes Minimum: N/A	
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) Image: Child (0-11) Image: Young Adult Image: Adult (21-64) Image: Adol (12-17) (18-20) Image: Geriatric (65+)		utes Minimum: N/A Maximum: N/A	
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) Solve Child (0-11) Solve Y Adult (21-64) Solve Adol (12-17) (18-20) Solve Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	Encounter 15 Min	utes Minimum: N/A Maximum: N/A ORY(IES)	⊴ HJ (Voc)
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) Solve Child (0-11) Solve Year Solve Solv	Encounter 15 Min Day 1 Hour PROGRAM SERVICE CATEG	utes Minimum: N/A Maximum: N/A ORY(IES) I U4 (ICM)	
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) ⊠ 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) ⊠ Family (HR)	Encounter 15 Min Day 1 Hour PROGRAM SERVICE CATEGO HE (SP)	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) E TM (ACT) E HM (Respite) E	☑ HQ (Clubhouse) ☑ TT (Recovery)
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) S Child (0-11) ∑ Young Adult ∑ Adult (21-64) Adol (12-17) (18-20) ∑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY S Face-to-Face S Video Conf (GT) S Telephone ∑ Family (HR) S Family (HS)	Encounter 15 Min Day 1 Hour PROGRAM SERVICE CATEGO HE (SP)	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) E TM (ACT) E HM (Respite) E	I HQ (Clubhouse)
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) S Child (0-11) ∑ Young Adult S Adult (21-64) Adol (12-17) (18-20) S Geriatric (65+) ALLOWED MODE(S) OF DELIVERY S Face-to-Face S Video Conf (GT) S Telephone S Family (HR) S FAFF REQUIREMENTS	 ☑ Encounter □ 15 Min □ Day □ 1 Hour PROGRAM SERVICE CATEGO ☑ HE (SP) ☑ HK (Residential) 	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) E TM (ACT) E HM (Respite) E	☑ HQ (Clubhouse) ☑ TT (Recovery)
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual ☑ Face-to-Face ☑ Individual ☑ Group (HQ) ☑ Telephone ☑ Group (HQ) ☑ Family (HR) ☑ Family (HS) STAFF REQUIREMENTS □ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed	Encounter □ 15 Min Day □ 1 Hour PROGRAM SERVICE CATEG HE (SP) HK (Residential) Master's Level (HO) □CAC L	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) TM (ACT) HM (Respite) LPN/LVN (TE) RN (TD) Rx	I HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) ⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ALLOWED MODE(S) OF DELIVERY ⊠ Face-to-Face ⊠ Video Conf (GT) ⊠ Telephone ⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HR) ⊠ Family (HS) STAFF REQUIREMENTS □ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ LCSW (AJ) ⊠ Unlicensed ⊠ LPC ⊠ Unlicensed	 ☑ Encounter □ 15 Min □ Day □ 1 Hour PROGRAM SERVICE CATEG ☑ HE (SP) ☑ HK (Residential) ☑ Master's Level (HO) EdD/ PhD/PsyD (HP) ☑ XLAC □CAC I ☑ XLAC □CAC I 	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) TM (ACT) HM (Respite) LPN/LVN (TE) RN (TD) Rx APN (SA) PA	I HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) Solution Constraints (10 CCR 2505-10) ALLOWED MODE(S) OF DELIVERY ALLOWED MODE(S) OF DELIVERY Sector-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Solution Constraints LCSW (AJ) Solution Constraints Starfe REQUIREMENT Solution Constraints Solution	☑ Encounter □ 15 Min □ Day □ 1 Hour PROGRAM SERVICE CATEG ☑ HE (SP) ☑ HK (Residential)	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) TM (ACT) HM (Respite) LPN/LVN (TE) RN (TD) Rx APN (SA) PA	I HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) Solution CCR 2505-10) ACREATING SINCE STATE ST	☑ Encounter □ 15 Min □ Day □ 1 Hour PROGRAM SERVICE CATEG ☑ HE (SP) ☑ HK (Residential)	utes Minimum: N/A Maximum: N/A ORY(IES) I U4 (ICM) IX TM (ACT) IX HM (Respite) IX LPN/LVN (TE) RN (TD) IX APN (SA) IX	I HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) ⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ▲ Face-to-Face ⊠ Video Conf (GT) ⊠ Telephone ⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HR) ⊠ Family (HS) STAFF REQUIREMENTS □ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ LCSW (AJ) ⊠ Unlicensed ⊠ LPC ⊠ Unlicensed	☑ Encounter □ 15 Min □ Day □ 1 Hour PROGRAM SERVICE CATEG ☑ HE (SP) ☑ HK (Residential)	utes Minimum: N/A Maximum: N/A ORY(IES) I U4 (ICM) IX TM (ACT) IX HM (Respite) IX RN (TD) IX RN (TD) IX APN (SA) IX QMAP	I HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) Solution Constraints (10 CCR 2505-10) ACC CR 2505-10) ACC CR 2505-10) ADDELATION(S) Solution Constraints (10 CCR 2505-10) Adult (21-64) Solution Constraints (10 CCR 2505-10) Solution Constraints (10 CCR 2505-10) STAFF REQUIREMENTS Peer Specialist Staff REQUIREMENTS Charlen Constraints (20 Constraints) Staff REQUIREMENTS Staff REQUIREMENT	 ☑ Encounter □ 15 Min □ Day □ 1 Hour PROGRAM SERVICE CATEG ☑ HE (SP) ☑ HK (Residential) Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) ☑ CAC II ☑ CAC III ☑ CAC III ☑ CAC III ☑ SNF (31) ☑ FQHC (50) 	utes Minimum: N/A Maximum: N/A ORY(IES) I U4 (ICM) I TM (ACT) I HM (Respite) I RN (TD) I RN (TD) I APN (SA) I QMAP I Inpt Hosp (21) I I Inpt PF (51) I	I HQ (Clubhouse) TT (Recovery) HT (Prev/El) (PA) D/DO (AF) School (03) NRSATF (57)
be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) APPLICABLE POPULATION(S) Child (0-11) X Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ALLOWED MODE(S) OF DELIVERY S Face-to-Face Video Conf (GT) Telephone Group (HQ) Family (HR) Family (HR) Family (HS) STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern Z Licensed Ed PLACE OF SERVICE (POS) C CMHC (53) X ACF (13) X ICF-MR (54)	 ☑ Encounter □ 15 Min □ Day □ 1 Hour PROGRAM SERVICE CATEG ☑ HE (SP) ☑ HK (Residential) Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) ☑ SNF (31) 	utes Minimum: N/A Maximum: N/A Maximum: N/A Waximum: N/A Waximum: N/A Maximum: N/A	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 I OBH and/or drugs
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.	 Date of service Screening results Referral for treatment (if applicable) Signed with 1st initial, last name & credentials
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)
Image: Second system Image: Second system Image: Secon	□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS	
Image: Second of Science (HN) Image: Science (HN) Image	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) 図 CAC II 図 RN (TD) 図 PA (PA) 図 CAC II 図 APRN (SA) 図 MD/DO(/ 図 CACIII 図 QMAP
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) ☑ Telehealth (02) ☑ RSATF (55) ☑ PF-PHP (52) ☑ NRSATF (57) ☑ Prison/CF (09) ☑ Inpt Hosp (21) ☑ School (03) ☑ Inpt PF (51) ☑ Other POS (99)

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY						
CPT [®] /HCPCS PROCEDU	JRE CODE		PROCEDURE CODE		ON	USAGE
	H0004		Behavioral health o minutes	counseling a	and therapy, per 15	S Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION	REQUIREMENTS	
Individual counseling/t treatment/service plar assessment and listed intended outcome is tl reduction/resolution o	 Problem(s) as ide in the treatment/se ne management, 	ntified by an rvice plan. The	agenda? Hov plan? 2. Description of 3. The theraped response to 4. How did the goals/object	or the visit/ w does the s of the servic utic interver the interver service imp ives? : contact(s) i	call. What was the service relate to the re provided ntion(s) utilized and ntion(s) act the individual's	e treatment/service
NOTES			EXAMPLE ACTIVIT	<u> </u>		
H0004 offers flexibility POS. H0004 may include and/or planned contact justified, and included intervention is reported If services are performed Diagnosis is required.	de unplanned telepl at if medically neces in the treatment/se d using H2011 in lie	none contact sary, clinically ervice plan. Crisis eu of H0004.				
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
区 Child (0-11) 区 Adol (12-17)	⊠ Young	⊠ Adult (21-64) ⊠ Geriatric (65+)		⊠ 15 Minute □ 1 Hour	es Minimum: 8 Maximum: N	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC	E CATEGOR	Y(IES)	
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	 ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS) 		⊠ HE (SP) ⊠ HK (Residential)) [⊠ U4 (ICM) ⊠ TM (ACT) □ HM (Respite)	⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (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)	□CAC I ⊠CAC II] RxN (SA)] PA (PA)] MD/DO (AF)
PLACE OF SERVICE (PC						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) ☑ ACF (13) 	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) □ Hospice (34) ☑ ICF-MR (54) 	⊠ NF (32) ⊠ PRTF (56) ⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50)	 ☑ RHC (72) ☑ Independent C ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ ER (23) 	linic (49) [[[^図 PF-PHP (52) ^図 School (03) ^図 NRSATF (57) ^図 Other POS (99) ^図 Telehealth (02)	

	TREAT	MENT - PSYCHOTHER	RAPY - INDIVIDUA	L PSYCHOTHERA	PY	
CPT®/HCPCS PROCED	JRE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
	H0004		Behavioral healt minutes	h counseling and	l therapy, per 15	🗵 ОВН
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).		agenda? H plan? 2. Description 3. The therap response t 4. How did th goals/obje 5. Plan for ne needed wi	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 rd parties	l. What was the inte vice relate to the tre provided pn(s) utilized and the	e individual's ogress towards	
NOTES			EXAMPLE ACTIV	VITIES		
H0004 offers flexibility POS. H0004 may includ and/or planned contac justified, and included intervention is reporte	de unplanned tele ct if medically nec in the treatment,	phone contact 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			PROGRAM SERV			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	only) 区 Family (HS) only)	(for SUD providers (for SUD providers	⊠ HE (SP) ⊠ HK (Residentia	al) 🗵	U4 (ICM) TM (ACT) HM (Respite)	 ☑ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
	S					
□ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	区 LCSV 区 LPC 区 LMF	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		집 LPN/LVN (TE) RN (TD)	
PLACE OF SERVICE (PC						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) ☑ ACF (13) 	 Cust Care (33 Grp Home (14) Home (12) ICF-MR (54) NF (32) 		⊠ Independer ⊠ Inpt Hosp (⊠ Inpt PF (51) ⊠ ER (23) ⊠ PF-PHP (52	21) 원 인 원 인 원	⊠ School (03) ⊠ NRSATF (57) ⊠ Other POS (99) ⊠ Telehealth (02)	

TREATMENT ALCOHOL AND DF	RUG ABUSE - GROUP PSYCHOTHERAPY	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE	
H0005	Alcohol and/or drug services; group counseling	icaid
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A planned therapeutic or counseling activity conducted by the behavioral health clinician in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchange. Group services are designed to assist patients with a primary SUD in achieving their AOD treatment goals. *Use 90853 procedure code for group psychotherapy for patients with a primary mental health diagnosis	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/s plan? Description of the service provided including number of patients present. The therapeutic intervention(s) utilized and the response the intervention(s). How did the service impact progress towards goals/obje Plan for next contact(s) including any follow-up or coord needed with 3rd parties 	e to ctives?
NOTES	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	
🗵 Child (0-11) 🛛 Young Adult 🖾 Adult(21-64)	\Box Encounter \Box 15 Minutes Minimum: \geq 31 mins	
I Adol (12-17) (18-20) I 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 (Vot ☐ HK (Residential) ☑ TM (ACT) ☐ HQ ☐ HM (Respite) (Clubhous) ☐ TT (Red ☐ HT (Pred	se) covery)
STAFF REQUIREMENTS		
□ Peer Specialist ⊠ Bachelor's Level (HN)	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) D/PhD/PsyD (AH) SCAC II SCAC	
PLACE OF SERVICE (POS)		
 ☑ CMHC (53) ☑ Cust Care (33) ☑ PRTF (56) ☑ Office (11) ☑ Grp Home (14) ☑ Shelter (04) ☑ Outpt Hospital (22) ☑ ICF-MR (54) ☑ SNF (31) ☑ ACF (13) ☑ NF (32) ☑ RHC (72) 	 ☑ Independent Clinic (49) ☑ PF-PHP (52) ☑ School (03) ☑ NRSATF (57) 	

	TREATMEN	T ALCOHOL AND DI	RUG ABUSE - GRO		HER	APY		
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COL	DE DESCRIPT	ION			USAGE
	H0005		Alcohol and/or d	rug services;	grou	ıp counselin	g	I OBH
SERVICE DESCRIPTION	I		MINIMUM DOCU	JMENTATIO	N RE	QUIREMENT	rs	1
A planned therapeutic behavioral health clin patients (other than a change the individual through interpersonal to assist patients with treatment goals.	ician in a group set family therapy sessi behavior of each pe exchange. Group ser	ting with 2/more on) in an effort to rson in the group vices are designed	agenda? Ho plan? 2. Descriptior patients pr	for the visit ow does the of the servi esent.	. Wha servi ce pr	at was the ir ce relate to ovided inclu	the tre	atment/service
*Use 90853 procedur patients with a primar			the interve 4. How did th 5. Plan for ne	ntion(s). e service im	pact inclu	progress tov	vards g	oals/objectives?
NOTES			EXAMPLE ACTIVI					
than the patients' socialization, music classes, excursions, or is present, document a	therapy, recreation group meals. If only c	al activities, art one group member						
APPLICABLE POPULAT			UNIT			DURATIO	N	
🗵 Adol (12-17) (1	.8-20)	⊠ Adult(21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minu ⊠1 Hour		Minimum: Maximum		mins
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGO	RY(IE	S)		
⊠ Face-to-Face □ Video Conf (GT) □ Telephone	□ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residentia	al) [⊻ TN	(ICM) 1 (ACT) /I (Respite)		□ HJ (Voc) □HQ (Clubhouse) □TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENT	S							
Peer Specialist Sachelor'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	□ R ⊠ A	PN/LVN (TE) N (TD) NPN (SA) MAP	⊠ RxN ⊠ PA ⊠ MD	
PLACE OF SERVICE (PC	DS)							
 ☑ CMHC (53) ☑ Office (11) ☑ Outpt Hospital (22) ☑ ACF (13) 	⊠ Cust Care (33) ☑ Grp Home (14) ☑ ICF-MR (54) ☑ NF (32)	 ☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC ☑ RHC (72) 	⊠ Independent ⊠ PF-PHP (52) ⊠ School (03) ⊠ NRSATF (57)	Clinic (49)	×	Other POS (S	99)	

Targeted Case Manageme	nt- Substance Abuse TCM Services	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0006	Alcohol and/or drug services; case management	🗵 Medicaid
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
 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: Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources; Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; includes transition plan development with patient Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services available, addresses and telephone numbers of agencies providing services; working with patient/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon service or transition plan and monitoring progress and impact of plan. 	 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intendagenda? How does the service relate to the treat plan? Description of the service provided (specify issue (adult living skills, family, income/ support, legal, educational, housing, interpersonal, medical/den vocational, other basic resources) The services utilized and the individual's response services (includes assessing service needs, treatm plan development, referral, and monitoring/follo includes care coordination) How did the service impact the individual's progragoals/objectives? Plan for next contact(s) including any follow-up on needed with 3rd parties 	s addressed medication, ntal, e to the nent/service w-up, which ress 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.	 Assessing the need for service, identifying and investavailable resources, explaining options to patient ar application process Contact with patient's family members for assistant patient access services Care Coordination between other service agencies, providers 	nd assisting in ce helping
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Encounter I 15 Minutes Minimum: 8 minute Day I Hour Maximum: N/A	es
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HK (Residential)	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)
STAFF REQUIREMENTS		
Suptern	Master's Level (HO)	4)
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)	区 FQHC (50) 区 Inpt PF (51) 区 O 区 RHC (72) 区 ER (23) 区 N	chool (03) hther POS (99) IRSATF (57) elehealth (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		
 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: Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources; Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; includes transition plan development with patient Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services available, addresses and telephone numbers of agencies providing services; working with patient/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon service or transition plan and monitoring progress and impact of plan. 	 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) How did the service impact the individual's progress towards 		
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.			
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)		
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) □ HK (Residential) ☑ TM (ACT) ☑ HQ (Clubhouse) ☑ HM (Respite) ☑ TT (Recovery) ☑ HT (Prev/El)		
STAFF REQUIREMENTS			
Intern	I Master's Level (HO) I EdD/ PhD/PsyD (HP) I CAC I ⊠ RN (TD) I EdD/ PhD/PsyD (HP) I CAC II ⊠ APN (SA) I CAC II ⊠ APN (SA) I MD/DO (AF) I CACIII □ QMAP		
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)	⊠ ОВН
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.	 Date of service Client demographic information Specific intervention service used Clients response Referral for treatment (if necessary) Signed with 1st initial, last name & credential 	ls
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
□ Child (0-11)	🗵 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		(Voc) (Clubhouse) (Recovery) (Prev/El)
Peer Specialist		TE)
□ Bachelor's Level (HN)	Master's Level (HO) □ CAC I ⊠ RN (TD) EdD/ PhD/PsyD (HP) ⊠ CAC II ⊠ APRN (SA) ›/PhD/PsyD (AH) ⊠ CACIII □ QMAP	
PLACE OF SERVICE (POS)		
区 Office (11) 区 Hospice (34) 区 Shelter (04) 区 Outp Hospital 区 ICF-MR (54) 区 FQHC (50)	 ☑ 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
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.	 Date of service Start and stop time (duration) Documentation of all monitoring activities Log of vital signs (taken every two (2) hours until the patient remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged. At discharge, documentation procedures (information shall be communicated to the patient about the effects of alcohol and drugs; risk factors associated with alcohol and drug abuse such as acquiring or transmitting HIV/AIDS; availability of testing and counseling for HIV/AIDS, TB, Hepatitis C, other infectious diseases, and pregnancy; availability of alcohol and drug abuse treatment services). Signed with 1st initial, last name & credentials
NOTES	
Service should be provided for a minimum of 24 Hours. A treatment Facility providing this service should have maximum of 25% of its staff with, or working towards, a CAC I certification. This code is for non-Medicaid eligible clients.	Administer medications Medical evaluations All other detox activities that do not necessarily require medical personnel to complete
APPLICABLE POPULATION(S)	UNIT DURATION
□ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+)	□ Encounter □ 15 Minutes Minimum: 24 Hours ☑ 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) □ Family (HS)	□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS	
□ Peer Specialist ⊠ LCSW (AJ) ⊠ Unlicensed ⊠ Bachelor's Level (HN) ⊠ LPC ⊠ Unlicensed ⊠ Intern ⊠ LMFT ⊠ Licensed EdE	Master's Level (HO)Image: LACImage: LPN/LVN (TE)RxN (SA)EdD/ PhD/PsyD (HP)Image: CAC IIImage: RN (TD)Image: PA (PA)D/PhD/PsyD (AH)Image: CAC IIIImage: APRN (SA)Image: MD/DO(AF)
PLACE OF SERVICE (POS) I RSATF (55)	

RESIDENTIAL - SOCIAL DE	TOX- ALCOHOL AND DRUG ABUSE
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program I OBH outpatient)
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.	 Patient informed consent including date and time Medical evaluations
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.	 Safe withdrawal Motivational counseling Referral for treatment Additional treatment/service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) Routine monitoring of physical and mental status
APPLICABLE POPULATION(S)	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 Day Day Day Day Day Day
ALLOWED MODE(S) OF DELIVERY Image: Space-to-Face Image: Space-to-Face Image: Space-to-Face Image: Space-to-Face	PROGRAM SERVICE CATEGORY(IES) HE (SP) U4 (ICM) HJ (Voc) HK (Residential) TM (ACT) HQ (Clubhouse) HK (Residential) TM (Respite) TT (Recovery) HM (Respite) HT (Prev/EI)
STAFF REQUIREMENTS	
Intern	d Master's Level (HO) Image: Lac Image: LPN/LVN (TE) Image: RxN (SA) d EdD/ PhD/PsyD (HP) Image: Cac II Image: RN (TD) Image: Pa (PA) dD/PhD/PsyD (AH) Image: Cac III Image: APRN (SA) Image: MD/DO(AF)
PLACE OF SERVICE (POS)	
🗵 NRSATF (57)	

RESIDENTIAL - SOCIAL DETC	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.	 Admission documentation Date of service Start and stop time (duration) Safe withdrawal Motivational counseling Referral for treatment 				
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 Day 1 Hour Maximum: 24 hour				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
I Bachelor's Level (HN) ⊠ LPC I Unlicensed	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) Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: RxN (SA)				
PLACE OF SERVICE (POS)					
⊠ Office (11) ⊠ RSATF (55) ⊠ NRSATF (57)					

	TREAT	MENT - ALCOHOL AND	D DRUG ABUSE- INTENSIVE (IOP-SUD)		
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCR	USAGE		
	H0015		Alcohol and/or drug services; inten program	☑ Medicaid		
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENTATION REQ	UIREMENTS	•	
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 Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda?			
NOTES Intensive outpatient treatment must be in	accordance with C	CR 502-1 ASAM	EXAMPLE ACTIVITIES Sessions focus on reducing/eliminating problematic substance use by providing recovery oriented multimodal therapy and			
level II.1 criteria (minimum of 3 hours per day; 9 treatment hours per week for adults, 6 hours per week for adolescents).			education			
APPLICABLE POPULA	TION(S)			DURATION		
	☑ Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	 ☑ Encounter □ 15 Minutes □ Day □ 1 Hour 	Minimum: Progr least 3 hrs/day a days/week Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES			
I Face-to-Face □ Video Conf (GT) □ Telephone	☑ Individual ☑ Group (HQ) □ Family (HR) □ Family (HS)		HE (SP) □ U4 (IC □ HK (Residential) □ TM (A □ HM (B □ HM (B	CM) 🗆 HJ ACT) 🗆 HC Respite) 🗆 TT	(Voc) Q (Clubhouse) (Recovery) G (Prev/El)	
STAFF REQUIREMEN	TS					
□ Peer Specialist ⊠ Bachelor's Level (HN ⊠ Intern) I LC I LP I LN	C 🕺 🗵 Unlicensed	d Master's Level (HO) CAC I 다 R d EdD/ PhD/PsyD (HP) 区CAC I 도 A dD/PhD/PsyD (AH) 区CAC II 도 A	APN (SA) KP	xxn (SA) A (PA) 1D/DO (AF)	
PLACE OF SERVICE (P	POS)					
区 CMHC (53) 区Office (11) 区Outp Hospital (22) 図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Oth 区PF-PHP (52) 区School (03) 区NRSATF (57)	ner POS (99)		

	TREAT	MENT - ALCOHOL AND	D DRUG ABUSE- INT	ENSIVE (IOP-SU	D)	
CPT [®] /HCPCS PROCE	DURE CODE		PROCEDU	JRE CODE DESCI	RIPTION	USAGE
HUUIS			Alcohol and/or drug services; intensive outpatient program			⊠ ОВН
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION RE	QUIREMENTS	
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.			MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties. 6. Daily log of attendance and time duration 7. Weekly note re: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation requirements)			
NOTES			EXAMPLE ACTIVIT	IES		
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).				liminating probler ented multimoda		
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	포 Young Adult 18-20)	区 Adult (21-64) 区 Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: Prog least 3 hrs/day a days/week Maximum: NA	
ALLOWED MODE(S)			PROGRAM SERVIC	CE CATEGORY(IE	S)	
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)	☑ HE (SP) □ HK (Residential		(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						
E CMHC (53) 図Office (11) 図Outp Hospital (22) 図ACF (13)	区Cust Care (33) 区Grp Home (14) 区ICF-MR (54) 区NF (32)	☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	区Independent Cli 区PF-PHP (52) 区School (03) 区NRSATF (57)	nic (49) ⊠Oth	er POS (99)	

RESIDENTIAL - ACU	TE TREATMENT UNIT (ATU)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disorders occurs.	 Technical Documentation Requirements See Section X Service Content Shift Notes or Daily Note (summary of shift notes) Patients current clinical status, e.g. symptoms or pertinent mental status and functioning status Participation in treatment Pertinent physical health status information Progress toward treatment/service plan goals and/or discharge Any other patient activities or patient general behaviors in milieu The therapeutic intervention(s) utilized and the individual's response to the intervention(s) All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services, although included in the per diem, should be identified separately. These services can be all included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service 				
NOTES LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the	EXAMPLE ACTIVITIES *External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case				
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.	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	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	 ☑ HE (SP) *young adult □ U4 (ICM) □ HJ (Voc) ☑ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/El) 				
STAFF REQUIREMENTS					
Intern	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)					
 ☑ CMHC (53) ☑ ACF (13) ☑ PRTF (56) ☑ Other POS (99) 					

RESIDENTIAL - ACU	TE 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.	Technical Documentation Requirements See Section X Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertinent mental status and functioning status 2. Participation in treatment 3. Pertinent physical health status information 4. Progress toward treatment/service plan goals and/or discharge 5. Any other patient activities or patient general behaviors in milieu 6. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services, although included in the per diem, should be identified separately. These services can be all included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service.			
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)	□ Encounter □ 15 Minutes Minimum: N/A ☑ Day □ 1 Hour Maximum: 24 hours			
ALLOWED MODE(S) OF DELIVERY Image: State of the state of	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) *young adult □ U4 (ICM) □ HJ (Voc) ☑ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
Intern	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) D/PhD/PsyD (AH) CAC II CAC III CAC II CAC III CAC II CAC III CAC III CAC III CAC III CAC III CAC			
PLACE OF SERVICE (POS)				
 ☑ CMHC (53) ☑ ACF (13) ☑ PRTF (56) ☑ Other POS (99) 				

		RESIDENTI	AL – SHORT TE	RM			
CPT®/HCPCS PROCEDURE C	ODE		PROCEDURE (CODE DESCRIP	TIO	N	USAGE
			Behavioral health; short-term residential (non-				
H0018			hospital reside	ential treatme	nt p	rogram), withou ⁻	t 🗵 Medicaio
			room and boa	ird, per diem			
SERVICE DESCRIPTION			MINIMUM DO	OCUMENTATIO	ON F	REQUIREMENTS	
A short-term residential treater		-	Technical Doc	umentation R	lequ	irements	
intensive residential treatm			See Section X				
rehabilitative services for up	•	• ·	Service Conte				
structured, community-orie						ary of shift note	
treatment of a mental healt			 Patients cur and function 		tus, e	e.g. symptoms or p	ertinent mental statu
is appropriate for patients w			2. Participation	0			
therapeutic services prior to				hysical health st	atus	information	
of services is to stabilize the supportive living environme		novide a sale and	4. Progress to	ward treatment	/serv	vice plan goals and,	/or discharge
supportive living environme	int.					atient general beha	
This code cannpot be used f	or the treatm	ent of a substance					sidential staff, e.g.
use disorder.	e. the treath						ninistration service
			-	•		m, should be ide same document	entified separately.
							ation as the appropriate service
						nimum documen	
			service.		~		
				ograms who c	onti	nue to incorpora	te and document
			•	0		or's level staff, n	
							Medicaid allowed
						er diem billing pe	
NOTES			EXAMPLE ACTIVITIES				
settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented, and reported or billed separately from H0018. This does not include services for children who are in custody of the Department of Human Services.		manager not p part of the tra a duplication o	part of the res insition from t of a service alr Id also be used	iden he r read	tial facility could esidential progra y provided by the	n. Example, a case perform a service m as long as it is n e residential facility Unit if billed with	
APPLICABLE POPULATION	5)		UNIT			DURATION	
				□ 15			
· · ·	ng Adult	Adult (21-64)	Encounter	Minutes		Minimum: N/A	lours
🗵 Adol (12-17) (18-20)		🗵 Geriatric (65+)	🗵 Day	🗆 1 Hour		Maximum: 24 F	TOULS
ALLOWED MODE(S) OF DEL	IVERY		PROGRAM SE	RVICE CATEGO	ORY	(IES)	
X Earo-to-Earo	Individual		🗵 HE (SP)] U4 (ICM)	🗆 HJ (Voc)
	Group (HQ)		*child/adol/yo	-		TM (ACT)	HQ (Clubhous
	Family (HR)		🗵 HK (Residei	ntial)] HM (Respite)	TT (Recovery)
· X	Family (HS)						□ HT (Prev/El)
STAFF REQUIREMENTS				V ILLAC	v		
	🗵 LCSW (AJ)	Unlicensed Master'					RxN (SA)
X Intern	LPC	Unlicensed EdD/ Ph					PA (PA)
Ŀ	🗵 LMFT	Licensed EdD/PhD/	PsyD (AH)			MAP	MD/DO (AF)
PLACE OF SERVICE (POS)							
× CMHC (53) × P	RTF (56)						
포 CMHC (53) 또 P 포 ACF (13) 또 R	RTF (56) SATF (55)						
× CMHC (53) × P							

RESIDE	ENTIAL – SHORT TERM			
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
	Behavioral health; short-term residential (non-			
H0018	hospital residential treatment program), without 🗵 OBH			
	room and board, per diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
A short-term residential treatment program offering 24-ho				
intensive residential treatment, habilitative, and	See Section X			
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 foc				
of services is to stabilize the patient and provide a safe and	3. Pertinent physical health status information			
supportive living environment.	4. Progress toward treatment/service plan goals and/or discharge			
	5. Any other patient activities or patient general behaviors in milieu			
	All individual and group services, provided by residential staff, e.g.			
	skills training group, individual therapy, med administration services,			
	although included in the per diem, should be identified separately. These can be all included in the same documentation as the			
	daily/shift notes or in a separate note. Refer to appropriate service			
	procedure code for required minimum documentation for each			
	service.			
	Residential programs who continue to incorporate and document			
	the activities of less than bachelor's level staff, must also show			
	documentation to support services provided by Medicaid allowed			
	practitioners during the same per diem billing period.			
NOTES	EXAMPLE ACTIVITIES			
All services provided by internal professionals in the residentia	*External provider means any provider who is providing a discrete			
settings within the period are covered with this code. Any	service who is not part of the residential program. Example, a case			
discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) b	manager not part of the residential facility could perform a service as			
external professionals (non-residential staff) are documented,	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.			
and reported or billed separately from H0018. This does not	This code could also be used for a Crisis Services Unit if billed with			
include services for children who are in custody of the	the ET modifier.			
Department of Human Services.				
APPLICABLE POPULATION(S)	UNIT DURATION			
· ·	□ 15			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adult (12-67) (10-20) ☑ Adult (5-1)	Encounter Minutes Minimum: N/A			
☑ 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)	*child/adol/young adult			
Telephone 🗵 Family (HR)	☑ HK (Residential) □ HM (Respite) □ TT (Recovery)			
· 🗵 Family (HS)	☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed Ma ☑ Bachelor's Level (HN) ☑ LCSW (AJ)				
K Intern K LPC K Unlicensed Edl	D/ PhD/PsyD (HP) \Box CAC II \boxtimes APN (FD) \boxtimes PA (PA)			
LICENSED EdD/F	PhD/PsyD (AH) \Box CACIII \boxtimes QMAP \boxtimes MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ PRTF (56)				
\boxtimes ACF (13) \boxtimes RSATF (55)				
S Grp Home (14) *if RCCF, use POS 14				

	RESIDENTIAL -	LONG TERM			
CPT [®] /HCPCS PROCEDURE CODE		PROCEDURE CO	DDE DESCRIPTION		USAGE
н	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 diemImage: Constraint Medicaid Medicaid				
SERVICE DESCRIPTION		MINIMUM DO	CUMENTATION RE	QUIREMENTS	
A residential treatment program residential treatment, habilitation structured, community-oriented "transitional living," services inc services as well as assistance in living arrangements. Services an have the potential and motivation deficits through a moderately st that stresses normalization and volvement and integration, inclu- skills training; case management (community supports); recreation support activities; and access to necessary. This code could also be used for billed with the ET modifier.	 Service Content Shift Notes or Daily Note (summary of shift notes) Patients current clinical status, e.g. symptoms or pertinent mental status and functioning status Participation in treatment Pertinent physical health status information Progress toward treatment/service plan goals and/or discharge Any other patient activities or patient general behaviors in milieu All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services, although included in the per diem, should be identified separately. These can be all included in the same documentation as the daily/shift notes or in a separate note. 				
NOTES		period. EXAMPLE ACTIVITIES			
All services provided by internal p settings are covered with this cod group and individual psychotherap management, etc.) by external pro- are documented, and reported or does not include services for child Department of Human Services.	*External provi discrete service Example, a case perform a servi program as long	der means any pro who is not part of manager not part ce as part of the tr g as it is not a dupl e residential facility	the residentia of the resident ansition from t ication of a ser	Il program. Itial facility could the residential	
APPLICABLE POPULATION(S)		UNIT		DURATION	
区 Child (0-11) ☑ Adol (12- 17)	lt ⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter 区 Day	□ 15 Minutes □ 1 Hour	Minimum: N Maximum: 2	
ALLOWED MODE(S) OF DELIVER	RY	PROGRAM SER	VICE CATEGORY(IE		
☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR) ☑ Telephone ☑ Family (HS)				□ HQ	
STAFF REQUIREMENTS					
☑ Peer Specialist ☑ LCSW ☑ Bachelor's Level (HN) ☑ LPC ☑ Intern ☑ LMFT	Level (HO) \boxtimes LAC \boxtimes LPN/LVN (TE) \square RxN (SA) /PsyD (HP) \square CAC I \boxtimes RN (TD) \boxtimes RxN (SA) \square CAC II \boxtimes APN (SA) \boxtimes PA (PA) \square CACIII \boxtimes QMAP \boxtimes MD/DO (AF)			PA (PA)	
PLACE OF SERVICE (POS)					
 ☑ CMHC (53) ☑ PRTF ☑ ACF (13) ☑ RSATF ☑ Grp Home (14) *if RCCF, use POS 14 					

