2019

Uniform Service Coding Standards Manual

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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 Edition*[2]
    - *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.

b. Manual Format

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

- Screening
- Crisis
- Assessment
- Prevention/Early Intervention Services
- Peer Support/Recovery Services
- Treatment Services
- Evaluation and Management (E&M)
- Respite Care Services
- Residential Services
- Support 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)
- 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)
    - Patient's date of birth (DOB)
    - Start and end time/duration of the service
    - Date of service
    - Emergency status
    - Staff/peer credentials

These key data elements are drawn from Colorado Health Network's (CHN) encounter design matrix, which is described in 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	**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.

Medicaid State Plan Program Service Categories	
Category	**Description**
	B. **Rehabilitative Services:** Any remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, for maximum reduction of behavioral/emotional disability and restoration of a patient to his/her best possible functional level, including: 1. **Individual Behavioral Health Therapy**: Therapeutic contact with one patient. 2. **Individual Brief Behavioral Health Therapy**: Therapeutic contact with one patient. 3. **Group Behavioral Health Therapy**: Therapeutic contact with more than one patient. 4. **Family Behavioral Health Therapy:** Face to face therapeutic contact with a patient and family member(s), or other persons significant to the patient, for improving patient-family functioning. Family behavioral health therapy is appropriate when intervention in the family interactions is expected to improve the patient's emotional/behavioral health. The primary purpose of family behavioral health therapy is treatment of the patient. 5. **Behavioral Health Assessment**: Face to face clinical assessment of a patient by a behavioral health professional that determines the nature of the patient's problem(s), factors contributing to the problem(s), a patient's strengths, abilities and resources to help solve the problem(s), and any existing diagnoses. C. **Pharmacologic Management**: Monitoring of medications prescribed and consultation provided to patients by a physician or other medical practitioner authorized to prescribe medications as defined by State law, including associated laboratory services, as indicated. D. **Outpatient Day Treatment**: Therapeutic contact with a patient in a structured, non-residential program of therapeutic activities. Services include assessment and monitoring; individual/group/family therapy; medical/nursing support; psychosocial education; skill development and socialization training focused on improving functional and behavioral deficits; medication management; expressive and activity therapies; and coordination of needed services with other agencies. When provided in an outpatient hospital program, may be called "partial hospitalization." E. **Emergency/Crisis Services:** Services provided during a behavioral health emergency which involve unscheduled, immediate, or special interventions in response to crisis situation with a patient/family, including associated laboratory services, as indicated. F. **Pharmacy Services**: Prescribed drugs when used in accordance with 10 CCR 2505-10 Section 8.800, Pharmaceuticals. G. **Targeted Case Management**: Case management services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. H. **School-Based Behavioral Health Services:** Behavioral health services provided to school-aged children and adolescents on-site in their schools, with the cooperation of the schools. 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	
Mandatory services to Members in at least the scope, amount and duration proposed in contract Exhibit G. Effective July 1, 2011, all 1915(b)(3) services provided to children/youth from age 0 to 21, except for respite and vocational rehabilitation, are included in the State Plan as Expanded EPSDT services. These services will not be listed individually in the State Plan, but may be provided to children/youth with a covered behavioral health diagnosis based on medical necessity.	
Category	**Description**
Vocational Services	Services designed to help adult and adolescent patients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, vocational assessment, and job coaching.
Intensive Case Management	Community-based services averaging more than one hour per week, provided to adults with serious behavioral health disorders who are at risk of a more intensive 24-hour placement and who need extra support to live in the community. Services are assessment, care plan development, multi-system referrals, and assistance with wraparound and supportive living services, monitoring and follow-up. Intensive case management may be provided to children/youth under the *Early Periodic Screening, Diagnosis, and Treatment* (*EPSDT*) program.
Prevention/Early Intervention Activities	Proactive efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that promote positive behavioral health. Services include behavioral health screenings; educational programs promoting safe and stable families; senior workshops related to aging disorders; and parenting skills classes.
Clubhouse and Drop-in Centers	Peer support services for people who have behavioral health disorders, provided in a Clubhouse or Drop-In Center setting. Clubhouse participants may use their skills for clerical work, data input, meal preparation, providing resource information and outreach to patients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting and supporting recovery.
Residential Services	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the patient is living, in real-time, with immediate interventions available as needed. Clinical interventions are assessment and monitoring of mental and physical health status; assessment and monitoring of safety; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and/or family therapy; medication management; and behavioral interventions. Residential services may be provided to children/youth under EPSDT.
Assertive Community Treatment (ACT)	Comprehensive, locally-based, individualized treatment for adults with serious behavioral health disorders that is available 24 hours a day, 365 days a year. Services include case management, initial and ongoing behavioral health assessment, psychiatric services, employment and housing assistance, family support and education, and substance use disorders services.
Recovery Services	Community-based services that promote self-management of behavioral health symptoms, relapse prevention, treatment choices, mutual support, enrichment, rights protection, social supports. Services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring, consumer and family support groups, warm lines, and advocacy services.
Respite Services	Temporary or short-term care of a child, youth or adult patient provided by adults other than the birth parents, foster/adoptive parents, family members patient. Respite is designed to give the caregivers some time away from the patient to allow them to emotionally recharge and become better prepared to handle normal day-to-day challenges. Respite care providers are specially trained to serve individuals with behavioral health issues.

III. Diagnoses

The Colorado 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 Appendix B and Appendix C 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 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.

c. Certified Prevention Specialist

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.

e. Licensed Addiction Counselor (LAC)

A Licensed Addiction Counselor (LAC) is a senior counselor who holds a Master's degree in a behavioral healthcare discipline and is licensed in addiction counseling by the Colorado Department of Regulatory Agencies (DORA). 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
- Crisis intervention, outreach, short- and long-term treatment
- Therapeutic individual, marital and family interventions
- Patient education

- Case management
- Mediation
- Advocacy
- Discharge, referral and continuity of care planning and implementation
- Consultation
- Supervision
- Research
- Management and administration
- Program evaluation and education
- Social group work
- Community organization and development
- Psychotherapy (For Social Workers (SWs), the practice of psychotherapy is limited to LCSWs or LSWs supervised by LCSWs)
- Consultation, supervision and teaching in higher education (§§ 12-43-406(1) and 12-43-409, CRS)

g. Licensed Marriage and Family Therapist (LMFT)

A Licensed Marriage and Family Therapist (LMFT) is a person who possesses a Master's degree or higher from a graduate program with course study accredited by the Commission on Accreditation for Marriage and Family Therapy Education (CAMFTE), and who is licensed by the Colorado Board of Marriage and Family Therapist Examiners (§ 12-43-504, CRS).

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

- Assessment and testing
- Diagnosis
- Treatment/service planning and evaluation
- Therapeutic individual, marital, family, group or organizational interventions

h. Licensed Professional Counselor (LPC)

A Licensed Professional Counselor (LPC) is a person who possesses a Master's degree or higher in professional counseling from an accredited college or university, and who is licensed by the Colorado Board of Licensed Professional Counselor Examiners to practice professional counseling or mental health counseling (§ 12-43-603, CRS).

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

Activities that assist the patient in developing an understanding of personal, emotional, social, educational, alcohol and substance abuse, domestic violence and vocational issues, and in planning and effecting actions to increase functioning or gain control of his/her behavior in such areas, including, but not limited to:

- Skill-building in communications, decision-making, and problem-solving
- Clarifying values
- Promoting adaptation to loss and other life changes
- Developing social skills
- Restructuring cognitive patterns
- Defining educational and career goals
- Facilitating adjustment to personal crises and conflict

An LPC has a voluntary relationship between the his/herself and the patient in which the LPC staff assists the patient, group or organization to cope with relationships, conflicts, problem-solving, decision-making and competencies by interpreting, reporting on, or applying counseling theory. The LPC staff is able to rend, or offer to render, counseling services that facilitate effective personal, emotional, social, education and vocational development in individuals, couples, groups and organizations, with an emphasis on the natural aspects of human development and with an educational orientation. The LPC staff follows a planned procedure of interventions that take place on a regular basis, over time, or in the cases of assessment and brief professional counseling, as a single intervention.

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

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

Treatment, diagnosis, assessment, psychotherapy, or counseling in a professional relationship to assist individuals or groups to alleviate mental and emotional disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors that interfere with effective emotional, social, or intellectual functioning (§ 12-43-602.5, CRS).

i. Licensed Psychologist

A Licensed Psychologist is a person with a Doctoral degree (PhD, PsyD, EdD) in clinical or counseling psychology from an accredited program offering psychology courses approved by the American Psychological Association (APA), and who is licensed by the Colorado Board of Psychologist Examiners (§ 12-43-304, CRS). Psychologists have met the educational requirements and at least one year of postdoctoral experience practicing psychology under approved supervision and have demonstrated professional competence by passing a single, written examination in psychology as prescribed by the board and a jurisprudence examination administered by the division *prior* to receiving their licensure.

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

- "Psychological testing and evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests and aptitudes"
- "Neuropsychological tests, assessments, diagnoses and treatment of neuropsychological and brain disorders"

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

k. Physician Assistant (PA)

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

l. Professional Nurses

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

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

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

Their duties vary with the location, specialty, and size of the practice. Under § 12-36-106(3)(I), C.R.S. delegation of routine, technical services that do not require the specialized skills of a physician may occur through delegation. Delegated services under § 12-36-106(3)(l), 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
  - Jails
  - Community correctional facilities and programs
  - Regimented inmate discipline and treatment program
  - Denver Regional Diagnostic Center (DRDC)
- Institutions for juveniles
- Assisted living residences
- Adult foster care facilities
- Alternative care facilities
- Residential childcare facilities
- Secure residential treatment centers
- Residential facilities providing treatment for persons with mental illnesses, except for facilities that are publicly or privately licensed hospitals
- Services for persons with developmental disabilities (DD) funded and regulated by the Department of Human Services (DHS)
- State certified adult day programs[9]

"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
- Rectal
- Vaginal
- Inhalant
- Transdermal[11]

o. Treatment Facility

Treatment facilities are licensed by the Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) based on Substance Use Disorder Treatment Rules (2015). These treatment rules govern the provision of treatment to persons with substance-related disorders.

p. Unlicensed Doctorate (PhD, PsyD, EdD)

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

q. Unlicensed Master's Degree

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

Registered Psychotherapist

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

V. Place of Service- (POS)

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

Place of Service (POS) Codes		
Code	**Name**	**Description**
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
02	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service (IHS), which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.

Place of Service (POS) Codes		
Code	**Name**	**Description**
06	Indian Health Service Provider-Based Facility	A facility or location, owned and operated by the IHS, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-Standing Facility	A facility or location, owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-Based Facility	A facility or location, owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
09	Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. *Medicaid will not reimburse for services provided to a person living in a public institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control (42 CFR 435.1010). Public institutions include correctional institutions.* *Additional information on* Medicaid and Criminal Justice Involved Populations *can be located on the Department's website.*
10	Unassigned	N/A
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24-hours a day, 7 days a week, with the capacity to deliver or arrange for services, including some health care and other services.
14	Group Home	A residence, with shared living areas, where patients receive supervision and other services, such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
17-19	Unassigned	N/A
20	Urgent Care Facility	A location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A free-standing facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care, as well as immediate care of newborn infants.
26	Military Treatment Facility (MTF)	A medical facility operated by one or more of the Uniformed Services. MTF also refers to certain former US Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).

Place of Service (POS) Codes		
Code	**Name**	**Description**
27-30	Unassigned	N/A
31	Skilled Nursing Facility (SNF)	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing or rehabilitative services, but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled or sick persons, or on a regular basis health-related care services above the level of custodial care to other than individuals with mental retardation (MR).
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice[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.
HK	Residential Services	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the patient is living, in real-time, with immediate interventions available as needed. Clinical interventions are assessment and monitoring of mental and physical health status; assessment and monitoring of safety; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and family therapy; medication management; and behavioral interventions.

U4	Intensive Case Management (ICM)	Community-based services averaging more than one hour per week, provided to adults with serious behavioral health disorders who are at risk of a more intensive 24 hour placement and who need extra support to live in the community. Services are assessment, care plan development, multi-system referrals, and assistance with wraparound and supportive living services, monitoring and follow-up.
TM	Assertive Community Treatment (ACT)	Comprehensive, locally-based, individualized treatment for adults with serious behavioral health disorders that is available 24 hours a day, 365 days a year. Services include case management, initial and ongoing behavioral health assessment, psychiatric services, employment and housing assistance, family support and education, and substance use disorders services.
HM	Respite Services	Temporary or short-term care of a child, youth or adult patient provided by adults other than the birth parents, foster/adoptive parents, family members or caregivers that the patient normally resides with. Respite is designed to give the caregivers some time away from the patient to allow them to emotionally recharge and become better prepared to handle normal day-to-day challenges. Respite care providers are specially trained to serve individuals with behavioral health issues.
HJ	Vocational (Voc) Services	Services designed to help adult and adolescent patients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, vocational assessment, and job coaching.
HQ*	Clubhouses & Drop-In Centers	Peer support services for people who have behavioral health disorders, provided in a Clubhouse or Drop-In Center setting. Clubhouse participants may use their skills for clerical work, data input, meal preparation, providing resource information, and outreach to patients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting, and supporting recovery.
TT	Recovery Services	Community-based services that promote self-management of behavioral health symptoms, relapse prevention, treatment choices, mutual support, enrichment, rights protection, social supports. Services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring, consumer and family support groups, warm lines, and advocacy services.
HT*	Prevention/Early Intervention Activities (Prev/EI)	Proactive efforts to educate and empower individuals over the age of 21 to choose and maintain healthy life behaviors and lifestyles that promote positive behavioral health. Services include behavioral health screenings; educational programs promoting safe and stable families; senior workshops related to aging disorders; and parenting skills classes.

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

b. Common Behavioral Health Modifiers

Common Behavioral Health CPT® 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 *telemedicine (telehealth)* 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 *telemedicine (telehealth)* service/procedure. The modifier may be placed in modifier places 2-4.
HF	Substance Abuse (SA) Program	Substance Abuse services, as determined by the provider. The modifier may be placed in modifier places 2-4**.**
HR	Family/Couple with Patient Present	The modifier may be placed in modifier places 2-4.

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

VII. Procedure Categories

This section details the procedure codes that are covered under the Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative by HCPF and/or OBH. Category service descriptions are presented first and can also be found in Appendix C.

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 Appendix E for more information on Targeted Case Management.

i. Behavioral Health TCM Services

Behavioral health TCM services are defined, per Colorado Medicaid State Plan Amendment, as services that assist individuals diagnosed with or being assessed for a mental health disorder in gaining access to medical, social, educational, and other services. Behavioral Health TCM services may be provided by the following qualified providers:

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

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

ii. Substance Abuse TCM Services

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

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

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

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

h. Treatment Services

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

i. Psychotherapy

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

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

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

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

⌦ **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 add-on 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 Appendix G 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:

- **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 Technical Documentation Requirements.[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 Section VIX.a.)
  - Hour Unit = Calculate the number of units by the total number of hours. For example, a "per hour" procedure code (e.g., 96101) rendered for a total of four (4) hours equals four (4) units.
  - 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 encounter-based procedure codes, the minimum and maximum time allowed should be considered general guidance, unless otherwise specified in the procedure code description.
- **Allowed Mode(s) of Delivery** – The modalities in which the service or procedure may be rendered.[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]

- ***Telemedicine (telehealth) is a means of providing specific services approved by the Colorado Medical Assistance Program (MAP) to Medicaid enrollees in areas where access to an appropriate provider is limited or unavailable.***
- ***Telemedicine (telehealth) services are rendered "live" in real-time via audio-video communications circuits. Telemedicine (telehealth) does not include telephone (interactive audio) or facsimile machines.***
- ***"The availability of services through telemedicine in no way alters the scope of practice of any health care provider; or authorizes the delivery of health care services in a setting or manner not otherwise authorized by law (§25.5-5-414(7)(a) and (b), CRS)."***
- ***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	☑ 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.	1. Date of service 2. Patient consent 3. Screening results 4. Patient's identified treatment/service plan (if applicable) 5. Referral for treatment (if applicable) 6. 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: NA
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: NA

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☐ Individual	☐ HE	☐ U4	☐ HJ
☐ Video Conf (GT)	☐ Group (HQ)	☐ HK	☐ TM	☐ HQ
☐ Telephone	☐ Family (HR)		☐ HM	☐ TT
	☐ Family (HS)			☐ HT

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO(AF)
			☒CACIII	☐ QMAP	

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	☑ OBH

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	1. Date of service 2. Patient consent 3. Screening results 4. Patient's identified treatment/service plan (if applicable) 5. Referral for treatment (if applicable) 6. 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: NA
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: NA

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☐ Individual	☐ HE	☐ U4	☐ HJ
☐ Video Conf (GT)	☐ Group (HQ)	☐ HK	☐ TM	☐ HQ
☐ Telephone	☐ Family (HR)		☐ HM	☐ TT
	☐ Family (HS)			☐ HT

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO(AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Shelter (04)	☒ NRSATF (57)	☒ Other POS (99)
☒ Office (11)	☒ FQHC (50)	☒ Prison/CF (09)	
☒ Home (12)	☒ RHC (72)	☒ School (03)	

SCREENING – PATHOLOGY AND LABORATORY - ALCOHOL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
82075	Alcohol (ethanol); breath	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Alcohol breathalyzer administered to test for evidence or the degree of alcohol intoxication of an individual.	1. Date of service 2. Client consent 3. Screening results 4. Signed with 1st initial, last name & credentials
NOTES	**EXAMPLE ACTIVITIES**
Staff performing breathalyzers shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes.	Breathalyzer administered to test for the degree of alcohol intoxication

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: NA
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: NA

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒ LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒ CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒ CAC II	☒ APRN (SA)	☒ MD/DO(AF)
			☒ CACIII	☒ QMAP	

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	☒ Inpt PF (51)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)	☒ ER (23)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RSATF (55)	☒ PF-PHP (52)
☒ OutpHospital (22)	☒ Home (12)	☒ Shelter (04)	☒ NRSATF (57)	☒ School (03)
	☒ Hospice (34)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ Other POS (99)

TREATMENT - PSYCHOTHERAPY - INTERACTIVE COMPLEXITY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90785* ADD-ON	Interactive complexity (list separately in addition to the code for the primary service)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Code 90785 is an add-on code used to report the interactive complexity. Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Some common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Patients that require this service are those who have third parties such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care (see Appendix F for more information).	1. Primary Service minimum documentation requirements must be met 2. Means of interactive complexity should be clearly defined
NOTES	**EXAMPLE ACTIVITIES**
This code is to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832-90834-90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838, 99201-99255, 99304-99337, 99341-99350), and group psychotherapy (90853).	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: NA
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: NA

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☒Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO(AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

TREATMENT - PSYCHOTHERAPY - INTERACTIVE COMPLEXITY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90785* ADD-ON	Interactive complexity (list separately in addition to the code for the primary service)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Code 90785 is an add-on code used to report the interactive complexity. Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Some common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Patients that require this service are those who have third parties such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care (see Appendix F for more information).	1. Primary Service minimum documentation requirements must be met 2. Means of interactive complexity should be clearly defined
NOTES	**EXAMPLE ACTIVITIES**
This code is to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832-90834-90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838, 99201-99255, 99304-99337, 99341-99350), and group psychotherapy (90853).	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: NA
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: NA

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☒Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO(AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - DIAGNOSIS

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90791	Psychiatric diagnostic evaluation	☑ Medicaid

SERVICE DESCRIPTION

Psychiatric diagnostic evaluation is an integrated biophysical assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies.

The MHP interviews the patient in a culturally and developmentally appropriate initial diagnostic examination, which includes taking the patient's history and assessing his/her mental status, as well as disposition. The MHP may spend time communicating with family, friends, co-workers, or other sources as part of this examination,

*** BA-level MHPs use procedure code H0031.**

*** Prescribers use procedure code 90792.**

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 psychosocial, family, and treatment history
5. Mental status exam
6. Diagnostic formulation
7. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition

NOTES

In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. Codes 90791 may be reported more than once, but not on the same day, for the patient, when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90791 may be reported once per day but not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction 90791. 90791 are used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services, may not be reported on the same day. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90791

If appropriate and based on patient stability/status in social detox, Assessment services (90791) may be provided prior to discharge.

EXAMPLE ACTIVITIES

Evaluation to gather psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: N/A
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☐ Family (HR)
☐ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☒ HK (Residential)
☒ U4 (ICM)
☒ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Office (11)
☒ Mobile Unit (15)
☒ Outp Hospital (22)
☒ ACF (13)
☒ Cust Care (33)
☒ Grp Home (14)
☒ Home (12)
☒ Hospice (34)
☒ ICF-MR (54)
☒ NF (32)
☒ PRTF (56)
☒ Shelter (04)
☒ SNF (31)
☒ FQHC (50)
☒ RHC (72)
☒ Inpt Hosp (21)
☒ Inpt PF (51)
☒ ER (23)
☒ PF-PHP (52)
☒ School (03)
☒ Telehealth (02)
☒ Other POS (99)

ASSESSMENT - DIAGNOSIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90791	Psychiatric diagnostic evaluation	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Psychiatric diagnostic evaluation is an integrated biophysical assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies. The MHP interviews the patient in a culturally and developmentally appropriate initial diagnostic examination, which includes taking the patient's history and assessing his/her mental status, as well as disposition. The MHP may spend time communicating with family, friends, co-workers, or other sources as part of this examination, *** BA-level MHPs use procedure code H0031.** *** Prescribers use procedure code 90792.**	**Technical Documentation Requirements** See 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 psychosocial, family, and treatment history 5. Mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition

NOTES	**EXAMPLE ACTIVITIES**
In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. Codes 90791 may be reported more than once, but not on the same day, for the patient, when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90791 may be reported once per day but not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction 90791. 90791 are used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services, may not be reported on the same day. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90791 If appropriate and based on patient stability/status in social detox, Assessment services (90791) may be provided prior to discharge.	Evaluation to gather psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☐ MD/DO(AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - DIAGNOSIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90792	Psychiatric diagnostic evaluation with medical services	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Psychiatric diagnostic evaluation is an integrated biophysical and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. *** This code is for Prescribers (or prescriber interns) only.**	**Technical Documentation Requirements** See 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 3rd parties and disposition
NOTES	**EXAMPLE ACTIVITIES**
Codes 90792 may be reported more than once for the patient, but not on the same day by the same provider when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90792 may be reported once per day and not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services (90785 – add-on code) when factors exist that complicate the delivery of the psychiatric procedure. 90792 is used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services may not be reported on the same day. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90792. If appropriate and based on patient stability/status in social detox, Assessment services (90792) may be provided prior to discharge.	Prescriber evaluation to gather medical and medication history, psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.

APPLICABLE POPULATION(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: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☒ Video Conf (GT) ☐ Telephone	☒ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)					
☒ 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 (49)	☒ Inpt Hosp (21) ☒ Inpt PF (51) ☒ ER (23) ☒ PF-PHP (52)	☒ School (03) ☒ NRSATF (57) ☒ Telehealth (02) ☒ Other POS (99)

ASSESSMENT - DIAGNOSIS

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90792	Psychiatric diagnostic evaluation with medical services	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Psychiatric diagnostic evaluation is an integrated biophysical and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. *** This code is for Prescribers (or prescriber interns) only.**	**Technical Documentation Requirements** See 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 3rd parties and disposition

NOTES	EXAMPLE ACTIVITIES
Codes 90792 may be reported more than once for the patient, but not on the same day by the same provider when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90792 may be reported once per day and not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services (90785 – add-on code) when factors exist that complicate the delivery of the psychiatric procedure. 90792 is used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services may not be reported on the same day. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90792. If appropriate and based on patient stability/status in social detox, Assessment services (90792) may be provided prior to discharge.	Prescriber evaluation to gather medical and medication history, psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.

APPLICABLE POPULATION(S)			UNIT		DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☒ MD/DO(AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)	☒ PF-PHP (52)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ Independent Clinic (49)	☒ School (03)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ NRSATF (57)
☒ Outp Hospital (22)	☒ Hospice (34)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90832	Psychotherapy, 30 minutes with the patient	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face psychotherapy with a patient. If a family member is present, the focus of the session is still on the patient and not on the 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 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**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 16 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 37 Minutes

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90832	Psychotherapy, 30 minutes with the patient	☑ 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** 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**
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**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 16 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 37 Minutes

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90833* ADD-ON	Psychotherapy, 30 minutes with the patient when performed with an evaluation and management service (list separately in addition to the code for primary service)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.	**Technical Documentation Requirements** See 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 See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 16 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 37 Minutes

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90833* ADD-ON	Psychotherapy, 30 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.	**Technical Documentation Requirements** See 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 See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 16 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 37 Minutes

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90834	Psychotherapy, 45 minutes with a patient	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face psychotherapy with a patient. If a family member is present, the focus of the session is still on the patient and not on the 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 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 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 38 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 52 Minutes

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90834	Psychotherapy, 45 minutes with a patient	☑ 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** 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**
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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 38 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 52 Minutes

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

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)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.	**Technical Documentation Requirements** See 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 See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with 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 (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 38 Minutes Maximum: 52 Minutes

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

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)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.	**Technical Documentation Requirements** See 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 See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 38 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 52 Minutes

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO(AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt HospInpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90837	Psychotherapy, 60 minutes with a patient	☑ Medicaid

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Face-to-face psychotherapy with a patient. If a family member is present, the focus of the session is still on the patient and not on the 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 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
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 53 Minutes Maximum: no max

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

☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO(AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90837	Psychotherapy, 60 minutes with a patient	☑ 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** 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**
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**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 53 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: no max

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90838* ADD-ON	Psychotherapy, 60 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.	**Technical Documentation Requirements** See 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 See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a patient in crisis state is reported with codes 90839 and 90840. 90839/90840 cannot be reported in addition to the psychotherapy codes 90832-90838, if provided by the same health care professional on the same day. Use add-on code 90785 for interactive complexity as appropriate.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 53 Minutes
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90838* ADD-ON	Psychotherapy, 60 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.	**Technical Documentation Requirements** See 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 See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a patient in crisis state is reported with codes 90839 and 90840. 90839/90840 cannot be reported in addition to the psychotherapy codes 90832-90838, if provided by the same health care professional on the same day. Use add-on code 90785 for interactive complexity as appropriate.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 53 Minutes
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

CRISIS - PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90839	Psychotherapy for Crisis, first 60 min	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Urgent assessment and relevant behavioral health history of a crisis state mental status exam, and disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. Use 90840 for each additional 30 minutes of service.	**Technical Documentation Requirements** See Section X **Service Content** 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Please note that this code cannot be used with CPT codes 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785-90899 if services are on the same day. This code should be used only once per date even if the time spent by the physician or other healthcare provider is not continuous on that date.	• Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. • Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to pre-crisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). • Utilizing specific therapy/counseling or assessment tools to screen or 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 ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 30 Minutes* Maximum: 74 Minutes *Less than 30 minutes should be billed as 90832 or 90833

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**		
☒ 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 REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	☒ Other POS (99)
			☒ Independent Clinic (49)		

CRISIS - PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90839	Psychotherapy for Crisis, first 60 min	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Urgent assessment and relevant behavioral health history of a crisis state mental status exam, and disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. Use 90840 for each additional 30 minutes of service.	**Technical Documentation Requirements** See Section X **Service Content** 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
Please note that this code cannot be used with CPT codes 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785-90899 if services are on the same day. This code should be used only once per date even if the time spent by the physician or other healthcare provider is not continuous on that date.	• Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. • Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to pre-crisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). • Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 30 Minutes* Maximum: 74 Minutes *Less than 30 minutes should be billed as 90832 or 90833

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ 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 (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72) ☒ Independent Clinic (49)	☒ PF-PHP (52)	☒ Other POS (99)

CRISIS PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90840* ADD-ON	Psychotherapy for Crisis, each additional 30 minutes (List separately in addition to code 90839 for primary service)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 75 minutes.	**Technical Documentation Requirements** See Section X **Service Content** 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
*90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past **74** minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes.	• Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. • Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to pre-crisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). • Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors.