RESIDENTIAL -	LONG TERM			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H0019	Behavioral health; long-term residential (non- medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
A residential treatment program offering 24-hour supervised residential treatment, habilitative, and rehabilitative services in a structured, community-oriented environment. Also called "transitional living," services include organized rehabilitation services as well as assistance in obtaining appropriate long-term living arrangements. Services are designed for individuals who have the potential and motivation to ameliorate some skills deficits through a moderately structured rehabilitation program that stresses normalization and maximum community in- volvement and integration, including daily living and socialization skills training; case management and benefit attainment (community supports); recreational activities; educational and support activities; and access to therapeutic interventions as necessary. This code could also be used for a Crisis Stabilization Unit (CSU) if billed with the ET modifier.	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertinent mental status and functioning status 2. Participation in treatment 3. Pertinent physical health status information 4. Progress toward treatment/service plan goals and/or discharge 5. Any other patient activities or patient general behaviors in milieu			
	period.			
NOTES All services provided by internal professionals in the residential settings are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented, and reported or billed separately from H0019. This does not include services for children who are in custody of the Department of Human Services.	EXAMPLE ACTIVITIES *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			
区 Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+)	Image: Solution of the second seco			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☑ Family (HR) ☑ Telephone ☑ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) *child/adol/young adult □ TM (ACT) □ HC ☑ HK (Residential) □ HM (Respite) (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed Master's Level ☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed EdD/ PhD/F ☑ Intern ☑ LMFT ☑ Licensed EdD/PhD/Psyl	$PSYD (HP) \square CAC I X RN (TD) \square CAC I X APN (SA) X PA (PA)$			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ PRTF (56) ☑ ACF (13) ☑ RSATF (55) ☑ Grp Home (14) *if RCCF, use POS 14				

	TR	EATMENT – ALCOHOI	AND DRUG ABUSE	- METHAD	ONE		
CPT [®] /HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPT	ION	USAG	E
			Alcohol and/or dr	ug services	; Methadone		
	H0020		administration an		e (provisions of t	he 🗵 Me	dicaid
			drug by a licensed	l program)			
SERVICE DESCRIPTION	N		MINIMUM DOCU	MENTATIO	N REQUIREMEN	TS	
This service includes	s the acquisition and	d cost of the	Technical Docum	entation Re	equirements		
Methadone and adr			See Section X				
and/or other drug p		-	Service Content				
or eliminating depen	ndence on opiate su	ibstances.		tion take-ho	ome agreements	(when applica	able)
			2. Daily do	0			
Note: Methadone a					hen applicable)		
		iding SUD group and			ment form signe		
individual therapy, a					y a medical prof		
should be establishe					entation can be o		
		he treatment facility.			s are to be taken		e amount
*For patients 17 and t for this service.	under, rederal regula	tions must be followed	should l	be included	in the single not	e.	
NOTES			EXAMPLE ACTIVIT	TIES			
Methadone administ	ration must be provi	ded by a facility with	The measuring		nd/or mixing of I	Methadone in	to a dosage
a controlled substance				-	e patient's plan o		-
Health (OBH), be regi	stered with the Drug	Enforcement			cian assistant, or		
Administration (DEA)	and have a designat	ed medical director			ivered to the pat		
to authorize and over			Note: this cod	• •	•		-
physicians. Staff must	0				ite to the actual		
Behavioral Health and	-		drugs.	F 1			
		n (SAMHSA) as opioid	Ū				
medication assisted t ordered from the ma	•						
delivered to the facili							
accordance with OBH							
		e dose given for, with					
POS "home" for date							
home, and POS "offic	e" or "outpatient fac	ility" etc. for date					
take-home doses phy		e patient.					
APPLICABLE POPUL	ATION(S)		UNIT		DURATIO		
Child (0-11)	🗵 Young Adult	🗵 Adult (21-64)		🗆 15 Minu	tes Minimum	:: N/A	
🗵 Adol (12-17)*	(18-20)	🗵 Geriatric (65+)	· · ·	□ 1 Hour	Maximum	n: N/A	
ALLOWED MODE(S)			PROGRAM SERVI	CE CATEGO		_	
Face-to-Face	🗵 Individual	_	🗵 HE (SP)		🗆 U4 (ICM)	🗆 HJ (Voc	
□ Video Conf	Group (HQ)	packaged for	□ HK (Residentia	I)	🗆 ТМ (АСТ)	HQ (Clu	
(GT)	□ Family (HR)	take home			□ HM	TT (Rec	
□ Telephone	□ Family (HS)				(Respite)	🗆 HT (Pre	ev/EI)
STAFF REQUIREMEN	NTS						
Peer Specialist			d Master's Level	× LAC	🗵 LPN/LVN (TE)		
Bachelor's Level (HN	N) ICSW (AJ) LPC	(HO)	d EdD/ PhD/PsyD	□CAC I	🗵 RN (TD)	🗵 RxN (SA) 🗵 PA (PA)	
🗵 Intern	LPC	(HP)	a cady i ndyrsyd	□CAC II	🗵 APN (SA)	MD/DO (AI	F)
	•		dD/PhD/PsyD (AH)		🗆 QMAP	() 00 (AI	,
PLACE OF SERVICE (POS)						
☑ CMHC (53)	I Home (12)	PF-PHP	52)				
⊻ Office (11)	☑ FQHC (50)	⊠ NRSATF					
 ✓ Outp Hospital (22) 							
	🗵 Independent C	linic (49)					
		· ·					

TREATMENT – ALCOHO	L AND DRUG ABUSE	- METHADONE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE	USAGE					
	Alcohol and/or drug services; Methadone						
H0020	administration and	l/or service (prov	visions of th	e 🗵 OBH			
	drug by a licensed	program)					
SERVICE DESCRIPTION	MINIMUM DOCUM		UIREMENT	S			
This service includes the acquisition and cost of the	Technical Docume						
Methadone and administration of the drug by an alcohol	See Section X						
and/or other drug program for the purpose of decreasing	Service Content						
or eliminating dependence on opiate substances.	1. Medication t	ake-home agree	ments (whe	en applicable)			
	2. Daily dosage	-	(
Note: Methadone administration is considered only one		tes (when applic	able)				
service of an array /set of services, including SUD group and		ledgement form		natient			
individual therapy, and other outpatient services that		ation by a medic					
should be established as the treatment protocol and				leted in one note;			
carefully monitored for adherence by the treatment facility.				each dose amount			
*For patients 17 and under, Federal regulations must be followed		cluded in the sing					
for this service.		Since in the sing	Sie note.				
NOTES	EXAMPLE ACTIVITI	IES					
Methadone administration must be provided by a facility with			mixing of M	lethadone into a dosage			
a controlled substance license from the Office of Behavioral	-		-	care, administered by a			
Health (OBH), be registered with the Drug Enforcement		•	•	nurse practitioner,			
Administration (DEA) and have a designated medical director				ent for oral ingestion.			
to authorize and oversee Opioid Treatment Program (OTP)			•	-			
physicians. Staff must be licensed through the Office of	 Note: this code includes the acquisition of the Methadone used for treatment as a pre-requisite to the actual administration of the 						
Behavioral Health and be certified through Substance Abuse		pre-requisite to	the actual a				
and Mental Health Services Administration (SAMHSA) as opioid	drugs.						
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.				-			
APPLICABLE POPULATION(S)	UNIT		DURATION				
□ Child (0-11)		15 Minutes	Minimum:	•			
☑ Adol (12-17)* (18-20) ☑ Geriatric (65+)	,	1 Hour	Maximum:	N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVIC		-				
☑ Face-to-Face ☑ Individual	HE (SP)		J4 (ICM)	HJ (Voc)			
□ Video Conf □ Group (HQ)	HK (Residential)		M (ACT)	HQ (Clubhouse)			
(GT)				TT (Recovery)			
□ Telephone □ Family (HS)		(Res	spite)	🗆 HT (Prev/El)			
STAFF REQUIREMENTS		_					
Peer Specialist I LCSW (AJ) Unlicensed Ma	aster's Level (HO)		N/LVN (TE)	🗵 RxN (SA)			
			N (TD)	× PA (PA)			
	-, , ,	🗆 CAC II 🛛 🗵 AI	PN (SA)	MD/DO (AF)			
Intern LPC L Unlicensed Ed	PhD/PsyD (AH)						
Intern Inter	PhD/PsyD (AH)		MAP				
Intern Intern Intern Unlicensed EdD/I PLACE OF SERVICE (POS)	· · ·		MAP				
Intern Image: Construction of the second	52)		MAP				
Intern Image: Construct and the second s	52)		MAP				
Intern Image: Construction of the second	52)		МАР				

PREVENTION/EARLY INTER	VENTION - ALCOHOL AND DRUG ABUSE
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H0022	Alcohol and/or drug intervention service (planned facilitation)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
A planned alcohol and/or drug intervention service (often an early intervention) used to assist a person with abstaining fro alcohol and or drug usage.	
NOTES	EXAMPLE ACTIVITIES
	Staff time spent talking to involuntary commitment manager involving involuntary commitment clients.
APPLICABLE POPULATION(S)	UNIT DURATION
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) 	 ☑ Encounter □ 15 Minutes ○ Day □ 1 Hour ○ Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☑ Face-to-Face ☑ Individual □ Video Conf (GT) ☑ Family (HQ) □ Telephone ☑ Family (HS)	 □ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM □ TT (Recovery) (Respite) □ HT (Prev/EI)
STAFF REQUIREMENTS	
□ Bachelor's Level (HN) □ LPC □ Unlicen	Ised Master's Level (HO) Image: LAC Image: LPN/LVN (TE) Image: RxN (SA) Ised EdD/ PhD/PsyD (HP) Image: CAC II Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: LAC Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) <
PLACE OF SERVICE (POS)	
 ☑ CMHC (53) ☑ FQHC (50) ☑ School (03) ☑ Office (11) ☑ RHC (72) ☑ Home (12) ☑ RSATF (55) ☑ Shelter (04) ☑ NRSATF (57) ☑ Prison/CF (09) 	

PREVE	NTION/EARLY INTERVENTION - OUTREAG	CH or TREATMENT – REHABILITATIO	DN (DROP-IN)		
CPT®/HCPCS PROCEDURE COD	E	PROCEDURE CODE DESCRIPTION	USAGE		
H0023		Behavioral health outreach service (planned approach to reach a I Medicaid population) /Drop- In Center			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
A planned approach to reach a population within their environment for		Technical Documentation Require	ments: See Section X		
	or addressing behavioral health issues	Outreach Service: Drop-in Center: The reason for the visit/call. Name, DOB, or SS#/Medicaid			
	and problems. These individuals may or may not have currently		Name, DOB, or SS#/Medicaid ID #		
consented to receive services, and may or may not have a covered diagnosis.		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 center services	may be operated independently of other behavioral health services.	coordination needed with 3 rd parties, if applicable	progress toward their recovery		
Prevention/Interv activities	Education about behavioral health	parties, il applicable	goals, or other information about their participation		
for individuals and family	systems is provided at these sites.				
NOTES		EXAMPLE ACTIVITIES			
Outreach Service:	Drop-in Center:	Outreach Service:	Drop-in Center:		
Activities occur often off-	Promote ongoing recovery through	Initiating non-threatening conver			
site (e.g., food bank, public	peer support, advocacy,	and informally identifying need f			
shelter, etc.), or by phone,	empowerment and social skills dev.	behavioral health services, with	Action plan & Support		
but can be at other POS. Do not need confirmed	Do not need confirmed diagnosis	contact over time in an effort to an individual into services	groups		
diagnosis	Do not need commed diagnosis	Respond to referrals as requeste	d by Recreational activities		
	Inform provider of attendance if in	police, landlords, etc., of individu	-		
	treatment	suspected of having an SMI/SPM	-		
	Clinical consultation by MA-staff	and in need of BH services	club-like setting		
	available during hours of operation	Outreach to re-engage individua			
	and for peer supervision	are at risk for disengaging from s			
	Outreach ONLY may use with Child (0-11)		DURATION		
 ☑ Child (0-11) ☑ Adol (12-17) ☑ Young Ac 	lult (18-20) 🗵 Adult (21-64) 🗵 Geriatric (65+)		Minimum: 8 min Maximum: N/A		
ALLOWED MODE(S) OF DELIVER		PROGRAM SERVICE CATEGORY(IE	· · · · · · · · · · · · · · · · · · ·		
		Outreach Service:	Drop-in Center:		
⊠ Face-to-Face	🗵 Individual	For children/adol/young adult:	For adol/young adult: 1 st modifier:		
□ Video Conf (GT)	🗵 Group (HQ)	1 st modifier: HE; 2 nd modifier: HT to	HE;		
I Telephone	E Family (HR)	distinguish as outreach	2 nd modifier: HQ to distinguish as drop-in center		
	🗵 Family (HS)	For adult/geriatric: 1 st modifier: HT	For adult/geriatic: 1 st modifier: HQ		
STAFF REQUIREMENTS					
Peer Specialist	区 LCSW (AJ) 区 Unlicensed Maste	er's Level (HO)			
⊠ Bachelor's Level (HN) ⊠ Intern	Image: Second Control of the second control of th	PhD/Psy/D (HP)			
	LIMET Licensed EdD/Ph	D/PsyD (AH) INCAC II IN APN (INCAC II IN APN (
PLACE OF SERVICE (POS) **Dro	p-In Centers may use POS 53 or 99 ONLY.				
	Care (33) 🗵 PRTF (56)		HP (52)		
	ome (14) 🗵 SNF (31)	🗵 Inpt Hosp (21) 🗵 Scho			
🗵 Mobile Unit (15) 🛛 🗵 Home		⊠ Inpt PF (51) ⊠ Other POS (99)**			
⊠Outp Hospital (22) ☑ ICF-N		🗵 ER (23) 🗵 Shel	ter (04)		
🗵 ACF (13) 🗵 NF (3)	2) 🗵 RSATF (55)				

PREVE	NTION/EARLY INTERVENTI	ON – OUTREAC	CH or TREATME	NT – REHABILITATI	ON (DRO	P-IN)	
CPT®/HCPCS PROCEDURE CODE	E		PROCEDURE CODE DESCRIPTION			SAGE	
H0023		Behavioral health outreach service (planned approach to reach a population) /Drop- In Center			OBH		
SERVICE DESCRIPTION	SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
A planned approach to reach a population within their environment for		ironment for	Technical Documentation Requirements: See Section X				
the purpose of preventing and/or addressing behavioral health issues		Outreach Se	rvice:	Drop-i	in Center:		
and problems. These individuals consented to receive services, a diagnosis.		•	What was th agenda?	or the visit/call. he intended goal or	Name,	, DOB, or SS#/Medicaid ID #	
Outreach Service:	Drop-in Center:		Description	of the service	Screer	ning initially and every 6	
Developing an alliance with	Drop-in centers are a form				month	is to determine probable	
a consumer to bring	outreach where a safe en				behav	ioral health diagnosis	
him/her into ongoing	for outreach to and engage	0	Outreach se	rvices provided	Daily S	Sign-in/Sign out with time	
treatment	adolescents or adults wit	h mental	and the indiv	vidual's response	(for ur	nit calculation)	
	illness is provided.		Plan for next	t contact(s)	Once/	month self-eval by member	
Re-engagement effort	Such sites may be peer di		including an	y follow-up or	on ber	nefits of drop-in service,	
including utilizing drop-in	may be operated indeper		coordinatior	n needed with 3 rd	progre	ess toward their recovery	
center services	other behavioral health s	ervices.	parties, if ap	plicable	goals,	or other information about	
Prevention/Interv activities	Education about behavio	ral health			their p	participation	
for individuals and family	systems is provided at the	ese sites.					
NOTES			EXAMPLE ACT	TIVITIES			
Outreach Service:	Drop-in Center:		Outreach Se			Drop-in Center:	
Activities occur often off-	Promote ongoing recover	ry through	-	n-threatening conve		Information and referral	
site (e.g., food bank, public	peer support, advocacy,		and informally identifying need for				
shelter, etc.), or by phone,	empowerment and social	skills dev.		ealth services, with			
but can be at other POS.				time in an effort to	engage		
Do not need confirmed	Do not need confirmed d	iagnosis	an individua	l into services			
diagnosis				referrals as request		Action plan & Support	
	Inform provider of attend	lance if in				groups	
	treatment		suspected of having an SMI/SPMI/SED				
	Clinical consultation by N		and in need of BH services				
	available during hours of	operation	Outreach to re-engage individuals who		Behavioral health		
	and for peer supervision			r disengaging from		education	
APPLICABLE POPULATION(S) *C			UNIT		DURATI		
☑ Child (0-11) ☑ Addate (42,47) ☑ Young Addate	ult (18-20) 🗵 Adult (21-	•	Encounter	⊠15 Minutes		m: 8 min	
🗷 Adol (12-17)	🗵 Gerlatric (65+)	Day	1 Hour	Maximu	m: N/A	
ALLOWED MODE(S) OF DELIVER	łY			RVICE CATEGORY(I			
	🗵 Individual		Outreach Se			-in Center:	
🗵 Face-to-Face	S Group (HQ)			idol/young adult: IE; 2 nd modifier: HT to	For ac HE;	dol/young adult: 1 st modifier:	
🗆 Video Conf (GT)	⊠ Group (HQ) ⊠ Family (HR)		distinguish as			odifier: HQ to distinguish as	
🗵 Telephone	☑ Family (HS)		distinguish as outreach 2 ^{me} mounter. No to u drop-in center				
			For adult/geri	atric: 1 st modifier: HT		dult/geriatric: 1 st modifier: HQ	
STAFF REQUIREMENTS							
Peer Specialist		Inliconced Maste		ELAC LPN	/LVN (TE)		
🗷 Bachelor's Level (HN)	. ,	Unlicensed Maste Unlicensed EdD/ I	Ster's Level (HO) SECACI SERV (TD) SERXN (SA)		🗷 RxN (SA) 🗷 PA (PA)		
🗵 Intern		icensed EdD/PhD		ECAC II APN	. ,	🗷 PA (PA) 🗷 MD/DO (AF)	
					<u> </u>		
PLACE OF SERVICE (POS) **Dro							
	ome (14) 🗵 PRTF (56)		🗵 RSATF (55)	⊠ ER	• •	🗵 Shelter (04)	
☑ Office (11) ☑ Home			NRSATF (57)		PHP (52)		
☑ ACF (13)							

	⊠ NF (32)	🗵 RHC (72)	🗵 Inpt PF (51)	XC	Other POS (99))** ⊠ Mobile Un ⊠Outp Hospi (22)
		PREVENTION/EARLY IN	ITERVENTION - EDU	JCATION		
CPT®/HCPCS PRO	CEDURE CODE		PROCEDURE COL	DE DESCRIPTION	I	USAGE
H0024		Dissemination Se	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non- Direct Contact with Service Audiences to Affect			
SERVICE DESCRIP	TION			•	EQUIREMENT	s
affecting knowled		s with the intent of behavior through one- and information	 Number of Type of service 	participants vice		
NOTES			EXAMPLE ACTIV	TIES		
		skills, including but not	Famphiets, educa	ational presenta	tions, Billboar	ds
	n-making, refusal sł	skills, critical analysis, and	rampinets, educ	ational presenta	tions, Biliboar	ds
limited to decision	n-making, refusal sl ent abilities.	, 3	UNIT		DURATION	ds
limited to decision systematic judgm	n-making, refusal sl ent abilities.	, 3	UNIT Encounter	□ 15 Minutes □ 1 Hour		I/A
Iimited to decision systematic judgm APPLICABLE POPU Child (0-11)	n-making, refusal sl ent abilities. JLATION(S) Xoung Adult (18-20) (S) OF DELIVERY	Adult (21-64) Seriatric (65+)	UNIT Encounter Day PROGRAM SERV	15 Minutes 1 Hour ICE CATEGORY(I	DURATION Minimum: N Maximum: N ES)	I/A N/A
Iimited to decision systematic judgm APPLICABLE POPU S Child (0-11) Adol (12-17)	n-making, refusal sk ent abilities. JLATION(S) Young Adult (18-20) S) OF DELIVERY S Group (H	 ☑ Adult (21-64) ☑ Geriatric (65+) ☑ 	UNIT Encounter Day	□ 15 Minutes □ 1 Hour ICE CATEGORY(I □ U4 al) □ TM	DURATION Minimum: N Maximum: N ES) (ICM)	I/A
Iimited to decision systematic judgm APPLICABLE POPU ⊠ Child (0-11) ⊠ Adol (12-17) ALLOWED MODE ⊠ Face-to-Face ⊠ Video Conf (GT ⊠ Telephone STAFF REQUIREM	n-making, refusal sk ent abilities. JLATION(S) Young Adult (18-20) (S) OF DELIVERY S Group (H Family (H Family (H	 ☑ Adult (21-64) ☑ Geriatric (65+) ☑ 	UNIT Encounter Day PROGRAM SERV HE (SP)	□ 15 Minutes □ 1 Hour ICE CATEGORY(I □ U4 al) □ TM □ HM	DURATION Minimum: N Maximum: N ES) (ICM) (ACT) (Respite)	I/A N/A HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
Iimited to decision systematic judgm APPLICABLE POPU Child (0-11) Adol (12-17) ALLOWED MODE Face-to-Face Video Conf (GT Felephone	n-making, refusal sk ent abilities. JLATION(S) Young Adult (18-20) (S) OF DELIVERY S OF DELIVERY S Group (H Family (H Family (H ENTS	×ills, critical analysis, and Adult (21-64) ⊠ Geriatric (65+) Q) IR) IS) SW (AJ) ⊠ Unlicensed C ⊠ Unlicensed	UNIT Encounter Day PROGRAM SERV HE (SP)	□ 15 Minutes □ 1 Hour ICE CATEGORY(I □ U4 al) □ TM	DURATION Minimum: N Maximum: N IES) (ICM) (ACT)	I/A N/A □ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI) VN (TE) VN (TE) COM (TE) SA S MARY (PA)
Iimited to decision systematic judgm APPLICABLE POPU ∑ Child (0-11) ∑ Adol (12-17) ALLOWED MODE ∑ Face-to-Face ∑ Video Conf (GT ∑ Telephone STAFF REQUIREM ∑ Peer Specialist ∑ Bachelor's Level	n-making, refusal sk ent abilities. JLATION(S) Young Adult (18-20) S) OF DELIVERY S OF DELIVERY S Group (H Group (H Family (H Family (H ENTS (HN) X LC: X LC	☑ Adult (21-64) ☑ Geriatric (65+) ☑ Q) IR) IS) SW (AJ) ☑ Unlicensed C ☑ Unlicensed FT ☑ Licensed Ed	UNIT Encounter Day PROGRAM SERV HE (SP) HK (Residentia Master's Level (HO) EdD/ PhD/PsyD (HP)	□ 15 Minutes □ 1 Hour ICE CATEGORY(I □ U4 al) □ TM □ HM □ HM	DURATION Minimum: N Maximum: N (ICM) (ACT) (Respite) I LPN/L I RN (TC I APRN	I/A N/A □ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI) VN (TE) VN (TE) COM (TE) SA S MARY (PA)

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 Addicaid 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 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal Description of the service Description of the service Prevention education provided and individual's response of disorders are discussed to encourage early intervention and reduce severity of illness. Education 				
the activities. 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.	 Classroom educational activities for children or parents focused on skill building and CBT skills to prevent anxiety/depression Education services/programs for youth on substance use Parenting/family management services focused on life/social skills Peer leader/helper programs teaching drug refusal skills and commitment to a drug free lifestyle Small group sessions involving interaction amongst participants Nurturing Parent Program Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) Multi-family groups that are educational in nature (not therapeutic) 			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Encounter 15 Minutes Minimum: N/A Day 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) *child/adol/young adult □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM □ TT (Recovery) (Respite) ☑ HT (Prev/EI)			
STAFF REQUIREMENTS				
⊠ Bachelor's Level (HN) ⊠ LPC ⊠ Unlicensed ⊠ Intern ⊠ LMFT ⊠ Licensed Ed	Master's Level (HO)			
PLACE OF SERVICE (POS)				
⊠ CMHC (53) ⊠ ACF (13) ⊠ ICF-MR (54) ⊠ Office (11) ⊠ Cust Care (33) ⊠ NF (32) ⊠ Telehealth (02) ⊠ Grp Home (14) ⊠ PRTF (56) ⊠ Outp Hospital (22) ⊠ Home (12) ⊠ Shelter (04)	 ☑ SNF (31) ☑ NRSATF (57) ☑ FQHC (50) ☑ Other POS (99) ☑ RHC (72) ☑ School (03) 			

PREVENTION/EARLY	INTERVENTION - EDUCATION			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude IN OBH and/or behavior)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
H0025 includes the delivery of services to individuals on issues of behavioral health education, to affect knowledge, attitude and behavior. It may include screenings to assist individuals in obtaining appropriate treatment. Prevention activities are delivered prior to the onset of a disorder and are intended to prevent or reduce the risk of developing a behavioral health problem. (SAMSHA). Causes and symptoms of disorders are discussed to encourage early intervention and reduce severity of illness. Education involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities.	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service 3. Prevention education provided and individual's response to the information 4. Plan for next contact(s), if applicable 			
NOTES	EXAMPLE ACTIVITIES			
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities. One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve health.	 Classroom educational activities for children or parents focused on skill building and CBT skills to prevent anxiety/depression Education services/programs for youth on substance use Parenting/family management services focused on life/social skills Peer leader/helper programs teaching drug refusal skills and commitment to a drug free lifestyle Small group sessions involving interaction amongst participants Nurturing Parent Program Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) Multi-family groups that are educational in nature (not therapeutic) 			
APPLICABLE POPULATION(S)	UNIT DURATION			
⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+)	Encounter 15 Minutes Minimum: N/A Day 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY				
Image: Sector State Image: Sector State Imag	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) *child/adol/young adult □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM □ TT (Recovery) (Respite) ☑ HT (Prev/EI)			
STAFF REQUIREMENTS				
Image: Section of sectin of section of section of section of section of section o	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) SCAC II SAPN (SA) SCAC II SAPN (SA)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Telehealth (02) ☑ Grp Home (14) ☑ PRTF (56) ☑Outp Hospital (22) ☑ Home (12) ☑ Shelter (04)	 ☑ SNF (31) ☑ NRSATF (57) ☑ FQHC (50) ☑ Other POS (99) ☑ RHC (72) ☑ School (03) 			

PREVENTION/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.	 Number of participants Type of service
NOTES	EXAMPLE ACTIVITIES
	 Review of school policies Community technical assistance Revised advertising practices Pricing strategies Setting minimum age requirements Product use restrictions Workplace substance abuse policies New or revised environmental codes New or revised ordinances, regulations, or legislation
APPLICABLE POPULATION(S)	UNIT DURATION
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) 	Image: Second term Image: Second term Minimum: N/A Image: Day Image: Image: Second term Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) □ Family (HS) 	□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM □ TT (Recovery) (Respite) □ HT (Prev/El)
STAFF REQUIREMENTS	
IN Bachelor's Level (HN) Intern	Master's Level (HO) Image: LAC Image: LPN/LVN (TE) Image: RN (SA) EdD/ PhD/PsyD (HP) Image: CAC II Image: RN (TD) Image: RN (PA) /PhD/PsyD (AH) Image: CAC III Image: RN (SA) Image: RN (PA) /PhD/PsyD (AH) Image: CAC III Image: RN (SA) Image: RN (PA)
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	NTERVENTION - 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.	 Date of service Start and stop time (duration) Number of participants Type of service Referral to treatment if necessary 			
NOTES	EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)	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 mins □ Day □ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM □ TT (Recovery) (Respite) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
Image: Second Science Image: Science <	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) J/PhD/PsyD (AH) Image: Cac III Image: RxN (SA) Image: RxN (SA)			
PLACE OF SERVICE (POS)				
$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$	区 Prison/CF (09) 区 School (03) 区 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.	 Number of participants Type of service
NOTES	EXAMPLE ACTIVITIES
	 Alcohol/tobacco/drug free social and or recreational events Community drop in centers Community services Leadership functions Activities involving athletics, art, music, movies, etc.
APPLICABLE POPULATION(S)	UNIT DURATION
□ Child (0-11)	Image: Second constraints Image: Second constraints Minimum: N/A Image: Day Image: Hour Maximum: N/A
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)	□ HE (3F) □ U4 (ICM) □ H3 (V0C) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM □ TT (Recovery) (Respite) □ HT (Prev/EI)
STAFF REQUIREMENTS	
IN Bachelor's Level (HN) Intern	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) Image: CAC III Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: CAC III Image: RxN (SA) Image: RxN (SA) Image: RxN (SA) Image: CAC III Image: RxN (SA) Image: RxN (SA) Image: RxN (SA)
PLACE OF SERVICE (POS)	
⊠ CMHC (53) ⊠ Grp Home (14) ⊠ Prison/CF (09) ⊠ Office (11) ⊠ Home (12) ⊠ School (03) ⊠ Mobile Unit (15) ⊠ Shelter (04) ⊠ Other POS (99) ⊠ Cust Care (33) ⊠ FQHC (50) ⊠ RHC (72)	

PHONE – CRISIS- E	BEHAVIORAL HEALTH	
CPT [®] /HCPCS 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.	 Date of service Intervention or support services provided Clients response Referral for treatment (if necessary) Signed with 1st initial, last name & credentia 	ls
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	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) □ □ HK (Residential) □ TM (ACT) □ □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS		()
⊠ 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)		

ASSESSI	MENT- 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.	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended Chief complaint/presenting concern(s) or proble 2. Description of the service 3. Review of psychosocial and family history, patie and other assessment information 4. Plan for next contact(s) including any follow-up needed with 3rd parties and disposition – need to referral, etc. 	em(s) ent 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.	 needs Face-to-face meeting with the patient/patient's social history information With the patient's permission, face-to-face meet contact with family members, collateral sources information (educational, medical, social servic) Administering acceptable instruments to the patient substantial impairment in role functioning 	etings/ telephone s of pertinent es, etc.)		
APPLICABLE POPULATION(S)	UNIT DURATION			
⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+)	Encounter □ 15 Minutes Minimum: N/A Day □ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	 ☑ HK (Residential) ☑ TM (ACT) □ HM (Respite) 	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMENTS				
Intern	EdD/ PhD/PsyD (HP) \Box CAC II \Box APN (SA) \Box P	xN (SA) A (PA) 1D/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)	区 FQHC (50) 区 ER (23) 区 RHC (72) 区 PF-PHP (52) 区	School (03) Other POS (99) 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. 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 deformed diagnosis chould be used	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended Chief complaint/presenting concern(s) or probl 2. Description of the service 3. Review of psychosocial and family history, patie and other assessment information 4. Plan for next contact(s) including any follow-up needed with 3rd parties and disposition – need f referral, etc. 	em(s) nt functioning or coordination		
deferred diagnosis should be used.				
NOTES H0031 is used in lieu of individual psychotherapy procedure	EXAMPLE ACTIVITIES Face-to-face meeting with the patient in order t	h * //		
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.	 needs Face-to-face meeting with the patient/patient's social history information With the patient's permission, face-to-face mee contact with family members, collateral sources information (educational, medical, social service) Administering acceptable instruments to the pa substantial impairment in role functioning 	tings/ telephone of pertinent es, etc.)		
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Encounter 15 Minutes Minimum: N/A Day 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HK (Residential) ☑ TM (ACT) □ I □ HM (Respite) □ ⁻	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)		
STAFF REQUIREMENTS				
Intern	EdD/ PhD/PsyD (HP) \Box CAC I \Box RN (1D) \Box PA	(N (SA) A (PA) D/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)	⊠ FQHC (50) ⊠ ER (23) ⊠ ⊠ RHC (72) ⊠ PF-PHP (52)	Other POS (99) Telehealth (02)		

		ASSESSMENT - TRE	ATMENT/SERVICE I	PLANNING		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COD	USAGE		
H0032			Mental health service plan development by non-			¹⁻ 🗵 Medicaid
10032		physician				
	SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Activities to develop, evaluate, or modify a patient's treat- ment/service plan, including the statement of individualized		Technical Docum See Section X	entation Requ	irements		
treatment/service go			Service Content			
achieve goals, and an The treatment/servic		-	 The reason f Description of 			nded goal or agenda? scussion of
clinical supervisor, ar	nd revised with the pa	ntient as	treatment/ser	rvice plan deve	lopment)	
necessary or when a	• • •	patient's				d plan development
condition/service nee	eds occurs.			-	according to a	
					ions should incl	ude progress and/or
			completion of	-	ding any follow	-up or coordination
			needed with 3		ung any ionow	-up or coordination
NOTES				•		
H0032 is used in lieu	of individual psychot	herapy procedure				
codes (see psychothe						
of the session is on tr						
psychotherapy occur						
psychotherapy code	f more than 50% of t	he session is				
psychotherapy.					_	
APPLICABLE POPULA			UNIT		DURATION	. /.
	0	Adult (21-64)	Encounter	□ 15 Minutes	Minimum: N	•
· · · · ·		🗹 Geriatric (65+)		1 Hour	Maximum: I	N/A
ALLOWED MODE(S)	SF DELIVERY Individual		PROGRAM SERVI		1ES) 4 (ICM)	🗵 HJ (Voc)
🗵 Face-to-Face	Group (HQ)		🗵 HE (SP) 🗵 HK (Residentia		т (ICIVI) Л (ACT)	⊠ HJ (Voc) ⊠ HQ (Clubhouse)
🗵 Video Conf (GT)	⊠ Family (HR)			•	M (Respite)	IT (Recovery)
Telephone	E Family (HS)			L	(nespice)	⊠ HT (Prev/El)
STAFF REQUIREMEN	,					
Peer Specialist			Master's Level (HO)		LPN/LVN (TE)	□ RxN (SA)
E Bachelor's Level (HN)	⊠ LPC		EdD/ PhD/PsyD (HP)		IRIN(ID)	□ RXN (SA) □ PA (PA)
🖄 Intern	🗵 LMFT		D/PhD/PsyD (AH)			□ MD/DO (AF)
PLACE OF SERVICE (P					QIVIAF	· · ·
CMHC (53)	⊠ ACF (13)	⊠ ICF-MR (5	54) 🗵 SNF (31) 🛛 🗶 Ini	ot PF (51)	I Telehealth (02)
⊠ Office (11)	🗵 Cust Care (33)	⊠ NF (32)	×, EQHC (!		-PHP (52)	
⊠ Mobile Unit (15)	Grp Home (14)	⊠ PRTF (56)	•		hool (03)	
				<u>()</u> 🗠 30		

	AS	SESSMENT - TRE	ATMENT/SERVICE P	LANNING		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COD	USAGE		
H0032			Mental health ser	vice plan develo	opment by no	n- ⊠ OBH
			physician			_
SERVICE DESCRIPTIO			MINIMUM DOCU			S
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.			 Description of treatment/ser Completion of including requi Treatment/ser completion of 	the visit. What the service (sho vice plan develo or substantial p ired signatures a vice plan revisio goals ontact(s) includ	was the inten ould include d opment) rogress towar according to a ons should inc	rd plan development
NOTES			EXAMPLE ACTIVI	•		
of the session is on tr psychotherapy occurs	codes (see psychotherapy procedure codes) when the focus of the session is on treatment/service planning and no psychotherapy occurs during the session. Use a psychotherapy code if more than 50% of the session is					
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	-	Adult (21-64) Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: Maximum:	•
			PROGRAM SERVI			
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS) 		 ☑ HE (SP) ☑ HK (Residential 	⊠ U4) ⊠ TM	(ICM)	⊠ HJ (Voc) ⊠ HQ (Clubhouse) ⊠ TT (Recovery) ⊠ HT (Prev/El)
STAFF REQUIREMEN	TS					
□ 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)	□CACI ⊠I □CACII ⊠	APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (P	OS)					
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	区 ICF-MR (5 区 NF (32) 区 PRTF (56) 区 Shelter (0	区 FQHC (5) 区 RHC (72	50) 🗵 PF-) 🗵 Sch	t PF (51) PHP (52) ool (03) eer POS (99)	区 Telehealth (02)

TREATMENT - MEDICATION MANAGEMENT						
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	H0033		Oral medication ad	ministration, di	rect observation	🗵 Medicaid
SERVICE DESCRIPTION	l		MINIMUM DOCUM	IENTATION REC	QUIREMENTS	
SERVICE DESCRIPTION Observing patient taking oral prescribed medication(s) to ensure adequate maintenance of medication regimen to deter/prevent deterioration of patient's condition. This service includes the administration of Buprenorphine products, within a methadone clinic site, for the purpose of decreasing or eliminating dependence on opiate substances. Administration of Buprenorphine products is only conducted by a qualified physician, physician assistant, or nurse practitioner in a licensed methadone facility. *For patients 17 years and under, Federal regulations must be followed for administering Buprenorphine NOTES This service is designed to facilitate medication compliance			MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content: 1. Documentation that supports observation of medications administered, including name and dosage 2. Patient response to medications, e.g. is the patient tolerating the medication well or are there complaints of side effects, problems sleeping; is there improvement or not in symptoms. If not tolerating the medication actions taken. 3. Every encounter should have its own notation. 4. For Buprenorphine induction notes (when applicable) & daily acknowledgement form signed by patient is present EXAMPLE ACTIVITIES • Face-to-face, one-on-one cueing/encouraging and observing patient taking prescribed medications			
and positive outcomes. Patients with low medication compliance history/patients newly on medication are most likely to receive this service. Administration of Buprenorphine products must be provided within a facility with a controlled substance license from the Office of Behavioral Health (OBH), registration with the Drug Enforcement Administration (DEA) and certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as an opioid medication assisted treatment provider. The cost of the Buprenorphine products is paid through Medicaid fee-for-service. Physicians, administering Buprenorphine products, through the DATA Waive provider's office are reimbursed through FFS. Cannot be billed if the service is part of the E&M service by the same provider on the same day. This code should be billed for the <i>administration</i> of the medication. The medication itself is			 Reporting back management se The administrat patient's plan of 	to MHPs license rvices for direc ion of Bupreno f care to the pa nysician, physic	ed to perform me t benefit of patie rphine products tient for oral ingo ian assistant, or i	nt
billed to Fee for Servic APPLICABLE POPULAT			UNIT		DURATION	
🗵 Child (0-11)	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter] 15 Minutes] 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE	CATEGORY(IE		
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS) 		⊠ HE (SP) *child/adol/young a ⊠ HK (Residential)	adult 🗵 TN	/I (ACT) 区 /I (Respite) 日] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENTS	5					
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 ⊠	ΔΡΝΙ (SΔ)	포 RxN (SA) 포 PA (PA) 포 MD/DO (AF)
PLACE OF SERVICE (PC	DS)					
⊠ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04)	区 SNF (31) E FQHC (50) K RHC (72) Independent Clin	⊠ NRS ⊠ Oth	PHP (52) SATF (57) ner POS (99)	

TREATMENT - MEDICATION MANAGEMENT						
CPT [®] /HCPCS PROCEDU	JRE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
	H0033		Oral medication a	administration, d	irect observation	🗵 OBH
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
Observing patient taking oral prescribed medication(s) to ensure adequate maintenance of medication regimen to deter/prevent deterioration of patient's condition. This service includes the administration of Buprenorphine products, within a methadone clinic site, for the purpose of decreasing or eliminating dependence on opiate substances. Administration of Buprenorphine products is only conducted by a qualified physician, physician assistant, or nurse practitioner in a licensed methadone facility. *For patients 17 years and under, Federal regulations must be followed for administering Buprenorphine NOTES This service is designed to facilitate medication compliance and positive outcomes. Patients with low medication compliance history/patients newly on medication are most likely to receive this service. Administration of Buprenorphine products must be provided within a facility with a controlled substance license from the Office of Behavioral Health (OBH), registration with the Drug Enforcement Administration (DEA) and certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as an opioid medication assisted treatment provider. The cost of the Buprenorphine products is paid through Medicaid fee-for-service. Physicians, administering Buprenorphine products, through the DATA Waive provider's office are reimbursed through FFS. Cannot be billed if the service is part of the E&M service by the same provider on the same day. This code should be billed for the			Technical Docum See Section X 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	entation Require on that supports of including name a nse to medication ell or are there of ere improvemen medication action ter should have in phine induction r ment form signed TIES one-on-one cuein prescribed medi the to MHPs licens services for direct ation of Bupreno of care to the pa	ments observation of m and dosage ns, e.g. is the pat omplaints of side t or not in sympt ons taken. ts own notation. totes (when appl d by patient is pre- ng/encouraging a ications ed to perform m ct benefit of patie rphine products itient for oral ing cian assistant, or	ient tolerating the effects, problems oms. If not icable) & daily esent and observing edication ent
APPLICABLE POPULAT		X Adult (21 64)	-	15 Minutos		
🗵 Adol (12-17) (13	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			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	 ✓ Individual □ Group (HQ) □ Family (HR) □ Family (HS) 		⊠ HE (SP) ⊠ U4 (ICM) ⊠ HJ (Voc) *child/adol/young adult ⊠ TM (ACT) ⊠ HQ (Clubho)			HQ (Clubhouse) TT (Recovery)
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 ⊠	$APN(S\Delta)$	보 RxN (SA) 보 PA (PA) 도 MD/DO (AF)
PLACE OF SERVICE (PO	IS)					
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	区 ICF-MR (54) 区 NF (32) 区 PRTF (56) 区 Shelter (04)	 ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent C 	⊠ NR ⊠ Ot	PHP (52) SATF (57) her POS (99)	

TREATMENT - MEDICATION MANAGEMENT							
CPT [®] /HCPCS PROCEDU	PROCEDURE CODE DESCRIPTION				USAGE		
	H0034		Medication train	ing and supp	ort, per 15 mi	nutes	🗵 Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION		INTS	
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 Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? The training/instructions provided and the individual's response to the training and support Plan for next contact(s) including any follow-up or coordination 				ment/service lual's response
NOTES			needed with 3	· ·			
Generally face-to-face, but may include telephone contact as needed.			 Understanding nature of adult patient's SPMI or child/ adolescent's SED Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning Identifying and managing symptoms and potential side effects of medication(s) Learning contraindications of medication(s) Understanding overdose precautions of medication(s) Learning self-administration of medication(s) 				reducing
APPLICABLE POPULATI			UNIT		DURATI		
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult(21-64) ⊠ Geriatric (65+)	Encounter Day	⊠ 15 Minut □ 1 Hour	es Minimu Maximu	m: 8 Minı ım: N/A	utes
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV				
 ☑ Face-to-Face □ Video Conf (GT) ☑ Telephone 	⊠ Individual ⊠Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) ⊠ HK (Residentia	l)	☑ U4 (ICM) ☑ TM (ACT) ☑ HM (Respite)	🗵 Н((Voc) Q (Clubhouse) (Recovery) ſ (Prev/El)
STAFF REQUIREMENTS							
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	LCSW LPC LMFT	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	IPN/LVN (T I RN (TD) I APN (SA) I QMAP	X PA (P X MD/I X Certi	PA)
PLACE OF SERVICE (PO							
区 CMHC (53) 区 Office (11) 区 Mobile Unit (15) 区Outp Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14 ☑ Home (12) 	· ·		31) 🗵 (50)	PF-PHP (52) Other POS (99	9)	

TREATMENT - MEDICATION MANAGEMENT							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COE	USAGE			
H0034			Medication training and support, per 15 minutes 🗵 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 Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? The training/instructions provided and the individual's response to the training and support Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES							
Generally face-to-face, but may include telephone contact as needed.			 Understanding nature of adult patient's SPMI or child/ adolescent's SED Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning Identifying and managing symptoms and potential side effects of medication(s) Learning contraindications of medication(s) Understanding overdose precautions of medication(s) Learning self-administration of medication(s) 				
APPLICABLE POPULATI			UNIT DURATION				
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult(21-64) ⊠ Geriatric (65+)	Encounter Day	⊠ 15 Minutes □ 1 Hour	Minimum: 8 Maximum: N		
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SERV				
 ☑ Face-to-Face □ Video Conf (GT) ☑ Telephone 	⊠ Individual ⊠Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) ⊠ HK (Residentia	I) ⊠ T ⊠ H	M (ACT) M	⊠ HJ (Voc) ⊠ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS							
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	LCSV LCSV LCSV LCSV LCSV LCSV LCSV LCSV	Unlicensed I	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) □CAC II I I I I I I I I I I I I I I I I I				
PLACE OF SERVICE (PO		_		_			
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33 ☑ Grp Home (14) ☑ Home (12) 		•	31) 🗵 Othe (50)	HP (52) er POS (99)		

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)							
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
110035	Mental health partial hospitalization, treatment,	V. Maralianial					
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 Section X						
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	fter consultation					
education and training; and expressive and activity therapies.	with appropriate staff						
	 Plan must state type, amount, frequency, and 	l duration of					
	services to be furnished and indicate goals						
	 Describes coordination of services wrapped a 	round particular					
	needs of patient						
	3. Target symptoms, goals of therapy and methods	s of monitoring					
	outcome						
	 Why chosen therapy is appropriate modality 	either in lieu of/in					
	addition to another form of treatment						
	 Progress notes document services rendered, par and relation to treatment (convice plan goals) 	tient's response					
	and relation to treatment/service plan goals 5. Specify estimated duration of treatment, in sess	ions					
	 For an acute problem, document that treatment is expected to improve health statue (function of nation) 						
	improve health status/function of patient For chronic problems, document that stabilization/ 						
	maintenance of health status/function is expected						
NOTES	EXAMPLE ACTIVITIES						
The use of PHP as a setting of care presumes that patient does							
not meet medical necessity criteria for inpatient psychiatric							
treatment; at the same time, it implies that routine outpatient							
treatment is of insufficient intensity to meet the patient's							
present treatment needs.							
APPLICABLE POPULATION(S)	UNIT DURATION						
Child (0-11) Young Adult Adult(21-64)	🗵 Encounter 🛛 15 Minutes 🛛 Minimum: + 4 h	rs/day, 5					
⊠ Adol (12-17) (18-20) ⊠Geriatric (65+)	□ Day □ 1 Hour days/week						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
Individual	⊠ HE (SP) □ U4 (ICM) [□ HJ (Voc)					
K Face-to-Face K Group (HQ) Video Conf (GT) K Faceily (UP)	□ HK (Residential) □ TM (ACT) [□ HQ (Clubhouse)					
□ Video Conf (GT) □ Telephone □ Telephone		□ TT (Recovery)					
· 🗵 Family (HS)	[□ HT (Prev/EI)					
STAFF REQUIREMENTS							
Peer Specialist K LCSW (AJ) Unlicensed	Master's Level (HO)	(N (SA)					
A Bachelor's Level (HN)	EdD/ PbD/PsyD (HP)	A (PA)					
I A Intern	$\Delta = 1 \left(\Delta \left(\Pi \right) \right) \left(\Delta \right) $	D/DO (AF)					
PLACE OF SERVICE (POS)							
CMHC (53) Cuto Hospital (22)							
☑ Outp Hospital (22) ☑ PF-PHP (52)							

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)							
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
10025	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 Section X						
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/problen	ns necessitating					
step toward community reintegration. Services include	treatment						
assessment; psychological testing; family, group and individual psychotherapy; medical and nursing support;	 Individualized treatment/service plan Services must be prescribed by an MD/DO an 	d provided upder					
medication management; skill development; psychosocial	plan of treatment established by an MD/DO and						
education and training; and expressive and activity therapies.	with appropriate staff						
	 Plan must state type, amount, frequency, and 	duration of					
	services to be furnished and indicate goals						
	 Describes coordination of services wrapped a 	round particular					
	needs of patient						
	3. Target symptoms, goals of therapy and method	s of monitoring					
	outcome						
	• Why chosen therapy is appropriate modality	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	ions					
	 For an acute problem, document that treatment 						
	improve health status/function of patient						
	 For chronic problems, document that stabilization/ 						
	maintenance of health status/function is expected						
NOTES	EXAMPLE ACTIVITIES						
The use of PHP as a setting of care presumes that patient does							
not meet medical necessity criteria for inpatient psychiatric							
treatment; at the same time, it implies that routine outpatient							
treatment is of insufficient intensity to meet the patient's							
present treatment needs.							
APPLICABLE POPULATION(S)	UNIT DURATION	() =					
\square Child (0-11) \square Young Adult \square Adult(21-64) \square Adult(12-17) (19, 20) \square \square Conjection (C5, 1)	Encounter □ 15 Minutes Minimum: + 4 h Day □ 1 Hour days/week	irs/day, 5					
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	Day 1 Hour days/week PROGRAM SERVICE CATEGORY(IES)						
		□ HJ (Voc)					
K Face-to-Face		\Box HQ (Clubhouse)					
Video Conf (GT)		□ TT (Recovery)					
□ Telephone		□ HT (Prev/EI)					
STAFF REQUIREMENTS							
Peer Specialist	Master's Level (HO)	AL (CA)					
Bachelor's Level (HN) V Lpc V Laliconsod EdD / DbD /DsvD (Lp) UCACT X RN (TD) V DA (DA)							
■ Intern ■ IMET ■ Licensed EdD/PbD/PsvD (AH) □CAC II ■ APN (SA) ■ MD/DD (AE)							
PLACE OF SERVICE (POS)							
CMHC (53)							
☑ Outp Hospital (22) ☑ PF-PHP (52)							

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)							
CPT®/HCPCS PROCEDUR	RE CODE		PROCED	URE CODE DESCI	RIPTION	USAGE	
	H0036		Community psychiatric supportive treatment, face-to-face, per 15 minutes				
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 			 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how activity is designed to increase functioning in the community The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties EXAMPLE ACTIVITIES Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Support of age appropriate daily living skills Encourage engagement with peer support services Development of discharge/transition goals and related planning Advocating on behalf of patients 				
increased community ter social contacts, and pers	nure, time working, in s	school or with	 Crisis interven Medication tra Educating rega Facilitating according 	tion aining and monit arding symptom cess to health car to help client me ervices	oring management re eet transportati	on needs or access sing	
APPLICABLE POPULATIO)N(S)		UNIT		DURATION		
🗵 Adol (12-17) (18-	-20) 🛛 🗵 Ge	lult (21-64) eriatric (65+)		☑ 15 Minutes □ 1 Hour	Minimum: 8 n Maximum: 4		
ALLOWED MODE(S) OF I			PROGRAM SERVI	-			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residentia			□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	🗵 Unlicensed	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) EdD/PhD/PsyD (AH) EdD/PhD/PsyD (AH) □CAC II □ QMAP □CAC III □ QMAP				
PLACE OF SERVICE (POS)							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	区 ICF-MR (54) 区 NF (32) Shelter (04) 区 SNF (31)	🗵 RHC (72)	3)			

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)								
CPT®/HCPCS PROCEDUP	RE CODE		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 ment services. A team-based treatment, rehabilitation Therapeutic intervention promoting symptom sta ability to cope and relate highest level of function *H0036 may be used as individuals enrolled in a fidelity review process. * This code is not to be NOTES This is an intensive comm service that provides tree to:	MINIMUM DOCU Technical Docume See Section X Service Content 1. The reason agenda? Ho plan? 2. Description increase fur 3. The therape response to 4. How did the goals/object 5. Plan for nex needed with EXAMPLE ACTIVIT • Symptom asse assessment, psyce	MENTATION REP entation Require for the visit. What w does the service are actioning in the c eutic intervention the intervention the intervention e service impact of tives? t contact(s) inclu n 3 rd parties FIES essment and mare cho-education, a	ements at was the inter ce relate to the nd how activity community n(s) utilized and n(s) the individual's uding any follow nagement (i.e., nd symptom m	e treatment/service is designed to I the individual's progress towards v-up or coordination				
 Assist individuals to gain access to necessary services Reduce psychiatric symptoms Develop optimal community living skills Individuals will experience decreased crisis episodes, and increased community tenure, time working, in school or with social contacts, and personal satisfaction and independence. 			 Advocating on Crisis interven Medication tra Educating rega Facilitating acc 	gagement with p of discharge/tran behalf of patien tion aining and monit arding symptom cess to health can to help client mo ervices	eer support ser nsition goals an its oring management re eet transportat	d related planning ion needs or access		
APPLICABLE POPULATIO	DN(S)		UNIT		DURATION			
🗵 Adol (12-17) (18-	-20) 🗵 Ge	lult (21-64) eriatric (65+)	Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 r Maximum: 4			
ALLOWED MODE(S) OF			PROGRAM SERVIO					
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residential	-		□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS								
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	Unlicensed EdD/ PhD/PsyD (HP)						
PLACE OF SERVICE (POS	•							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ ICF-MR (54) ⊠ NF (32) ⊠ Shelter (04) ⊠ SNF (31)	🗵 RHC (72))				

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	H0037		Community psych face-to-face, per		e treatment,	🗵 Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Comprehensive Psychiat services consist of ment services. A team-based treatment, rehabilitation Therapeutic intervention promoting symptom sta ability to cope and relate highest level of function *H0036 may be used as individuals enrolled in a fidelity review process.	agenda? Ho plan? 2. Description increase fur 3. The therape response to 4. How did the goals/objec	for the visit. When ow does the service are notioning in the c eutic intervention the intervention e service impact tives?	at was the inte ice relate to th nd how activity community n(s) utilized an n(s) the individual'	e treatment/service		
* This code is not to be	used for children unde	r age 6.		h 3 rd parties		
NOTES		-	EXAMPLE ACTIVI			
 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 Individuals will experience decreased crisis episodes, and increased community tenure, time working, in school or with social contacts, and personal satisfaction and independence. CPST up to 4 hours is reported/billed under H0036; CPST over 4 hours, report/bill H0037. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0036. 			 Supportive conneeded basis Support of age Encourage eng Development Advocating on Crisis interven Medication tradition traditions Educating regains Facilitating actions Skills teaching transportation set Help finding a Home visits UNIT 	cho-education, a unseling and psy e appropriate da gagement with p of discharge/tran behalf of patier tion aining and monit arding symptom cess to health ca to help client m ervices nd keeping safe,	nd symptom r chotherapy or ily living skills eer support se nsition goals a nts coring management re eet transporta affordable ho DURATION	nanagement efforts) n a planned and as- ervices nd related planning ition needs or access using
APPLICABLE POPULATIO		ult (21-64)		□ 15 Minutes	Minimum: 4	hrs 8 mins
🗵 Adol (12-17) (18-2	20) 🛛 🗵 Ge	riatric (65+)	,	🗆 1 Hour	Maximum:	8 hours
ALLOWED MODE(S) OF Face-to-Face Video Conf (GT) Telephone	DELIVERY Individual Group (HQ) Family (HR) Family (HS)		PROGRAM SERVI ☑ HE (SP) □ HK (Residentia	⊠ U4 I) □ TN	E S) (ICM) 1 (ACT) Λ (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	d Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) EdD/PhD/PsyD (AH) CAC II ⊠ APN (SA) □ CAC III ⊠ APN (SA) □ CACIII □ QMAP ⊠ MD/DO (AF)			
PLACE OF SERVICE (POS	•					
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	⊠ ACF (13) ⊠ Cust Care (33) ⊠ Grp Home (14) ⊠ Home (12)	区 ICF-MR (54 区 NF (32) 区 Shelter (04 区 SNF (31)	🗵 RHC (72))3)		

TREATMENT - REHABILITATION - COMM	/UNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0037	Community psychiatric supportive treatment,				
H0037	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 Section X				
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				
*40026 may be used as an alternative to 40020 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.	goals/objectives?				
indenty review process.	 Plan for next contact(s) including any follow-up or coordination 				
* This code is not to be used for children under age 6.	needed with 3 rd 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-				
 Assist individuals to gain access to necessary 	needed basis				
services	 Support of age appropriate daily living skills 				
 Reduce psychiatric symptoms 	 Encourage engagement with peer support services 				
 Develop optimal community living skills 	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 reported/billed separately from H0036.	 Help finding and keeping safe, affordable housing 				
	Home visits				
APPLICABLE POPULATION(S)	UNIT DURATION				
Child (0-11) I Young Adult Adult (21-64)	Encounter 15 Minutes Minimum: 4 hrs 8 mins				
☑ Adol (12-17) (18-20)	☑ Day ☐ 1 Hour				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
	Image: HE (SP) Image: U4 (ICM) Image: HJ (Voc) Image: HI (Desidential) Image: HI (ACT) Image: HJ (Children transmission)				
□ Video Conf (GT) □ Comity (UD)	HK (Residential) TM (ACT) HQ (Clubhouse) HK (Residential) HX (Respire)				
	HM (Respite)				
E Family (HS)	HT (Prev/EI)				
STAFF REQUIREMENTS	d Master's Level (HO) 🛛 LAC 🗵 LPN/LVN (TE) 🗵 RxN (SA)				
	i EdD/ PhD/PsyD (HP) \Box CAC I \boxtimes RN (TD) \boxtimes 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 – BEHAVIORAL HEALTH							
CPT [®] /HCPCS PROCED	PROCEDURE CODE DESCRIPTION USAGE						
H0038			Self-help/peer services, per 15 minutes				
SERVICE DESCRIPTIO	SERVICE DESCRIPTION			JMENTATION RE	QUIREMENTS		
 Patient services (individual/group) provided by person meeting Peer Specialist definition on page 28. Activities are patient-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by: Exploring patient purposes beyond the identified MI or substance use disorder and the possibilities of recovery Tapping into patient strengths related to illness self- management (including developing skills and resources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress) Emphasizing hope and wellness Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired) 			plan? 2. Description o 3. Patient respo affects the in-	or the visit/call. W does the service f the service prov nse to services and dividual's progres contact(s) includi	/hat was the int e relate to the tr /ided nd, where appross towards goals	eatment/service	
 Assisting patients v 		n planning					
NOTES			EXAMPLE ACTIV	ITIES			
H0038 is the primary code to be used for services rendered by a Peer/Mentor/Specialist/Recovery Coach. When provided in conjunction with specific programs, including psychosocial rehab, ACT, Community-Based Wraparound, Clubhouse, Supported Employment and a prevention class, documentation of services provided should be tied to the program/class goals and the program/class procedure code should be used. Please refer to the definition of Peer Specialist on Page 28. Peer Services (H0038) may be used, when appropriate to patient status, for a patient in social detox.			 Peer mentori Recovery gro Warm lines Advocacy ser Social Detox exampleer Services (H0) 	oloyment services ng for children/a ups vices nple: 1038) are offered prior to discharge	dolescents to patient in sc e to increase en	gagement and offer	
APPLICABLE POPULA		🗵 Adult (21-64)	Encounter	🗵 15 Minutes	Minimum: 8 I	Vinutes	
. ,	0	⊠ Geriatric (65+)	□ Day	□ 1 Hour	Maximum: N		
ALLOWED MODE(S) OF DELIVERY Image: Second state (SS) Image:		PROGRAM SERV ☑ HE (SP) *child/adol/your □ HK (Residentia	ng adult	E S) U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) ⊠ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENT	ſS						
			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 Cli ☑ Inpt Hosp (21)	⊠ ER inic (49) ⊻ PF	ot PF (51) (23) -PHP (52) hool (03)	⊠ NRSATF (57) ☑ Other POS (99) ☑ Telehealth (02)	

	PEER SUPPORT/RECOVERY SERVICES – BEHAVIORAL HEALTH							
CPT [®] /HCPCS PROCE	OURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	H0038		Self-help/peer ser	rvices, per 15 mi	nutes	🗵 OBH		
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION RE	QUIREMENTS			
 meeting Peer Special patient-motivated, in socialization, recover development of natu community living skil Exploring patient p substance use disco Tapping into patient management (inclu- and using tools rel- strengths and heal progress) Emphasizing hope Helping patients du of specific persona meaningful emplor 	purposes beyond the ic order and the possibilit nt strengths related to uding developing skills ated to communicating th needs/concerns, an and wellness evelop and work towa il recovery goals (inclu- yment if desired)	 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided Patient response to services and, where appropriate, how service affects the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 						
	with relapse preventio	n planning						
NOTES			EXAMPLE ACTIVITIES Peer support services					
by a Peer/Mentor/Sp provided in conjuncti psychosocial rehab, A Clubhouse, Supporte documentation of se program/class goals a should be used. Plea Specialist on Page 28	H0038 is the primary code to be used for services rendered by a Peer/Mentor/Specialist/Recovery Coach. When provided in conjunction with specific programs, including psychosocial rehab, ACT, Community-Based Wraparound, Clubhouse, Supported Employment and a prevention class, documentation of services provided should be tied to the program/class goals and the program/class procedure code should be used. Please refer to the definition of Peer Specialist on Page 28. Peer Services (H0038) may be used, when appropriate to patient			 Peer-run employment services Peer mentoring for children/adolescents Recovery groups Warm lines Advocacy services Social Detox example: Peer Services (H0038) are offered to patient in social detox when more stable and prior to discharge to increase engagement and offer support for transition back to outpatient treatment.				
APPLICABLE POPULA			UNIT		DURATION			
⊠ Child (0-11) ⊠ Adol (12-17) (⊠ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	Encounter Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 M Maximum: N/			
ALLOWED MODE(S)								
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)	 ☑ HE (SP) *child/adol/youn; ☑ HK (Residential) 	g adult 🛛 🗆 🛛	J4 (ICM) IM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMEN	TS							
 Peer Specialist Bachelor's Level (HN) Intern) 🗆 LCSW (LPC LMFT		wensed Master's Level (HO) ILAC IPN/LVN (TE) wensed EdD/ PhD/PsyD (HP) ICAC I IRN (TD) IRN (SA) sed EdD/PhD/PsyD (AH) ICAC II IAPN (SA) IPA (PA) ICAC III IAPN (SA) IMD/DO (AF)					
PLACE OF SERVICE (P	POS)							
 ☑ 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) ☑ Inpt PF (51) ☑ RHC (72) ☑ ER (23) ☑ Independent Clinic (49) ☑ PF-PHP (52) ☑ Inpt Hosp (21) ☑ School (03)		(23) PHP (52)	区 NRSATF (57) 区 Other POS (99) 区 Telehealth (02)		

	TREATMENT - REH	ABILITATION -	ASSERTIVE COMM	UNITY TRE	ATME	NT (ACT)		
CPT [®] /HCPCS PROCED			PROCEDURE COD					USAGE
	H0039		Assertive commu	nity treatm	ient, fa	ace-to-face,	per 15	🗵 Medicaid
	10055		minutes					
SERVICE DESCRIPTION			MINIMUM DOCU				ſS	
	ch to the provision of tr		Technical Documentation Requirements					
	port services. Therapeu		See Section X					
	ngths-based and focus		Service Content 1. The reason for the visit. What was the intended goal or					
	reasing the patient's ab						-	
functioning in the com	nd enhancing the highe	st level of	plan?	w does the	servi	Le relate to	the treat	ment/service
runctioning in the con	iniunity.		2. Description	of the serv	vice nr	ovided		
			3. The therape				and the ir	ndividual's
				the interv				
			4. How did the				al's progr	ess towards
			goals/object					
			5. Plan for nex	t contact(s) inclu	ding any fol	low-up o	r coordination
			needed with	· ·	s			
NOTES	NOTES							
	adaptive and recovery		Symptom asse					
-	ol and training opportu		assessment, p	sycho-educ	cation,	and sympto	om mana	gement
	afety, medication supp nagement and entitlem		efforts)	uncoling on	daav	hothoropy		nodondos
	nning and coordination		 Supportive counseling and psychotherapy on a planned and as- needed basis 					
-	le <i>all</i> services delivered		 Medication prescription, administration, monitoring and 					
	dividual in enrolled in a		documentation					
	e ACT code should only		Dual diagnosis services, including assessment and intervention					
	an ACT program that	-	Support Activities of Daily Living skills (ADLs) through skills					
by the Office of Behav	vioral Health and that r	naintains a	training and practice activities					
minimum score of "go	ood fidelity.		 Encourage engagement with peer support services 					
			Development	of discharg	e/trar			ted planning
APPLICABLE POPULAT			UNIT			DURATION		
	-	dult (21-64)	Encounter	⊠ 15 Min	utes	Minimum:		
		ieriatric (65+)				Maximum:	: 4 nrs 7 r	nins
ALLOWED MODE(S) O			PROGRAM SERVIO	CE CATEGU		5) 4 (ICM)		l (Voc)
⊠ Face-to-Face	🗵 Mulviddal 🗵 Group (HQ)		*for young adult of	only		ч (ICIVI) И (ACT)		Q (Clubhouse)
□ Video Conf (GT)	🗵 Group (HQ)		HK (Residential			M (Respite)		(Recovery)
Telephone	🗵 Family (HS)		,	,		(T (Prev/EI)
STAFF REQUIREMENT			• •					,
Peer Specialist	🗵 LCSW (AJ)	X I Inlicensed	Master's Level (HO)	×LAC		PN/LVN (TE)	🗵 RxN (S	<u></u>
Bachelor's Level (HN)	K LCSW (AJ)		EdD/ PhD/PsyD (HP)			N (TD)		
🗵 Intern	K LMFT		D/PhD/PsyD (AH)	□CAC II □CACIII		PN (SA) MAP	⊠ MD/D	,
			ц					
PLACE OF SERVICE (PC CMHC (53)	🗵 NF (32)	V School	(03)					
S Office (11)								
⊠ Mobile Unit (15)	\boxtimes Home (12)	⊠ SNF (31)		1 03 (33)				
⊠ ACF (13)	⊠ ICF-MR (54)	⊠ FQHC (50))					
	(0 !)	⊠ RHC (72)						
		= (=)						

	TREATMENT - REHA	BILITATION - A	ASSERTIVE COMMU	INITY TREA	TMEN	Т (АСТ)		
CPT®/HCPCS PROCEDU			PROCEDURE COD					USAGE
	H0039		Assertive commun minutes	nity treatm	ent, fa	ce-to-face,	per 15	🗵 OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	N REC	UIREMENT	S	
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the patient's ability to cope and relate to others and enhancing the highest level of functioning in the community.			 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination 					
NOTES		needed with EXAMPLE ACTIVIT		5				
Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service planning and coordination. The program should include <i>all</i> services delivered to the individual when the individual in enrolled in an ACT program. Note that the ACT code should only be used for individuals enrolled in an ACT program that is overseen by the Office of Behavioral Health and that maintains a minimum score of "good fidelity.			 Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded basis Medication prescription, administration, monitoring and documentation Dual diagnosis services, including assessment and intervention Support Activities of Daily Living skills (ADLs) through skills training and practice activities Encourage engagement with peer support services Development of discharge/transition goals and related planning 					gement ned and as- and tervention h skills
APPLICABLE POPULATI		dult (21-64)	UNIT	🗵 15 Minu	itor	DURATION Minimum:		
		eriatric (65+)			ales	Maximum:		nins
ALLOWED MODE(S) OF		<u> </u>	PROGRAM SERVI		RY(IES			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		 ☑ HE (SP) *for young adult on the second seco	only	□ U4 ⊠ TN	/ (ICM) 1 (ACT) И (Respite)		(Voc) Q (Clubhouse) (Recovery) F (Prev/El)
STAFF REQUIREMENTS								
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	区 LCSW (AJ) 오 LPC 오 LMFT	🗵 Unlicensed	nsed Master's Level (HO) nsed EdD/ PhD/PsyD (HP) ed EdD/PhD/PsyD (AH) CAC II APN (SA) CAC II APN (SA))		
PLACE OF SERVICE (PO								
⊠ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	区 Cust Care (33) 区 Grp Home (14) 区 Home (12) 区 ICF-MR (54)	☑ NF (32) ☑ Shelter (0 ☑ SNF (31) ☑ FQHC (50 ☑ RHC (72)						

	TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)							
CPT [®] /HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	H0040		Assertive commu	nity treatment pr	ogram, per diem	🗵 Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
A team-based approac rehabilitation and supp interventions are stren symptom stability, incr and relate to others an functioning in the com	oort services. Thera gths-based and foo easing the patient' d enhancing the hi	peutic cus on promoting s ability to cope	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			EXAMPLE ACTIVIT	· · ·				
Interventions address 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 ACT code should only an ACT program that is Behavioral Health and "good fidelity. For ACT up to 4 hours, more than 4 hours, rep	and training oppo afety, medication s agement and entit ning and coordina ces delivered to th ed in an ACT progra be used for individ s overseen by the that maintains a r	ortunities, daily upport, harm lements, and tion. The program e individual when am. Note that the uals enrolled in Office of ninimum score of 0039; for ACT	 Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded basis Medication prescription, administration, monitoring and documentation Dual diagnosis services, including assessment and intervention Support Activities of Daily Living skills (ADLs) through skills training and practice activities Encourage engagement with peer support services Development of discharge/transition goals and related planning 					
APPLICABLE POPULAT	-		UNIT		DURATION			
	Young Adult 8-20)	区 Adult(21-64) 区 Geriatric (65+)	□ Encounter ⊠ Day	□ 15 Minutes □ 1 Hour	Minimum: 4 hrs Maximum: N/A			
ALLOWED MODE(S) OF			PROGRAM SERVI					
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		 ☑ HE (SP) *for young adult on the second seco	DU4	і (ICM) [Л (ACT) [Л (Respite) [☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)		
STAFF REQUIREMENTS								
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	区 LCSW 区 LPC 区 LMFT	Unlicensed I	Ised Master's Level (HO) Ised EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH) □CAC II ⊠ APN (SA) □CAC II ⊠ APN (SA) □CAC II ☑ APN (SA) □CAC II ☑ QMAP					
PLACE OF SERVICE (PO								
⊠ CMHC (53) ⊠ Office (11) ⊠ Mobile Unit (15) ⊠ ACF (13)	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54) 	☑ NF (32) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)		ool (03) er POS (99)				

	TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)							
CPT [®] /HCPCS PROCEDU			PROCEDURE COD			USAGE		
	H0040		Assertive commu	nity treatment pro	ogram, per diem	⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	UIREMENTS			
A team-based approac rehabilitation and supp interventions are stren symptom stability, incr and relate to others ar functioning in the com	port services. Therap ngths-based and foc reasing the patient's nd enhancing the hig	peutic us on promoting ability to cope	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			EXAMPLE ACTIVIT	TIES				
Interventions address such as housing, schoo activities, health and si reduction, money man treatment/service plar should include <i>all</i> servi the individual in enroll ACT code should only an ACT program that i Behavioral Health and "good fidelity. For ACT up to 4 hours, more than 4 hours, rep	and training opport afety, medication su agement and entitle ning and coordinat ices delivered to the ed in an ACT progra be used for individu s overseen by the C I that maintains a m report/bill using H0	rtunities, daily upport, harm ements, and ion. The program e individual when m. Note that the uals enrolled in office of inimum score of	 Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded basis Medication prescription, administration, monitoring and documentation Dual diagnosis services, including assessment and intervention Support Activities of Daily Living skills (ADLs) through skills training and practice activities Encourage engagement with peer support services Development of discharge/transition goals and related planning 					
APPLICABLE POPULAT	-		UNIT		DURATION			
	l Young Adult 8-20)	⊠ Adult(21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	Minimum: 4 hrs Maximum: N/A	8 mins		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY(IES	5)			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		 ☑ HE (SP) *for young adult of □ HK (Residential 	only 🗵 TN	и (ACT) [И (Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
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)	🗆 CAC I 🛛 🗵 RM	N/LVN (TE) N (TD) X RXN YN (SA) X PA MAP MD			
PLACE OF SERVICE (PC								
⊠ CMHC (53) ⊠ Office (11) ⊠ Mobile Unit (15) ⊠ ACF (13)	⊠ Cust Care (33) ⊠ Grp Home (14) ⊠ Home (12) ⊠ ICF-MR (54)	☑ NF (32) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)		ool (03) er POS (99)				

		RESIDENTIAL	- SUPPORTED HOUS	SING				
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	H0043		Supported housing	g, per diem		🗵 Medic	aid	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
 Behavioral 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. Technical Documentation Requirements Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or ager How does the service relate to the treatment/service plan? Description of the service provided/shift note describing services and the patient's response How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordinat needed with 3rd parties 						? rds		
NOTES	necessary.		EXAMPLE ACTIVIT	IES				
Discrete services (e.g., fa psychotherapy, psychiat etc.) are documented, a from H0043.	ric services, case	management,	 Teaching a patient how to cook in their own home Helping a patient with money management 					
APPLICABLE POPULATIO	ON(S)		UNIT		DURATIO	N		
□ Adol (12-17) (18	Young Adult -20)	⊠ Adult(21-64) ⊠ Geriatric (65+)	□ Encounter ⊠ Day	□ 15 Minutes □ 1 Hour		: N/A : 24 Hours		
ALLOWED MODE(S) OF			PROGRAM SERVIC					
I Face-to-Face I Video Conf (GT) I Telephone	 ☑ Individual ☑ Group (HQ) □ Family (HR) □ Family (HS) 		 ☑ HE (SP) *for young adult c □ HK (Residential 		ACT) Respite)	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery) □ HT (Prev/EI)	2)	
STAFF REQUIREMENTS								
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	⊠ LCSW ⊠ LPC ⊠ LMFT	I Unlicensed	ed Master's Level (HO) ELAC ELPN/LVN (ed EdD/ PhD/PsyD (HP) ECAC I RN (TD) EdD/PhD/PsyD (AH) ECAC II APN (SA) EdD/PhD/PsyD (AH) CACIII QMAP			E) X RxN (SA) X PA (PA) X MD/DO (AF)	
PLACE OF SERVICE (POS	5)							
☑ CMHC (53) ☑ Office (11) ☑ Home (12)	☑ FQHC (50) ☑ RHC (72) ☑ Other POS (99)						

		RESIDENTIAL	- SUPPORTED HOUS	SING				
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	H0043		Supported housing	g, per diem		🗵 ОВН		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REQ	UIREMENTS	5		
Behavioral health supp another natural setting residence, either alone patient's development move to independent li needed to ensure succe person's recovery and o patient has the opportu situation while continu treatment, training, sup supervision. Services in whenever people need and on weekends wher	for patients living in or with others, to fo of independence and iving. Services are pro- engagement in community to live in a less ing to receive behavio oport, and a limited a dividualized and are them, including afte	a private ster the d eventually ovided as support the nunity life. The restrictive living oral health mount of available	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided/shift note describing services and the patient's response How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES	,		EXAMPLE ACTIVITIES					
Discrete services (e.g., psychotherapy, psychia etc.) are documented, a from H0043.	itric services, case ma	anagement,	 Teaching a patient how to cook in their own home Helping a patient with money management 					
APPLICABLE POPULATI	ON(S)		UNIT		DURATION	N		
□ Child (0-11) ⊠ □ Adol (12-17) (18	Young Adult 3-20)	Adult(21-64) Geriatric (65+)	□ Encounter ⊠ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum			
ALLOWED MODE(S) OF			PROGRAM SERVIO		-			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	 ☑ Individual ☑ Group (HQ) □ Family (HR) □ Family (HS) 		 ☑ HE (SP) *for young adult c □ HK (Residential 		ACT) [Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS								
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	区 LCSW (A 오 LPC 오 LMFT	Unlicensed	nsed EdD/ PhD/PsyD (HP) XCAC I X RN (ID) X PA (PA)			E) 🗵 RxN (SA) 🗵 PA (PA) 🖾 MD/DO (AF)		
PLACE OF SERVICE (PO	S)							
⊠ CMHC (53) ⊠ Office (11) ⊠ Home (12)	⊠ FQHC (50) ⊠ RHC (72) ⊠ Other POS (99)							

		RESIDENTIAL	- SUPPORTED HOUS	SING			
CPT [®] /HCPCS PROCEDU	IRE CODE		PROCEDURE CODI	E DESCRIP	ΓΙΟΝ		USAGE
	H0044		Supported housing	g, per mon	th		🗵 Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIC	N REQUIREME	INTS	
 Behavioral 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 BH 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. Technical Documentation Requirements See Section X See Section X Service Content The reason for the visit. What was the intended go How does the service relate to the treatment/service. Description of the service provided/shift note description of the service impact the individual's progregional services? How did the service (s) including any follow-up or needed with 3rd parties 						vice plan? cribing ess towards	
NOTES			EXAMPLE ACTIVIT	TIES			
psychotherapy, psychia	g., family, group an Itric services, case mana reported or billed sep	gement, etc.)	 Teaching a patient how to cook in their own home Helping a patient with money management 				
APPLICABLE POPULATI	ON(S)		UNIT			DURATION	
	0	dult (21-64) eriatric (65+)	□ Encounter 🛛 🖂 🖂	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)		☑ HE (SP) *for young adult of A state of the state of	only 🗆] U4 (ICM)] TM (ACT)] HM (Respite)	□ HJ (Vo □ HQ (Cl □ TT (Re □ HT (Pr	lubhouse) covery)
STAFF REQUIREMENTS							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	区 LCSW (AJ) 또 LPC 또 LMFT	🗵 Unlicensed	nsed Master's Level (HO) ISLAC INCOMPANDED IN INCOMPANDING INTINI INCOMPANDINA INTINI INCOMPANDINA INTINI INCOMPANDINA INTINI INCOMPANDINA INTINI INCOMPANDINA INTINI INCOMPANDINA INTINI IN)
PLACE OF SERVICE (PO							
☑ CMHC (53) ☑ Office (11) ☑ Home (12)	⊠ FQHC (50) ⊠ RHC (72) ⊠ Other POS (99)						

		RESIDENTIAL	- SUPPORTED HOUS	SING				
CPT [®] /HCPCS PROCEDU	IRE CODE		PROCEDURE COD	E DESCRIPT	ΓΙΟΝ		USAGE	
	H0044		Supported housing	g, per mon	th		🗵 OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
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 is are provided as need to support the person's munity life. The patie a less restrictive living sit H treatment, training, su- pervision. Services indivi r people need them, in weekends when necessa	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided/shift note describing services and the patient's response How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 						
NOTES			EXAMPLE ACTIVITIES					
psychotherapy, psychia	g., family, group an atric services, case mana reported or billed sep	gement <i>,</i> etc.)	 Teaching a patient how to cook in their own home Helping a patient with money management 					
APPLICABLE POPULATI	ON(S)		UNIT			DURATION		
		dult (21-64) eriatric (65+)	□ Encounter 🛛 🖂 🖂	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) 		 ☑ HE (SP) *for young adult c □ HK (Residential) 	only 🗆] U4 (ICM)] TM (ACT)] HM (Respite)	□ HJ (Vc □ HQ (C □ TT (Re □ HT (Pr	lubhouse) covery)	
STAFF REQUIREMENTS	i							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 또 LPC 또 LMFT	🗵 Unlicensed	sed Master's Level (HO) XCAC I X LPN/LVN (TE) RxN (SA) sed EdD/ PhD/PsyD (HP) XCAC I X RN (TD) PA (PA) I EdD/PhD/PsyD (AH) XCAC II X APN (SA) MD/DO (AF)			.)		
PLACE OF SERVICE (PO								
☑ CMHC (53) ☑ Office (11) ☑ Home (12)	⊠ FQHC (50) ⊠ RHC (72) ⊠ Other POS (99)							

		RESPITE CA	RE – FACILITY-BASEI)				
CPT [®] /HCPCS PROCEDURE CODE			PROCEDURE CODE	DESCRIPTION		USAGE		
H0045	5		Respite care service	es, not in the ho	me, per diem	n 🗵 Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
Overnight services provided in a facility by medical professionals practice. Services must be reason maintain the condition and funct and prevent relapse/hospitalizat assessment, supervision, structu coordination. Respite care shoul the patient's daily routine is mai NOTES Unlike respite procedure codes S	pe(s) of to improve/ he patient clude and care ensure that H0045	Technical Documentation Requirements See Section X 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						
requires skilled practical/profess the health and physical needs of over 4 hours is reported as H004 up to 4 hours (16 units maximum Discrete services (e.g., family, gri psychotherapy, psychiatric service etc.) are documented, and repor H0045.	spite care espite care 5 T1005. ual gement,	 (ADLs), routine personal hygiene skills, dressing, etc. Assistance with monitoring health status and physical condition Assistance with medication and other medical needs Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) Support to assure the safety of patient Assistance/supervision needed by patient to participate in social, recreational/community activities 						
APPLICABLE POPULATION(S)			UNIT		DURATION			
 ☑ Child (0-11) ☑ Young Ad ☑ Adol (12-17) (18-20) 		ult (21-64) riatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S) OF DELIVER			PROGRAM SERVICE					
□ Video Conf (GT) □ Fam □ Telephone □ Fam	vidual up (HQ) nily (HR) nily (HS)		☐ HE (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 (AJ) □ LPC □ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□CAC I 🗵	LPN/LVN (TE) RN (TD) APN (SA) QMAP	보 RxN (SA) 보 PA (PA) 또 MD/DO (AF)		
PLACE OF SERVICE (POS) Image: CMHC (53) Image: Hosp Image: CMHC (13) Image: CMHC (14) Image: CMHC (14) Image: CMHC (14)	/IR (54)	⊠ PRTF (56) ⊠ SNF (31) ⊠ FQHC (50	•)				

		RESPITE CA	RE - FACILITY-BASE	D					
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE			
	H0045		Respite care servic	es, not in the ho	me, per diem	🗵 ОВН			
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	UIREMENTS				
Overnight services prov	vided in a properly	licensed 24-hour	Technical Documentation Requirements						
facility by medical profe			See Section X						
practice. Services must			Service Content						
maintain the condition		1. Purpose of cont							
and prevent relapse/ho	•		2. Respite service			C 11 - 1			
assessment, supervision			3. Special instruct		ose instructio	ns were followed			
coordination. Respite ca		ble to ensure that	4. Patient's respo		vice plan goal	la and abiastivas			
the patient's daily routi NOTES	ne is maintaineu.		5. Progress towar EXAMPLE ACTIVIT		nce plan goal	is and objectives			
requires skilled practica the health and physical over 4 hours is reported up to 4 hours (16 units Discrete services (e.g., f psychotherapy, psychia etc.) are documented, a H0045.	needs of the patie d as H0045 (per di maximum) is repo family, group and tric services, case	ent. Respite care em); respite care rted as T1005. individual management,	 (ADLs), routine personal hygiene skills, dressing, etc. Assistance with monitoring health status and physical condition Assistance with medication and other medical needs Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) Support to assure the safety of patient Assistance/supervision needed by patient to participate in social, recreational/community activities 						
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	URATION			
	Young Adult -20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter ⊠ Day	 □ 15 Minutes □ 1 Hour 	Minimum: A				
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	E CATEGORY(IES	5)				
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		□ HE (SP) □ HK (Residential)) 🗆 TM	(ICM) I (ACT) I (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)			
STAFF REQUIREMENTS									
			Master's Level (HO) EdD/ PhD/PsyD (HP) ID/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) ⊠ Grp Home (14)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32)	⊠ PRTF (56 ⊠ SNF (31) ⊠ FQHC (5		2)					

	TREATMENT – ALCOHOL AND DRUG ABUSE								
CPT [®] /HCPCS PROCE	EDURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE			
	H0047		Alcohol and/or oth otherwise specified		services; not	⊠ ОВН			
SERVICE DESCRIPTI	ON		MINIMUM DOCUN	MENTATION RE	QUIREMENTS				
	o persons with alcoho			p time (duratio	n) ame & credenti	ials			
NOTES			EXAMPLE ACTIVITI	IFS					
APPLICABLE POPUL	ATION(S)		UNIT		DURATION				
🗵 Adol (12-17) ((18-20)	Adult (21-64) Geriatric (65+)		15 Minutes 1 Hour	Minimum: 8 m Maximum: N/				
ALLOWED MODE(S)) OF DELIVERY		PROGRAM SERVIC	E CATEGORY(II	ES)				
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		□ HE (SP) □ HK (Residential)		(ACT) 🛛 (Respite) 🗆	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMEN	NTS								
Peer Specialist Bachelor's Level (H Intern	⊠ LMFT	Inlicensed 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	\square RXN (SA)			
PLACE OF SERVICE									
⊠ CMHC (53) ⊠ Office (11) ⊠ Telehealth (02)	 ☑ Home (12) ☑ Shelter (04) ☑ FQHC (50) ☑ RHC (72) 	⊠ NRSATF (57) ⊠ Prison/CF (09) ⊠ School (03)							

	SCREENING – ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
H0048			Alcohol and/or other drug testing; collection of handling only, specimens other than blood				
SERVICE DESCRIPTIO	ON		MINIMUM DOCUM	ENTATION R	QUIREMENTS		
"Specimen Collection hair, saliva, or urine	n" means the collec for the purposes of and/or other drugs, rsis of such specime or drug testing shall nce with applicable	and does not include ns. Appropriate and be collected and state and federal	-				
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	I8-20) Source Strain S	⊠ 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) ☐ HK (Residential)	□ U4 (□ TM □ HM (Respit	(ACT) □ HC □ TT	(Voc) L (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMEN	ITS						
 □ Peer Specialist ⊠ Bachelor's Level (H ⊠ Intern 	× 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 (
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	⊠ ACF (13) ⊠ Cust Care (33) ⊠ Grp Home (14) ⊠ Home (12)	⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	 Shelter (04) SNF (31) FQHC (50) RHC (72) RSATF (55) 	⊠ NRSATF (⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23)	o (21) ⊠ Priso 51) ⊠ Scho	on/CF (09)	

ASSESSMENT	- AT RISK - PRENATAL				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H1000	Prenatal Care, At Risk Assessment 🗹 OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Prenatal assessment that is designed to determine the level of drug/alcohol abuse or dependence and the comprehensive treatment needs of a drug/alcohol abusing pregnant client.	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 st initial, last name & credentials				
NOTES	EXAMPLE ACTIVITIES				
	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 ho	ours			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HE (SP) □ U4 (ICM) □ HK (Residential) □ TM (ACT) □ HM (Respite) ☑ HD (Preg/Parent)	 □ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI) 			
STAFF REQUIREMENTS					
Bachelor's Level (HN) LPC Unlicensed LMFT Licensed Edl	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	\Box RXIN (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)					

TREATMENT - 0	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 st initial, last name & credentials				
NOTES	EXAMPLE ACTIVITIES				
	Referring a current client to a residential treatment program (sure she gets there) and obtaining benefits on behalf of the cl Coordinating transitions between residential and outpatient of Linking clients to primary medical care (prenatal care) Maintaining service coordination with other systems, such as welfare, probation and TANF				
APPLICABLE POPULATION(S)	UNIT DURATION				
□ Child (0-11)	□ Encounter ⊠ 15 Minutes Minimum: 8 m □ Day □ 1 Hour Maximum: N/	-			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face □ Individual ☑ Video Conf (GT) ☑ Telephone □ Family (HR) □ Family (HS) 	□ HE (SP) □ U4 (ICM) □ HK (Residential) □ TM (ACT) □ HM (Respite) ☑ HD (Preg/Parent)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS					
Bachelor's Level (HN) IPC Unlicensed E LMFT Licensed EdD	Master's Level (HO) ⊠ LAC □ LPN/LVN dD/ PhD/PsyD (HP) ⊠ CAC I □ RN (TD) /PhD/PsyD (AH) ⊠ CAC II □ APRN (S. ⊠ 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	⊡ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Services facilitated by a certified drug/alcohol treatment counselor to help a client develop health and life management skills.	 Date of service Start and stop time (duration) Attendance documentation Documentation of topics covered Signed with 1st initial, last name & credential 	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 ⊠ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone ☑ Family (HR) □ Family (HS) 	□ HK (Residential) □ TM (ACT) □ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)				
STAFF REQUIREMENTS						
Bachelor's Level (HN) LPC Unlicensed LMFT Licensed EdE	Master's Level (HO) ⊠ LAC □ LPN/LVN (EdD/ PhD/PsyD (HP) ⊠ CAC I □ RN (TD) D/PhD/PsyD (AH) ⊠ CAC II □ APRN (SA) ⊠ CACIII □ QMAP	\square RXN (SA) \square PA (PA)				
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ Home (12) ☑ Other POS (99) ☑ Office (11) ☑ FQHC (50) ☑ Telehealth (02) ☑ RHC (72) ☑ NRSATF (57) 						

	TREATMI	ENT – CASE I	MANAGEMENT - PR	RENATAL		
CPT®/HCPCS PROCEDURE CO	ODE		PROCEDURE COD	E DESCRIPTION		USAGE
ŀ	H1004		Prenatal follow up	home visit		І ОВН
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS	
Prenatal Care Coordination f home	ollow-up visits provide	d in the	 Date of serv Start and sto Description Recommend 	ice op time (duratior of service render	n) red	ls
NOTES			EXAMPLE ACTIVIT	IFS		
Use procedure code H1004 f the home. The only valid POS "12" (home).						
APPLICABLE POPULATION(S)		UNIT		DURATION	
□ Child (0-11)	Adult 🗵 Adult (21 Geriatric	•	EncounterDay	☑ 15 Minutes☑ 1 Hour	Minimum: 8 n Maximum: N/	
ALLOWED MODE(S) OF DELI	VERY		PROGRAM SERVIC	CE CATEGORY(IES	S)	
Kace-to-Face G Video Conf (GT) F F F	ndividual Group (HQ) amily (HR) amily (HS)		☐ HE (SP) ☐ HK (Residential	□ HM (□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS						
Peer Specialist Bachelor's Level (HN) Intern	LPC I	Unlicensed	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	$\Box RXIN (SA)$ $\Box PA (PA)$
PLACE OF SERVICE (POS)						
⊠ Home (12) ⊠ Shelter (04)						

ASSESSMENT - DIAGNOSIS							
CPT [®] /HCPCS PROCEDURE CODE			PROCEDURE COL		USAGE		
H1011 *Do not submit this code until a State-defined purpose is determined.			Family assessmen professional for S	🗆 ОВН			
SERVICE DESCRIPTION	J			JMENTATION RE	QUIREMENTS		
A non-medical visit with a patient's family conducted by a non-physician behavioral health professional), for a State- defined purpose			Technical Documentation Requirements				
NOTES			EXAMPLE ACTIVI	TIES			
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	rion(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 SERVICE CATEGORY(IES)				
☑ Face-to-Face □ Video Conf (GT) □ Telephone	□ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residentia	•	ACT) 🗆 H (Respite) 🗆 T	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/EI)	
STAFF REQUIREMENT	S						
Peer Specialist Bachelor's Level (HN) Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□CAC I 🗵		RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (PC	DS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ Hospice (34) 	 ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04) 	 ☑ SNF (31) ☑ Independent C ☑ Inpt Hosp (21) ☑ Inpt PF (51) 	⊠ Sch	(23) 🛛 🗵 (PHP (52) oool (03) SATF (57)	Other POS (99)	

ASSESSMENT - DIAGNOSIS							
CPT [®] /HCPCS PROCEDUR	PROCEDURE COD	USAGE					
	H2000		Comprehensive multidisciplinary evaluation				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE		S	
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 Section X 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	DN(S)		UNIT		DURATION		
🗵 Adol (12-17) (18-	20) 🗵 G	dult (21-64) eriatric (65+)	🗆 Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:	•	
ALLOWED MODE(S) OF			PROGRAM SERVIC				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	 ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS) 		E HE (SP) E HK (Residential		· /	□ 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)	XCACI X] LPN/LVN (TE)] RN (TD)] APN (SA) QMAP	⊠ RXN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ 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)	

ASSESSMENT - DIAGNOSIS						
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODI	USAGE		
	H2000		Comprehensive multidisciplinary evaluation			
SERVICE DESCRIPTION			MINIMUM DOCUI	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 Section X 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	IES		
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 r To review level 			
APPLICABLE POPULATIO			UNIT		DURATION	
🗵 Adol (12-17) (18-	20) 🗵 Ge	ult (21-64) riatric (65+)	🗆 Day 🛛 🛛	☐ 15 Minutes ☐ 1 Hour	Minimum: N Maximum: I	•
ALLOWED MODE(S) OF					•	
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) ⊠ HK (Residential)			□ 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)	XCACI X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ Hospice (3 ⊠ ICF-MR (54 ⊠ NF (32) ⊠ PRTF (56)		区 ER ()) 区 PF-I 区 Tel	t PF (51) (23) PHP (52) ehealth (02)	⊠ School (03) ⊠ Other POS (99)

	TREATMENT - REHABILITA	TION- REHABILITATION PROGRAM			
CPT®/HCPCS PROCEDURE C	ODE	PROCEDURE CODE DESCRIPTION	USAGE		
H	12001	Rehabilitation program, per ½ day	Medicaid		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	QUIREMENTS		
	ntions include problem-solving nt, and skill building to facilitate station.	 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards 			
		 4. How dut the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 6. Daily attendance log showing number of hours in attendance for reporting/billing purposes 			
NOTES Discrete services (e.g., famil		EXAMPLE ACTIVITIES			
are documented, and report	ervices, case management, etc.) ed or billed separately from e at least 20 – 25 hours/week, at	 Household management, nutrition, hygiene, money management, parenting skills, etc. Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments Interventions address co-occurring disabilities mental health and substance abuse Promotion of self-directed engagement in leisure, recreational and community social activities Engaging patient to have input into service delivery programming Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment 			
APPLICABLE POPULATION(S	i)	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 X Gro Uideo Conf (GT) X Far X Far	ividual oup (HQ) nily (HR) nily (HS)	□ HK (Residential) □ TM	. (ICM) □ HJ (Voc) 1 (ACT) ⊠ HQ (Clubhouse) A (Respite) ⊠ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS					
⊠ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	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	LPN/LVN (TE) 🗵 RxN (SA) RN (TD) 🗵 PA (PA) APN (SA) 🖾 MD/DO (AF) QMAP		
PLACE OF SERVICE (POS)					
⊠ CMHC (53) ⊠Outp Hospital (22)					

	TREATMENT - REHABILITA	TION- REHABILITATION PROGRAM			
CPT [®] /HCPCS PROCEDURE COI	DE	PROCEDURE CODE DESCRIPTION	USAGE		
H2	001	Rehabilitation program, per ½ day	v ⊠ OBH		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	QUIREMENTS		
A facility-based, structured rel program; treatment interventi and coping skills development independent living and adapta * This code is not to be used f	ions include problem-solving , and skill building to facilitate ation.	 MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties Daily attendance log showing number of hours in attendance for 			
NOTES		reporting/billing purposes EXAMPLE ACTIVITIES			
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2001. Services are available at least 20 – 25 hours/week, at least 4 days/week.		 Household management, nutrition, hygiene, money management, parenting skills, etc. Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments Interventions address co-occurring disabilities mental health and substance abuse Promotion of self-directed engagement in leisure, recreational and community social activities Engaging patient to have input into service delivery programming Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment 			
APPLICABLE POPULATION(S)		UNIT	DURATION		
 ☑ Child (0-11) ☑ Young A ☑ 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 DELIV Sec-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS	idual p (HQ) ly (HR)	□ HK (Residential) □ TM	HI (Voc) (ICM) □ HJ (Voc) (ACT) ⊠ HQ (Clubhouse) (Respite) ⊠ TT (Recovery) □ HT (Prev/EI)		
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	🗵 LPC 🛛 🗵 Unlicensed	Master's Level (HO) □CAC I ⊠ EdD/ PhD/PsyD (HP) □CAC I ⊠	LPN/LVN (TE) RN (TD) 🛛 RxN (SA) APN (SA) 🖾 PA (PA) QMAP 🖾 MD/DO (AF)		
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ Outp Hospital (22)					

CRISIS – BEHAVIORAL HEALTH							
CPT®/HCPCS PROC	PROCEDURE CODE DESCRIPTION USAGE						
H2011			Crisis intervention service, per 15 minutes I Medicaid				
SERVICE DESCRIPTI	ON		MINIMUM DO	CUMENTATION	REQUIREMEN	NTS	
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.			MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s) 3. Behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination				
NOTES			needed with EXAMPLE ACTI	· · ·			
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other provider as appropriate. May be provided by more than one direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified and documented. H2011 or 90839/90840 are used in lieu of individual psychotherapy procedure codes when the session is unscheduled (e.g., client walk-in), focused on a client crisis, and involves immediate and/or special interventions in response.			 term crisis-specific assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement 				
APPLICABLE POPUI	ATION(S)		UNIT		DURATION		
区 Child (0-11) ☑ Adol (12-17) (1	☑ Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	区 15 Minutes □ 1 Hour	Minimum: 8 r Maximum: 4		
ALLOWED MODE(S				VICE CATEGOR	Y(IES)		
⊠ Face-to-Face ⊠ Video Conf (GT) ⊠ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) ⊠,HK (Residential)	⊠ U4 (ICM) ⊠ TM (ACT) □ HM (Respite	e)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREME	NTS						
IN Bachelor's Level (HN)			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							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) 	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	⊠ Independe ⊠ ER (23) ⊠ PF-PHP (52 ⊠Telehealth	2)	⊠ School (03) ⊠ NRSATF (57) ⊠ Other POS (99)	

CRISIS – BEHAVIORAL HEALTH						
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION			USAGE
	H2011		Crisis intervent	Crisis intervention service, per 15 minutes		
SERVICE DESCRIPT	ION			OCUMENTATION	REQUIREME	NTS
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.			 See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s) 3. Behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with 			
NOTES			needed with	÷		
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.			 term crisis-specific assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement 			
APPLICABLE POPU	LATION(S)		UNIT		DURATION	
🗵 Adol (12-17) (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	⊠ 15 Minutes □ 1 Hour	Minimum: 8 r Maximum: 4	
ALLOWED MODE(S				RVICE CATEGORY	(IES)	
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) ⊠HK (Residential)	☑ U4 (ICM) ☑ TM (ACT) ☐ HM (Respite)		□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREME	NTS					
□ Peer Specialist 図 Bachelor's Level (HN) 図 Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	⊠ Unlicensed	Master's Level (HO EdD/ PhD/PsyD (HF 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) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) 	☑ Independent ☑ ER (23) ☑ PF-PHP (52) ☑ Telehealth (0		⊠ School (03) ⊠ NRSATF (57) ⊠ Other POS (99)

	TRI	ATMENT - INT	ENSIVE - DAY TREA	TMENT		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COD	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.			 MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES				•		
Services provide a minim transitioning back to a tr (preschool – 5 th grade) to structured programming on the documented acui child/adolescent and his	raditional classroom set o 5 hours (6 th – 12 th gra g per day, 2 – 5 days per ty and clinical needs of	ting; 4 hours de) of week, based				
APPLICABLE POPULATIO	DN(S)		UNIT		DURATION	
🗵 Child (0-11)	Young Adult □ Ad	ult (21-64) riatric (65+)	Image: Contract of the second sec			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI			
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residential) 🗆	U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern) 🗵 LPC 🛛 🗵 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 (POS) ☑ CMHC (53) ☑ ICF-MR (54) ☑ Outp Hospital (22) ☑ PRTF (56) ☑ Grp Home (14) ☑ PF-PHP (52)		⊠ School ⊠Other F				

TREATMENT - INT	ENSIVE - 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.	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES	EXAMPLE ACTIVITIES			
transitioning back to a traditional classroom setting; 4 hours (preschool – 5 th grade) to 5 hours (6 th – 12 th grade) of structured programming per day, 2 – 5 days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family.				
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult □ Adult (21-64) ☑ Adol (12-17) (18-20) □ Geriatric (65+)	□ Encounter □ 15 Minutes Minimum: ≥ 31 □ Day □ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HK (Residential) □ TM (ACT) □ □ 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)☑ ICF-MR (54)☑ School (☑ Outp Hospital (22)☑ PRTF (56)☑ Other PC☑ Grp Home (14)☑ PF-PHP (52)	•			

TREATMENT- R	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	dicaid
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.	 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended go agenda? How does the service relate to the treatment/plan? Description of the service and how service is designed to increase functioning in the community The therapeutic activities utilized and the individual's reflection of the service impact the individual's progress to goals/objectives? Plan for next contact(s) including any follow-up or coor needed with 3rd parties 	/service to response owards
NOTES	EXAMPLE ACTIVITIES	
	 Development and maintenance of necessary community a daily living skills (i.e., grooming, personal hygiene, cooking nutrition, health and MH education, money management maintenance of living environment) Development of appropriate personal support networks t diminish tendencies towards isolation and withdrawal Development of basic language skills necessary to enable to function independently Training in appropriate use of community services 	g, t and to
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	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☑ HQ (Club □ HM (Respite) ☑ TT (Reco □ HT (Prev,	ohouse) very)
STAFF REQUIREMENTS		
Intern	Master's Level (HO)	
PLACE OF SERVICE (POS)		
☑ CMHC (53) ☑ ACF (13) ☑ Home (2 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR ☑ Outp Hospital (22) ☑ Grp Home (14) ☑ NF (32)		