APPLICABLE POPULATION(S)	**UNIT**		**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour ☒ 30 Minutes	Minimum: 75+ Minutes, in 30 min increments Maximum: none

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

CRISIS PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90840* ADD-ON	Psychotherapy for Crisis, each additional 30 minutes (List separately in addition to code 90839 for primary service)	☑ OBH

SERVICE DESCRIPTION

90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 75 minutes.

MINIMUM DOCUMENTATION REQUIREMENTS

Technical Documentation Requirements

See Section X

Service Content

1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention
2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s)
3. Relevant behavioral health history
4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available
5. Other problems identified (mental health, substance abuse, medical, etc.)
6. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

*90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past **74** minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes.

EXAMPLE ACTIVITIES

- Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care.
- Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to pre-crisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care).
- Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors.

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ Day
☐ 15 Minutes ☐ 1 Hour ☒ 30 Minutes

DURATION

Minimum: 75+ Minutes, in 30 min increments
Maximum: none

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face ☒ Video Conf (GT) ☐ Telephone
☒ Individual ☐ Group (HQ) ☒ Family (HR) ☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP) ☒ HK (Residential) ☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)
☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern
☒ LCSW (AJ) ☒ LPC ☒ LMFT
☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)

☒ CMHC (53) ☒ Office (11) ☒ Mobile Unit (15) ☒ Outp Hospital (22)
☒ ACF (13) ☒ Cust Care (33) ☒ Grp Home (14) ☒ Home (12)
☒ Hospice (34) ☒ ICF-MR (54) ☒ NF (32) ☒ PRTF (56)
☒ Shelter (04) ☒ SNF (31) ☒ FQHC (50) ☒ RHC (72)
☒ Inpt Hosp (21) ☒ Inpt PF (51) ☒ ER (23) ☒ PF-PHP (52)
☒ School (03) ☒ Telehealth (02) ☒ 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** 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the response to the intervention(s). Emphasis on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 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 generally from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90846. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.	• Observing and correcting, through psychotherapeutic techniques, a patient's interaction(s) with family members • Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient • Providing parents specific feedback and strategies for managing child's behavior

APPLICABLE POPULATION(S)			**UNIT**		**DURATION***
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 26 minutes
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	☒ Other POS (99)
			☒ Independent Clinic (49)		

TREATMENT - PSYCHOTHERAPY - FAMILY PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90846	Family psychotherapy (without the patient present)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.	**Technical Documentation Requirements** See 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 provided 3. The therapeutic intervention(s) utilized and the response to the intervention(s). Emphasis on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are generally from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90846. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.	• Observing and correcting, through psychotherapeutic techniques, a patient's interaction(s) with family members • Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient • Providing parents specific feedback and strategies for managing child's behavior

APPLICABLE POPULATION(S)			**UNIT**		**DURATION***
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 26 minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO(AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ 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** 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 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 couple in their mid-40s, for marital issues related to the wife's symptoms of moderate depression with vegetative signs, which is gradually improving with antidepressant medication (focus is on treatment of wife's condition) • Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session • Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient

APPLICABLE POPULATION(S)	UNIT	DURATION*
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 26 minutes 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ 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 (49)
☒ School (03)
☒ NRSATF (57)
☒ Telehealth (02)
☒ Other POS (99)

TREATMENT - PSYCHOTHERAPY - FAMILY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.	**Technical Documentation Requirements** See 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 3. The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90847. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.	• Conjoint psychotherapy in the office with a married couple in their mid-40s, for marital issues related to the wife's symptoms of moderate depression with vegetative signs, which is gradually improving with antidepressant medication (focus is on treatment of wife's condition) • Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session • Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient

APPLICABLE POPULATION(S)			**UNIT**		**DURATION***
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 26 minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO(AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ PF-PHP (52)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ NRSATF (57)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ Telehealth (02)	
			☒ Independent Clinic (49)		

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.	**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 provided including number members present. 3. The therapeutic intervention(s) utilized and response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 6. If the identified 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.
NOTES	**EXAMPLE ACTIVITIES**
90849 is reported once for each family group present. 90849 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document as family therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention services use code H0025.	An example would be a multi-family therapy group where the child is not present in the therapy group.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION***
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 30 minutes 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)

☒ CMHC (53) ☒ Office (11) ☒ Mobile Unit (15) ☒ Outp Hospital (22)	☒ ACF (13) ☒ Cust Care (33) ☒ Grp Home (14) ☒ Hospice (34)	☒ ICF-MR (54) ☒ NF (32) ☒ PRTF (56) ☒ Shelter (04)	☒ SNF (31) ☒ FQHC (50) ☒ RHC (72) ☒ PF-PHP (52)	☒ School (03) ☒ Other POS (99)

TREATMENT - PSYCHOTHERAPY - GROUP		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90849	Multiple-family group therapy	☑ OBH

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.	**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 provided including number members present. 3. The therapeutic intervention(s) utilized and response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 6. If the identified 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.
NOTES	**EXAMPLE ACTIVITIES**
90849 is reported once for each family group present. 90849 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document as family therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention services use code H0025.	An example would be a multi-family therapy group where the child is not present in the therapy group.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION***
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 30 minutes 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)	☒ HE (SP) ☒ HK (Residential) ☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53) ☒ Office (11) ☒ ACF (13) ☒ Mobile Unit (15)	☒ Outp Hospital (22) ☒ Cust Care (33) ☒ Grp Home (14) ☒ Hospice (34)	☒ ICF-MR (54) ☒ NF (32) ☒ PRTF (56) ☒ Shelter (04)	☒ SNF (31) ☒ FQHC (50 ☒ RHC (72) ☒ PF-PHP (52)	☒ School (03) ☒ Other POS (99)

TREATMENT - PSYCHOTHERAPY - GROUP

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90853	Group psychotherapy (other than of a multiple-family group)	☑ Medicaid

SERVICE DESCRIPTION

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.

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 provided including number of patients present.
3. The therapeutic intervention(s) utilized and the response to the intervention(s).
4. How did the service impact progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

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.

EXAMPLE ACTIVITIES

- Serving special patient populations with a particular theoretical framework/addressing a specific problem, such as low self-esteem, poor impulse control, depression, etc., through cognitive behavioral therapy (CBT), motivational enhancement therapy, trauma counseling, anger management, and/or sexual offender (SO) treatment
- Personal dynamics of a patient may be discussed by group and dynamics of group may be explored at same time
- Interpersonal interactions, support, emotional catharsis, and reminiscing

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult(21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 45 min. (adult); 30 min. (children)
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☐ Individual
☒ Group (HQ)
☐ Family (HR)
☐ Family (HS)

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

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Shelter (04) ☒ RHC (72) ☒ Other POS (99)
☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ SNF (31) ☒ PF-PHP (52)
☒ Outpt Hospital (22) ☒ Grp Home (14) ☒ PRTF (56) ☒ FQHC (50) ☒ School (03)

TREATMENT - PSYCHOTHERAPY - GROUP

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90853	Group psychotherapy (other than of a multiple-family group)	☑ OBH

SERVICE DESCRIPTION

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.

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 provided including number of patients present.
3. The therapeutic intervention(s) utilized and the response to the intervention(s).
4. How did the service impact progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

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.

EXAMPLE ACTIVITIES

- Serving special patient populations with a particular theoretical framework/addressing a specific problem, such as low self-esteem, poor impulse control, depression, etc., through cognitive behavioral therapy (CBT), motivational enhancement therapy, trauma counseling, anger management, and/or sexual offender (SO) treatment
- Personal dynamics of a patient may be discussed by group and dynamics of group may be explored at same time
- Interpersonal interactions, support, emotional catharsis, and reminiscing

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult(21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 45 min. (adult); 30 min. (children)
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☐ Individual
☒ Group (HQ)
☐ Family (HR)
☐ Family (HS)

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

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Shelter (04) ☒ RHC (72) ☒ Other POS (99)
☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ SNF (31) ☒ PF-PHP (52)
☒ Outpt Hospital (22) ☒ Grp Home (14) ☒ PRTF (56) ☒ 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	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	**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 provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
Biofeedback training may not be suitable for some 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 16Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 37 Minutes

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☒ LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐ CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐ CAC II	☒ APN (SA)	☒ MD/DO(AF)
			☐ CACIII	☐ QMAP	

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	☑ OBH

SERVICE DESCRIPTION

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.

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 provided
3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions
4. How did the service impact the individual's progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

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.

EXAMPLE ACTIVITIES

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 16Minutes
Maximum: 37 Minutes

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☐ Family (HR)
☐ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☐ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Office (11)
☒ Outp Hospital (22)
☒ FQHC (50)
☒ RHC (72)

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	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	**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 provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
Biofeedback training may not be suitable for some 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 ☐ Day ☐ 1 Hour	Minimum: 38 Minutes 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☐ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)		
☒ CMHC (53) ☒ Office (11)	☒ Outp Hospital (22) ☒ FQHC (50)	☒ RHC (72)

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	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	**Technical Documentation Requirements** See 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 provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
Biofeedback training may not be suitable for some 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 ☐ Day ☐ 1 Hour	Minimum: 38 Minutes 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☐ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)		
☒ CMHC (53)	☒ Office (11)	☒ RHC (72)
☒ Outp Hospital (22)	☒ FQHC (50)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The treatment of the patient requires explanation(s) to the family, employer(s), or other involved persons to obtain their support and/or participation in the therapy/treatment process. The provider interprets the results of any psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the patient's condition. Advice is also given as to how the family and other involved persons can best assist the patient.	**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 ACTIVITIES**
If interpretation or explanation of psychological testing results are performed by an intern, they must be supervised by a licensed psychologist. The interpretation or explanation of results is under the licensed psychologist's direction, but his/her presence is not required during the actual service. The services provided for procedure code 90887 are considered separate and distinct from the work involved in psychotherapy (see psychotherapy procedure codes) as they have to do with explaining results of testing or an exam to family or other responsible person	• Interpretation of results of exam or testing • Discussion regarding results of exam or testing • Di253 • Discussion of assistance family members can give patient

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☐ Video Conf (GT) ☒ Telephone	☐Individual ☐ Group (HQ) ☒Family/collateral (HR) ☒Family/collateral (HS)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☒ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The treatment of the patient requires explanation(s) to the family, employer(s), or other involved persons to obtain their support and/or participation in the therapy/treatment process. The provider interprets the results of any psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the patient's condition. Advice is also given as to how the family and other involved persons can best assist the patient.	**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 ACTIVITIES**
If interpretation or explanation of psychological testing results are performed by an intern, they must be supervised by a licensed psychologist. The interpretation or explanation of results is under the licensed psychologist's direction, but his/her presence is not required during the actual service. The services provided for procedure code 90887 are considered separate and distinct from the work involved in psychotherapy (see psychotherapy procedure codes) as they have to do with explaining results of testing or an exam to family or other responsible person	• Interpretation of results of exam or testing • Discussion regarding results of exam or testing • Di253 • Discussion of assistance family members can give patient

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☐ Video Conf (GT) ☒ Telephone	☐Individual ☐ Group (HQ) ☒Family/collateral (HR) ☒Family/collateral (HS)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☒ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
96101 ***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, 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 DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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 POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: ≥ 31 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)	☒ ER (23)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)	☒ Hospice (34)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ Inpt PF (51)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96101 ***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, 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	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
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 POPULATION(S)	UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☒ 1 Hour	Minimum: ≥ 31 mins 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 (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☐ LCSW (AJ)
☐ LPC
☐ LMFT
☐ Unlicensed Master's Level (HO)
☐ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)	☒ ER (23)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)	☒ Hospice (34)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ Inpt PF (51)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ 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.	☑ Medicaid

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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: ≥ 31 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family(HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ 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.	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
The technician, supervised by a licensed psychologist, administers the psychological test, which is interpreted and reported by a licensed psychologist. The testing, in written, oral, or combined formats, measures personality, emotions, intellectual functioning, and psychopathology in culturally 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: ≥ 31 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family(HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96103 ***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 and WAIS), administered by a computer, with qualified health care professional interpretation and report.	☑ Medicaid

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
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	EXAMPLE ACTIVITIES
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.	• 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 ☐Day ☒1 Hour	Minimum: ≥ 31 mins 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96103 ***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 and WAIS), administered by a computer, with qualified health care professional interpretation and report.	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
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	EXAMPLE ACTIVITIES
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.	• 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 (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐Day ☒1 Hour	Minimum: ≥ 31 mins 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

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

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.