		TREATMENT- R	EHABILITATION - C	DTHER			
CPT [®] /HCPCS PROCEDU	RE CODE		PROCEDURE COL	DE DESCRIPTIO	NC	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	REQUIREMENTS	i i	
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.			MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X 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 and how service is designed to increase functioning in the community 3. The therapeutic activities utilized and the individual's response 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination				
NOTES			EXAMPLE ACTIV	th 3 rd parties			
			 daily living sk nutrition, hea maintenance Development diminish tenc Development to function in Training in ap 	ills (i.e., groon alth and MH er of living envir c of appropriat lencies toward c of basic langu dependently	ning, personal hy ducation, money onment) e personal suppo ds isolation and w uage skills necess of community se	management and ort networks to vithdrawal ary to enable patient	
APPLICABLE POPULATIO			UNIT		DURATION		
🗵 Adol (12-17) (18-	20) 🗵 🖾 Ge	dult (21-64) eriatric (65+)	Encounter Day	⊠ 15 Minute	Maximum:		
ALLOWED MODE(S) OF							
☑ Face-to-Face □ Video Conf (GT) ☑ Telephone	 ☑ Individual ☑ Group (HQ) □ Family (HR) □ Family (HS) 		⊠ HE (SP) ⊠ HK (Residentia	al) 🛛	⊠ U4 (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)	□LAC □CAC I □CAC II □CACIII	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS							
 ☑ CMHC (53) ☑ Office (11) ☑ Outp Hospital (22) ☑ ACF (13) 	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			
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE COL	DE DESCRIPTIO	N	USAGE	
H2015			Comprehensive community support services, per				
			15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCU			i i i i i i i i i i i i i i i i i i i	
and adolescents and co	dered to community-bas ollaterals by trained beha h an approved treatment	ivioral health	Technical Docum See Section X Service Content	entation Requ	rements		
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.			 The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards 				
			goals/objectiv 5. Plan for next needed with 3	contact(s) inclu	ding any follow	-up or coordination	
NOTES			EXAMPLE ACTIVI				
			 natural suppo Assist with ide preferences a Assist in deve plan, crisis ma Skill building t interpersonal 	ort team entifying indivic nd choices lopment and co anagement plar to assist patient	lual strengths, i pordination of r i. : in developing and communit	ecovery/resiliency	
APPLICABLE POPULATI	ION(S)		UNIT		DURATION		
🗵 Adol (12-17) (18	3-20) 🛛 🗆 Ge	lult (21-64) eriatric (65+)	🗆 Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 Maximum: 4	-	
ALLOWED MODE(S) OF			PROGRAM SERV		-		
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	 ☑ Individual ☑ Group (HQ) ☑ Family (HR) ☑ Family (HS) 		⊠ HE (SP) □ HK (Residentia	I) 🗆 T	I4 (ICM) M (ACT) IM (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	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 (PO	S)						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	 ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04) 	区 FQHC (5) 区 RHC (72)	0) 🗵 ER) 🗵 PF	ot PF (51) (23) -PHP (52) hool (03)	⊠ Other POS (99) ⊠ Telehealth (02)	

	PEER S	UPPORT/RECO	VERY SERVICES - C	OMMUNITY			
CPT [®] /HCPCS PROCEDU	RE CODE		PROCEDURE COL	DE DESCRIPTIO	DN	USAGE	
H2015			Comprehensive community support services, per				
			15 minutes				
SERVICE DESCRIPTION					-	5	
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 Section X 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				
NOTES			needed with				
			 natural suppo Assist with ide preferences a Assist in deve plan, crisis ma Skill building to interpersonal 	ort team entifying indivi- ind choices lopment and c anagement pla to assist patier	idual strengths, coordination of r an. nt in developing g and communit	ecovery/resiliency	
APPLICABLE POPULATIO	ON(S)		UNIT	, ,,	DURATION		
⊠ Child (0-11) □ Y ⊠ Adol (12-17) (18-10)	/oung Adult □ Ac -20) □ Ge	lult (21-64) eriatric (65+)	🗆 Day	☑ 15 Minutes □ 1 Hour	Maximum: 4	-	
ALLOWED MODE(S) OF			PROGRAM SERV				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone 	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residentia	al) 🗆	U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	区 LCSW (AJ) 또 LPC 区 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	ICAC □CAC I □CAC II □CACIII	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS	•						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	 ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04) 	区 FQHC (5 区 RHC (72	0) 🗵 E) 🗵 P	npt PF (51) R (23) F-PHP (52) chool (03)	⊠ Other POS (99) ⊠ Telehealth (02)	

	PEEF	R SUPPORT/RECO	VERY SERVICES - C	OMMUNIT	Y		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION				USAGE
H2016			Comprehensive community support services, per diem				er 🗵 Medicaid
SERVICE DESCRIPTION							c
Treatment services ren	dered to community-	hased children	Technical Docum				5
and adolescents and co			See Section X		equire	incinto	
staff in accordance with			Service Content				
for the purpose of ensu			1. The reason fo	r the visit/	call. W	hat was the i	intended goal or
continued community p	placement. Monitorin	g and providing	agenda? How	does the s	ervice	relate to the	treatment/service
medically necessary int	erventions to assist hi	m/her to	plan?				
manage the symptoms			2. Description of				
with his/her overall life			3. The therapeu				the individual's
medical, social, educati		es necessary to	response to t				
meet basic human need	ds.				act the	individual's	progress towards
			goals/objectiv				
			needed with 3		nciuali	ig any follow	v-up or coordination
NOTES				•			
CCSS up to 4 hours (1	6 units) is reported/	nilled as H2015			visting	natural sunn	orts for developing a
CCSS over 4 hours is rep			natural suppo		usting		
		- (/-	 Assist with identifying individual strengths, resources, 				
			preferences a			0,	,
			 Assist in development and coordination of recovery/resiliency 				
			plan, crisis management plan, and/or advance directives (i.e.,				
			WRAP)				
			 Skill building to assist patient in developing functional, 				
			interpersonal, family, coping and community living skills that are negatively impacted by patient's MI				ty living skills that are
			UNIT	pacted by p	batient		
APPLICABLE POPULATION		Adult(21-64)	Encounter	□ 15 Min	utos		4 hrs 8 mins
	-	Geriatric (65+)	🗵 Day	□ 1 Hour	ules	Maximum:	
ALLOWED MODE(S) OF	•		PROGRAM SERV		ORY(IE		1.
	Individual		K HE (SP)		□ U4		🗆 HJ (Voc)
Kace-to-Face Face-to-Face	🗵 Group (HQ)		HK (Residentia	1)	□тм		HQ (Clubhouse)
⊠ Video Conf (GT)	🗵 Family HR)		,	,		(Respite)	TT (Recovery)
I Telephone	🗵 Family (HS)						□ HT (Prev/EI)
STAFF REQUIREMENTS							
Peer Specialist	🗵 LCSW (A.) 🗵 Unlicensed	Master's Level (HO)	X LAC		LPN/LVN (TE)	🗵 RxN (SA)
⊠ Bachelor's Level (HN) ⊠ Intern	Elor's Level (HN) 🛛 🗵 LPC 🖾 Unlicensed B		EdD/ PhD/PsyD (HP)	□CAC I □CAC II		RN (TD) APN (SA)	⊠ PA (PA)
	🗵 LMFT	Licensed Ed	D/PhD/PsyD (AH)			QMAP	MD/DO (AF)
PLACE OF SERVICE (POS	S)						
⊠ CMHC (53)	× ACF (13)	ICF-MF	R (54) 🗵 SNF	(31)	🗵 In	ot PF (51)	🗵 Other POS (99)
🗵 Office (11)	🗵 Cust Care (33)	🗵 NF (32			⊠ ER		🗵 Telehealth (02)
🗵 Mobile Unit (15)	🗵 Grp Home (14)		•		🗵 PF	-PHP (52)	
🗵 Outp Hospital (22)	🗵 Home (12)	🗵 Shelter	r (04) 🛛 🗵 Inpt	Hosp (21)	🗵 Sc	hool (03)	

	PEER S	UPPORT/RECO	VERY SERVICES - C	OMMUNIT	Y		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION				USAGE
87016			Comprehensive community support services, per				
			diem				
SERVICE DESCRIPTION						-	S
Treatment services rend			Technical Docum	nentation R	equire	ments	
and adolescents and co			See Section X				
staff in accordance with for the purpose of ensu			Service Content	or the visit	/coll \4	(hat was the	intended goal or
continued community p	• • • •	•					e treatment/service
medically necessary inte			plan?	w ubes the	Service		e treatment, service
manage the symptoms			2. Description o	f the servic	P		
with his/her overall life			3. The therapeu			utilized and	the individual's
medical, social, education			response to t				
meet basic human need		necessary to					progress towards
			goals/objectiv				p. 08. 000 to mar do
					ncludii	ng anv follow	v-up or coordination
			needed with			0 . /	
NOTES			EXAMPLE ACTIV	ITIES			
CCSS up to 4 hours (10	6 units) is reported/bil	led as H2015;	 Assist with id 	entifying ex	isting	natural supp	orts for developing a
CCSS over 4 hours is rep	orted/billed as H2016 (per diem).	natural support team				
			 Assist with id 	entifying in	dividua	al strengths,	resources,
			preferences a	and choices			
							recovery/resiliency
			plan, crisis management plan, and/or advance directives (i.e.,				
			WRAP)				
			 Skill building to assist patient in developing functional, 				
			interpersonal, family, coping and community living skills that are				
	a ay(a)		negatively im	pacted by p	patient		
			UNIT			DURATION	
	-	dult(21-64)	Encounter	□ 15 Min	utes		4 hrs 8 mins
· / · ·		eriatric (65+)				Maximum:	N/A
ALLOWED MODE(S) OF	Individual		PROGRAM SERV	ICE CATEGO			
🗵 Face-to-Face	🗵 Individual 🗵 Group (HQ)			51)			HJ (Voc)
🗵 Video Conf (GT)	⊠ Group (HQ) ⊠ Family (HR)		🗆 HK (Residentia	, i i j			□ HQ (Clubhouse) □ TT (Recovery)
🗵 Telephone	⊠ Family (HK) ⊠ Family (HS)					l (Respite)	□ HT (Recovery)
STAFF REQUIREMENTS							
Peer Specialist			<u>.</u>	× LAC	X	LPN/LVN (TE)	_
Bachelor's Level (HN)	🗵 LCSW (AJ)		Master's Level (HO)		×	RN (TD)	🗵 RxN (SA)
🗵 Intern	区 LPC 区 LMFT		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	X	APN (SA)	区 PA (PA) 区 MD/DO (AF)
					x	QMAP	
PLACE OF SERVICE (POS	•						
🗵 CMHC (53)	🗵 ACF (13)	🗵 ICF-MF				ot PF (51)	🗵 Other POS (99)
🗵 Office (11)	🗵 Cust Care (33)	🗵 NF (32			🗵 ER		🗵 Telehealth (02)
🗵 Mobile Unit (15)	🗵 Grp Home (14)	🗵 PRTF (-PHP (52)	
🗵 Outp Hospital (22)	🗵 Home (12)	🗵 Shelter	r (04) 🛛 🗵 Inpt	Hosp (21)	🗵 Sc	hool (03)	

	TREATMENT - RE	HABILITATION-	- PSYCHOSOCIAL	REHABILITATIO	N (PSR)		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAGE				
H2017			Psychosocial rehabilitation services, per 15				
			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)			 Technical Documentation Requirements See Section X 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 with 3rd parties 				
NOTEC				•			
NOTES Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships) Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn) PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).			 EXAMPLE ACTIVITIES Direct skills teaching, practice/coaching and skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building. Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being Development of a crisis plan Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends) Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive 				
APPLICABLE POPULATIO	N(S)		programs UNIT		DURATION		
	-	ult (21-64)	Encounter	⊠ 15 Minutes	Minimum: 8 mi		
🗵 Adol (12-17) (18-2	,	riatric (65+)	Day	1 Hour	Maximum: 4 h	rs 7 mins	
ALLOWED MODE(S) OF I ☑ Face-to-Face □ Video Conf (GT) ☑ Telephone	OF DELIVERY		PROGRAM SER\ ⊠ HE (SP) □ HK (Residenti	[ial) [[□ U4 (ICM) □ TM (ACT) □ HM	□ HJ (Voc) 巠 HQ (Clubhouse) 巠 TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	(HN) 🗵 LPC 🗵 Unlicensed		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)) □CAC I □CAC II	区 LPN/LVN (TE) 区 RN (TD) 区 APN (SA) 口 QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	⊠ ICF-MR (54 ⊠ NF (32) ⊠ Shelter (04 ⊠ SNF (31)	⊠ RHC (1) ⊠ Schoo	72)			

	TREATMENT - RE	HABILITATION	- PSYCHOSOCIAL	REHABILITATIC	DN (PSR)		
CPT [®] /HCPCS PROCEDUR			PROCEDURE CODE DESCRIPTION USAGE				
	H2017		Psychosocial rehabilitation services, per 15				
			minutes				
SERVICE DESCRIPTION					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)			 Technical Documentation Requirements See Section X 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 with 3rd parties 				
NOTES			EXAMPLE ACTIV	/ITIES			
NOTES Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships) Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn) PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).			 Direct skills teaching, practice/coaching and skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building. Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being Development of a crisis plan Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends) Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive 				
APPLICABLE POPULATIO	DN(S)		programs UNIT		DURATION		
	-	ult (21-64)	Encounter	🗵 15 Minutes	Minimum: 8 r	nins	
🗵 Adol (12-17) (18-3	,	riatric (65+)	🗆 Day	🗆 1 Hour	Maximum: 4	hrs 7 mins	
ALLOWED MODE(S) OF I	_		PROGRAM SERV				
 ☑ Face-to-Face □ Video Conf (GT) ☑ Telephone 	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Resident ⊠ HF (2 nd modit	ial) fier-SUD)	□ U4 (ICM) □ TM (ACT) □ HM (Respite)	□ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	chelor's Level (HN) I LCSW (AJ) I Unicensed f Errn I LPC I Unicensed f		Master's Level (HO) EdD/ PhD/PsyD (HP D/PhD/PsyD (AH)		 ☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) ☑ QMAP 	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)	
PLACE OF SERVICE (POS)							
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	☑ ICF-MR (54 ☑ NF (32) ☑ Shelter (04 ☑ SNF (31)	⊠ RHC (1) ⊠ Schoo	72)			

TREATMENT - REHABILITATION	- PSYCHOSOCIAL REHABILITATION (PSR)		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE		
H2018	Psychosocial rehabilitation services, per diem 🗵 Medicaid		
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)	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES	EXAMPLE 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, and school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn) PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).	 Direct skills teaching, practice/coaching and skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building. Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being Development of a crisis plan Identification of eksiting natural supports and resources for addressing personal needs (e.g., families, employers, and friends) Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive 		
APPLICABLE POPULATION(S)	UNIT DURATION		
□ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ☑ Adol (12-17) (18-20) ⊠ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☐ Child (0-11)	□ Encounter □ 15 Minutes Minimum: 4 hrs 8 mins ⊠ Day □ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES)		
☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR) ☑ Faces procupation ☑ Family (HS)	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) ☑ HQ (Clubhouse) □ HM (Respite) ☑ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS	Marta da La Elac Elevitori (TE)		
☑ Bachelor's Level (HN) ☑ LCSW (AJ) ☑ Unlicensed P ☑ Intern ☑ LPC ☑ Unlicensed Ed ☑ LMFT ☑ Licensed Ed	Master's Level (HO) □CAC I ☑ PN/LVN (TE) ☑ RxN (SA) EdD/ PhD/PsyD (HP) □CAC I ☑ RN (TD) ☑ PA (PA) □CAC II ☑ APN (SA) ☑ PA (PA) □/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD/DO (AF)		
PLACE OF SERVICE (POS)			
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ Shelter (04) ☑ Outp Hospital (22) ☑ Home (12) ☑ SNF (31)	 ☑ FQHC (50) ☑ RHC (72) ☑ School (03) ☑ Other POS (99) 		

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)	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES	EXAMPLE 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, and school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn) PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem). 	 Direct skills teaching, practice/coaching and skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building. Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being Development of a crisis plan Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends) Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive programs 			
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) ☑ STAFF REQUIREMENTS	PROGRAM SERVICE CATEGORY(IES) Image: HE (SP) Image: U4 (ICM) Image: HJ (Voc) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HK (Residential) Image: TM (ACT) Image: HQ (Clubhouse) Image: HK (Residential) Image: HM (Respite) Image: TT (Recovery) Image: HT (Prev/EI) Image: HT (Prev/EI)			
X Peer Specialist				
☑ Bachelor's Level (HN) ☑ LCSW (AJ) ☑ Unlicensed f ☑ Intern ☑ LPC ☑ Unlicensed fd ☑ LMFT ☑ Licensed Edf	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 II ☑ APN (SA) ⊠ 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)			
\square Outp Hospital (22) \square Home (12) \square SNF (31)	☑ Other POS (99)			

	TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND								
CPT®/HCPCS PROCE	EDURE CODE		PROCEDURE CO	USAGE					
	H2021		Community-base minutes	ed wrap-around s	ervices, per 15	🗵 Medicaid			
SERVICE DESCRIPTI	ON		MINIMUM DOCI	UMENTATION RE	QUIREMENTS				
delivered as an alter Services may includ resources provided members to promo community living. S manners/places bas	munity-based non-cli rnative/adjunct to tra le informal, natural su to a child/adolescent te, maintain/restore s ervices are delivered sed on a collaborative ed to help stabilize an hild/adolescent.	 See Section X Service Content The reason agenda? He plan? Description increase fully The therap response to goals/objection Plan for ne 	n of the service an inctioning in the o eutic intervention o the intervention le service impact ctives? ext contact(s) inclu	at was the inte ice relate to th nd how activity community n(s) utilized an n(s) the individual's	e treatment/service				
NOTES			needed with 3 rd parties EXAMPLE ACTIVITIES						
Discrete therapy set psychotherapy, psyc	wrap-around services rvices (e.g., family, gr chiatric services) are eparately from H2021	oup and individual documented, and							
APPLICABLE POPUL	ATION(S)		UNIT		DURATION				
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young Adult (18-20)	□ Adult (21-64) □ Geriatric (65+)	Encounter Day	⊠ 15 Minutes □ 1 Hour	Minimum: 8 Maximum: 4				
ALLOWED MODE(S)	•			ICE CATEGORY(II					
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residentia	-		□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)			
STAFF REQUIREMEN	NTS								
 ☑ Peer Specialist ☑ Bachelor's Level (HI ☑ Intern 	N) ICSV ICSV IPC IMF	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CACI 🗵	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)			
PLACE OF SERVICE									
区 CMHC (53) 区 Office (11) 区 Mobile Unit (15)	⊠ Home (12) ⊠ Shelter (04) ⊠ FQHC (50)	⊠ RHC (72) ⊠ Independent Clinic ⊠ School (03)	⊠ NRSATF : (49) ⊠ Other Po						

TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND								
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE					
	H2021		Community-based wrap-around services, per 15 minutes			В ОВН		
SERVICE DESCRIPTIC	DN .		MINIMUM DOCU	MENTATION RE	QUIREMENTS			
Individualized, comm delivered as an alter Services may include resources provided t members to promot community living. Se manners/places base Services are intended placement of the chi	native/adjunct to tra informal, natural su to a child/adolescent e, maintain/restore s ervices are delivered ed on a collaborative d to help stabilize an	ditional services. pports and and family successful in non-traditional planning process.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how activity is designed to increase functioning in the community The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination 					
NOTES			needed with 3 rd parties EXAMPLE ACTIVITIES					
psychotherapy, psyc reported or billed se	vices (e.g., family, gro hiatric services) are o parately from H2021	oup and individual locumented, and						
APPLICABLE POPULA			UNIT		DURATION			
☑ Child (0-11)☑ Adol (12-17)	⊠ Young Adult (18-20)	□ Adult (21-64) □ Geriatric (65+)	🗆 Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 Maximum: 4			
ALLOWED MODE(S)			PROGRAM SERVI	-	-			
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residential	•	. ,	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMEN	ITS							
☑ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	I)	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I 🗵	LPN/LVN (TE) RN (TD) APN (SA) QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)		
PLACE OF SERVICE (I	POS)							
区 Office (11)	Shelter (04)	॒ RHC (72) य Independent Clinic । य School (03)	区 NRSATF ((49) 区 Other PO	•				

TREATMENT - OTHER PROFESSIONAL SER	VICES - 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. Service 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.	 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how activity is designed to increase functioning in the community The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or 					
NOTES	coordination needed with 3 rd parties EXAMPLE ACTIVITIES					
reported/billed as H2021; over 4 hours is reported/billed as H202 (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.	22					
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ 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 □ Group (HQ) □ Video Conf (GT) ☑ Family (HR) □ Telephone ☑ Family (HS) 	 ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI) 					
STAFF REQUIREMENTS						
Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Spec	D/ PhD/PsyD (HP) \Box CAC II \boxtimes RN (TD) \boxtimes PA (PA)					
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ Home (12) ☑ Independent Clinic (49) ☑ Office (11) ☑ Shelter (04) ☑ School (03) ☑ Mobile Unit (15) ☑ FQHC (50) ☑ NRSATF (57) ☑ RHC (72) 	9) 🗵 Other POS (99)					

TREA	TMENT - OTHE	R PROFESSIONAL SERVICE	S - COMM	IUNITY-BASED	WRAP-AROUN	ID		
CPT®/HCPCS PROCEDURE CODE			PROCED	URE CODE DES	CRIPTION	USAGE		
H2022			Community-based wrap-around services, per diem					
SERVICE DESCRIPTIO	N		MINIMU	M DOCUMENT	TATION REQUI	REMENTS		
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.			See Sectic Service Cd • The re- agenda treatm • Descri increa • The th indivic • How d toward • Plan fo	ontent ason for the visit a? How does the hent/service plan ption of the serv se functioning in herapeutic interv dual's response t lid the service im ds goals/objectiv	t. What was the i service relate to rice and how acti the community ention(s) utilized o the intervention pact the individu yes?	o the vity is designed to and the on(s) ual's progress		
NOTES				E ACTIVITIES	vith 3 rd parties			
reported/billed as H202 (per diem). Discrete ser	21; over 4 hours is rvices (e.g., family atric services, case rted or billed sepa	management, etc.) are	UNIT		DURATION			
🗵 Child (0-11) 🗵	Young Adult 3-20)	□ Adult (21-64) □ Geriatric (65+)	Encoun ter	□ 15 Minutes □ 1 Hour	Minimum: 4 h Maximum: N/			
ALLOWED MODE(S)	OF DELIVERY			M SERVICE CA	TEGORY(IES)			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS) 		⊠ HE (SP) □ HK (Re	sidential) 🛛 🗆	J4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMEN	TS							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	区 LCSV 区 LPC 区 LMF	Unlicensed EdD/ Ph	D/PsyD (HP)	□CAC I × □CAC II ×] lpn/lvn (te)] rn (td)] apn (sa)] qmap	오 RxN (SA) 오 PA (PA) 오 MD/DO (AF)		
PLACE OF SERVICE (F	POS)							
☑ Office (11) ☑ ☑ Mobile Unit (15) ☑	Home (12) Shelter (04) FQHC (50) RHC (72)	⊠ Independent Clinic (49) ⊠ School (03) ⊠ NRSATF (57)	⊠ Other PC	DS (99)				

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAGE				USAGE
	H2023		Supported emplo	oyment, per	r 15 mi	nutes	🗵 Medicaid
SERVICE DESCRIPTION			MINIMUM DOCI	JMENTATIO	ON REC	UIREMENTS	
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.			 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES			EXAMPLE ACTIV				
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).			 personal car job Providing parafiects disal Preparation Working with accommoda Helping indi Providing on 	reer goals to atient with i bility incom skills (i.e., r th individua ations viduals to c n-the-job as and interpe	o help informe e and k resume ils and conduct conduct conduct rsonal	match the pers ation regarding penefits e development their employer an individuali ce (including, fo skills training)	ng, education and son with a suitable g how employment , interview skills) rs to identify needed zed job search or example, on a continuing
APPLICABLE POPULATI	ON(S)		UNIT			DURATION	
		dult (21-64)	Encounter	🗵 15 Minu		Minimum: 8 m	-
X Adol (12-17) (18-		Geriatric (65+)	Day	1 Hour		Maximum: 4 h	rs 7 mins
Eace-to-Face I Video Conf (GT) I Telephone I	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		PROGRAM SERV		□ U4 □ TM	(ICM)	 ☑ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	🗵 Unlicensed Ed	d Master's Level (HO) 🗵 LAC 🖾 LPN/LVN (TE) 🖾 RxN (SA) d EdD/ PhD/PsyD (HP) 🖾 CAC I 🖾 RN (TD) 🖾 PA (PA) idD/PhD/PsyD (AH) 🖾 CAC II 🖾 APN (SA) 🖾 PA (PA) 🖾 CACIII 🖾 QMAP				🗵 PA (PA)
PLACE OF SERVICE (PO	S)						
 ☑ CMHC (53) ☑ Office (11) ☑ Outp Hospital (22) 	⊠ACF (13) ⊠ Grp Home (14) ⊠ Home (12)	⊠ Shelter (04) ⊠ FQHC (50) ⊠ RHC (72)		ool (03) er POS (99)			

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE						
H2023		Supported emplo	oyment, per	15 minutes	🗵 ОВН		
SERVICE DESCRIPTION		MINIMUM DOCU	JMENTATIO	ON REQUIREMENTS	5		
Employment services, provided by an employm specialist, to assist patients, requiring intensive employment services, in gaining and maintainin competitive employment. When appropriate, so be provided without the patient being present. include assessment, job placement, job coachin follow-along supports which are often provided community. The scope and intensive of support over time, based on the needs of the patient.	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 						
NOTES		EXAMPLE ACTIV					
Activities are typically performed by a job devel coach and/or job specialist to achieve successfu employment outcomes. Supported employmen discrete service. Supported employment up to 4 units) is reported/billed as H2023; over 4 hours reported/billed as H2024 (per diem).	ll t is a 4 hours (16	 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing 					
APPLICABLE POPULATION(S)		UNIT		cceed in their jobs DURATION			
	ılt (21-64) iatric (65+)		⊠ 15 Minu □ 1 Hour	tes Minimum: 8 Maximum: 4			
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV	ICE CATEGO	DRY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 		□ HE (SP) □ HK (Residentia	al)	□ U4 (ICM) □ TM (ACT) □ HM (Respite)	⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS							
AJ	🗵 Unlicensed Ed	ed Master's Level (HO) Image: Carl Constraints Image: Carl Constraints					
PLACE OF SERVICE (POS)							
☑ Office (11)	⊠ Shelter (04) ⊠ FQHC (50) ⊠ RHC (72)	⊠ School (⊠ Other P0					

TREATMENT -	VOCATIONAL SERVICES			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2024	Supported employment, per diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Employment services, provided by an employment specialist, to assist patients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. 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.	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES	EXAMPLE ACTIVITIES			
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).	 Assessing patient's work history, skills, training personal career goals to help match the person job Providing patient with information regarding h affects disability income and benefits Preparation skills (i.e., resume development, ir Working with individuals and their employers t accommodations Helping individuals to conduct an individualized Providing on-the-job assistance (including, for a counseling and interpersonal skills training) on to help people succeed in their jobs 	n with a suitable now employment nterview skills) to identify needed d job search example,		
APPLICABLE POPULATION(S)	UNIT DURATION			
□ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+)	□ Encounter □ 15 Minutes Minimum: 4 hrs ☑ Day □ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HK (Residential) □ TM (ACT) [□ HM (Respite) [⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS				
I A BACHEIOR'S LEVEL (HIN)	laster's Level (HO) 区LAC 区 LPN/LVN (TE) dD/ PhD/PsyD (HP) 区CAC I 区 RN (TD) がPhD/PsyD (AH) 区CACIII 区 APN (SA) 区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.	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 						
NOTES	EXAMPLE ACTIVITIES						
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).	 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis 						
APPLICABLE POPULATION(S)	to help people succeed in their jobs UNIT DURATION						
□ Child (0-11)	□ Encounter □ 15 Minutes Minimum: 4 hrs 8 mins ⊠ Day □ 1 Hour Maximum: N/A						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HE (SP) □ U4 (ICM) ⊠ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)						
STAFF REQUIREMENTS							
Intern	Master's Level (HO) Image: Carl Constraints Image: Carl Constraints <t< td=""></t<>						
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 SE	RVICES				
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE C	ODE DESCRI	PTION	USAGE		
	H2025		Ongoing support to maintain employment, per 15 minutes Medicaid					
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATI	ON REQUIREMENTS			
Ongoing or episodic sup utilized prior to or follow placement, including pr competitive employmen natural on-the-job supp intended to provide the placement, continued e employment as evidence length of employment,	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal? 2. Description of the service provide 3. Intervention utilized and patient response 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact including any follow-up or coordination needed with 3rd parties 							
NOTES			EXAMPLE ACT	IVITIES				
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).			 environm changes a Teaching p job perfonon-com Visiting p pertinent Working establish make rea Contactir 	ent/persona and avoid cris patient pre-v atient identif rmance/relat petitive empl atient at job to job retent with patient a effective sup sonable acco	rocational skills by and implement strations at work including oyment position site to identify and ad tion and his/her job supervervision and feedback mmodations to enhar umily/significant other	tify needed support tegies that improve g placement in a dress issues risor/employer to s strategies, ways to nee job performance		
APPLICABLE POPULATIO	ON(S)		UNIT	,	DURATION			
🗵 Adol (12-17) (18	3-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	⊠ 15 Min □ 1 Hour	Maximum: 4 h			
ALLOWED MODE(S) OF			PROGRAM SE	RVICE CATEG				
 ☑ Face-to-Face □ Video Conf (GT) ☑ Telephone 	⊠ Individual ⊠ Group (HQ □ Family (HR) □ Family (HS)		□ HE (SP) □ HK (Resider	ntial)	□ U4 (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 (/ 区 LPC 区 LMFT	Unlicensed E	d Master's Level (HO) 🗵 LAC 🖾 LPN/LVN (TE) 🖾 RxN (SA) d EdD/ PhD/PsyD (HP) 🖾 CAC I 🖾 RN (TD) 🖾 PA (PA) dD/PhD/PsyD (AH) 🖾 CAC III 🖾 APN (SA) 🖾 PA (PA) 🖾 CACIII 🖾 QMAP					
PLACE OF SERVICE (POS	S)							
☑ CMHC (53) ☑ Office (11) ☑ ACF (13)	⊠ Grp Home (14) ⊠ Home (12) ⊠PRTF (56)	⊠ Shelter (04) ⊠ FQHC (50) ⊠ RHC (72)	⊠ School (0 ⊠ Other PO					

		TREATMENT -	VOCATIONA	SERVICES				
CPT®/HCPCS PROCEDURE C	CODE		PROCEDURE CODE DESCRIPTION USAGE					
	H2025		Ongoing support to maintain employment, per 15 minutes					
SERVICE DESCRIPTION			MINIMUM	DOCUMENTAT	ION REQUIREMENTS			
Ongoing or episodic suppor utilized prior to or following placement, including pre-vo competitive employment pl natural on-the-job supports intended to provide those s placement, continued empl employment as evidenced b length of employment, and	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal? 2. Description of the service provide 3. Intervention utilized and patient response 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact including any follow-up or coordination needed with 3rd parties 							
NOTES			EXAMPLE					
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).			envirc chang Teach Helpir job pe non-c Visitin pertin Worki establ make Conta	nment/persona es and avoid cri ing patient pre- g patient identi rformance/rela ompetitive emp g patient at job ent to job reten ng with patient ish effective sup reasonable acco	ses vocational skills fy and implement str tions at work includir loyment position site to identify and a tion and his/her job supe pervision and feedbac pervision and feedbac pervision sto enha	ntify needed support rategies that improve ng placement in a ddress issues		
APPLICABLE POPULATION	S)		UNIT		DURATION			
	ng Adult	🗵 Adult (21-64)	Encount			-		
X Adol (12-17) (18-20)		🗵 Geriatric (65+)	🗆 Day	🗆 1 Hour		hrs 7 mins		
ALLOWED MODE(S) OF DEL ☑ Face-to-Face □ Video Conf (GT) ☑ Telephone	IVERY Individual Group (HC □ Family (HR □ Family (HS	R)	PROGRAM	SERVICE CATEC	GORY(IES)	⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS								
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	⊠ LCSW ⊠ LPC ⊠ LMFT	🗵 Unlicensed E	d Master's Level (HO)					
PLACE OF SERVICE (POS)								
⊠ Office (11) 🗵	Grp Home (14 Home (12) PRTF (56)) 区 Shelter (04) 区 FQHC (50) 区 RHC (72)	区 Scho	ol (03) er POS (99)				

		TREATMENT -	VOCATIONAL SER	VICES			
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				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. NOTES			 MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal? Description of the service provide, intervention utilized, and the patient's response How did the service impact the individual's progress towards goals/objectives? Plan for next contact including any follow-up or coordination needed with 3rd parties EXAMPLE ACTIVITIES Talking with patient about changes in health, work 				
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).			 environmen changes and Teaching pati job perform non-compet Visiting pati pertinent to Working wit establish eff make reaso 	it/personal d avoid cris tient pre-v ient identif iance/relat titive emple ent at job s o job retent th patient a fective sup nable acco patient's fa	enviro es ocation y and i ions at oymen site to ion and his ervisio mmod mmod mily/si	onment to iden nal skills mplement stra work including t position identify and ad /her job superv n and feedback ations to enhar gnificant other	ify needed support tegies that improve placement in a
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	-	-	
 ☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone 	 ☑ Individual ☑ Group (HQ) □ Family (HR) □ Family (HS) 		□ HE (SP) □ U4 (ICM) ⊠ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubh) □ HM (Respite) □ TT (Recover			⊠ 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		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	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)
PLACE OF SERVICE (POS							
区 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 - VOCATIONAL SERVICES								
CPT [®] /HCPCS PROCED			PROCEDURE CO		PTION		USAGE	
	H2026		Ongoing support to maintain employment, per diem					
SERVICE DESCRIPTION	l		MINIMUM DOC	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.			 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal? 2. Description of the service provide, intervention utilized, and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact including any follow-up or coordination needed with 3rd parties 					
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).			 environmer changes and Teaching pat job perform non-compe Visiting pati pertinent to Working wir establish ef make reaso 	tt/persona d avoid cris itient pre-v ient identif aance/relat titive empl ent at job o job retent th patient a fective sup nable acco patient's fa	l enviro ses vocation fy and i ions at oymen site to ition and his ervisio mmod amily/si	nal skills mplement stra work including t position identify and ad /her job superv n and feedback ations to enhar gnificant other	tify needed support tegies that improve placement in a	
APPLICABLE POPULAT	TON(S)		UNIT	.,		DURATION		
Child (0-11)	Young Adult 🛛 🗵 A	dult (21-64) ieriatric (65+)	□ Encounter ⊠ Day	□ 15 Mir □ 1 Hour		Minimum: 4 H Maximum: N		
ALLOWED MODE(S) O			PROGRAM SERV	ICE CATEG	-	-		
 ☑ Face-to-Face □ Video Conf (GT) ☑ Telephone 	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		□ HE (SP) □ HK (Residentia	al)		(ICM) I (ACT) I (Respite)	⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENT	S							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 				⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	<u>لا</u> لا	E LPN/LVN (TE) RN (TD) APN (SA) QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)	
PLACE OF SERVICE (PC	DS)							
区 CMHC (53) 区 Office (11) 区 ACF (13)	区 Grp Home (14) 区 Home (12) 区 PRTF (56)	⊠ Shelter (0 ⊠ FQHC (50 ⊠ RHC (72)	•	ol (03) r POS (99)				

TREATMENT - OTHER PROFESSIONAL SERVICES - PSYCHOEDUCATION					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H2027	Psychoeducational service, per 15 minutes				
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.	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X 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; education provided 3. How did the patient/family education impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
	EXAMPLE ACTIVITIES Information, education and training to assist patients, fan	nilies			
 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. Increasing knowledge of MI and patient-specific diagn latest research on causes and treatments, brain chem functioning) Understanding importance of patients' individualized treatment/service plans Information, education and training to assist patients, and significant others in accessing community resource first responders with crisis intervention training [CIT], advocacy groups) Information, education and training to assist patients, and significant others with medication management, behavior management, stress management 					
APPLICABLE POPULATION(S)	and/or crisis management UNIT DURATION				
🗵 Child (0-11) 🛛 Young Adult 🖾 Adult (21-64)	Encounter I5 Minutes Minimum: 8 Minutes				
🗵 Adol (12-17) (18-20) 🗵 Geriatric (65+)	□ Day □ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☑ HQ (Clubh ☑ HM (Respite) ☑ TT (Recove ☑ HT (Prev/E	ery)			
STAFF REQUIREMENTS					
Image: Second of second (HN) Image: Second of second (HN) 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 (HN) Image: Second (HN)	Master's Level (HO)	.F)			
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	⊠ FQHC (50) ⊠ RHC (72)				

TREATMENT - OTHER PROFESSIONAL SERVICES - PSYCHOEDUCATION					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H2027	Psychoeducational service, per 15 minutes				
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.	 Technical Documentation Requirements See Section X 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; education provided 3. How did the patient/family education impact the individual's progress towards goals/objectives? 				
	 Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES	EXAMPLE ACTIVITIES				
This service acknowledges the importance of involving family and/or significant others who may be essential in assisting a patient to maintain treatment and to recover. This code requires the individual to have an active treatment/service plan. It is not the same as outreach and engagement.	 Information, education and training to assist patients, families and significant others in managing psychiatric conditions (e.g., symptoms, crisis "triggers," decompensation, medication actions and interactions) Increasing knowledge of MI and patient-specific diagnoses (e.g., latest research on causes and treatments, brain chemistry and functioning) Understanding importance of patients' individualized treatment/service plans Information, education and training to assist patients, families and significant others in accessing community resources (e.g., first responders with crisis intervention training [CIT], patient advocacy groups) Information, education and training to assist patients, families and significant others with medication management, symptom management, behavior management, stress management, and/or crisis management 				
APPLICABLE POPULATION(S)	UNIT DURATION				
Child (0-11) Voung Adult Adult (21-64)	Encounter IS Minutes				
🗵 Adol (12-17) (18-20) 🖾 Geriatric (65+)	Day D1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☑ HQ (Clubhouse) ☑ HM (Respite) ☑ TT (Recovery) ☑ HT (Prev/EI)				
STAFF REQUIREMENTS					
⊠ Bachelor's Level (HN) ⊠ LPC ⊠ Unlicensed ⊠ Intern ⊠ LMFT ⊠ Licensed Ed	Master's Level (HO)KLACKLPN/LVN (TE)RxN (SA)EdD/ PhD/PsyD (HP)CAC IIRN (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- REHABILITATION - CLUBHOUSE					
CPT [®] /HCPCS PROCEDURE CO	DDE	PROCEDURE CODE DESCRIPTION	USAGE		
н	2030	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).		Technical Documentation Requirements See Section X elop and 1. Must be on the treatment/service plan as an intervention rel and to one or more goals and objectives. Sign in/out of each group work unit or facilitator records. 2. A daily note including name of group, focus of group, time in, a description of the type and level of participation in the day' activities (can be a checklist); description of extraordinary evaluation of data 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. Thi			
Clinical consultation by a ma available during hours of ope					
NOTES		EXAMPLE ACTIVITIES			
 individual to make informed of For Clubhouses based on a work description of the work unit's social, vocational, and other sister individual can receive serindividual therapy, medication separately documented and of Should have recent assessme plan or access through an EHI The Clubhouse may develop and the second s	cation groups are curriculum-based. vices outside of clubhouse, e.g. n management, which should be encountered. nt and current treatment/service R. program- specific plan	 Vocational and educational services; resume an Leisure activities to promote social skills buildin Peer support & Recovery groups: increasing engempowerment, hope Self-help and skills training: collaborative meal printerpersonal skills, etc. Outreach & Engagement: identify and resolve b care, relationship building exercises. 	g gagement, prep,		
APPLICABLE POPULATION(S		UNIT DURATION			
□ Child (0-11) ⊠ Young ⊠ Adol (12-17) Adult (18	g 🗵 Adult (21-64) 3-20) 🗵 Geriatric (65+)	□ Encounter	-		
ALLOWED MODE(S) OF DELI	VERY X Individual				
I Face-to-Face ☐ Video Conf (GT) ☐ Telephone	≤ Individual S Group (HQ) □ Family (HR) □ Family (HS)	*for adol/young adult only	⊐ HJ (Voc) ⊠ HQ (Clubhouse) ⊐ TT (Recovery) ⊐ HT (Prev/El)		
STAFF REQUIREMENTS					
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	IPC Unlicensed	censed Master's Level (HO) Image: Cache in the image: Ca			
PLACE OF SERVICE (POS)					
⊠ CMHC (53) ⊠ Other POS (99)					

TREATMENT- REHABILITATION - CLUBHOUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H2030	Mental health clubhouse services, per 15 minutes I OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Structured, community-based services designed to strengthen and/or regain the patient's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the patient thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are provided with staff and members working as teams to address patient's life goals and to perform the tasks necessary for clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The clubhouse must be open to a CMHC or independent Provider Network (IPN).	 Technical Documentation Requirements See Section X Service Content Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor's degree. 			
Clinical consultation by a master's level person should be				
available during hours of operation. NOTES	EXAMPLE ACTIVITIES			
 Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are curriculum-based. The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. Should have recent assessment and current treatment/service plan or access through an EHR. The Clubhouse may develop a program- specific plan 	 Vocational and educational services; resume and interview skills Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagement, empowerment, hope Self-help and skills training: collaborative meal prep, interpersonal skills, etc. Outreach & Engagement: identify and resolve barriers to seeking care, relationship building exercises. 			
APPLICABLE POPULATION(S)	UNIT DURATION			
□ Child (0-11) ⊠ Young ⊠ Adult (21-64) ⊠ Adol (12-17) Adult (18-20) ⊠ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	Image: Second constraint Determinent Image: Second constraint Minimum: 8 mins Image: Day Image: 1 Hour Image: Program Service CATEGORY(IES)			
Image: Allowed Mode(s) OF Delivery Image: Allowed Mod(s) OF Delivery Image: Allowed	Image: Service CATEGORY(IES) Image: Service CATEGORY(IES) <td< td=""></td<>			
Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist Image: Specialist	censed Master's Level (HO) Censed EdD/ PhD/PsyD (HP) ISed EdD/PhD/PsyD (AH) CAC II CAC II CA			
PLACE OF SERVICE (POS) Image: CMHC (53) Image: Other POS (99)				

TREATMENT- REHABILITATION- 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).	Technical Documentation Requirements See Section X Service Content 1. Must be on the treatment/service plan as an intervention relater to one or more goals and objectives. Sign in/out of each group work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/ou a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary event any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This			
Clinical consultation by a master's level person should be available during hours of operation.				
NOTES	EXAMPLE ACTIVITIES			
 Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are curriculum-based. The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. Should have recent assessment and current treatment/service plan or access through an EHR The Clubhouse may develop a program- specific plan 	 Vocational and educational services; resume and interview skills Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagement, empowerment, hope Self-help and skills training: collaborative meal prep, interpersonal skills, etc. Outreach & Engagement: identify and resolve barriers to seeking care, relationship building exercises. 			
APPLICABLE POPULATION(S)	UNIT DURATION			
□ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+)	□ Encounter □ 15 Minutes Minimum: 4 H ⊠ Day □ 1 Hour Maximum: N			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face ☑ Individual □ Video Conf (GT) □ Family (HR) □ Telephone □ Family (HS)	☑ HE (SP) □ U4 (ICM) *for adol/young adult only □ TM (ACT) □ HK (Residential) □ HM (Respite)	□ HJ (Voc) ⊠ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS				
Intern	I Master's Level (HO) I EdD/ PhD/PsyD (HP) DCAC I IN RN (TD) DCAC II IN APN (SA) D/PhD/PsyD (AH) DCACIII QMAP	□ RxN (SA) □ PA (PA) □ MD/DO (AF)		
PLACE OF SERVICE (POS)				
⊠ CMHC (53) ⊠ Other POS (99)				

TREATMENT- REHABILITATION- 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).	 Technical Documentation Requirements See Section X Service Content Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. A daily note including name of group, focus of group, time in/out a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events, any individual interventions; individual's self-evaluation of day. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This 			
Clinical consultation by a master's level person should be available during hours of operation.				
NOTES	EXAMPLE ACTIVITIES			
 Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are curriculum-based. The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. Should have recent assessment and current treatment/service plan or access through an EHR The Clubhouse may develop a program- specific plan 	 Vocational and educational services; resume and Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagempowerment, hope Self-help and skills training: collaborative meal provide skills, etc. Outreach & Engagement: identify and resolve baccare, relationship building exercises. 	g agement, rep, interpersonal		
APPLICABLE POPULATION(S)	UNIT DURATION			
□ Child (0-11)	□ Encounter □ 15 Minutes Minimum: 4 hr ☑ Day □ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Individual ☑ Group (HQ) ☑ Video Conf (GT) ☑ Family (HR) ☑ Telephone ☑ Family (HS) 	*for adol/young adult only □ TM (ACT) □ HK (Residential) □ HM	□ HJ (Voc) ⊠ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS				
IN Bachelor's Level (HN)	ensed Master's Level (HO) ensed EdD/ PhD/PsyD (HP) ed EdD/PhD/PsyD (AH) Ed EdD/PhD/PsyD (AH)			
PLACE OF SERVICE (POS)				
区 CMHC (53) 区 Other POS (99)				

TREATMENT - REHABILITATION - OTHER					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION US/	AGE			
H2032	Activity therapy, per 15 minutes	Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Activity therapy includes the use of music, dance, creative art or any type of play, <u>not for recreation</u> , but related to th 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. NOTES "Structured setting" does not preclude community POS.	 Technical Documentation Requirements See Section X Service Content 1. Reason for the visit. What was the intended goal or agenda? He does the service relate to the treatment/service plan? 2. Description of activity 				
	 Hiking in community to help a patient with depressive reinforce the connection between healthy mind and b exercise. Puppet play with a child to identify feelings and interp dynamics Art/music activities to improve self-esteem, concentration 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	🗆 HM (Respite) 🛛 TT (Voc) (Clubhouse) (Recovery) (Prev/El)			
STAFF REQUIREMENTS					
Bachelor's Level (HN)	nsed Master's Level (HO) nsed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH) CAC II CAC III CAC II CAC I				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Home (12) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)	☑ Shelter (04) ☑ RHC (72)) ☑ SNF (31) ☑ School (03) ☑ FQHC (50) ☑ Other POS (99)				

TREATMENT - REHABILITATION - OTHER							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION			USAGE	
	H2032			Activity therapy, per 15 minutes			
SERVICE DESCRIPTION	N		MINIMUM DOCU	JMENTATION RE	QUIREMENTS	•	
Activity therapy incluse art or any type of play care and treatment of health problems. The structured setting des promote community areas important to m the community. Active individual/group basis development and me objectives in the treat NOTES "Structured setting" of	des the use of music, , <u>not for recreation</u> , f the patient's disabli se are therapeutic ac signed to improve sou integration and reduc aintaining/re-establis ities may be deliverent s and are designed to et specific goals and tment/service plan.	but related to the ng behavioral tivities in a cial functioning, ce symptoms in hing residency in d on an promote skill measurable	 the See Section X Service Content 1. Reason for the visit. What was the intended goal or agendard does the service relate to the treatment/service plan? 2. Description of activity 		rice plan? rogress towards up or coordination to facilitate prosocial epressive symptoms		
dynamic						nd interpersonal concentration, etc.	
APPLICABLE POPULA	TION(S)		UNIT DURATION				
🗵 Child (0-11)	0	🗵 Adult (21-64)	Encounter	🗵 15 Minutes	Minimum: 8	mins	
. , ,		⊠Geriatric (65+)	🗆 Day	🗆 1 Hour	Maximum: N	I/A	
ALLOWED MODE(S) C			PROGRAM SERVI				
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) ⊠ HK (Residentia	I) 🗵 T	4 (ICM) M (ACT) M (Respite)	⊠ HJ (Voc) ⊠ HQ (Clubhouse) ⊠ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENT	rs						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	보 LCSW 보 LPC 또 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 (POS)							
⊠ CMHC (53) ⊠ Office (11) ⊠ Mobile Unit (15)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) 	⊠ ICF-MR (54) ⊠ NF (32) ⊠ Home (12)	区 Shelter (0 区 SNF (31) 区 FQHC (50)	🗵 Scho	(72) ool (03) er 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 treatn focusing on factors in an adolescent's environment that contribut his/her anti-social behavior, including adolescent characteris family relations, peer relations, and school performance.	te to See Section X			
NOTES	EXAMPLE ACTIVITIES			
Usual duration of MST treatment is approximately 4 months. MST provided using a home-based model of service delivery. Providers of MST must meet the specific training and supervision requirements.	Structural family therapy			
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)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) ☑ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Peer Specialist	\boxtimes LAC \square LPN/LVN (TE) \square RxN (SA)			
PLACE OF SERVICE (POS)				
Image: Construction of the state of the	7)			

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 SOBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
An intensive, home-, family- and community-based treatment focusing on factors in an adolescent's environment that contribute to his/her anti-social behavior, including adolescent characteristics, family relations, peer relations, and school performance.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the individual's/family's response to the intervention(s) How did the service impact the individual's/family's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES	EXAMPLE ACTIVITIES				
Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery. Providers of MST must meet the specific training and supervision requirements.	 Strategic family therapy Structural family therapy Behavioral parent training Cognitive behavior therapies 				
APPLICABLE POPULATION(S)	UNIT DURATION				
□ Child (0-11) □ Young Adult □ Adult (21-64) ☑ Adol (12-17) (18-20) □ Geriatric (65+)	□ Encounter ⊠ 15 Minutes Minimum: 8 mins □ Day □ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
□ Peer Specialist	$\Box LAC \qquad \Box LPN/LVN (TE) \qquad \Box RxN (SA)$ $\Box CAC I \qquad \Box RN (TD) \qquad \Box PA (PA)$ $\Box CAC II \qquad \Box APN (SA) \qquad \Box PA (PA)$ $\Box CAC II \qquad \Box OMAP \qquad \Box MD/DO (AF)$				
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)					

RESIDENTIAL – ALCO	HOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
H2034	Halfway house	⊡ овн	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
In-home behavioral health support for clients living in a halfway house to foster the client's development of independence and eventually move to independent living. The client has the opportunity to live in a less restrictive living situation while continuing to receive BH treatment, training, support, and a limited amount of supervision.	1.Date of service2.Start and stop time (duration)3.Client demographic information4.Shift notes		
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)	Encounter 15 Minutes Minimum: 4hr	s 8min	
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour	A	
ALLOWED MODE(S) OF DELIVERY Image: State of the state of	□ HK (Residential) □ TM (ACT) □ H □ HM (Respite) □ T	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS			
区 Bachelor's Level (HN) 区 LPC 区 Unlicensed 区 Intern 区 LMFT 区 Licensed EdD	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN EdD/ PhD/PsyD (HP) ⊠ CAC I ⊠ RN (TD) Ø/PhD/PsyD (AH) ⊠ CAC II ⊠ APRN (SA ⊠ CACIII ⊠ QMAP		
PLACE OF SERVICE (POS)			
図 Grp Home (14) 図 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 ☑ OBH				
SERVICE DESCRIPTION			MINIMUM DOCUM	ENTATION RE	QUIREMENTS	-	
SERVICE DESCRIPTION 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.			MINIMUM DOCUMENTATION REQUIREMENTS 1. Date of service 2. Clinical notes • Type of session • Start and stop time (duration) • Progress towards treatment goals • Goal Attainment 3. Treatment/service plan goals and objectives 4. Signed with 1 st initial, last name & credentials				
NOTES			EXAMPLE ACTIVITIE	S			
Program.	or use with the Special C	connections					
APPLICABLE POPULATI			UNIT		DURATION		
	oung Adult 🗵 Adult	. ,		15 Minutes	Minimum: N/A		
🗵 Adol (12-17) (18-2		ric (65+)		1 Hour	Maximum: N/A	۱	
ALLOWED MODE(S) OF			PROGRAM SERVICE	•			
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		□ HE (SP) □ HK (Residential)			□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS							
Peer Specialist Bachelor's Level (HN) Intern	□ LCSW (AJ) □ LPC □ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) //PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	□ LPN/LVN □ RN (TD) □ APRN (SA □ QMAP	$\square RXN (SA)$	
PLACE OF SERVICE (POS	S)						
⊠ Office (11) ⊠ RSATF (55)							

	RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX							
CPT®/HCPCS PROCEDURE CO	DDE		PROCEDURE CODE		USAGE			
s	3005		Performance meas	🗵 Medicaid				
	3003		self-assessment, de					
SERVICE DESCRIPTION			MINIMUM DOCUM	VENTATI	ON REQUIREN	IENTS		
Safety screening, including S Behavioral Health Issues	 Technical Documentation Requirements See Section X Service Content: Result(s) of patient self-assessment(s) or screening including suicidal ideation or homicidal ideation and other behavioral health issues Plan for interventions and monitoring based on patient self-assessment results 							
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 DURATION					
Child (0-11) X Your		ult (21-64)	Encounter 15 Minutes Minimu			Minimum	n: N/A	
🖾 Adol (12-17) (18-20)	🗵 Ge	riatric (65+)	🗆 Day	□ 1 Hour Maxim			n: N/A	
ALLOWED MODE(S) OF DELI	VERY		Program Service C	ategory				
☑ Face-to-Face □ Video Conference (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residential)		□ 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	EdD/ PhD/PsyD (HP)		ECACI RN (TD) ECACII APN (SA)] RxN (SA)] PA (PA)] MD/DO (AF)	
PLACE OF SERVICE (POS)								
 ☑ CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49) 								

	RESIDENTIA	AL - ALCOHOL A	AND DRUG ABUSE -	SOCIAL D	ETOX		
CPT®/HCPCS PROCEDURE CO	DDE		PROCEDURE CODE	E DESCRIP	NOIT		USAGE
S		Performance meas self-assessment, d	🗵 OBH				
SERVICE DESCRIPTION	SERVICE DESCRIPTION				ON REQUIREM	IENTS	
Safety screening, including S Behavioral Health Issues	uicidal Ideation and	other	 Technical Documentation Requirements See Section X Service Content: Result(s) of patient self-assessment(s) or screening including suicidal ideation or homicidal ideation and other behavioral health issues Plan for interventions and monitoring based on patient self-assessment results 				
NOTES			EXAMPLE ACTIVIT	TES			
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider. Only one encounter per day should be billed, per CMS regulations.			Checking in with patient to ask about safety level to assess for danger to self or others.				
APPLICABLE POPULATION(S			UNIT			DURATIO	ON
□ Child (0-11) ⊠ Youn ⊠ Adol (12-17) (18-20)	-	ult (21-64) riatric (65+)	Encounter Day	□ 15 Minutes Minimu □ 1 Hour Maximu			•
ALLOWED MODE(S) OF DELI	VERY		Program Service C	Category			
⊠ Face-to-Face □ Video Conference (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residential))	□ 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	d Master's Level (HO)			در ۲۰ در	집 RxN (SA) 집 PA (PA) 집 MD/DO (AF)
PLACE OF SERVICE (POS)							
 ☑ CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49) 							

	RESPITE CARE - FACILITY/COMMUNITY						
CPT®/HCPCS PROCEDURE CO	DE	PR	OCEDURE CO	DE DESCRIPT	TION	USAGE	
\$5150)	Uns	Unskilled respite care, not hospice; per 15 minutes 🗵 Medicaid				
SERVICE DESCRIPTION		MI		UMENTATIO	N REQUIREMEN	rs	
Services rendered in the patient's other place of service as a tempor situation/environment or to prov home environment in order to m outpatient setting. Services inclu- direct assistance with, or monito emotional, social and behavioral by someone other than the prim- should be flexible to ensure that maintained.	See 5er 1. 2. 3. ent 4. ire 5.	Technical Documentation Requirements See Section X Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives					
NOTES		EX	AMPLE ACTIV	ITIES			
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.			 Support to assure the safety of client (e.g. developing safety plan, identifying triggers and resources, WRAP plan development, etc.). Referral to and establishing a stronger connection to community resources Relationship building with natural environmental support system Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, self-care by obtaining regular meals/healthy diet options, housekeeping habits, etc. Assistance implementing health status and physical condition instructions Assistance with implementing medication reminders and practically addressing medical needs Assistance/supervision needed by patient to participate in social, recreational/community activities 				
APPLICABLE POPULATION(S)		UN	IIT		DURATION		
 ☑ Child (0-11) ☑ Young Adi ☑ Adol (12-17) (18-20) 	🗵 Geriatric (65+)	Day D	15 Minutes	Minimum: 8 Mir Maximum: 4 Hrs		
ALLOWED MODE(S) OF DELIV							
I Video Conf (GT) I Grou	ıp (HQ) ily (HR)		HE (SP) HK (Residential)		TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS							
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern 	🗵 LPC 🛛 🗵 Unlice	nsed EdD/	Seed Master's Level (HO) Image: Constraint of the set of t				
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ Home ☑ ACF (13) ☑ PRTF (5) ☑ Grp Home (14) ☑ FQHC	56) 🗵 Other						

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 REQUIREMENTS	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.	Technical Documentation Requirements See Section X Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives					
NOTES	EXAMPLE 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.	 Support to assure the safety of client (e.g. developing safety plan, identifying triggers and resources, WRAP plan development, etc.). Referral to and establishing a stronger connection to community resources Relationship building with natural environmental support system Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, self-care by obtaining regular meals/healthy diet options, housekeeping habits, etc. Assistance with implementing medication reminders and practically addressing medical needs Assistance/supervision needed by patient to participate in social, recreational/community activities 					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Encounter Image: 5 Minutes Minimum: 8 Minutes Day 1 Hour Maximum: 4 Hrs					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	7				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HK (Residential) □ TM (ACT) □ ⊠ 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					
\$5151	Unskilled respite care, not hospice; per diem					
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 Section X					
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, emotional, social and behavioral; health needs of the patient	 Special instructions and that those instructions were followed 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	5. Frogress toward treatment/service plan goals and objectives					
maintained.						
NOTES	EXAMPLE ACTIVITIES					
S5151 does not include skilled practical or professional	Support to assure the safety of client (e.g. developing safety plan,					
nursing services; patients who need that level of monitoring	identifying triggers and resources, WRAP plan development, etc.).					
should receive respite care under H0045/T1005. Unskilled	Referral to and establishing a stronger connection to community					
respite care up to 4 hours (16 units maximum) is reported as	resources					
S5150; respite care over 4 hours is reported as S5151 (per	Relationship building with natural environmental support system					
diem). Discrete services (e.g., family, group and individual	Assistance with/monitoring/prompting of activities of daily living					
psychotherapy, psychiatric services, case management, etc.)	(ADLs), routine personal hygiene skills, self-care by obtaining					
are documented, and reported/billed separately from S5151.	regular meals/healthy diet options, housekeeping habits, ,etc.					
	Assistance implementing health status and physical condition					
*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	 Assistance with implementing medication reminders and practically addressing medical needs 					
procedure code.	 Assistance/supervision needed by patient to participate in social, 					
	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)					
☑ Face-to-Face ☑ Crosser (UD)	□ HE (SP) □ U4 (ICM) □ HJ (Voc)					
Video Conf (GT)	□ HK (Residential) □ TM (ACT) □ HQ (Clubhouse)					
	HM (Respite)					
	☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
	I Master's Level (HO) □CAC I □RN (TD) □RxN (SA)					
I Intern C LPC C Unicensed	$\square (PA) = \square (PA) = \square$					
LIMFT Licensed Ec	dD/PhD/PsyD (AH) □CACIII ⊠ QMAP □ MD/DO (AF)					
PLACE OF SERVICE (POS)						
🗵 CMHC (53) 🗵 Home (12)* 🗵 RHC (72)						
⋈ CMHC (53) ⋈ Home (12)* ⋈ RHC (72) ☑ ACF (13) ☑ PRTF (56) ☑ Other POS	(99)					

RESPITE CARE – FACILITY/COMMUNITY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
\$5151	Unskilled respite care, not hospice; per diem 🗵 OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Services rendered in the patient's home, community or othe	· · · · · · · · · · · · · · · · · · ·				
place of service as a temporary relief from stressfu					
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 patien					
by someone other than the primary caregivers. Respite care					
should be flexible to ensure that the patient's daily routine i					
maintained.					
NOTES	EXAMPLE ACTIVITIES				
S5151 does not include skilled practical or professiona					
nursing services; patients who need that level of monitoring					
should receive respite care under H0045/T1005. Unskilled	• Referral to and establishing a stronger connection to community				
respite care up to 4 hours (16 units maximum) is reported a	s resources				
S5150; respite care over 4 hours is reported as S5151 (pe					
diem). Discrete services (e.g., family, group and individua					
psychotherapy, psychiatric services, case management, etc.					
are documented, and reported/billed separately from S5151	regular meals/healthy diet options, housekeeping habits, ,etc.				
*NA/han DOC Llama (12) is used this refere to sith an the	Assistance implementing health status and physical condition				
*When POS Home (12) is used this refers to <i>either</i> the Respite Worker's home or the client's home, for this	instructions				
procedure code.	 Assistance with implementing medication reminders and practically addressing medical needs 				
	 Assistance/supervision needed by patient to participate in social, 				
	recreational/community activities				
APPLICABLE POPULATION(S)	UNIT DURATION				
🗵 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 Face-to-Face	□ HE (SP) □ U4 (ICM) □ HJ (Voc)				
Video Conf (GT)	□ HK (Residential) □ TM (ACT) □ HQ (Clubhouse)				
	☑ HM (Respite) □ TT (Recovery)				
	HT (Prev/EI)				
STAFF REQUIREMENTS					
🛛 🖾 LCSW (AJ) 🖄 Unlicense	ed Master's Level (HO)				
I Intern A LPC A Unicense	$\square PA (PA)$				
Licensed I	EdD/PhD/PsyD (AH) 🛛 CAC III 🖾 AFN (5A) 🗆 MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Home (12)* ☑ RHC (72)					
☑ ACF (13)	S (99)				
⊠ Grp Home (14)					

TREATMENT - ALCOHOL 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 separate code solely for sample collection.	 Technical Documentation Requirements See Section X Service Content: The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided, including results of AOD screening, the education provided, strategies used, and the individual's response to the education How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
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					
Image: Arrelicable POPOLATION(3) Image: Child (0-11) Image: Young Adult Image: Child (0-11) Image: Young Adult Image: Child Adult (21-64) Im	ONT Dokation Image: Second constraints Dokation Image: Second constraints Minimum: N/A Image: Second constraints Maximum: N/A PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	☑ HE (SP) □ U4 (ICM) □ □ HK (Residential) □ TM (ACT) □ □ HM (Respite) □	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)				
STAFF REQUIREMENTS						
Intern	d Master's Level (HO) ⊠LAC ⊠ LPN/LVN (TE) ⊠ RxN (SA) d 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) ☑ 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)	 ☑ RHC (72) ☑ NRSATF (57) ☑ Independent clinic (49) ☑ Other POS (99) ☑ PF-PHP (52) ☑ Telehealth (02) ☑ School (03) 					

TREATMENT - ALCOHOL AND DRUG ABUSE - EDUCATION						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
S9445	Patient education, not otherwise classified, non-					
SERVICE DESCRIPTION	physician provider, individual					
	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.	 Technical Documentation Requirements See Section X Service Content: The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided, including results of AOD screening, the education provided, strategies used, and the individual's response to the education How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
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					
Image: Arrelicable PoroLation(3) Imag	Bit Bit Image: Strain					
		⊐ HJ (Voc)				
Image: Face-to-Face □ Group (HQ) Image: Wideo Conf (GT) □ Family (HR) Image: Wideo Conf (GT) □ Family (HR) Image: Wideo Conf (GT) □ Family (HS)	□ HK (Residential) □ TM (ACT) □ HK (Respite) □	□ HJ (VOC) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS						
Intern	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) CAC I ⊠ RN (TD) ⊠CAC II ⊠ APN (SA) QMAP ⊠CACIII □ QMAP					
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)	 ☑ RHC (72) ☑ Independent clinic (49) ☑ Telehealth (02) ☑ PF-PHP (52) ☑ Other POS (99) ☑ School (03) 					

PREVENTION/EARLY INTERVENTION - EDUCATION - SMOKING CESSATION							
CPT [®] /HCPCS PROCEDURE CODE		PROCEDURE COD	USAGE				
\$9453	Smoking cessation per session	🗵 Medicaid					
SERVICE DESCRIPTION		MINIMUM DOCU	MENTATION R	EQUIREMENTS			
Structured classes rendered for the treat dependence.	Technical Documentation Requirements See Section X Service Content 1. What was the intended class goal or agenda? 2. Description of the class material reviewed/presented and						
		individual's res	sponse to class	-			
NOTES		EXAMPLE ACTIVIT	TIES				
This service is for patients with a diag dependence or a history of tobacco dependence							
APPLICABLE POPULATION(S)		UNIT DURATION					
	☑ Adult (21-64) ☑ Geriatric (65+)	Image: Second state Image: Second state Imag					
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face □ Individual ☑ Group (HQ) □ Telephone □ Family (HR) □ Family (HS) 		 ☑ HE (SP) *for adol/young a □ HK (Residential 	dult only l	□ TM (ACT) [□ HM [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) ⊠ HT (Prev/El)		
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ LCSW (☑ Bachelor's Level (HN) ☑ LPC ☑ Intern ☑ LMFT	I Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I I CAC II I		□ R×N (SA) □ PA (PA) □ MD/DO (AF)		
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ ACF (13) ☑ Office (11) ☑ Cust Care (33) ☑Outp Hospital (22) ☑ 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/EARLY INTERVENTION - EDUCATION - SMOKING CESSATION							
CPT [®] /HCPCS PROCEDURE CODE		PROCEDURE COD	USAGE				
S9453	Smoking cessation per session	n classes, nor	n-physician provider,	🗵 OBH			
SERVICE DESCRIPTION		MINIMUM DOCUI	MENTATION	REQUIREMENTS			
Structured classes rendered for the treatment o dependence.	•						
NOTES		EXAMPLE ACTIVIT	TIES				
This service is for patients with a diagnosis of dependence or a history of tobacco dependence.	f tobacco						
APPLICABLE POPULATION(S)		UNIT DURATION					
□ Child (0-11)	. ,	⊠ Encounter □ 15 Minutes Minimum: N/A □ Day □ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 		 ☑ HE (SP) *for adol/young a □ HK (Residential) 	•	□ TM (ACT) □ HM	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) ⊠ HT (Prev/El)		
STAFF REQUIREMENTS							
X Intern	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	APN (SA)	□ R×N (SA) □ PA (PA) □ MD/DO (AF)		
PLACE OF SERVICE (POS)							
⊠ Office (11) ⊠ Cust Care (33) ⊠ I	ICF-MR (54) NF (32) PRTF (56)	⊠ Shelter (⊠ SNF (31) ⊠ FQHC (5)	⊠ RHC (72) ⊠ School (03) ⊠ NRSATF (57)	⊠ Other POS (99)		