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. mental status exam
4. Summary of test results in a formal report
5. Treatment recommendations

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 appropriate, are used.

EXAMPLE ACTIVITIES

- Differential diagnosis between psychogenic and neurogenic syndromes
- Delineation of neurocognitive effects of central nervous system (CNS) disorders

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☐ Day ☒ 1 Hour

DURATION

Minimum:
Maximum:

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☐ Family (HR)
☐ Family (HS)

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

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☐ LCSW (AJ)
☐ LPC
☐ LMFT
☐ Unlicensed Master's Level (HO)
☐ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

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.**	☑ OBH

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 neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders

APPLICABLE POPULATION(S)			UNIT		DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
96118 ***This code is no longer available after 12/31/2018.**	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), per hour of the licensed psychologist or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The licensed psychologist administers a series of tests in thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the patient, as well as interpretation and report preparation are included.	**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 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: ≥ 31 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96118 ***This code is no longer available after 12/31/2018.**	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), per hour of the licensed psychologist or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
The licensed psychologist administers a series of tests in thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the patient, as well as interpretation and report preparation are included.	**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 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 (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☒ 1 Hour	Minimum: ≥ 31 mins 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96119 ***This code is no longer available after 12/31/2018.**	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), with qualified health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face	☑ Medicaid

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Testing measures thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. The technician, under supervision of a licensed psychologist, administers the neuropsychological test, which is interpreted and reported by the licensed psychologist. Information obtained through the testing is interpreted and a written report is generated by the licensed psychologist. The psych technician's face-to-face time administering the tests to the patient, as well as the licensed psychologist's time for interpreting the test results and creating the report is included.	**Technical Documentation Requirements** See 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. What is the clinical need for specific testing? 3. Description of the service (specific test(s) administered) 4. Summary of test results

NOTES	EXAMPLE ACTIVITIES
The tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If neuropsychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.	• Differential diagnosis between psychogenic and neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders

APPLICABLE POPULATION(S)	UNIT	DURATION
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☒ 1 Hour	Minimum: ≥ 31 mins 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96119 ***This code is no longer available after 12/31/2018.**	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), with qualified health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Testing measures thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. The technician, under supervision of a licensed psychologist, administers the neuropsychological test, which is interpreted and reported by the licensed psychologist. Information obtained through the testing is interpreted and a written report is generated by the licensed psychologist. The psych technician's face-to-face time administering the tests to the patient, as well as the licensed psychologist's time for interpreting the test results and creating the report is included.	**Technical Documentation Requirements** See 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. What is the clinical need for specific testing? 3. Description of the service (specific test(s) administered) 4. Summary of test results

NOTES	EXAMPLE ACTIVITIES
The tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If neuropsychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.	• Differential diagnosis between psychogenic and neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders

APPLICABLE POPULATION(S)	UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☒ 1 Hour	Minimum: ≥ 31 mins 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 (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ER (23)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - 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.	☑ Medicaid

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
The test is administered by computer, which is interpreted and reported by a qualified health care professional.	**Technical Documentation Requirements** See 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 POPULATION(S)	UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐Day ☒ 1 Hour	Minimum: ≥ 31 mins 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)	☒ 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)
☒ Intern
☐ LCSW (AJ)
☐ LPC
☐ LMFT
☐ Unlicensed Master's Level (HO)
☐ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - 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.	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
The test is administered by computer, which is interpreted and reported by a qualified health care professional.	**Technical Documentation Requirements** See 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 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: ≥ 31 mins 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

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)	☑ 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 neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum:

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

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)	☑ OBH

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 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)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

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 making, treatment planning and report and interactive feedback to patient, family member(s) or caregiver(s), when performed; **first hour**	☑ Medicaid

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 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 POPULATION(S)			UNIT		DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum:

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)	☒ ER (23)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)	☒ Hospice (34)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ Inpt PF (51)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ PF-PHP (52)	

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 making, treatment planning and report and interactive feedback to patient, family member(s) or caregiver(s), when performed; **first hour**	☑ OBH

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 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 POPULATION(S)			UNIT		DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: ≥ 31 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)	☒ ER (23)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)	☒ Hospice (34)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ Inpt PF (51)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
96131 *ADD-ON ***Use in conjunction with 96130**	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.)	☑ Medicaid

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 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)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96131 *ADD-ON ***Use in conjunction with 96130**	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.)	☑ OBH

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 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum:

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE 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.**	☑ Medicaid

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
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:** 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 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE 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.**	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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:** 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 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	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).	☑ Medicaid

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
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:** 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 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)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE	**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).	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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:** 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 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)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96136	Psychological or neuropsychological test administration and scoring by physisican or other qualified health care professional, two or more tests, any method; **first 30 minutes**	☑ Medicaid

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:** 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 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 (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: Maximum:

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
96136	Psychological or neuropsychological test administration and scoring by physisican or other qualified health care professional, two or more tests, any method; **first 30 minutes**	☑ OBH

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:** 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 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - 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).	☑ Medicaid

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:** 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 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 ☐ Day ☐ 1 Hour	Minimum: Maximum:

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - 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).	☑ OBH

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:** 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 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE 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**	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family(HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE 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**	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family(HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**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).	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family(HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	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).	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
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 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
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	☑ Medicaid

SERVICE DESCRIPTION	**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 ACTIVITIES**
***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.**	• 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 ☐Day ☐ 1 Hour	Minimum: Maximum:

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

ASSESSMENT - PSYCHOLOGICAL TESTING		
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	☑ Medicaid

SERVICE DESCRIPTION	**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 ACTIVITIES**
***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.**	• Computer based testing with a child/adolescent to assess neurocognitive abilities. • Testing when treatment interventions are ineffective and neuropsychological deficits are expected.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum:
☒ Adol (12-17)		☒ Geriatric (65+)	☐Day	☐ 1 Hour	Maximum:

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

TREATMENT - MEDICATION MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A therapeutic, prophylactic/diagnostic injection for the administration of medications. Written physician order (required) Actual injectable medication reported/billed separately.	**Technical Documentation Requirements** See 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 ACTIVITIES**
This code may be used in a clinic/CMHC, even if patient brings in the medication to be administered. Pharmacies cannot bill for the administration of drugs in a practitioner's office/clinic. Injectable drugs intended for self-administration/use in the patient's home/ administration for a patient in a LTC facility may be billed by a pharmacy. A certified medical assistant may administer an injection under a physician's/APN's order, but billing and service must be under the signature of the MD/APN. The service code is used when an individual sees a nurse or other trained nurse's aide or medical technician for services that do not require the physician to perform the service, in this case, an injection. Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211 instead. (AMA CPT 2016) 96372 should not be reported *with* a 99211 E&M code as this is considered to be an included service.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed EdD/PhD/PsyD (AH) ☒ Certified/Registered Medical Assistant	☐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)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Independent Clinic (49)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ PF-PHP (52)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ School (03)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ NRSATF (57)	

TREATMENT - MEDICATION MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A therapeutic, prophylactic/diagnostic injection for the administration of medications. Written physician order (required) Actual injectable medication reported/billed separately.	**Technical Documentation Requirements** See 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 ACTIVITIES**
This code may be used in a clinic/CMHC, even if patient brings in the medication to be administered. Pharmacies cannot bill for the administration of drugs in a practitioner's office/clinic. Injectable drugs intended for self-administration/use in the patient's home/ administration for a patient in a LTC facility may be billed by a pharmacy. A certified medical assistant may administer an injection under a physician's/APN's order, but billing and service must be under the signature of the MD/APN. The service code is used when an individual sees a nurse or other trained nurse's aide or medical technician for services that do not require the physician to perform the service, in this case, an injection. Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211 instead. (AMA CPT 2016) 96372 should not be reported *with* a 99211 E&M code as this is considered to be an included service.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
		☒ Certified/Registered Medical Assistant	☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Independent Clinic (49)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ PF-PHP (52)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ School (03)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ NRSATF (57)	

TREATMENT - 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	☑ 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 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 housekeeping needs, medications, appointments, or other activities. Step-by-step problem solving interventions: develop shopping list to obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; cook foods following recipes for basic meal preparation skills. Develop and reconcile budget for personal needs/bills.

APPLICABLE POPULATION(S)			UNIT		DURATION
☐ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☐ Adol (12-17)	(18-20)	☒Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 8 hours

ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☒ U4 (ICM)	☒ HJ (Voc)
☐ Video Conf (GT)	☐ Group (HQ)	☒ HK (Residential)	☒ TM (ACT)	☒ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☒ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ SNF (31)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ FQHC (50)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ RHC (72)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ School (03)	

TREATMENT - 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	☑ OBH

SERVICE DESCRIPTION

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.

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 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

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.

EXAMPLE ACTIVITIES

Develop/implement reminder tools or calendars for housekeeping needs, medications, appointments, or other activities.
Step-by-step problem solving interventions: develop shopping list to obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; cook foods following recipes for basic meal preparation skills.
Develop and reconcile budget for personal needs/bills.

APPLICABLE POPULATION(S)

☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☐ Adol (12-17) ☒Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 mins
Maximum: 8 hours

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☐ Family (HR)
☐ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP) ☒ HK (Residential) ☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite) ☒ HJ (Voc) ☒ HQ (Clubhouse) ☐ TT (Recovery) ☒ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Office (11)
☒ Mobile Unit (15)
☒ Outp Hospital (22)
☒ ACF (13)
☒ Cust Care (33)
☒ Grp Home (14)
☒ Home (12)
☒ Hospice (34)
☒ ICF-MR (54)
☒ NF (32)
☒ Shelter (04)
☒ SNF (31)
☒ FQHC (50)
☒ RHC (72)
☒ School (03)
☒ Other 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	☑ 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** 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how the service is designed to increase community/work functioning and patient response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE 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 (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☐ Adol (12-17)		☒Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 8 hours

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☒ HJ (Voc) ☒ HQ (Clubhouse) ☐ TT (Recovery) ☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)			
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)
☒ Office (11)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Mobile Unit (15)	☒ Home (12)	☒ SNF (31)	☒ Other POS (99)
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	

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** 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how the service is designed to increase community/work functioning and patient response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE 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)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☐ Adol (12-17)	(18-20)	☒Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 8 hours

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☒ U4 (ICM)	☒ HJ (Voc)
☐ Video Conf (GT)	☐ Group (HQ)	☒ HK (Residential)	☒ TM (ACT)	☒ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)
☒ Office (11)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Mobile Unit (15)	☒ Home (12)	☒ SNF (31)	☒ Other POS (99)
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	

ASSESSMENT – NON-FACE-TO-FACE - PHONE ASSESSMENT AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
98966 ***Not recommended for use; if used, please follow CPT guidelines.**	Telephone assessment and management provided by qualified non-physician health care professional.	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM 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; 5 - 10 minutes of medical discussion.	**Technical Documentation Requirements** See Section X **Service Content** 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. Disposition – need for BH services, referral, etc.

NOTES	**EXAMPLE 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 5 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 10 mins

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☐ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)

ASSESSMENT – NON-FACE-TO-FACE - PHONE ASSESSMENT AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
98966 ***Not recommended for use; if used, please follow CPT guidelines.**	Telephone assessment and management provided by qualified non-physician health care professional.	☑ OBH

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; 5 - 10 minutes of medical discussion.	**Technical Documentation Requirements** See Section X **Service Content** 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. Disposition – need for BH services, referral, etc.

NOTES	**EXAMPLE 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐15 Minutes	Minimum: 5 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 10 mins

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☐ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)

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.	☑ Medicaid

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** 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. 3. Disposition – need for BH services, referral, etc.

NOTES	**EXAMPLE 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 (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 11 mins Maximum: 20 mins

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)

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.	☑ OBH

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** 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. 3. Disposition – need for BH services, referral, etc.
NOTES	**EXAMPLE 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) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 11 mins Maximum: 20 mins

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) ☐ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)

ASSESSMENT – NON-FACE-TO-FACE - 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.	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	**Technical Documentation Requirements** See Section X **Service Content** 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. 3. Disposition – need for BH services, referral, etc.