	PREVENTION/EARLY INTERVENTION- EDUCATION - STRESS MANAGEMENT							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CO	USAGE				
S9454			Stress management classes, non-physician provider, per session				🗵 Medicaid	
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATI	ION RE	QUIREMENTS		
Structured classes designed to educate patients on the management of stress.			Technical Documentation Requirements See Section X 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				· ·	to class	5		
NOTES			EXAMPLE ACTIV	IIIE3				
APPLICABLE POPULATIO	DN(S)		UNIT			DURATION		
. ,	-	dult (21-64) Seriatric (65+)				Minimum: N Maximum: N	•	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	□ Individual ☑ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) *child/adol/you □ HK (Residenti	0		U4 (ICM) TM (ACT) HM espite)	□ 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	5							
区 CMHC (53) 区 Office (11) 区Outp Hospital (22)	⊠ ACF (13) ⊠ Cust Care (33) ⊠ Grp Home (14)	区 ICF-MR (54) 区 NF (32) 区 PRTF (56)	⊠ Shelte ⊠ SNF (3 ⊠ FQHC	1)		(72) HP (52) ool (03)	🗵 Other POS (99)	

	PREVENTION/EARLY INTERVENTION- EDUCATION - STRESS MANAGEMENT								
CPT®/HCPCS PROCEDUI	CPT [®] /HCPCS PROCEDURE CODE				PROCEDURE CODE DESCRIPTION				
	S9454			Stress management classes, non-physician					
			provider, per ses	sion			I OBH		
SERVICE DESCRIPTION			MINIMUM DOC	UMENTAT	ION RE	QUIREMENTS			
Structured classes desig	ned to educate patien	ts on the	Technical Docun	nentation	Require	ements			
management of stress.			See Section X						
			Service Content						
						class goal or a	•		
							/presented and		
			individual's	•	to class	S			
NOTES			EXAMPLE ACTIV	ITIES					
						DUDATION			
			UNIT			DURATION	1/4		
	0	dult (21-64)	Encounter 15 Minutes Minimum: N/A			•			
. , ,	,	Geriatric (65+)	Day 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES)						
ALLOWED MODE(S) OF				ICE CATEG					
🗵 Face-to-Face	Individual		⊠ HE (SP)			U4 (ICM)	HJ (Voc)		
□ Video Conf (GT)	Group (HQ)		*child/adol/your	-		TM (ACT)	HQ (Clubhouse)		
□ Telephone	Family (HR) Family (HC)		🗆 HK (Residentia	ai)		HM exercites)	□ TT (Recovery) ⊠ HT (Prev/El)		
STAFF REQUIREMENTS	□ Family (HS)				(К	espite)			
Peer Specialist				×LAC		LPN/LVN (TE)			
Bachelor's Level (HN)	🗵 LCSW (AJ)		Master's Level (HO)			RN (TD)	🗆 RxN (SA)		
Intern	⊠ LPC		EdD/ PhD/PsyD (HP)			APN (SA)	□ PA (PA)		
	🗵 LMFT	🖄 Licensed Ed	D/PhD/PsyD (AH)	X CACIII		QMAP	🗆 MD/DO (AF)		
PLACE OF SERVICE (POS)								
🗵 CMHC (53)	🗵 ACF (13)	🗵 ICF-MR (54)) 🗵 Shelter	r (04)	🗵 RHC	(72)	🗵 Other POS (99)		
🗵 Office (11)	🗵 Cust Care (33)	🗵 NF (32)	🗵 SNF (3	1)	🗵 PF-P	HP (52)			
⊠Outp Hospital (22)	🗵 Grp Home (14)	🗵 PRTF (56)	🗵 FQHC ((50)	🗵 Scho	ool (03)			

	TREATMEN	T -INTENSIVE – INTEN	SIVE OUTPATIENT	PROGRAM (IOP	– MH)		
CPT [®] /HCPCS PROCED	URE CODE		PROCEDURE COD	USAGE			
	S9480		Intensive outpatient psychiatric (IOP) services, per diem				
SERVICE DESCRIPTION	J		MINIMUM DOCU	IMENTATION RE	QUIREMENTS		
SERVICE DESCRIPTION Services focus on maintaining and improving functional abilities for a patient at risk of/with a history of psychiatric hospitalization. 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.			MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties. 6. Daily log of attendance and time duration 7. Weekly note re: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation requirements)				
NOTES			EXAMPLE ACTIVI	TIES			
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	y services per d objectives	 Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization. 				
APPLICABLE POPULAT		•	UNIT		DURATION		
	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ 15 Minutes Minimum: Available 4 hours/day. ☑ Day □ 1 Hour 5 days/week				
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)		
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residentia	I) □ TN	I (ACT) I (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/El)	
STAFF REQUIREMENT	S						
□ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	区 LCSV 区 LPC 区 LMF	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I 🗵		볼 RxN (SA) 볼 PA (PA) 볼 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)				

	TREATMEN	T -INTENSIVE – INTEN	SIVE OUTPATIENT	PROGRAM (IOP	– MH)		
CPT [®] /HCPCS PROCEDU	JRE CODE		PROCEDURE COD	USAGE			
\$9480			Intensive outpatient psychiatric (IOP) services, per diem				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS		
abilities for a patient a hospitalization. Service coordinated individual treatment/service plar	Services focus on maintaining and improving functional abilities for a patient at risk of/with a history of psychiatric hospitalization. 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			 MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties. 6. Daily log of attendance and time duration 7. Weekly note re: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation 			
NOTES			requirement				
While services are ava 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	 Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization. 				
APPLICABLE POPULAT		•	UNIT		DURATION		
	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ 15 Minutes Minimum: Available 4 hours/da ☑ Day □ 1 Hour 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	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ HK (Residentia	I) □ TM	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	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I 🗵	RN (TD) APN (SA)	보 RxN (SA) 보 PA (PA) 보 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)				

		CRISIS – BE	HAVIORAL HEALT	н			
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	DE DESCRIF	TION		USAGE
	S9485		Crisis interventic diem	on mental h	ealth se	ervices, per	🗵 Medicaid
SERVICE DESCRIPTION	J		MINIMUM DOC	UMENTATI	ON REC	UIREMENTS	•
Unanticipated services			Technical Docun	nentation F	Require	ments	
client crisis, requiring			See Section X				
intervention, could re-			Service Content				
LOC., Services include							ntended goal or
escalate the individua	, ,						risis intervention
dangerousness of situ danger to others, asse							essment, mental on, referral) and the
support, triage, assess		•				b the interven	
level care or additiona		-	3. BH history	anny sics			(1011(3)
stabilize the immediat				needs (imm	ediate,	short-term, lo	ong-term) linked
client has developed a						RAP, advance	-
(WRAP) and/or psychi			available				
followed with the clier	nt's permission.		5. Other probl	ems identi	fied (me	ental health, s	ubstance abuse,
			medical, etc				
						ing any follow	-up or coordination
NOTES			needed wit	•	S		
Services may be provi	dod at any time d	av or night and by a			contact	to provido im	modiato chort torm
mobile team/crisis p			 Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with client 				
provider as appropria			and, as necessary, with client's caretakers/ family members				
direct care staff if nee			Referral to other applicable BH services, including pre-inpatient				
safety); all staff involve			screening; activities include telephone contacts/ meeting with				
documented. H2011	or 90839/90840	are used in lieu of	receiving provider staff				
individual psychothera			 Face-to-face/telephone consultation with physician/ hospital 				
is unscheduled (e.g., c			staff, regarding need for psychiatric consultation or placement				
and involves immed	iate and/or speci	al interventions in	• Face-to-face/telephone contact with another provider to help				
response.			that provider deal with a specific client's crisisConsultation with one's own provider staff to address the crisis				
APPLICABLE POPULAT			UNIT	with one s	own pr		address the crisis
	Young Adult	🗵 Adult (21-64)	Encounter	□ 15 Min	utes	Minimum: 4	hrs 8 mins
	.8-20)	Seriatric (65+)	🗵 Day	1 Hour		Maximum: N	
ALLOWED MODE(S) O			PROGRAM SERV				
	🗵 Individual		🗵 HE (SP)		⊠ U4		🗆 HJ (Voc)
Kace-to-Face Video Conf (GT)	🗆 Group (HQ)		🗵 HK (Residentia	al)	🗵 TM		HQ (Clubhouse)
⊠ Video Conf (GT) ⊠ Telephone	🗵 Family (HR)				□нм	(Respite)	□ TT (Recovery)
	🗵 Family (HS)						□ HT (Prev/El)
	S			R (+ 5		Des (1) (0 - ()	
 Peer Specialist Bachelor's Level (HN) 	🗵 LCSV		Master's Level (HO)	⊠LAC □CAC I		.PN/LVN (TE) RN (TD)	🗵 RxN (SA)
Intern	IPC		EdD/ PhD/PsyD (HP)			APN (SA)	🗵 PA (PA)
	IMF	T 🖄 Licensed Ed	D/PhD/PsyD (AH)			QMAP	🗵 MD/DO (AF)
PLACE OF SERVICE (PC	OS)						
🗵 CMHC (53)	🗵 ACF (13)	🗵 Hospice (3		r (04)	🗵 ER	(23)	🗵 Telehealth (02)
🗵 Office (11)	🗵 Cust Care (33					-PHP (52)	
🗵 Mobile Unit (15)	🗵 Grp Home (14		🗵 FQHC			hool (03)	
⊠Outp Hospital (22)	🗵 Home (12)	🗵 PRTF (56)	🗵 RHC (7	2)	🗵 Ot	her POS (99)	

CRISIS – B	EHAVIORAL HEALTH				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
\$9485	Crisis intervention mental health services, per	⊠ OBH			
35465	diem	МОВП			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Unanticipated services rendered in the process of resolving a	Technical Documentation Requirements				
client crisis, requiring immediate attention, that without	See Section X				
intervention, could result in the client requiring a higher	Service Content				
LOC., Services include: immediate crisis intervention to de-	1. The reason for the visit/call. What was the int	-			
escalate the individual or family in crisis, assess	agenda? Description of the crisis/need for cris				
dangerousness of situation, determine risk of suicide or	2. The therapeutic intervention(s) utilized (asses				
danger to others, assess access to or ability to utilize support, triage, assess for and facilitate admission to higher	status, de-escalation techniques, consultation				
level care or additional forms of treatment if needed to	individual/family's response to the intervention 3. BH history	50(5)			
stabilize the immediate situation, . When possible, if the	 Treatment needs (immediate, short-term, lon 	g-term) linked			
client has developed a Wellness Recovery Action Plan	with an existing crisis plan (WRAP, advance di	-			
(WRAP) and/or psychiatric advance directive, this plan is	available				
followed with the client's permission.	5. Other problems identified (mental health, sub	ostance abuse,			
	medical, etc.)	,			
	6. Plan for next contact(s) including any follow-u	up or coordination			
	needed with 3 rd parties				
NOTES	EXAMPLE ACTIVITIES				
Services may be provided at any time, day or night and by a	 Face-to-face/telephone contact to provide imm 				
mobile team/crisis program in a facility/clinic or other	crisis-specific assessment and intervention/counseling with client				
provider as appropriate. May be provided by more than one	and, as necessary, with client's caretakers/ family members				
direct care staff if needed to address the situation (e.g., for	Referral to other applicable BH services, including pre-inpatient				
safety); all staff involved and their activities are identified and	screening; activities include telephone contacts/ meeting with				
documented. H2011 or 90839/90840 are used in lieu of individual psychotherapy procedure codes when the session	receiving provider staffFace-to-face/telephone consultation with physician/ hospital				
is unscheduled (e.g., client walk-in), focused on a client crisis,	staff, regarding need for psychiatric consultation or placement				
and involves immediate and/or special interventions in	 Face-to-face/telephone contact with another provider to help 				
response.	that provider deal with a specific client's crisis				
	 Consultation with one's own provider staff to address the crisis 				
APPLICABLE POPULATION(S)	UNIT DURATION				
Child (0-11) Young Adult Adult (21-64)	🗆 Encounter 🛛 15 Minutes 🛛 Minimum: 4 hr	s 8 mins			
☑ Adol (12-17) (18-20)	🗵 Day 🛛 1 Hour 🛛 Maximum: N/A	A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
⊠ Face-to-Face ⊠ Individual		🗆 HJ (Voc)			
Video Conf (GT)		HQ (Clubhouse)			
IX Telephone		TT (Recovery)			
E Family (HS)		□ HT (Prev/El)			
STAFF REQUIREMENTS					
		🗵 RxN (SA)			
LPC International Internationa		🗵 PA (PA)			
LICENSED EC	ID/PhD/PsyD (AH) CACIII CAMAP	MD/DO (AF)			
PLACE OF SERVICE (POS)					
🗵 CMHC (53) 🛛 🖾 ACF (13) 🖾 Hospice (3	34) 🗵 Shelter (04) 🗵 ER (23)	🗵 Telehealth (02)			
Solution Cust Care (33) ICF-MR (5	4) 🗠 SINF (S1) 🗠 PF-PHP (S2)				
⊠ Office (11) ⊠ Cust Care (33) ⊠ ICF-MR (5 ⊠ Mobile Unit (15) ⊠ Grp Home (14) ⊠ NF (32)	(31) ⊠ F-FRF (32) ☑ FQHC (50) ☑ School (03) ☑ RHC (72) ☑ Other POS (99)				

	RESIDEN	TIAL – ROOM /	AND BOARD			
CPT [®] /HCPCS PROCEDUI	RE CODE	PROC	EDURE CODE	E DESCRIPTION		USAGE
\$9976			Lodging, per diem, not otherwise specified I OBH			
SERVICE DESCRIPTION		MINI		MENTATION RE	QUIREMENTS	
Room and board costs p	er day	2.		ice op time (duratio initial, last nam	,	
NOTES		EXAN	IPLE ACTIVIT	TES		
		KUUII	and board p	provided to clier	п.	
APPLICABLE POPULATIO	DN(S)	UNIT			DURATION	
□ Child (0-11) ⊠ Yo ⊠ Adol (12-17) (18-2	oung Adult ⊠ Adult (21-64) 20) ⊠ Geriatric (65+)			☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY	PROG	RAM SERVIC	CE CATEGORY(II	ES)	
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	 ☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS) 	□ HE □ HK	(SP) (Residential)		(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	🗵 LPC 🛛 🗵 Unli	censed Master's censed EdD/ Phi sed EdD/PhD/Ps	D/PsyD (HP)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	LPN/LVN RN (TD) APRN (SA QMAP	$\square RXN (SA)$
PLACE OF SERVICE (POS)					
⊠ Home (12) ⊠ RSATF (55)						

		RESPITE CA	RE – FACILITY-BASI	ED			
CPT [®] /HCPCS PROCED	URE CODE		PROCED	USAGE			
	T1005		Respite care services, up to 15 minutes				
SERVICE DESCRIPTION	l		MINIMUM DOCI	UMENTATION RE	QUIREMENTS		
Services to temporaril maintain patients in o assistance with/monit support, safety, and en care should be flexible routine is maintained.	Technical Documentation RequirementsSee Section XService 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.			 Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. Assistance with monitoring health status and physical condition Assistance with medication and other medical needs Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) Support to assure the safety of patient Assistance/supervision needed by patient to participate in social, recreational/community activities 				
APPLICABLE POPULAT	TION(S)		UNIT DURATIO				
⊠ 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	S)		
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		□ HE (SP) □ HK (Residentia	al) □ TN	(ICM) 1 (ACT) / (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
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	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (PC							
 ☑ CMHC (53) ☑ ACF (13) ☑ Grp Home (14) 	⊠ Home (12)* ⊠ PRTF (56) ⊠ FQHC (50)	区 RHC (72) 区 Other POS (9	9)				

		RESPITE CAI	RE – FACILITY-BAS	ED			
CPT [®] /HCPCS PROCED	URE CODE		PROCEE	OURE CODE DESC	RIPTION	USAGE	
	T1005		Respite care services, up to 15 minutes I OBH				
SERVICE DESCRIPTION	1		MINIMUM DOC	UMENTATION RE	QUIREMENTS		
Services to temporaril maintain patients in o assistance with/monit support, safety, and e care should be flexible routine is maintained.	Technical Documentation RequirementsSee Section XService 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.			 Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. Assistance with monitoring health status and physical condition Assistance with medication and other medical needs Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) Support to assure the safety of patient Assistance/supervision needed by patient to participate in social, recreational/community activities 				
APPLICABLE POPULAT	TION(S)		UNIT DURATIO				
⊠ 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				VICE CATEGORY(IE	-		
 ☑ Face-to-Face □ Video Conf (GT) □ Telephone 	 ☑ Individual ☑ Group (HQ) □ Family (HR) □ Family (HS) 		□ HE (SP) □ HK (Residentia	al) □ TN	· (ICM) 1 (ACT) Л (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENT	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)	□CACI ⊠ □CACII ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)	
PLACE OF SERVICE (PC							
区 CMHC (53) 区 ACF (13) 区 Grp Home (14)	⊠ Home (12)* ⊠ PRTF (56) ⊠ FQHC (50)	区 RHC (72) 区 Other POS (9	9)				

TREATMENT – FAMILY/COUPLE COUNSELING - ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
T1006	Alcohol and/or substance abuse services, family/couple counseling	I OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Utilization of special skills in sessions with individuals and their family members and/or significant others under the guidance of a counselor to address family and relationship issues related to alcohol and other drug abuse and/or dependence for the purpose of promoting recovery from addiction.	 Date of service Start and stop time (duration) Focus of session Progress toward treatment/service plan goals Intervention strategies utilized Client response Outcome/plan Signed with 1st initial, last name & credentials 	·				
NOTES	EXAMPLE ACTIVITIES					
APPLICABLE POPULATION(S)	UNIT DURATION					
□ Child (0-11)	□ Encounter □ 15 Minutes Minimum: N/A □ Day ☑ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 	□ HK (Residential) □ TM (ACT) □ H □ HM (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)				
STAFF REQUIREMENTS						
Bachelor's Level (HN)	Master's Level (HO) Image: CAC I model Image:	^{FE)} □ RxN (SA) □ PA (PA) □ MD/DO(AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Shelter (04) ☑ NRSATF (57) ☑ Office (11) ☑ FQHC (50) ☑ Prison/CF (09) ☑ Home (12) ☑ RHC (72) ☑ School (03)	⊠ Other POS (99)					

RESIDENTIAL - ALCOHOL A	AND DRUG ABUSE - SOCIAL DETOX				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Alcohol and/or substance abuse services,				
T1007	treatment/service plan development and/o				
	modification, including vital sign monitoring	*			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREM	ENTS			
Initial detox plan for member may be more generally	Technical Documentation Requirements				
focused on assessment of detox progression, maintaining	See Section X				
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, sel	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/o				
participation of clinicians and specialists in addition to those	 Substance use disorder history and again durfunction as a provider history 				
usually providing treatment.	social dysfunction, as soon as clinic				
	Pregnancy screen				
	Clinical Institute Withdrawal Assess Bourised (CIMA AB) or comparable				
	Revised (CIWA-AR) or comparable 2. Detox monitoring	instrument			
	All monitoring activities				
	 Vital signs taken at least every 2 ho 	ours until remaining in			
	normal range for at least 4 hours; t	-			
	discharge	,			
	Routine monitoring of physical and	l mental status			
	3. Referral for medical interventions based	d on assessment and			
	monitoring				
	 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 reviewing CIWA				
Human Services, Office of Behavioral Health as an OBH					
Provider. Detox plan must be provided in accordance with					
OBH licensure					
APPLICABLE POPULATION(S)	UNIT	DURATION			
□ Child (0-11)		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)	🗆 HJ (Voc)			
U Group (HQ)	□ HK (Residential) □ TM (ACT)	HQ (Clubhouse)			
	🗆 HM (Respit				
		🗆 HT (Prev/El)			
STAFF REQUIREMENTS					
	Master's Level (HO) SLAC SLAC IN RN (TD)	K 🖾 RxN (SA)			
X Intern X LPC X Unlicensed	EdD/ PhD/PsyD (HP)	× PA (PA)			
LIMFT Licensed Ed	D/PhD/PsyD (AH) 🛛 CACIII 🗆 QMAP	🗵 MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53)					
🗵 Outp Hospital (22)					
🗵 Independent clinic (49)					

RESIDENTIAL - ALCOHOL A	AND DRUG ABUSE - SOCIAL DETOX				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Alcohol and/or substance abuse services,				
T1007	treatment/service plan development and/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 Section X				
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	-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/o				
participation of clinicians and specialists in addition to those	 Substance use disorder history and assist durfunction, as as an as aliging 				
usually providing treatment.	social dysfunction, as soon as clinic	any reasible			
	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				
	 Vital signs taken at least every 2 ho 	urs until remaining in			
	normal range for at least 4 hours; th				
	discharge	,			
	Routine monitoring of physical and	mental status			
	3. Referral for medical interventions based	on assessment and			
	monitoring				
	 Detox plan modification or, as appropriate development of a treatment/service plan for aftercare based on assessment and 				
NOTEC					
NOTES Facility must be licensed by the Colorado Department of	EXAMPLE ACTIVITIES Monitoring vital signs, administering and reviewing CIWA				
Human Services, Office of Behavioral Health as an OBH					
Provider. Detox plan must be provided in accordance with					
OBH licensure					
APPLICABLE POPULATION(S)	UNIT	DURATION			
□ Child (0-11)	□Encounter 🗵 15 Minutes	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)	HK (Residential) TM (ACT)	HQ (Clubhouse)			
	HM (Resp				
		□ HT (Prev/El)			
STAFF REQUIREMENTS					
K Bachelor's Level (HN) K LCSW (AJ) K Unlicensed	Master's Level (HO) XLAC LPN/LVN (XLAC 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)					
☑ CMHC (53)					
🗵 Outp Hospital (22)					
🗵 Independent clinic (49)					

SUPPORT SERVICES – CHILDCARE – ALCOHOL AND DRUG ABUSE							
CPT [®] /HCPCS PROCEDURE	CODE		PROCEDURE CODE	DESCRIPTION		U	SAGE
	T1009		Child sitting services individual receiving abuse services			V	ОВН
SERVICE DESCRIPTION			MINIMUM DOCUM	ENTATION RE	QUIREMENT	S	
Care of the children of cli			1. Date of service	5			
alcoholism or drug abuse	while the client is in tre	eatment	 Start and stop Signed with 1st 			itials	
NOTES			EXAMPLE ACTIVITIE	S			
APPLICABLE POPULATIO	N/C)		UNIT		DURATION		
	ng Adult 🛛 Adult (21.64)		15 Minutes	Minimum: 8	minc	
⊠ Adol (12-17) (18-20	-			1 Hour	Maximum: N		
ALLOWED MODE(S) OF D			PROGRAM SERVICE			.,	
	☑ Individual ☑ Group (HQ) ☑ Family (HR) ☑ Family (HS)		□ HE (SP) □ HK (Residential)	□ U4 (□ TM	ICM) (ACT) (Respite)	🗆 TT (F	/oc) (Clubhouse) Recovery) 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) J/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	区 LPN/L 区 RN (T 区 APRN 区 QMAI	D) (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (POS)							
🗵 Office (11) 🛛 🗵 F	EQHC (50) 🛛 🕅 RHC (72) NRSATF (57)	Other POS (99)					

TREATMENT -	REHABILITATIO	N – ALCOHOL AND D	RUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
T1012		Alcohol and/or subs development	tance abuse s	ervices, skills	⊡ ОВН
SERVICE DESCRIPTION		MINIMUM DOCUM	ENTATION RE	QUIREMENTS	5
For those involved in Alcohol and/or substance to component helps facilitate their management of activities. The skills development is aimed at fost sufficiency and independence.	day to day	 Date of service Start and stop ti Description of s Recommendation Signed with 1st i 	ervice render ons	ed	als
NOTES		EXAMPLE ACTIVITIE	S		
		 Development and maintenance of necessary communitial daily living skills (i.e., grooming, personal hygiene, cook nutrition, health and MH education, money management maintenance of living environment) Development of appropriate personal support network diminish tendencies towards isolation and withdrawal Development of basic language skills necessary to enable client to function independently 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (☑ Adol (12-17) (18-20) ☑ Geriatr		🗆 Day 🛛	15 Minutes 1 Hour	Minimum: 8 Maximum: N	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE	-	-	
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone ☑ Family (HR) ☑ Family (HS) 		□ HE (SP) □ HK (Residential)	□ U4 (□ TM (□ HM	ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS					
☑ Peer Specialist ☑ LCSW (AJ) ☑ Bachelor's Level (HN) ☑ LPC ☑ Intern ☑ LMFT	⊠ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	区 LPN/L 区 RN (TI 区 APRN 区 QMAF	D) ⊠ RXN (SA) (SA) ⊠ PA (PA)
PLACE OF SERVICE (POS)					
区 CMHC (53) ⊠ Home (12) ⊠ FQH ☑ Office (11) ⊠ PRTF (56) ⊠ RHC ⊠ Grp Home (14) ⊠ Shelter (04) ⊠ RSAT	(72)	⊠ NRSATF (57) ⊠ Prison/CF (09) ⊠ School (03)	⊠ Other PO	S (99)	

	SUPP	ORT SERVICES – LANGUAG	E – ALCOHOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAGE				
T1013			Sign language or oral interpreter for alcohol and/or substance abuse services				
SERVICE DESCRIPTIO	N		MINIMUM DOCUME	NTATION REQU	IREMENTS		
	erstood or received for interpretation, inclu	or clients who require ding but limited to those	 Date of service Start and stop ti Signed with 1st 	me (duration) initial, last name	& credentials	5	
NOTES			EXAMPLE ACTIVITIES				
			Sign language or oral they understand the in relation to alcohol	treatment or ser	rvices being p		
APPLICABLE POPULA	TION(S)		UNIT	DU	JRATION		
		Adult (21-64)	🛛 Encounter 🗵 1	.5 Minutes Mi	nimum: 8 mir	ıs	
	•	Geriatric (65+)	· · · ·		aximum: N/A		
ALLOWED MODE(S)			PROGRAM SERVICE				
 ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone 	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		□ HE (SP) □ HK (Residential)	□ U4 (ICM □ TM (ACT □ HM (Res	r) □ H spite) □ T	I (Voc) Q (Clubhouse) 「(Recovery) T (Prev/El)	
STAFF REQUIREMEN							
Peer Specialist Bachelor's Level (HN 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 (SA) QMAP	\Box RXN (SA)	
PLACE OF SERVICE (F							
⊠ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	⊠ACF (13) ⊠Cust Care (33) ⊠ Grp Home (14) ⊠ Home (12)	区ICF-MR (54) 区NF (32) 区PRTF (56)	 ☑ Shelter (04) ☑SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑RSATF (55) 	☑ NRSATF (57) ☑Inpt Hosp (21 ☑Inpt PF (51) ☑ER (23) ☑PF-PHP (52)	⊠Other		

TREATMENT - CASE MANAGEMENT						
CPT [®] /HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIPT	ON	USAGE
	T1016		Case management, each 15 minutes			🗵 ОВН
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION	N REQUIREMENTS	5
 Service Description Services designed to assist and support a patient to gain access to needed medical, social, educational, and other services. Case management includes: Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources; Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services available, addresses and telephone numbers of agencies providing services; working with patient/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon treatment/service plan and monitoring progress and impact of plan. 			 MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES			EXAMPLE ACTIVI	TIFC		
Case management invo delivery of needed servi delivery of a service to a Case management does the patient to required s patient attends a schedu includes time spent part patient for purposes of following	ices, but is not itself the which the patient has a not include time spent services/time spent wa aled appointment. How icipating in an appoint	e direct been referred. t transporting iting while the vever, it ment with the	available reso application pr • Contact with p patient access	urces, explai ocess patient's fam s services	ily members for a	nd investigating atient and assisting in assistance helping gencies, healthcare
follow-up. APPLICABLE POPULATIO	DN(S)		UNIT		DURATION	
	oung Adult 🛛 🗵 A	dult (21-64) eriatric (65+)	Encounter Day	⊠ 15 Minut □ 1 Hour		
ALLOWED MODE(S) OF Face-to-Face Video Conf (GT) Telephone	DELIVERY ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS)		PROGRAM SERVI ⊠ HE (SP) □ HK (Residentia	1)	RY(IES) 또 U4 (ICM) 또 TM (ACT) 또 HM (Respite)	⊠ HJ (Voc) ⊠ HQ (Clubhouse) ⊠ TT (Recovery) ⊠ HT (Prev/El)
X Intern X LPC X Unlicensed		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)					
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) 	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) 		1) 🗵 (50) 🗵	Inpt Hosp (21) Inpt PF (51) ER (23) PF-PHP (52)	⊠ School (03) ⊠ Other POS (99) ⊠ Telehealth (02)

	Targeted Case	Management- Beh	avioral Health	TCM Serv	ices			
CPT®/HCPCS PROCEDURE CODE			PROCEDURE	CODE DES	SCRIPTION		USAGE	
T1017			Targeted case management, each 15 minutes 🗵 Medicaid					
SERVICE DESCRIPTION			MINIMUM D	OCUMEN	TATION REQU	IREMENTS	5	
 Service Description Services designed to assist and support a patient diagnosed with or being assessed for a mental health disorder, to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services, including: Assessing service needs – gathering patient history/collateral info, treatment needs; Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring participation, identifying a course of action; includes transition plan development Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services and/providing contact information for available services; working with patient/collaterals to secure access to services, including contacting agencies for appointments/services after initial referral process; and Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon service or transition plan and monitoring progress and impact of plan. 			 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or 					
See Appendix E: <u>Targeted Case I</u> NOTES	<u>/lanagement</u>		coordination needed with 3 rd parties EXAMPLE ACTIVITIES					
patient to required services/time sp scheduled appointment. However, i appointment with the patient for pu follow-up. T1017* may be used, when appropr social detox. However, it may <i>not</i> be	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 -				 process Contact with patient's family members for assistance helping patient access services Care Coordination between other service agencies, healthcare providers Development and follow-up of a transition plan from the hospital to outpatient services Social Detox example: To link patient from social detox to outpatient services, multiple case management services are offered (calls, meetings with collaterals, etc.) to 			
APPLICABLE POPULATION(S)			UNIT	lake, obtail			nd make referrals.	
 ☑ Child (0-11) ☑ Young Ac ☑ Adol (12-17) (18-20) 	🗵 Geriati	•	Encounter		15 Minutes 1 Hour	Minimun Maximur	n: 8 mins	
ALLOWED MODE(S) OF DELIVER ☑ Face-to-Face ☑ Indiv ☑ Video Conf (GT) ☑ Grou ☑ Telephone ☑ Fami ☑ STAFE PEOLUPEMENTS	idual p (HQ) ly (HR)		PROGRAM S		TEGORY(IES) ⊠ U4 (ICN ⊠ TM (AC ⊠ HM (Respite)	T) X	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS				X LAC	LPN/LVN	I (TE)	_	
I reer Specialist I Bachelor's Level (HN) Intern	区 LCSW (AJ) 区 LPC 区 LMFT	Unlicensed Mast Unlicensed EdD/ Licensed EdD/Phl	PhD/PsyD (HP)		⊠ CFN/LVN ⊠ RN (TD) ⊠ APN (SA) □ QMAP	<u>د</u> د	3 RxN (SA) 3 PA (PA) 3 MD/DO (AF)	
PLACE OF SERVICE (POS)								
⊠ CMHC (53) ⊠ Office (11) ⊠ Mobile Unit (15) ⊠ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	☑ Shelter ☑ SNF (31 ☑ FQHC (5 ☑ RHC (72) 50)	 ☑ Inpt Hosp ☑ Inpt PF (51 ☑ ER (23) ☑ PF-PHP (52)) X	School (03) Other POS (99) Telehealth (02)	

Targeted Case Managemen	- Behavioral Health TCM Services
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
T1017	Targeted case management, each 15 minutes ☑ OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
 Services designed to assist and support a patient diagnosed with or being assessed for a mental health disorder, to gain access to needed medical, social, educational, and other services as well as provide cocordination and care transition services, including: Assessing service needs – gathering patient history/collateral info, treatmeneds; Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring participation, identifying a course of action includes transition plan development Referral and related activities to obtain needed services – arranging initia appointments for patient with service providers/informing patient of serv and/providing contact information for available services; working with patient/collaterals to secure access to services, including contacting agent for appointments/services after initial referral process; and Monitoring and follow-up – contacting patient/others to ensure patient i following the agreed upon service or transition plan and monitoring progrand impact of plan. See Appendix E: Targeted Case Management MOTES Case management involves linking the patient to the direct delivery of needs services, but is not itself the direct delivery of a service to which the patient been referred. Case management does not include time spent transporting patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up. T1017* may be used, when appropriate to patient status for an individual ir social detox. However, it may not be used for a one-time event (i.e. it is only approved for use when several case management contacts are needed - documentation must support). 	Technical Documentation Requirements Set 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? addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties EXAMPLE ACTIVITIES etcade ctade ctade ctare Coordination between other service agencies, healthcare providers coract with patient's family members for assistance helping patient access services care Coordination between other service agencies, healthcare providers care Coordination between other service agencies, healthcare providers care Coordination between other service agencies, healthcare
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)
ALLOWED MODE(S) OF DELIVERY Image: State of the state of	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) □ HK (Residential) ☑ TM (ACT) ☑ HQ (Clubhouse) ☑ HM (Respite) ☑ TT (Recovery) ☑ HT (Prev/EI)
Peer Specialist	Marked Level (UD) DLAC ELPN/LVN (TE)
Image: Second	Master's Level (HO) LCAC ElAC ElPhylon (TE) Enxn (SA) EdD/ PhD/PsyD (HP) CAC I Enxn (TD) Enxn (SA) D/PhD/PsyD (AH) CAC II APN (SA) Enxn (PA) D/PhD/PsyD (AH) CACIII QMAP MD/DO (AF)
PLACE OF SERVICE (POS)	
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (5 ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56)	4)