NOTES	**EXAMPLE 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 ☐ Day ☐ 1 Hour	Minimum: 21 mins Maximum: 30 mins

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) ☐ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)

ASSESSMENT – NON-FACE-TO-FACE - 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.	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	**Technical Documentation Requirements** See Section X **Service Content** 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. 3. Disposition – need for BH services, referral, etc.
NOTES	**EXAMPLE 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 21 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 30 mins

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☐ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)

EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT– NEW & ESTABLISHED PATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
New Patient 99201 requires problem focused history, problem focused examination, and straight forward medical decision making. Typical time spent is 10 minutes. 99202 requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 20 minutes. 99203 requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30 minutes. 99204 requires comprehensive history, comprehensive examination, and moderate complexity medical decision making. Typical time spent is 45 minutes. 99205 requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 60 minutes. **Established patient** 99212 requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10 minutes. 99213 requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is 15 minutes. 99214 requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 25 minutes. 99215 requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40 minutes.	Office or Other Outpatient Services.	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
These codes are used for face to face services in an office or other outpatient setting for the evaluation and management of an individual with presenting problem(s) of varying severity. A patient is considered outpatient until inpatient admission to a hospital occurs.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)			
☒ CMHC (53)	☒ FQHC (50)	☒ Independent Clinic (49)	☒ Telehealth (02)
☒Office (11)	☒ RHC (72)	☒ School (03)	
☒Mobile Unit (15)	☒Outpt Hospital(22)	☒ NRSATF (57)	

EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT– NEW & ESTABLISHED PATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
New Patient 99201 requires problem focused history, problem focused examination, and straight forward medical decision making. Typical time spent is 10 minutes. 99202 requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 20 minutes. 99203 requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30 minutes. 99204 requires comprehensive history, comprehensive examination, and moderate complexity medical decision making. Typical time spent is 45 minutes. 99205 requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 60 minutes. **Established patient** 99212 requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10 minutes. 99213 requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is 15 minutes. 99214 requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 25 minutes. 99215 requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40 minutes.	Office or Other Outpatient Services.	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
These codes are used for face to face services in an office or other outpatient setting for the evaluation and management of an individual with presenting problem(s) of varying severity. A patient is considered outpatient until inpatient admission to a hospital occurs.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)			
☒ CMHC (53)	☒Outpt Hospital(22)	☒ Independent Clinic (49)	☒ Telehealth (02)
☒Office (11)	☒ FQHC (50)	☒ School (03)	
☒Mobile Unit (15)	☒ RHC (72)	☒ NRSATF (57)	

EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT – ESTABLISHED PATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99211	Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
This service is an "incident to" service and can only be provided if the patient is an **established patient** and the physician or qualified NPP is in the office suite and available to provide direct supervision. The service code is used when an individual sees a nurse or other trained nurse's aide or medical technician for services that do not require the physician to perform the service, e.g. blood pressure or weight checks, medication counseling, follow-up on side effects, etc. The code is generally not used by physicians or NPPs. Typically 5 minutes or less, presenting problems are minimal	**Technical Documentation Requirements** See Section X The service does not require any of the key components required by other E&M services. It is not billed based on time spent. The progress note needs to include sufficient information to support the reason for the encounter and E/M service and any relevant history, physical assessment and plan of care. See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
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.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Typical time spent: 5 minutes or less

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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) ☒ Certified/Registered Medical Assistant

PLACE OF SERVICE (POS)		
☒CMHC (53) ☒Office (11) ☒Mobile Unit (15)	☒ Outp Hospital (22) ☒ FQHC (50) ☒ RHC (72)	☒ Independent Clinic (49) ☒ NRSATF (57)

EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT – ESTABLISHED PATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99211	Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
This service is an "incident to" service and can only be provided if the patient is an **established patient** and the physician or qualified NPP is in the office suite and available to provide direct supervision. The service code is used when an individual sees a nurse or other trained nurse's aide or medical technician for services that do not require the physician to perform the service, e.g. blood pressure or weight checks, medication counseling, follow-up on side effects, etc. The code is generally not used by physicians or NPPs. Typically 5 minutes or less, presenting problems are minimal	**Technical Documentation Requirements** See Section X The service does not require any of the key components required by other E&M services. It is not billed based on time spent. The progress note needs to include sufficient information to support the reason for the encounter and E/M service and any relevant history, physical assessment and plan of care. See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
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.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Typical time spent: 5 minutes or less

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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) ☒ Certified/Registered Medical Assistant

PLACE OF SERVICE (POS)		
☒CMHC (53) ☒Office (11) ☒Mobile Unit (15)	☒ Outp Hospital (22) ☒ FQHC (50) ☒ RHC (72)	☒ Independent Clinic (49) ☒ NRSATF (57)

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - OBSERVATION CARE DISCHARGE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99217	Observation Care discharge day management when provided on a day other than day of admission.	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
This code is to be utilized to report all services provided to a patient on discharge from Observation status if discharged on a day other than the initial date of Observation status. To report services to a patient designated as Observation status or inpatient status admitted and discharged on the same date use code range 99234-99236.	**Technical Documentation Requirements** See Section X The final examination of the patient, discussion of the stay, instructions for continuing care and preparation of discharge records. See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**

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	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)		
☒CMHC (53)	☒ Outpt Hospital(22)	☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - OBSERVATION CARE DISCHARGE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99217	Observation Care discharge day management when provided on a day other than day of admission.	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
This code is to be utilized to report all services provided to a patient on discharge from Observation status if discharged on a day other than the initial date of Observation status. To report services to a patient designated as Observation status or inpatient status admitted and discharged on the same date use code range 99234-99236.	**Technical Documentation Requirements** See Section X The final examination of the patient, discussion of the stay, instructions for continuing care and preparation of discharge records. See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)		
☒CMHC (53)	☒ Outpt Hospital(22)	☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - INITIAL OBSERVATION CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99218 requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes 99219 requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes 99220 requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes	Initial observation care, per day, for the evaluation and management of a patient	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The following codes are used to report the encounter(s) by the supervising physician or other qualified health care professional with the patient when designated as "observation status." This refers to the initiation of observation status, supervision of the care plan for observation and performance of periodic reassessments. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier AI to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations, e.g. ER or office should be included in the single code.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒CMHC (53) ☒ Inpt Hosp (21) ☒ Inpt PF (51) ☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - INITIAL OBSERVATION CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99218 requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes 99219 requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes 99220 requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes	Initial observation care, per day, for the evaluation and management of a patient	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The following codes are used to report the encounter(s) by the supervising physician or other qualified health care professional with the patient when designated as "observation status." This refers to the initiation of observation status, supervision of the care plan for observation and performance of periodic reassessments. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier AI to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations, e.g. ER or office should be included in the single code.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒CMHC (53)	☒ 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**
99221	Initial hospital care, per day, for the evaluation and management of a patient (low severity)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are 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.	**Technical Documentation Requirements** See Section X **Service Content** Documentation for each patient encounter includes: 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression and diagnosis 3. Plan for care 4. Date and identity of provider 5. Past diagnoses 6. Appropriate health risk factors 7. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 8. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • Time spent must also be documented (e.g., "20 minutes of the 30 minute encounter was used counseling/ coordinating care") See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
This procedure code represents all services rendered on the DOS. Only one 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

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**
99221	Initial hospital care, per day, for the evaluation and management of a patient (low severity)	☑ OBH

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.	**Technical Documentation Requirements** See Section X **Service Content** Documentation for each patient encounter includes: 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression and diagnosis 3. Plan for care 4. Date and identity of provider 5. Past diagnoses 6. Appropriate health risk factors 7. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 8. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • Time spent must also be documented (e.g., "20 minutes of the 30 minute encounter was used counseling/ coordinating care") See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
This procedure code represents all services rendered on the DOS. Only one 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

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)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. 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 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 for each patient encounter includes: 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression and diagnosis 3. Plan for care 4. Date and identity of provider 5. Past diagnoses 6. Appropriate health risk factors 7. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 8. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • Time spent must also be documented (e.g., "30 minutes of the 50 minute encounter was used counseling/ coordinating care") See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
This procedure code represents all services rendered on the DOS. Only one 99222 should be rendered per admission. MD/DO typically spends 50 minutes at the patient's bedside.	• Partial hospital admission for an adolescent patient from chaotic blended family, transferred from inpatient setting, for continued treatment to control symptomatic expressions of hostility and depression.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

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)	☑ OBH

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: • ***Comprehensive history*** • ***Comprehensive examination*** • ***Medical decision-making of moderate complexity*** When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	**Technical Documentation Requirements** See Section X **Service Content** Documentation for each patient encounter includes: 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression and diagnosis 3. Plan for care 4. Date and identity of provider 5. Past diagnoses 6. Appropriate health risk factors 7. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 8. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • Time spent must also be documented (e.g., "30 minutes of the 50 minute encounter was used counseling/ coordinating care") See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
This procedure code represents all services rendered on the DOS. Only one 99222 should be rendered per admission. MD/DO typically spends 50 minutes at the patient's bedside.	• Partial hospital admission for an adolescent patient from chaotic blended family, transferred from inpatient setting, for continued treatment to control symptomatic expressions of hostility and depression.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)		
☒ Inpt Hosp (21)	☒ Inpt PF (51)	☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- INITIAL HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are acute/high severity. Three key components are required: • ***Comprehensive history*** • ***Comprehensive examination*** • ***Medical decision-making of high complexity*** When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	**Technical Documentation Requirements** See Section X **Service Content** Documentation for each patient encounter includes: 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression and diagnosis 3. Plan for care 4. Date and identity of provider 5. Past diagnoses 6. Appropriate health risk factors 7. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 8. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • The time spent must also be documented (e.g., "50 minutes of the 70 minute encounter was used counseling/coordinating care") See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
This procedure code represents all services rendered on the DOS. Only one 99223 should be rendered per admission. MD/DO typically spends 70 minutes at the patient's bedside.	• Initial hospital visit for 55-year-old female in chronic pain who has attempted suicide. • Initial partial hospital admission for 16-year-old male, sullen and subdued, with 6-month history of declining school performance, increasing self-endangerment, and resistance to parental expectations.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ Inpt Hosp (21) ☒ Inpt PF (51) ☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- INITIAL HOSPITAL CARE

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity)	☑ OBH

SERVICE DESCRIPTION

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.

MINIMUM DOCUMENTATION REQUIREMENTS

Technical Documentation Requirements

See Section X

Service Content

Documentation for each patient encounter includes:

1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests
2. Assessment, clinical impression and diagnosis
3. Plan for care
4. Date and identity of provider
5. Past diagnoses
6. Appropriate health risk factors
7. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable
8. Counseling and/or activities performed to coordinate patient care
   - Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required
   - The time spent must also be documented (e.g., "50 minutes of the 70 minute encounter was used counseling/coordinating care")

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

NOTES

This procedure code represents all services rendered on the DOS. Only one 99223 should be rendered per admission. MD/DO typically spends 70 minutes at the patient's bedside.

EXAMPLE ACTIVITIES

- Initial hospital visit for 55-year-old female in chronic pain who has attempted suicide.
- Initial partial hospital admission for 16-year-old male, sullen and subdued, with 6-month history of declining school performance, increasing self-endangerment, and resistance to parental expectations.

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

See chart for typical times for billing as a time-based code

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face ☒ Individual
☐ Video Conf (GT) ☐ Group (HQ)
☐ Telephone ☒ Family (HR)
☒ Family (HS)

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

☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed Master's Level (HO) ☐LAC ☐ LPN/LVN (TE) ☒ RxN (SA)
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐CAC I ☐ RN (TD) ☐ PA (PA)
☒ Intern ☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐CAC II ☒ APN (SA) ☒ MD/DO (AF)
☐CACIII ☐ QMAP

PLACE OF SERVICE (POS)

☒ Inpt Hosp (21) ☒ Inpt PF (51) ☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL 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 complexity medical decision making. Typical time is 15 minutes. 99225 expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes. 99226 requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 35 minutes.	Subsequent hospital care, per day, for the evaluation and management of a patient.	☑ Medicaid

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 in multiple locations, e.g. ER or office should be included in the single code. Services provided subsequent to the initial hospital care should be billed using one of the subsequent care codes. Choose the code based on the whether the service is initial or subsequent care and by the level of code.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)
☒ Outpt Hospital(22)

EVALUATION AND MANAGEMENT - HOSPITAL 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 complexity medical decision making. Typical time is 15 minutes. 99225 expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes. 99226 requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 35 minutes.	Subsequent hospital care, per day, for the evaluation and management of a patient.	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
All levels of subsequent observation care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the 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 in multiple locations, e.g. ER or office should be included in the single code. Services provided subsequent to the initial hospital care should be billed using one of the subsequent care codes. Choose the code based on the whether the service is initial or subsequent care and by the level of code.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.

NOTES	EXAMPLE ACTIVITIES

APPLICABLE POPULATION(S)			UNIT		DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ Outpt Hospital(22)

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99231	Subsequent hospital care, per day (stable, recovering or improving patient)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: • ***A problem-focused interval history*** • ***A problem-focused 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.	**Technical Documentation Requirements** See Section X **Service Content** Documentation for each patient encounter includes: 1. Reason for encounter (i.e., follow-up on condition) 2. Condition being followed 3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis 5. Plan for care 6. Date and identity of provider 7. Past and present diagnoses 8. Appropriate health risk factors 9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 10. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • Time spent must also be documented (e.g., "10 minutes of the 15 minute encounter was used counseling/ coordinating care") See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
Usually, the patient is stable, recovering/improving. The MD/DO typically spends 15 minutes at the patient's bedside.	• Subsequent hospital visit for 14-year-old female in middle phase of inpatient treatment; now behaviorally stable and making satisfactory progress in treatment.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	See chart for typical times for billing as a time-based code

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ 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 REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)		
☒ Inpt Hosp (21)	☒ Inpt PF (51)	☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99231	Subsequent hospital care, per day (stable, recovering or improving patient)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: • ***A problem-focused interval history*** • ***A problem-focused 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.	**Technical Documentation Requirements** See Section X **Service Content** Documentation for each patient encounter includes: 1. Reason for encounter (i.e., follow-up on condition) 2. Condition being followed 3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis 5. Plan for care 6. Date and identity of provider 7. Past and present diagnoses 8. Appropriate health risk factors 9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 10. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • Time spent must also be documented (e.g., "10 minutes of the 15 minute encounter was used counseling/ coordinating care") See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
Usually, the patient is stable, recovering/improving. The MD/DO typically spends 15 minutes at the patient's bedside.	• Subsequent hospital visit for 14-year-old female in middle phase of inpatient treatment; now behaviorally stable and making satisfactory progress in treatment.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	See chart for typical times for billing as a time-based code

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☒ Individual ☐ Group (HQ) ☒ Family (HS) ☒ Family (HS)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)		
☒ Inpt Hosp (21)	☒ Inpt PF (51)	☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- SUBSEQUENT HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99232	Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: • ***An expanded problem-focused interval history*** • ***An expanded problem-focused examination*** • ***Medical decision-making of moderate complexity*** When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face-to-face time on the floor/unit or hospital), time is considered the key or controlling factor to qualify for the level of service.	**Technical Documentation Requirements** See Section X **Service Content** Documentation for each patient encounter includes: 1. Reason for encounter (i.e., follow-up on condition) 2. Condition being followed 3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis 5. Plan for care 6. Date and identity of provider 7. Past and present diagnoses 8. Appropriate health risk factors 9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 10. Counseling and/or activities performed to coordinate patient care ○ Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required ○ Time spent must also be documented (e.g., "15 minutes of the 25 minute encounter was used counseling/ coordinating care") See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside.	• Subsequent hospital visit for a 46-year-old male who complains of symptoms related to recent adjustments to psychotropic medications.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)		
☒ Inpt Hosp (21)	☒ Inpt PF (51)	☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- SUBSEQUENT HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99232	Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: • ***An expanded problem-focused interval history*** • ***An expanded problem-focused examination*** • ***Medical decision-making of moderate complexity*** When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face-to-face time on the floor/unit or hospital), time is considered the key or controlling factor to qualify for the level of service.	**Technical Documentation Requirements** See Section X **Service Content** Documentation for each patient encounter includes: 1. Reason for encounter (i.e., follow-up on condition) 2. Condition being followed 3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis 5. Plan for care 6. Date and identity of provider 7. Past and present diagnoses 8. Appropriate health risk factors 9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 10. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • Time spent must also be documented (e.g., "15 minutes of the 25 minute encounter was used counseling/ coordinating care") See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside.	• Subsequent hospital visit for a 46-year-old male who complains of symptoms related to recent adjustments to psychotropic medications.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)		
☒ Inpt Hosp (21)	☒ Inpt PF (51)	☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99233	Subsequent hospital care, per day (unstable patient or the development of significant complications or problems)	☑ Medicaid

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 REQUIREMENTS

Technical Documentation Requirements

See Section X

Service Content

Documentation for each patient encounter includes:

1. Reason for encounter (i.e., follow-up on condition)
2. Condition being followed
3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests
4. Assessment, clinical impression/diagnosis
5. Plan for care
6. Date and identity of provider
7. Past and present diagnoses
8. Appropriate health risk factors
9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable
10. Counseling and/or activities performed to coordinate patient care
    - Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required
    - Time spent must also be documented (e.g., "20 minutes of the 35 minute encounter was used counseling/ coordinating care")

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

NOTES

Usually, the patient is unstable/has developed a significant complication/new problem. The MD/DO typically spends 35 minutes at the patient's bedside.

EXAMPLE ACTIVITIES

- Subsequent hospital visit for an adolescent patient who is violent, unsafe, and noncompliant with multiple expectations for participation in treatment/service plan and behavior on unit.

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

See chart for typical times for billing as a time-based code

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☐ LCSW (AJ)
☐ LPC
☐ LMFT
☐ Unlicensed Master's Level (HO)
☐ Unlicensed EdD/ PhD/PsyD (HP)
☐ Licensed 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)

☒ Inpt Hosp (21) ☒ Inpt PF (51) ☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99233	Subsequent hospital care, per day (unstable patient or the development of significant complications or problems)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: • ***A detailed interval history*** • ***A detailed examination*** • ***Medical decision-making of high complexity*** When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	**Technical Documentation Requirements** See Section X **Service Content** Documentation for each patient encounter includes: 1. Reason for encounter (i.e., follow-up on condition) 2. Condition being followed 3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis 5. Plan for care 6. Date and identity of provider 7. Past and present diagnoses 8. Appropriate health risk factors 9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 10. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • Time spent must also be documented (e.g., "20 minutes of the 35 minute encounter was used counseling/ coordinating care") See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
Usually, the patient is unstable/has developed a significant complication/new problem. The MD/DO typically spends 35 minutes at the patient's bedside.	• Subsequent hospital visit for an adolescent patient who is violent, unsafe, and noncompliant with multiple expectations for participation in treatment/service plan and behavior on unit.

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	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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)		
☒ Inpt Hosp (21)	☒ Inpt PF (51)	☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99234 requires detailed or comprehensive history, detailed or comprehensive exam, straight forward or low complexity med decision making, Typical time 40 minutes 99235 requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes 99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes	Same day admit/discharge observation/inpatient Evaluation and Management services.	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The 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 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. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier AI to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations (e.g. ER or office) should be included in the single code. Services provided subsequent to the initial observation care should be billed using one of the subsequent observation care codes.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)	
☒ Outpt Hospital(22)	☒ PF-PHP (52)
☒ Inpt Hosp (21)	
☒ Inpt PF (51)	

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99234 requires detailed or comprehensive history, detailed or comprehensive exam, straight forward or low complexity med decision making, Typical time 40 minutes 99235 requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes 99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes	Same day admit/discharge observation/inpatient Evaluation and Management services.	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The 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 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. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier AI to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations (e.g. ER or office) should be included in the single code. Services provided subsequent to the initial observation care should be billed using one of the subsequent observation care codes.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See chart for typical times for billing as a time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒ Outpt Hospital (22)	☒ PF-PHP (52)	☒Inpt PF (51)	☒Inpt Hosp (21)

EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT - HOSPITAL DISCHARGE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99238	Discharge day management; 30 minutes or less	☑ 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. Final examination of patient 2. Continuing care instructions 3. Prescriptions 4. Referrals See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 30 Minutes

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

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**
99238	Discharge day management; 30 minutes or less	☑ 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. Final examination of patient 2. Continuing care instructions 3. Prescriptions 4. Referrals See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: 30 Minutes

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)
☒ 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	☑ 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 Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 30 minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

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 3. Prescriptions 4. Referrals See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 30 minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ Inpt Hosp (21)
☒ Inpt PF (51)
☒ PF-PHP (52)

EVALUATION AND MANAGEMENT - CONSULTATIONS - OFFICE OR OTHER OUTPATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99241 **This consultation code may only be utilized as telephonic prescriber-to-prescriber consultation regarding a patient.**	Office or other outpatient consultation for a new or established patient. Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A consultation is a service rendered by an MD/DO/prescribing Nurse whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO/prescribing Nurse consultant utilizes this code for the purposes of providing direct consultation services to another MD/DO/prescribing Nurse for the purposes of "counseling and/or coordination of care with other physicians/qualified health care professionals….consistent with the nature of the problem(s) and the patient's and/or family's needs".	**Technical Documentation Requirements,** See Section X 1. 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 or floor time, whichever is appropriate) 2. Counseling and/or activities performed to coordinate patient care • Time spent must also be documented (e.g., "15 minutes of the 20 minute encounter was used counseling/coordinating care") 3. Copy of written report sent by consultant to referring MD/DO 4. Formal report/copy of consultant's note 5. Referring MD/DO's name 6. Evidence that referring MD/DO requested both consultation and consultant's opinion 7. Advice and/or opinion regarding patient's condition See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
Only one consultation is reported by the consultant for the day of service. Please refer to Section II.G.1. for details about documentation.	An RN sees a patient to follow-up on side effects per order of the physician. The patient does not see the physician on that day. **BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.**

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ 1 Hour ☐ Day	Min: 8 min Max: 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)	☒ HE (SP) ☐ HK (Residential) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)			
☒ CMHC (53)	☒ NF (32)	☒ RHC (72)	☒ ER (23)
☒ Office (11)	☒ SNF (31)	☒ Independent Clinic (49)	☒ NRSATF (57)
☒Outpt Hospital(22)	☒ FQHC (50)		☒Telehealth (02)

EVALUATION AND MANAGEMENT - CONSULTATIONS - OFFICE OR OTHER OUTPATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99241 **This consultation code may only be utilized as telephonic prescriber-to-prescriber consultation regarding a patient.**	Office or other outpatient consultation for a new or established patient. Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A consultation is a service rendered by an MD/DO/prescribing Nurse whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO/prescribing Nurse consultant utilizes this code for the purposes of providing direct consultation services to another MD/DO/prescribing Nurse for the purposes of "counseling and/or coordination of care with other physicians/qualified health care professionals….consistent with the nature of the problem(s) and the patient's and/or family's needs".	**Technical Documentation Requirements,** See Section X 1. Documentation of written, verbal/shared medical records request in patient record: 5. Request for consultation from attending MD/DO 6. Reason for consultation 7. Services and supplies performed/ordered by consultant 8. Total length of time of encounter (face-to-face or floor time, whichever is appropriate) 2. Counseling and/or activities performed to coordinate patient care • Time spent must also be documented (e.g., "15 minutes of the 20 minute encounter was used counseling/coordinating care") 3. Copy of written report sent by consultant to referring MD/DO 4. Formal report/copy of consultant's note 5. Referring MD/DO's name 6. Evidence that referring MD/DO requested both consultation and consultant's opinion 7. Advice and/or opinion regarding patient's condition See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
Only one consultation is reported by the consultant for the day of service. Please refer to Section II.G.1. for details about documentation.	An RN sees a patient to follow-up on side effects per order of the physician. The patient does not see the physician on that day. **BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Min: 8 min Max: 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)			
☒ CMHC (53) ☒ Office (11) ☒Outpt Hospital (22)	☒ NF (32) ☒ SNF (31) ☒ FQHC (50)	☒ RHC (72) ☒ Independent Clinic (49)	☒ ER (23) ☒ NRSATF (57) ☒ Telehealth (02)

EVALUATION AND MANAGEMENT - CONSULTATIONS - OFFICE OR OTHER OUTPATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99242 requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes 99243 requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes 99244 requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes 99245 requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes	Office or other Outpatient Consultations Evaluation and Management Services	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. The services of the billing prescriber must be face to face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251. Please refer to Section Appendix G for details about documentation.	**Technical Documentation Requirements** See Section X 1. Documentation of written, verbal/shared medical records request in patient record: 9. Request for consultation from attending MD/DO 10. Reason for consultation 11. Services and supplies performed/ordered by consultant 12. Total length of time (face-to-face or floor time, whichever is appropriate) 2. Counseling and/or activities performed to coordinate patient care • Time spent must be documented (e.g., "15 mins of the 20 mins were used counseling/coordinating care") 3. Copy of written report sent by consultant to referring MD/DO 4. Formal report/copy of consultant's note 5. Referring MD/DO's name 6. Evidence that referring MD/DO requested both consultation and consultant's opinion 7. Advice and/or opinion regarding patient's condition 8. Results of tests/procedures ordered/performed See Appendix G for more information on E/M services.
NOTES	**EXAMPLE 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 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)		
☒ CMHC (53)	☒ SNF (31)	☒ ER (23)
☒ Office (11)	☒ FQHC (50)	☒ NRSATF (57)
☒Outpt Hospital(22)	☒ RHC (72)	☒ Telehealth (02)
☒ NF (32)	☒ Independent Clinic (49)	

EVALUATION AND MANAGEMENT - CONSULTATIONS - OFFICE OR OTHER OUTPATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99242 requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes 99243 requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes 99244 requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes 99245 requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes	Office or other Outpatient Consultations Evaluation and Management Services	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. The services of the billing prescriber must be face to face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251. Please refer to Section Appendix G for details about documentation.	**Technical Documentation Requirements** See Section X 1. Documentation of written, verbal/shared medical records request in patient record: 13. Request for consultation from attending MD/DO 14. Reason for consultation 15. Services and supplies performed/ordered by consultant 16. Total length of time (face-to-face or floor time, whichever is appropriate) 2. Counseling and/or activities performed to coordinate patient care • Time spent must be documented (e.g., "15 mins of the 20 mins were used counseling/coordinating care") 3. Copy of written report sent by consultant to referring MD/DO 4. Formal report/copy of consultant's note 5. Referring MD/DO's name 6. Evidence that referring MD/DO requested both consultation and consultant's opinion 7. Advice and/or opinion regarding patient's condition 8. Results of tests/procedures ordered/performed See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
	An RN sees a patient to follow-up on side effects per order of the physician. The patient does not see the physician on that day. **BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)		
☒ CMHC (53) ☒ Office (11) ☒Outpt Hospital(22 ☒ NF (32)	☒ SNF (31) ☒ FQHC (50) ☒ RHC (72) ☒ Independent Clinic (49)	☒ ER (23) ☒ NRSATF (57) ☒ Telehealth (02)

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99251	Inpatient consultation for a new or established patient; the presenting problem(s) are self-limited or minor	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: • ***Problem-focused history*** • ***Problem-focused 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 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 or floor time, whichever is appropriate) 5. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was counseling and coordinating care is required • Time spent must also be documented (e.g., "15 minutes of the 20 minute encounter was used counseling/coordinating care") 6. Copy of written report sent by consultant to referring MD/DO • 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	**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	Minimum: 20 Minutes Maximum: See Appendix G for typical times and billing as time-based code

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☒ Video Conf (GT)	☐ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

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**
99251	Inpatient consultation for a new or established patient; the presenting problem(s) are self-limited or minor	☑ OBH

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:

- ***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.