	RESIDENTIAL -	– ALCOHOL AN	D DRUG ABUSE - SO	CIAL DETOX			
CPT®/HCPCS PROCEDURE CO	DE		PROCEDURE CODE	DESCRIPTION		USAGE	
Т1019			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)			🗵 Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION REQUIREM	ENTS		
Provision of daily living needs including hydration, nutrition, cleanliness and toiletries for patient. Services designed to maintain the safety and health of the patient, which will generally be similar for all patients.			Technical Documentation Requirements See Section X				
NOTES			EXAMPLE ACTIVITIES				
	Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.			1			
APPLICABLE POPULATION(S)			UNIT		DURATIO	DN .	
□ Child (0-11)	Adult (18- 🗵 Adult 🗵 Geria	: (21-64) tric (65+)	Encounter Day	☑ 15 Minutes □ 1 Hour	Minimur Maximu	n: 8 mins m: N/A	
ALLOWED MODE(S) OF DELIV	'ERY		Program Service Ca	itegory			
I Face-to-Face □ Video Conference (GT) □ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)		⊠ HE (SP) □ HK (Residential)	□ 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	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠LAC ⊠LPN/LVI ⊠CAC I ⊠ RN (TD) ⊠CAC II ⊠ APN (SA ⊠CACIII □ QMAP	د د	E RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (POS)							
 ☑ CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49) 							

	RESIDENTIA	L - – ALCOHO	LAND DRUG ABUSE	- SOCIAL DI	ΤΟΧ		
CPT [®] /HCPCS PROCEDURE CO	DDE		PROCEDURE CODE	DESCRIPTIO	ON		USAGE
T1019			Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualize plan of treatment (code may not be used to identify services provided by home health aide or CNA)				⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION	REQUIREM	ENTS	
Provision of daily living needs including hydration, nutrition, cleanliness and toiletries for patient. Services designed to maintain the safety and health of the patient, which will generally be similar for all patients.			 Technical Documentation Requirements See Section X Service Content: Patient's identified personal care service needs, as reflected in the treatment/service plan Outcome/plan, indicating any changes in personal care services needed, based on patient's presentation/needs. 				
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			DURATIC)N
□ 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			
 ☑ Face-to-Face □ Video Conference (GT) □ Telephone 	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residential)		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	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA) □ QMAP	× ` ×	2 RxN (SA) 2 PA (PA) 3 MD/DO (AF)
PLACE OF SERVICE (POS)							
 ☑ CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49) 							

	RESIDENTIAL	- ALCOHOL	AND DRUG ABUSE	- SOCIAI	L DETOX		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAG				
T1023			Screening to determine the appropriateness of consideration of an individual for participation in a				🗵 Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTA	TION REQUIR	EMENTS	6
A screening procedure limited in nature and intended to merely indicate whether there is a probability that a mental health and/or substance use related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age relevant. Considers patient's motivation and need for further treatment and notes steps taken to connect them to appropriate services upon discharge.			Technical Documentation Requirements See Section X 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 ACTIVITIES				
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.			Discharge planning,	, referral	plans, client res	sponse to	discharge plan
APPLICABLE POPULATION(S)		UNIT			DURAT	ION
□ Child (0-11)		ult (21-64) riatric (65+)	Encounter	□ 15 N □ 1 Ho	/linutes our		um: N/A um: N/A
ALLOWED MODE(S) OF DELI	VERY		Program Service Ca	ategory			
☑ Face-to-Face □ Video Conference (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residential)		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 	ビ LCSW (AJ) ビ LPC ビ LMFT	🗵 Unlicensed	l Master's Level (HO) I EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA) □ QMAP	د ز	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)							
⊠ CMHC (53) ⊠ Outp Hospital (22) ⊠ Independent clinic (49)							

	RESIDENTIAL	- ALCOHOL	AND DRUG ABUSE	- SOCIAL	DETOX		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAG				USAGE
T	T1023			Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter			⊠ОВН
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTA [®]	TION REQUIR	EMENTS	
A screening procedure limited in nature and intended to merely indicate whether there is a probability that a mental health and/or substance use related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age relevant. Considers patient's motivation and need for further treatment and notes steps taken to connect them to appropriate services upon discharge.			Technical Documentation Requirements See Section X 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							
Facility must be licensed by t Human Services, Office of Be Provider.			Discharge planning	, referral	plans, client re	sponse to	discharge plan
APPLICABLE POPULATION(S			UNIT			DURATI	ON
□ Child (0-11) ⊠ Young ⊠ Adol (12-17) (18-20)	g Adult 🗵 Adu	ılt (21-64) 'iatric (65+)	⊠ Encounter □ Day	□ 15 N □ 1 Ho		Minimu Maximu	ım: N/A ım: N/A
ALLOWED MODE(S) OF DELL	VERY		Program Service Ca	ategory			
☑ Face-to-Face □ Video Conference (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ HK (Residential)		□ 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)	ILAC ICACI ICACII ICACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA) □ QMAP	× / ×	E RxN (SA) E PA (PA) E MD/DO (AF)
PLACE OF SERVICE (POS)							
 ☑ CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49) 							

	SUPPORT SERVICE	S – TRANSPORT	ATION - ALCOHOL	AND DRUG ABU	JSE		
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COD	DE DESCRIPTION		USAGE	
	T2001		Non-emergency t	ransportation		I OBH	
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENT	s	
Providing transportation so reach their destination ind issues, age of patient, or un destination.	ependently, be it for co	ompetency	 Description Reason for t Origin of pic Purpose of t 	vice op time (duratio of service rende transportation tk up and destina transportation to 1st initial, last n	red ation destination		
NOTES			EXAMPLE ACTIVI	TIES			
APPLICABLE POPULATION	• •		UNIT		DURATION		
 ☑ Child (0-11) ☑ Youn ☑ Adol (12-17) (18-20) 	🗵 Geriatr		🗆 Day	□ 15 Minutes □ 1 Hour	Minimum: N Maximum:		
ALLOWED MODE(S) OF DE			PROGRAM SERVI	-	-		
✓ Face-to-Face ✓ Video Conf (GT) ✓	Individual Group (HQ) Family (HR) Family (HS)		□ HE (SP) □ HK (Residentia		(ACT)	□ 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) J/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	区 LPN/I 区 RN (T 区 APRN 区 QMA	D) X RXN (SA (SA) X PA (PA))
PLACE OF SERVICE (POS)							
区 RSATF (55) 区 NRSATF (57) 区 Other POS (99)							

IX. Time Documentation Rules/Standards

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

- "Timed" procedure codes specify a direct (i.e., face-to-face) time increment in the procedure code description. The direct time component is only that time spent with the patient and/or family. Non-face-to-face time (i.e., pre- and post-encounter time) is not included in the calculation of the time component. Examples of time-specific services are psychological testing (1 hour), psychotherapy (from 20 30 minutes up to 70 80 minutes), and case management (15 minutes).³¹
- "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),³² regardless of the number of minutes spent rendering the service. Examples of "untimed" services are psychiatric diagnostic interview exam, medication management, and outreach.
- A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes). A second hour is attained when a total of 91 minutes have elapsed.

a. Fifteen (15) Minute Time-Based Procedure Codes

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

Determining Billing Units for 15 Minute Timed Procedure Codes						
# of 15 Minute Units	Duration					
1 unit	Greater than or equal to (\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.³³

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[®] and HCPCS procedure codes are reported as encounters (1 unit), but also specify an approximate amount of direct (i.e., face-to-face) time in the procedure code description. For example, the CPT[®] procedure codes 90832 – 90838 for individual psychotherapy state "approximately 'x' minutes face-to-face with the patient."

HCPCS procedure codes G0176 – G0177 for partial hospitalization program (PHP) activity therapy and training and education services parenthetically state "45 minutes or more." Encounters (i.e., sessions) of less than 45 minutes should be reported or billed with modifier 52 (Reduced Service) to indicate that the service is reduced or less extensive than the usual procedure.³⁴

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.³⁵

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.³⁶ (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.³⁷

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)³⁸

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>;³⁹ 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>;⁴⁰ the National Uniform Claim Committee (NUCC) *1500 Claim Form Map to the X12 837 Health Care Claim: Professional*;⁴¹ the 837P Transaction Data Guide; the 837P Implementation Guide or the Web Portal User Guide; and/or the appropriate RAE provider manual.

Medicaid allows the use of the revenue codes listed in Appendix I (in addition to those represented in <u>Appendix Q</u>-Revenue Codes in the Appendices section under Billing Manuals on the Department of Health Care Policy and Financing website) under the capitated behavioral health benefit administered under the Accountable Care Collaborative.

b. Colorado HCPF Procedure Code Revisions

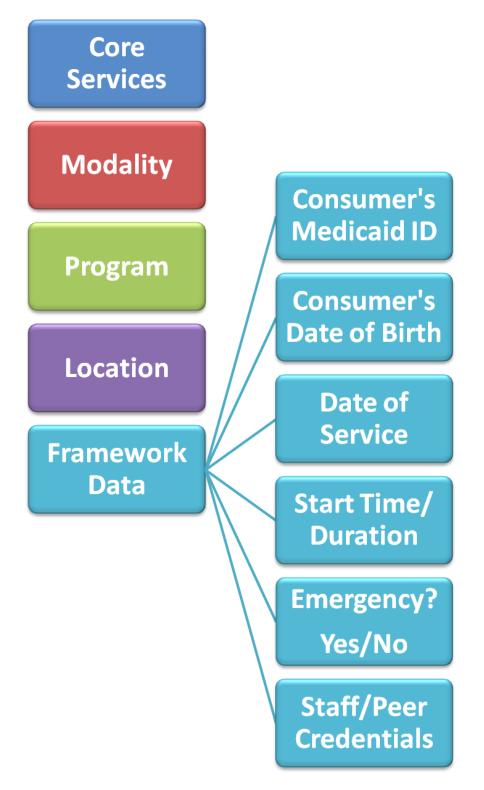
To submit a suggestion to add, delete or change the Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative approved procedure code list (<u>Appendix C</u>) submit the following information to the Colorado Department of Health Care Policy and Financing (HCPF):

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

HCPF will review and discuss recommendations with the appropriate stakeholders (e.g., 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		

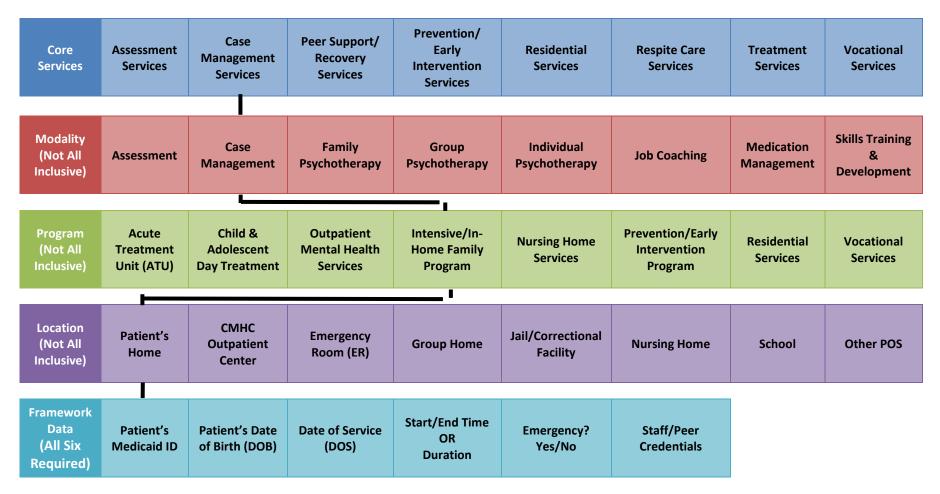
Colorado Health Network's (CHN) Encounter Design Matrix

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
					'			
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			

CDHS – OBH Approved Behavioral Health (BH) Procedure Code List				
CPT/HCPCS Procedure Code	Description			
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 minutes			
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient			
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), by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report; first hour			
96121	Add on for 96116. Each additional hour (list separately in addition to code for primary procedure)			
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to patient, family member(s) or caregiver(s) when performed; first hour			
96131	Add on for 96130. Each additional hour (list separately in addition to code for primary procedure)			
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, Interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to patient, family member(s) or caregiver(s) when performed; first hour			
96133	Add on for 96132. Each additional hour (list separately in addition to code for primary procedure)			
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes			
96137	Add on for 96136. Each additional 30 minutes (List separately in addition to code for primary procedure)			
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes			
96139	Add on for 96138. Each additional 30 minutes (List separately in addition to code for primary procedure)			
96146	Psychological or neuropsychological test administration with single automated instrument via electronic platform, with automated result only			
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			

CDHS – OBH Approved Behavioral Health (BH) Procedure Code List				
CPT/HCPCS Procedure Code	Description			
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.			
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. Typicatime 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 problem 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.			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List				
CPT/HCPCS Procedure Code	Description				
99217	Observation Care discharge day management when provided on a day other than day of admission.				
99218	Initial observation care userial ge day management when provided on a day other than day of admission. 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)				
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				

CDHS – OBH Approved Behavioral Health (BH) Procedure Code List				
CPT/HCPCS Procedure Code	Description			
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			
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.			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List							
CPT/HCPCS Procedure Code	Description							
99304	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							
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							

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List							
CPT/HCPCS Procedure Code	Description							
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							
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							

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List
CPT/HCPCS Procedure Code	Description
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)
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

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List
CPT/HCPCS Procedure Code	Description
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
H0040	Assertive community treatment program, per diem

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List
CPT/HCPCS Procedure Code	Description
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					

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List							
CPT/HCPCS Procedure Code	Description							
T1009	Child sitting services for the children of the individual receiving alcohol and/or substance abuse services							
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*
	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	E
	Psychotherapy, 30 minutes with the patient and/or family						
	member when performed with an evaluation and						
	management service (list separately in addition to the code			Individual			_
90833	for primary service)	E&M	Psychotherapy	Psychotherapy	Х	Х	E
	Psychotherapy, 45 minutes with the patient and/or family			Individual			
90834	member	Treatment	Psychotherapy	Psychotherapy	Х	x	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	x x x x	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
				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

		Primary	Secondary		SP		
Code	Description	Category	Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Family psychotherapy (conjoint psychotherapy) (with patient			Family			
90847	present)	Treatment	Psychotherapy	Psychotherapy	Х	Х	E
90849	Multiple-family group therapy	Treatment	Psychotherapy	Group Psychotherapy	x	x	E
50045		incutinent	Toychotherapy	Group	~	~	_
90853	Group psychotherapy (other than of a multiple-family group)	Treatment	Psychotherapy	Psychotherapy	х	х	E
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	Treatment	Other Professional Services	Biofeedback	x	x	E
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	Treatment	Other Professional Services	Biofeedback	x		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				
90887	how to assist patient	Assessment	Testing	n/a	Х		E

		Primary			SP		
Code	Description	Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	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), by physician or other qualified health care						
	professional, both face-to-face time with patient and time		Psychological				
96116	interpreting test results and preparing the report; first hour	Assessment	Testing	n/a	Х		1 H

		Primary			SP		
Code	Description	Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Add on to 96116. Each additional hour (List separately in		Psychological				
96121	addition to code for primary procedure)	Assessment	Testing	n/a	Х		1 H
	Psychological testing evaluation services by physician or other						
	qualified health care professional, including integration of						
	patient data, interpretation of standardized test results and						
	clinical data, clinical decision making, treatment planning and						
	report and interactive feedback to family member(s) or		Psychological				
96130	caregiver(s), when performed first hour	Assessment	Testing	n/a	Х		1 H
	Add on to 96130. Each additional hour (List separately in		Psychological				
96131	addition to code for primary procedure)	Assessment	Testing	n/a	Х		1 H
	Neuropsychological testing evaluation services by physician or						
	other qualified health care professional, including integration						
	of patient data, interpretation of standardized test results and						
	clinical data, clinical decision making, treatment planning and						
	report and interactive feedback to family member(s) or		Psychological				
96132	caregiver(s), when performed; first hour	Assessment	Testing	n/a	Х		1 H
	Add on to 96132. Each additional hour (List separately in		Psychological				
96133	addition to code for primary procedure)	Assessment	Testing	n/a	Х		1 H
	Psychological or neuropsychological test administration and						
	scoring by physician or other qualified health care		Psychological				
96136	professional, two or more tests, any method, first 30 minutes	Assessment	Testing	n/a	Х		30 M
	Add on to 96136. Each additional 30 minutes (List separately		Psychological				
96137	in addition to code for primary procedure)	Assessment	Testing	n/a	Х		30 M
	Psychological or neuropsychological test administration and						
	scoring by technician, two or more tests, any method, first 30		Psychological				
96138	minutes	Assessment	Testing	n/a	Х		30 M
	Add on to 96138. Each additional 30 minutes (List separately		Psychological				
96139	in addition to code for primary procedure)	Assessment	Testing	n/a	Х		30 M
	Psychological or neuropsychological test administration, with						
	single automated instrument via electronic platform, with		Psychological				
96146	automated result only	Assessment	Testing				

		Primary			SP		
Code	Description	Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Therapeutic, prophylactic, or diagnostic injection (specify		Medication				
96372	substance or drug) subcutaneous or intramuscular	Treatment	Management	n/a	Х		E
	Self-care/home management training (e.g., activities of daily						
	living (ADLs) and compensatory training, meal preparation,						
	safety procedures, and instructions in use of assistive						
	technology devices/adaptive equipment) direct one-on-one						
97535	contact by provider, each 15 minutes	Treatment	Rehabilitation	n/a	Х		15 M
	Community/work reintegration training (e.g., shopping,						
	transportation, money management, avocational activities						
	and/or work environment/modification analysis, work task						
	analysis, use of assistive technology device/adaptive						
	equipment), direct one-on-one contact by provider, each 15						
97537	minutes	Treatment	Rehabilitation	n/a	Х	Х	15 M
				Phone			
	Telephone assessment and management provided by qualified			Assessment and			
98966	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			
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,						
	detailed examination, and low complexity medical decision		Office or Other				
99203	making. Typical time spent is 30 minutes.	E&M	Outpatient	New Patient	Х		E

					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		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Initial observation care, per day, for the evaluation and						
	management of a patient: requires comprehensive history,						
	comprehensive exam, and moderate complexity medical		Hospital	Initial Observation			
99219	decision making, Typical time is 50 minutes	E&M	Observation	Care	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	v		-
99231	improving patient)	E&M	Hospital Inpatient	Hospital Care	X		E
					SP		
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
55252	Subsequent hospital care, per day (unstable patient or the			Subsequent	~	<u> </u>
99233	development of significant complications or problems)	E&M	Hospital Inpatient	Hospital Care	x	E
	Same day admit/discharge observation/inpatient Evaluation					
	and Management services: requires detailed or					
	comprehensive history, detailed or comprehensive exam,					
	straight forward or low complexity med decision making,			Subsequent		
99234	Typical time 40 minutes	E&M	Hospital Inpatient	Hospital Care	Х	E
	Same day admit/discharge observation/inpatient Evaluation					
	and Management services: requires comprehensive history,					
	comprehensive exam, moderate complexity med decision			Subsequent		
99235	making, Typical time 50 minutes	E&M	Hospital Inpatient	Hospital Care	Х	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

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Office or other Outpatient Consultations Evaluation and						
	Management Services: requires comprehensive history,						
	comprehensive exam moderate complexity med decision			Office or Other			
99244	making, Typical time 60 minutes	E&M	Consultations	Outpatient	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		E
	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		1		
	decision making Typical time 25 minutes		Home, Custodial	Established	1		
99335		E&M	Care	Patient	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Domiciliary, rest home, custodial care services: requires		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		E

					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	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
		Prevention/Early	Outreach <mark>or</mark>				
	Behavioral health outreach service (planned approach to	Intervention or	Rehabilitation (Drop				
H0023	reach a population) /Drop- In Center	Treatment	ln)	n/a	X*		15 M
	Behavioral health prevention education service (delivery of	Prevention/Early					
H0025	services to affect knowledge, attitude and/or behavior)	Intervention	Education	n/a	Х		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	Х*	Х	E
					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
			Medication				
H0034	Medication training and support, per 15 minutes	Treatment	Management	n/a	Х	Х	15 M
	Mental health partial hospitalization, treatment, less than 24						
H0035	hours	Treatment	Intensive	PHP	Х	Х	E
	Community psychiatric supportive treatment, face-to-face,						
H0036	per 15 minutes	Treatment	Rehabilitation	CPST	Х		15 M
	Community psychiatric supportive treatment, face-to-face,						
H0037	per diem	Treatment	Rehabilitation	CPST	Х	Х	D
		Peer					
H0038	Self-help/peer services, per 15 minutes	Support/Recovery	Behavioral Health	n/a	X*	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
H2000	Comprehensive multidisciplinary evaluation	Assessment	Diagnosis	n/a	Х		E
H2001	Rehabilitation program, per ½ day	Treatment	Rehabilitation	Rehabilitation Program	x	х	E
Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (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	х	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	x	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	х	15 M

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
S3005	Performance measurement, evaluation of patient self- assessment, depression	Residential	Alcohol and Drug 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
S9445	Patient education, not otherwise classified, non-physician provider, individual	Treatment	Alcohol and Drug Abuse	Education	х	x	E
S9453	Smoking cessation classes, non-physician provider, per session	Prevention/Early Intervention	Education	Smoking Cessation	х		E
S9454	Stress management classes, non-physician provider, per session	Prevention/Early Intervention	Education	Stress 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
T1005	Respite care services, up to 15 minutes	Respite Care	Facility-Based	n/a			15 M
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification, including vital sign monitoring	Residential	Alcohol and Drug Abuse	Social Detox	x		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		Е

*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
Е	Encounter (Session/Visit)
D	Day
М	Month

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

Appendix D: Peer Specialist Core Competencies

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

Knowledge of Mental Health/Substance Use Conditions and Treatments - Recognize signs and coping strategies, including the grief process - Know when to refer to a clinician - Know when to report to a supervisor - Understand interactions of physical and behavioral health	Self-care - Recognize when health may compromise the ability to work - Acknowledge that personal wellness is a primary responsibility - Set boundaries between work and personal life
Patients' Rights/Confidentiality/Ethics/Roles - Understand scope of duties and role - Understand HIPAA / protected health information / confidentiality - Maintain professional boundaries - Recognize potential risks - Advocate when appropriate	Teaching Skills - Demonstrate wellness and teach life skills - Encourage the development of natural supports - Assist people to find and use psycho-education materials
InterpersonalSkills - Communication - Diversity and cultural competency - Relationship development - Use guiding principles pertinent to population served - Model appropriate use of personal story and self-advocacy - Goal-setting, problem-solving, teamwork, & conflict resolution	Basic Work Competencies- Seek supervision and/or ask for direction- Accept feedback- Demonstrate conflict resolutions skills- Navigate complex work environments
 Resiliency, Recovery and Wellness Understand principles and concepts of resiliency, recovery, and a wellness oriented lifestyle Assist others with their own resiliency and recovery Encourage options and choices Understand impacts of labels, stigma, discrimination, and bullying Understand person-centered resiliency and recovery planning for all ages and stages 	 Trauma-Informed Support Understand impact of trauma and responses to trauma Demonstrate sensitivity and acceptance of individual experiences Practice cultural sensitivity Promote shared decision-making
Resources - Knowledge of community resources and those specific to behavioral Health and 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



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Interactive Complexity Revised 11/3/12

American Academy of Child GAddlesscryt Psychiatry

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

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

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

f. Hospital Observation Services

i. Initial Observation Care

Evaluation and Management Services – Hospital Observation Services – Initial Observation Care				
Procedure Code	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	Medicaid/OBH		
99219	99219 Requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes			
99220 Requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes		Medicaid/OBH		

ii. Subsequent Observation Care

Evaluation and Management Services – Hospital Observation Services – Subsequent Observation Care				
Procedure Code	Procedure Code Procedure Code Description			
99224	Requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes.	Medicaid/OBH		
99225	5 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 Medic making Typical time is 35 minutes.		Medicaid/OBH		

iii. Observation Care Discharge Services

The following codes are used to report evaluation and management services to patients designated/admitted as

"observation status" in a hospital.

Evaluation and Management Services – Hospital Observation Services – Observation Care Discharge				
Procedure Code	Procedure Code Procedure Code Description			
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 Usa					
99221	99221 Initial hospital care, per day, for the evaluation and management of a patient (low severity)				
99222	Initial hospital care, per day, for the evaluation and management of a patient (moderate severity)	Medicaid/OBH			
99223 Initial hospital care, per day, for the evaluation and management of a patient (high severity) Me		Medicaid/OBH			

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	Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)	Medicaid/OBH			
99233 Subsequent hospital care, per day (unstable patient or the development of significant complications or problems)		Medicaid/OBH			

iii. Hospital Discharge Services

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

h. Consultations

i. Office or Other Outpatient Consultations

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

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.		
99242	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		
99244	Requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes	Medicaid/OBH	
99245	Requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes	Medicaid/OBH	

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

E/M Components

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

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

									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
λ	C		*Requires 2 of 3.													
NURSING FACILITY	ME		Subsequent Nursing													
G F/	Η	99308	Facility Care. New or		х				х				х			15 MIN
SIN	N ING		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
	10N 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
IAL			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 5			Domiciliary, Rest													
NIC		99326	Home, Custodial Care. New patient.			х				х				Х		45 MIN
ARC			*Requires 3 of 3.													
BO			Domiciliary, Rest													
ъ.		99327	Home, Custodial Care.				x				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													
ИС		99334	Home, Custodial Care.	х				х				х				15 MIN
NOC			Established patient. *Requires 3 of 3.													
			Requires 5 01 5.			I	I			I	I			I	I	

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							r			r	r	r		r		
			Domiciliary, Rest													
		99335	Home, Custodial Care.		х				x				х			25 MIN
			Established patient.													
}			*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. Established patient.				х				х			х	х	60 MIN
			*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													
	J.		Initial Inpatient													
	E E	99222	Hospital Care. New or				x				х			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 I	ARI	99231	Care. New or	х				х				х	х			15 MIN
TI			established patient.													
OSP	SUBSEQUENT HOSPITAL CARE, SUBSEQUENT HOSPITAL CARE		*Requires 2 of 3													
Ŧ	SP SP		Subsequent Hospital Care. New or													
	보프	99232	established patient.		Х				Х					Х		25 MIN
			*Requires 2 of 3													
	μ Σ		Subsequent Hospital													
	SEC		Care. New or													
	BU BU	99233	established patient.			Х				х					Х	35 MIN
	s s		*Requires 2 of 3													
									1				1	1		I

	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			х			40
SNC	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
	LTATIONS	99252	Inpatient Consultation New or Established Patient *Requires 3		x				x			х				40
	T CONSUI	99253	Inpatient Consultation New or Established Patient *Requires 3			х				х			х			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.
 In general new patients require that the prescriber provide and document all 3 key components that meet the criteria for the code selected. Established patients generally require that only 2 of the 3 key components provided and documented meet the criteria for the code selected. Emergency room E&M codes do not distinguish between new and established patients. All 3 key components provided and documented must meet criteria for the code selected for every visit. Also time based coding which is allowed for other E&M codes is not allowed for Emergency Room visits. Once the location and new vs. established has been determined, choosing the level of code can be done in one of two ways: OPTION 1: The amount of work of the physician/qualified NPP. 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. 	 OPTION 1: Documenting services based on the work of the provider: History: see chart in Section II.G.1.D. for determining level of history Examination (this can be a single system psychiatric examination – see CMS E&M Guidelines 1997 or Section II.G.1.C.) Medical decision-making: see chart in Section II.G.1.D. for determining level of medical decision-making. Once the level of each is determined, see Chart in Section II.G.1.E. for code selection. <u>Outpatient and nursing facility:</u> All 3 Key Components must be documented for new patients. 2 out of 3 key components must be documented for established patients. <u>Emergency Room:</u> 3 of 3 key components must be documented at each visit. OPTION 2: Documenting and coding services based on time spent in counseling and coordination of care. Document all work completed and: Total time of the service Time spent in counseling and coordination of care Content of discussion and medical decision-making See chart in Section II.G.1.E. for code selection II.G.1.E. for code selection based on Average Time.
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
C	Conditional
C/A	Child/Adolescent
CAC	Certified Addiction Counselor
CAMFTE	Commission on Accreditation for Marriage and Family Therapy Education
CARF	Commission on Accreditation of Rehabilitation Facilities
	The National Center on Addiction & Substance Abuse at Columbia University Striving Together to Achieve
	Rewarding Tomorrows
СВНР	Community Behavioral Health Program
СВТ	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
CM	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 [®]	Current Procedural Terminology
	Content Hotedului Ferminology

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 Childhooa
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
	Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement
FARS/DFARS FCLN	Flat File Control Line Number
FDA	US Food and Drug Administration
FECA	Federal Employees' Compensation Act
FECA	Federal Financial Participation
FFS FL	Fee-For-Service
	Form Locator
FQHC	Federally Qualified Health Center
FTE	Full-Time Equivalent
FY	Fiscal Year
GED	General Education Diploma
Grp Home	Group Home
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
HCPF	Colorado Department of Health Care Policy and Financing
Hep C	Hepatitis C
HHS	US Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPSA	Health Professional Shortage Area
Hrs	Hours
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
ICF	Intermediate Care Facility
ICF-MR	Intermediate Care Facility for the Mentally Retarded
ICM	Intensive Case Management
ID	Identification

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Term/Acronym	Definition
IEP	Individualized Education Program
MD	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
_MFT	Licensed Marriage and Family Therapist
_MHP	Licensed Mental Health Professional
LOC	Level of Care
LOF	Level of Functioning
LPC	Licensed Professional Counselor
LPN	Licensed Practical Nurse
LSW	Licensed Social Worker
LVN	Licensed Vocational Nurse
MAC	Master Addiction Counselor OR Medicaid Authorization Card
MAP	Medical Assistance Program
MCO	Managed Care Organization
MD	Doctor of Medicine
MH	Mental Health
MHP	Mental Health Professional
MH/SA	Mental Health/Substance Abuse
MI	Mental Illness
MMDDYY or MMDDYYYY	Month Day Year
MMPI	Minnesota Multiphasic Personality Inventory
MR	Mental Retardation
MSA	Metropolitan Statistical Area
MSP	Medicare Secondary Payer
MST	Multi-Systemic Therapy
NAADAC	National Association of Alcohol and Drug Abuse Counselors
NAMI	National Alliance on Mental Illness
NBCC	National Board for Certified Counselors
NBHP	Northeast Behavioral Health Partnership
NCAC	Nationally Certified Addiction Counselor
NCHS	National Center for Health Statistics
NEC	Not Elsewhere Classified
NEC	Nursing Facility
NH	Nursing Home
NP	Nurse Practitioner
NP	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
РНР	Partial Hospital Program
POS	Place of Service
PPS	Prospective Payment System
Prev	Prevention
Prev/El	Prevention/Early Intervention
Prison/CF	Prison/Correctional Facility
	e Coding Standards (USCS) Manual Abbreviations & Acronyms, cont.

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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

Appendix I: Revenue Codes Covered under the Capitated Behavioral Health Benefit

Medicaid allows the use of the following revenue codes (in addition to those represented in <u>Appendix Q</u>) under the capitated behavioral health benefit administered under the Accountable Care Collaborative:

0510	CLINIC PSYCHIATRIC CLINIC PSYCH CLINIC
0513	CLINIC PSYCHIATRIC CLINIC PSYCH CLINIC
0902	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) MILIEU
	THERAPY BH/MILIEU THERAPY
0903	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) PLAY
	THERAPY BH/PLAY THERAPY
0904	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) ACTIVITY
	THERAPY BH/ACTIVITY THERAPY
0905	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) INTENSIVE
	OUTPATIENT SERVICES - PSYCHIATRIC BH/INTENS OP/PSYCH*
0906	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) INTENSIVE
	OUTPATIENT SERVICES - CHEMICAL DEPENDENCY BH/INTENS OP/CHEM DEP**
0907	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) COMMUNITY
	BEHAVIORAL HEALTH PROGRAM (DAY TREATMENT) BH/COMMUNITY
0912	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL HOSPITALIZATION - LESS
	INTENSIVE BH/PARTIAL HOSP
0913	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL HOSPITALIZATION -
	INTENSIVE BH/PARTIAL INTENS
0916	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X FAMILY THERAPY BH/FAMILY RX
0917	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X BIO FEEDBACK BH/BIOFEED
0918	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X TESTING BH/TESTING
0919	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X OTHER BEHAVIORAL HEALTH
	TREATMENTS/SERVICES BH/OTHER
0960	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) GENERAL CLASSIFICATION PRO FEE
0961	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) PSYCHIATRIC PRO FEE/PSYCH
1000	BEHAVIORAL HEALTH ACCOMMODATIONS GENERAL CLASSIFICATION
1001	BEHAVIORAL HEALTH ACCOMMODATIONS RESIDENTIAL - PSYCHIATRIC
1003	BEHAVIORAL HEALTH ACCOMMODATIONS SUPERVISED LIVING*
1005	BEHAVIORAL HEALTH ACCOMMODATIONS GROUP HOME***

* For mental health diagnoses only

** For Substance Use Disorder (SUD) diagnoses only

*** For members under the age of 21

End Notes

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

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

³ The current list of Healthcare Common Procedure Coding System (HCPCS) procedure codes is available on the Centers for Medicare & Medicaid Services (CMS) website at http://www.cms.hhs.gov/HCPCSReleaseCodeSets/.

^{iv} 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).

^v 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).

^{vi} 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).

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

⁸ 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.

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

¹⁰ "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.

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

¹² § 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."

¹³ §§ 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."

¹⁴ § 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.

¹⁵ 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.

¹⁶ 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.

¹⁷ 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.

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

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

^{xx} Ingenix (2008). 2009 Coders' Desk Reference for Procedures. Eden Prairie, MN: Ingenix.

^{xxi} 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.

^{xxii} 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.

^{xxiii} 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.

^{xxiv} 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.

^{XXV} 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.

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

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

^{xxviii} 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.

^{xxix} 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. ^{xxx} 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.

³¹ 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.

³² 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.

³³ 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).

³⁴ 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).

³⁵ 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.

³⁶ 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).

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

³⁸ 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.

³⁹ 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.

⁴⁰ 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.

⁴¹ 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).