MINIMUM DOCUMENTATION REQUIREMENTS

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 or floor time, whichever is appropriate)
5. Counseling and/or activities performed to coordinate patient care
   - Where time is significant to encounter, documentation that more than 50% of time spent with patient was counseling and coordinating care is required
   - Time spent must also be documented (e.g., "15 minutes of the 20 minute encounter was used counseling/coordinating care")
6. Copy of written report sent by consultant to referring MD/DO
   - 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

Only one consultation is reported by the consultant per admission. For 99251, the presenting problem(s) are usually self-limited/minor. The consultant typically spends 20 mins at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251.

EXAMPLE ACTIVITIES

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 20 Minutes
Maximum: See Appendix G for typical times and billing as time-based code

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

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

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☐ LCSW (AJ)
☐ LPC
☐ LMFT
☐ Unlicensed Master's Level (HO)
☐ Unlicensed EdD/ PhD/PsyD (HP)
☐ Licensed 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)

☒ NF (32)
☒ SNF (31)
☒ Inpt Hosp (21)
☒ Inpt PF (51)
☒ PF-PHP (52)
☒ Telehealth (02)
☒ Inpt PF (51)
☒ PF-PHP (52)
☒ Telehealth (02)

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99252	Inpatient consultation for a new or established patient; the presenting problem(s) are of low severity	☑ Medicaid

SERVICE DESCRIPTION

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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 time spent with patient was used counseling and coordinating care is required
   - Time spent must also be documented (e.g., "30 minutes of the 40 minute encounter was used counseling/coordinating care")
6. Copy of written report sent by consultant to referring MD/DO
   - Formal report/copy of consultant's note
   - Referring MD/DO's name
   - Evidence that referring MD/DO requested both consultation and consultant's opinion
   - Advice and/or opinion regarding the patient's condition
   - Results of tests/procedures ordered/performed

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

NOTES

Only one consultation is reported by the consultant per admission. For 99252, the presenting problem(s) are usually of low severity. The consultant typically spends 40 minutes at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99252.

EXAMPLE ACTIVITIES

- Initial hospital consultation for a 53-year-old male patient, previously abstinent alcoholic, who relapsed and was admitted for management of gastritis; patient readily accepts the need for further treatment.

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 40 Minutes
Maximum: See Appendix G for typical times and billing as time-based code

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

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

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☐ LCSW (AJ)
☐ LPC
☐ LMFT
☐ Unlicensed Master's Level (HO)
☐ Unlicensed EdD/ PhD/PsyD (HP)
☐ Licensed 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)

☒ NF (32) ☒ Inpt Hosp (21) ☒ PF-PHP (52)
☒ SNF (31) ☒ Inpt PF (51) ☒ Telehealth (02)

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99252	Inpatient consultation for a new or established patient; the presenting problem(s) are of low severity	☑ OBH

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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 time spent with patient was used counseling and coordinating care is required
   - Time spent must also be documented (e.g., "30 minutes of the 40 minute encounter was used counseling/coordinating care")
6. Copy of written report sent by consultant to referring MD/DO
   - Formal report/copy of consultant's note
   - Referring MD/DO's name
   - Evidence that referring MD/DO requested both consultation and consultant's opinion
   - Advice and/or opinion regarding the patient's condition
   - Results of tests/procedures ordered/performed

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

NOTES

Only one consultation is reported by the consultant per admission. For 99252, the presenting problem(s) are usually of low severity. The consultant typically spends 40 minutes at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99252.

EXAMPLE ACTIVITIES

- Initial hospital consultation for a 53-year-old male patient, previously abstinent alcoholic, who relapsed and was admitted for management of gastritis; patient readily accepts the need for further treatment.

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 40 Minutes
Maximum: See Appendix G for typical times and billing as time-based code

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

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

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☐ LCSW (AJ)
☐ LPC
☐ LMFT
☐ Unlicensed Master's Level (HO)
☐ Unlicensed EdD/ PhD/PsyD (HP)
☐ Licensed 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)

☒ 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
99253	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate severity	☑ Medicaid

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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 is required
   - Time spent must also be documented (e.g., "40 minutes of the 55 minute encounter was used counseling/coordinating care")
6. Copy of written report sent by consultant to referring MD/DO
   - Formal report/copy of consultant's note
   - Referring MD/DO's name
   - Evidence that referring physician requested both consultation and consultant's opinion
   - Advice and/or opinion regarding patient's condition
   - Results of tests/procedures ordered/performed

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

NOTES

Only one consultation is reported by the consultant per admission. For 99253, the presenting problem(s) are usually of moderate severity. The consultant typically spends 55 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 99253.

EXAMPLE ACTIVITIES

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 55 Minutes
Maximum: See Appendix G for typical times and billing as time-based code

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP) ☐ HK (Residential) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☐ LCSW (AJ)
☐ LPC
☐ LMFT
☐ Unlicensed Master's Level (HO)
☐ Unlicensed EdD/ PhD/PsyD (HP)
☐ Licensed 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)

☒ 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
99253	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate severity	☑ OBH

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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 is required
   - Time spent must also be documented (e.g., "40 minutes of the 55 minute encounter was used counseling/coordinating care")
6. Copy of written report sent by consultant to referring MD/DO
   - Formal report/copy of consultant's note
   - Referring MD/DO's name
   - Evidence that referring physician requested both consultation and consultant's opinion
   - Advice and/or opinion regarding patient's condition
   - Results of tests/procedures ordered/performed

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

NOTES

Only one consultation is reported by the consultant per admission. For 99253, the presenting problem(s) are usually of moderate severity. The consultant typically spends 55 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 99253.

EXAMPLE ACTIVITIES

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 55 Minutes
Maximum: See Appendix G for typical times and billing as time-based code

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP) ☐ HK (Residential) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☐ LCSW (AJ) ☐ LPC ☐ LMFT
☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)

☒ 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
99254	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	☑ Medicaid

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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 is 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.

NOTES

Only one consultation is reported by the consultant per admission. For 99254, the presenting problem(s) are usually of moderate to high severity. The consultant typically spends 80 minutes at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99254.

EXAMPLE ACTIVITIES

- Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of multiple surgeries.

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 80 Minutes
Maximum: See Appendix G for typical times and billing as time-based code

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

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

☐ Peer Specialist
☐ Bachelor's Level (HN)
☒ Intern
☐ LCSW (AJ)
☐ LPC
☐ LMFT
☐ Unlicensed Master's Level (HO)
☐ Unlicensed EdD/ PhD/PsyD (HP)
☐ Licensed 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)

☒ 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
99254	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	☑ OBH

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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 is 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.

NOTES

Only one consultation is reported by the consultant per admission. For 99254, the presenting problem(s) are usually of moderate to high severity. The consultant typically spends 80 minutes at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99254.

EXAMPLE ACTIVITIES

- Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of multiple surgeries.

APPLICABLE POPULATION(S)

☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)
☒ Adol (12-17)		☒ Geriatric (65+)

UNIT

☒ Encounter	☐ 15 Minutes
☐ Day	☐ 1 Hour

DURATION

Minimum: 80 Minutes
Maximum: See Appendix G for typical times and billing as time-based code

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face	☒ Individual
☒ Video Conf (GT)	☐ Group (HQ)
☐ Telephone	☒ Family (HR)
	☒ Family (HS)

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

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

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
99255	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	☑ Medicaid

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

MINIMUM DOCUMENTATION REQUIREMENTS

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 is required
   - Time spent must also be documented (e.g., "75 minutes of the 110 minute encounter was used counseling/coordinating care")
6. Copy of written report sent by consultant to referring MD/DO
   - Formal report/copy of consultant's note
   - Referring MD/DO's name
   - Evidence that referring MD/DO requested both consultation and consultant's opinion
   - Advice and/or opinion regarding patient's condition
   - Results of tests/procedures ordered/performed

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

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 appropriate E/M procedure code is used in lieu of 99255.

EXAMPLE ACTIVITIES

- Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of multiple surgeries.

APPLICABLE POPULATION(S)

☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)
☒ Adol (12-17)		☒ Geriatric (65+)

UNIT

☒ Encounter	☐ 15 Minutes
☐ Day	☐ 1 Hour

DURATION

Minimum: 110 minutes
Maximum: N/A
See Appendix G for typical times and billing as time-based code

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face	☒ Individual
☒ Video Conf (GT)	☐ Group (HQ)
☐ Telephone	☒ Family (HR)
	☒ Family (HS)

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

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)	
☒ NF (32) ☒ SNF (31) ☒ Inpt Hosp (21)	☒ Inpt PF (51) ☒ PF-PHP (52) ☒ Telehealth (02)

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT

CPT®/HCPCS PROCEDURE CODE		USAGE
99255	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: • ***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**	**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 is required ▪ Time spent must also be documented (e.g., "75 minutes of the 110 minute encounter was used counseling/coordinating care") 6. Copy of written report sent by consultant to referring MD/DO • Formal report/copy of consultant's note • Referring MD/DO's name • Evidence that referring MD/DO requested both consultation and consultant's opinion • Advice and/or opinion regarding patient's condition • Results of tests/procedures ordered/performed See Appendix G for more information on E/M services.

NOTES	EXAMPLE ACTIVITIES
Only one consultation is reported by the consultant per admission. For 99255, the presenting problem(s) are usually of moderate to high severity. The consultant typically spends 110 mins at the patient's bedside and on the patient's hospital floor or unit. If subsequent to the completion of consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99255.	• Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of multiple surgeries.

APPLICABLE POPULATION(S)			UNIT		DURATION
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 110 minutes Maximum: N/A See Appendix G for typical times and billing as 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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)

☒ NF (32)	☒ Inpt PF (51)
☒ SNF (31)	☒ PF-PHP (52)
☒ Inpt Hosp (21)	☒ Telehealth (02)

EVALUATION AND MANAGEMENT – EMERGENCY DEPARTMENT

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99281 requires problem focused history, problem focused examination straight forward medical decision making 99282 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making 99283 requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making 99284 requires detailed history, detailed examination moderate complexity medical decision making 99285 requires comprehensive history, comprehensive examination high complexity medical decision making.	Emergency Department Services.	☑ Medicaid

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
These codes are used for face to face services in an emergency department for the evaluation and management of an individual with presenting problem(s) of varying severity. No distinction is made between new and established patients in the emergency department.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.

NOTES	EXAMPLE ACTIVITIES

APPLICABLE POPULATION(S)			UNIT		DURATION
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 min ☐ 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 ☒ 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 REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)

☒ ER (23)
☒ Telehealth (02)

EVALUATION AND MANAGEMENT – EMERGENCY DEPARTMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99281 requires problem focused history, problem focused examination straight forward medical decision making 99282 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making 99283 requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making 99284 requires detailed history, detailed examination moderate complexity medical decision making 99285 requires comprehensive history, comprehensive examination high complexity medical decision making.	Emergency Department Services.	☑ OBH
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
These codes are used for face to face services in an emergency department for the evaluation and management of an individual with presenting problem(s) of varying severity. No distinction is made between new and established patients in the emergency department.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.	
NOTES	**EXAMPLE ACTIVITIES**	
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ Encounter ☐ 15 min ☐ 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 ☒ Video Conf (GT) ☐ 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		
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed Master's Level (HO) ☐LAC ☐ LPN/LVN (TE) ☒ RxN (SA) ☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐CAC I ☐ RN (TD) ☒ PA (PA) ☒ Intern ☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐CAC II ☒ APN (SA) ☒ MD/DO (AF) ☐CACIII ☐ QMAP		
PLACE OF SERVICE (POS)		
☒ ER (23) ☒ Telehealth (02)		

EVALUATION AND MANAGEMENT - NURSING FACILITY - INITIAL SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99304 requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes 99305 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes 99306 requires comprehensive history, comprehensive examination high complexity medical decision making Typical time is 45 minutes	Initial Nursing Facility Care Services	☑ Medicaid
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.	
NOTES	**EXAMPLE ACTIVITIES**	
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ 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 ☒ Video Conf (GT) ☐ 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		
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed Master's Level (HO) ☐LAC ☐ LPN/LVN (TE) ☒ RxN (SA) ☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐CAC I ☐ RN (TD) ☒ PA (PA) ☒ Intern ☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐CAC II ☒ APN (SA) ☒ MD/DO (AF) ☐CACIII ☐ QMAP		
PLACE OF SERVICE (POS)		
☒ NF (32) ☒ SNF (31) ☒ Telehealth (02)		

EVALUATION AND MANAGEMENT - NURSING FACILITY - INITIAL SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99304 requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes 99305 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes 99306 requires comprehensive history, comprehensive examination high complexity medical decision making Typical time is 45 minutes	Initial Nursing Facility Care Services	☑ OBH
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.	
NOTES	**EXAMPLE ACTIVITIES**	
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ 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 ☒ Video Conf (GT) ☐ 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		
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed Master's Level (HO) ☐LAC ☐ LPN/LVN (TE) ☒ RxN (SA) ☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐CAC I ☐ RN (TD) ☒ PA (PA) ☒ Intern ☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐CAC II ☒ APN (SA) ☒ MD/DO (AF) ☐CACIII ☐ QMAP		
PLACE OF SERVICE (POS)		
☒ NF (32) ☒ SNF (31) ☒ Telehealth (02)		

EVALUATION AND MANAGEMENT - NURSING FACILITY - SUBSEQUENT SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99307 requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes 99308 requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes 99309 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes 99310 requires comp interval history, comprehensive examination high complexity medical decision making, Typical time is 35 minutes	Subsequent Nursing Facility Services.	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity. 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 Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ 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 ☒ 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 REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)
☒ NF (32) ☒ SNF (31) ☒ Telehealth (02)

EVALUATION AND MANAGEMENT - NURSING FACILITY - SUBSEQUENT SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99307 requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes 99308 requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes 99309 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes 99310 requires comp interval history, comprehensive examination high complexity medical decision making, Typical time is 35 minutes	Subsequent Nursing Facility Services.	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity. 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 Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 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 ☒ 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 REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)
☒ 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 Appendix G for more information on E/M services.	
NOTES	**EXAMPLE ACTIVITIES**	

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ 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 ☒ 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 REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)
☒ NF (32) ☒ SNF (31) ☒ Telehealth (02)

EVALUATION AND MANAGEMENT - NURSING FACILITY - DISCHARGE SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99315 nursing facility discharge day management; 30 minutes or less 99316 nursing facility discharge day management; more than 30 minutes	Nursing Facility discharge services.	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Used to report total duration of time spent by physician or other qualified health care professional for the final nursing facility discharge of a patient, the codes include as appropriate final examination of the patient, discussion of the nursing facility stay even if the time spent on that date is not continuous. Instructions are given for continuing care to all relevant care givers, the preparation of discharge records, prescriptions and referral forms.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 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 ☒ 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 REQUIREMENTS

☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)

☒ NF (32)
☒ SNF (31)
☒ Telehealth (02)

EVALUATION AND MANAGEMENT - NURSING FACILITY - OTHER		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99318 require detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30 minutes	Annual Nursing Facility Assessment.	☑ Medicaid
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
This is an annual Nursing Facility Assessment.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.	
NOTES	**EXAMPLE ACTIVITIES**	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 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 ☒ 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 REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)
☒ NF (32) ☒ SNF (31) ☒ Telehealth (02)

EVALUATION AND MANAGEMENT - NURSING FACILITY - OTHER		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99318 require detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30 minutes	Annual Nursing Facility Assessment.	☑ OBH
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
This is an annual Nursing Facility Assessment.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.	
NOTES	**EXAMPLE ACTIVITIES**	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter ☐ Day	☐ 15 Minutes ☐ 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 ☒ 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 REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)
☒ NF (32) ☒ SNF (31) ☒ Telehealth (02)

EVALUATION AND MANAGEMENT - DOMICILIARY, REST HOME, CUSTODIAL CARE – NEW & ESTABLISHED PATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
New Patient 99324 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes 99325 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes 99326 requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes 99327 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes 99328 requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes **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	Domiciliary, rest home, custodial care services	☑ Medicaid

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 Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See Appendix G for typical times and billing as time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ ACF (13)
☒ Cust Care (33)
☒ Grp Home (14)
☒ Telehealth (02)

EVALUATION AND MANAGEMENT - DOMICILIARY, REST HOME, CUSTODIAL CARE – NEW & ESTABLISHED PATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
New Patient 99324 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes 99325 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes 99326 requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes 99327 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes 99328 requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes **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	Domiciliary, rest home, custodial care services	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
These codes are used to report E/M services in a facility which provides room, board and other personal assistance services, generally on a long term basis. They are also used to report E/M services in an assisted living facility. The facility services do not include a medical component.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See Appendix G for typical times and billing as time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ ACF (13)
☒ Cust Care (33)
☒ Grp Home (14)
☒ Telehealth (02)

EVALUATION AND MANAGEMENT - HOME – NEW & ESTABLISHED PATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
New Patient 99341 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes 99342 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes 99343 requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes 99344 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes 99345 requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes **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	Home care services	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
These codes are used for face to face services in a private for the evaluation and management of an individual with presenting problem(s) of varying severity.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See Appendix G for typical times and billing as time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)
☒ Telehealth (02) ☒ Home (12) ☒ Grp Home (14)

EVALUATION AND MANAGEMENT - HOME – NEW & ESTABLISHED PATIENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
New Patient 99341 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes 99342 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes 99343 requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes 99344 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes 99345 requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes **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	Home care services	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
These codes are used for face to face services in a private for the evaluation and management of an individual with presenting problem(s) of varying severity.	**Technical Documentation Requirements** See Section X See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	See Appendix G for typical times and billing as time-based code
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)
☒ Telehealth (02) ☒ Home (12) ☒ Grp Home (14)

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99366	Medical team conference with interdisciplinary team, face-to-face with patient and/or family, 30 minutes or more, participation by a non-physician qualified health care professional	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. ***Not to be used for supervision** Team conference services by a physician with the patient and/or family present are reported with an appropriate E/M procedure code.	**Technical Documentation Requirements** See Section X **Service Content** 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials - Patient and any family members who attend 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), any follow-up or coordination needed with 3rd parties See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are **not** reported. No more than one individual from the same specialty may report 99366 at the same encounter. If services are performed by a CAC provider, a SUD Primary Diagnosis is required.	Patient and/or family participate in a multi-disciplinary team conference.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 30 Minutes +
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family/collateral (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family/collateral (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☐ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)
☒ Office (11)	☒ Home (12)	☒ Shelter (04)	☒Telehealth (02)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)
☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99366	Medical team conference with interdisciplinary team, face-to-face with patient and/or family, 30 minutes or more, participation by a non-physician qualified health care professional	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. ***Not to be used for supervision** Team conference services by a physician with the patient and/or family present are reported with an appropriate E/M procedure code.	**Technical Documentation Requirements** See Section X **Service Content** 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials - Patient and any family members who attend 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), any follow-up or coordination needed with 3rd parties See Appendix G for more information on E/M services.
NOTES	**EXAMPLE ACTIVITIES**
Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are **not** reported. No more than one individual from the same specialty may report 99366 at the same encounter.	Patient and/or family participate in a multi-disciplinary team conference.

APPLICABLE POPULATION(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: 30 Minutes + Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☒Video Conf (GT) ☐ Telephone	☒ Individual ☐ Group (HQ) ☒ Family/collateral (HR) ☒ Family/collateral (HS)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒LAC ☒CAC I ☒CAC II ☒CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APN (SA)	☒ RxN (SA) ☒ PA (PA))

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)
☒ Office (11)	☒ Home (12)	☒ Shelter (04)	☒ Telehealth (02)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)
☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99367	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by physician	☑ Medicaid

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 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** 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), and any follow-up or coordination needed with 3rd parties See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are **not** reported. No more than one individual from the same specialty may report 99366 at the same encounter. If services are performed by a CAC provider, a SUD Primary Diagnosis is required.	No patient and/or family is present during this multidisciplinary team conference with a physician.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 30 Minutes +
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒ LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒ CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒ CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒ CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)
☒ Office (11)	☒ Home (12)	☒ Shelter (04)	☒ Telehealth (02)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)
☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99367	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by physician	☑ OBH

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.**	**Technical Documentation Requirements** See Section X **Service Content** 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), and any follow-up or coordination needed with 3rd parties See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are **not** reported. No more than one individual from the same specialty may report 99366 at the same encounter.	No patient and/or family is present during this multidisciplinary team conference with a physician.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 30 Minutes +
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒ LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒ CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒ CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒ CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)
☒ Office (11)	☒ Home (12)	☒ Shelter (04)	☒ Telehealth (02)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)
☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99368	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. ***Not to be used for supervision**	**Technical Documentation Requirements** See Section X **Service Content** 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in the team conference including - Specific providers with credentials 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are **not** reported. No more than one individual from the same specialty may report 99366 at the same encounter. If services are performed by a CAC provider, a SUD Primary Diagnosis is required.	No patient and/or family is present during a multidisciplinary team conference without a physician present.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 30 Minutes +
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS						
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)	
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)	
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☐ MD/DO (AF)	
			☒CACIII	☐ QMAP		

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ NF (32)	☒ SNF (31)	☒ Other POS (99)
☒ ACF (13)	☒ Home (12)	☒ PRTF (56)	☒ Telehealth (02)	

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99368	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional	☑ OBH

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** 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in the team conference including - Specific providers with credentials 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties See Appendix G for more information on E/M services.

NOTES	**EXAMPLE ACTIVITIES**
Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are **not** reported. No more than one individual from the same specialty may report 99366 at the same encounter.	No patient and/or family is present during a multidisciplinary team conference without a physician present.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 30 Minutes + 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)			
☒ CMHC (53)	☒ Grp Home (14)	☒ PRTF (56)	☒ Telehealth (02)
☒ Office (11)	☒ Home (12)	☒ Shelter (04)	☒ School (03)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Other POS (99)
☒ Cust Care (33)	☒ NF (32)		

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99441 ***This code has very specific timeframes and documentation requirements. Follow CPT guidelines.**	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5 – 10 minutes of medical discussion	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Non-face-to-face E/M services provided by a physician or other qualified health professional to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.	**Technical Documentation Requirements** See 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 ACTIVITIES**
99441 may be reported only for **established** patients. The patient/patient's parent/guardian must initiate the contact; 99441 may not be used for calls initiated by physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call relates to an E/M service performed and reported by the provider within the previous 7 days (either requested or unsolicited patient follow up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 994441-994443 if you have reported 994441-99444 in the previous 7 days. The call is not reportable if the call relates to a previous call within 7 days since these codes are themselves an E/M service.	An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In a five to 10 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 5 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 10 Minutes

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ ER (23)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ PF-PHP (52)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ School (03)	
			☒ Inpt Hosp (21)		

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99441 ***This code has very specific timeframes and documentation requirements. Follow CPT guidelines.**	Telephone evaluation and management (E/M) service provided by a physician to an 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	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Non-face-to-face E/M services provided by a physician or other qualified health professional to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.	**Technical Documentation Requirements** See 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 ACTIVITIES**
99441 may be reported only for **established** patients. The patient/patient's parent/guardian must initiate the contact; 99441 may not be used for calls initiated by physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call relates to an E/M service performed and reported by the provider within the previous 7 days (either requested or unsolicited patient follow up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 994441-994443 if you have reported 994441-99444 in the previous 7 days. The call is not reportable if the call relates to a previous call within 7 days since these codes are themselves an E/M service.	An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In a five to 10 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 5 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 10 Minutes

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ ER (23)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ PF-PHP (52)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ School (03)	
			☒ Inpt Hosp (21)		

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99442 ***This code has very specific timeframes and documentation requirements. Follow CPT guidelines.**	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 – 20 minutes of medical discussion	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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 ACTIVITIES**
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 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 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.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 11 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 20 Minutes

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ ER (23)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ PF-PHP (52)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ School (03)	
			☒ Inpt Hosp (21)		

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99442 ***This code has very specific timeframes and documentation requirements. Follow CPT guidelines.**	Telephone evaluation and management (E/M) service provided by a physician to an 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	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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 ACTIVITIES**
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 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 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.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 11 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 20 Minutes

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ ER (23)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ PF-PHP (52)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ School (03)	
			☒ Inpt Hosp (21)		

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE - PHONE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99443 ***This code has very specific timeframes and documentation guidelines. Follow CPT guidelines.**	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 – 30 minutes of medical discussion	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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 ACTIVITIES**
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.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult(21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 21 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 30 Minutes

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ ER (23)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ PF-PHP (52)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ School (03)	
			☒ Inpt Hosp (21)		

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE - PHONE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
99443 ***This code has very specific timeframes and documentation guidelines. Follow CPT guidelines.**	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 – 30 minutes of medical discussion	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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 ACTIVITIES**
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.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 21 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 30 Minutes

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ ER (23)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ PF-PHP (52)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ School (03)	
			☒ Inpt Hosp (21)		

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of patient's disabling mental health problems per session (45 minutes or more)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Therapeutic activities designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community (e.g., home, work, school, peer group). Activities are delivered to more than one person and are designed to promote skill development in areas such as stress management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility.	**Technical Documentation Requirements** See Section X **Service Content:** 1. Initial/intake history/exam documenting symptoms or problems necessitating treatment 2. Individualized treatment/service plan ○ Services must be prescribed by an MD/DO and provided under an individualized written plan of treatment established by an MD/DO after any needed consultation with appropriate staff members ○ Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals 3. Target symptoms, goals of therapy and methods of monitoring outcome ○ Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment 4. Specify estimated duration of treatment, in terms of number of sessions ○ For an acute problem, document treatment is expected to improve health status/function of patient ○ For chronic problems, document stabilization/ maintenance of health status/function is expected
NOTES	**EXAMPLE ACTIVITIES**
Interventions cannot be purely recreational/diversionary in nature. Interventions must be individualized and based on the goals specified in the patient's treatment/service plan. ***Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).***	

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 45 Minutes 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)
☒ CMHC (53) ☒Outp Hospital (22) ☒ PF-PHP (52)

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of patient's disabling mental health problems per session (45 minutes or more)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Therapeutic activities designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community (e.g., home, work, school, peer group). Activities are delivered to more than one person and are designed to promote skill development in areas such as stress management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility.	**Technical Documentation Requirements** See Section X **Service Content:** 1. Initial/intake history/exam documenting symptoms or problems necessitating treatment 2. Individualized treatment/service plan ○ Services must be prescribed by an MD/DO and provided under an individualized written plan of treatment established by an MD/DO after any needed consultation with appropriate staff members ○ Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals 3. Target symptoms, goals of therapy and methods of monitoring outcome ○ Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment 4. Specify estimated duration of treatment, in terms of number of sessions ○ For an acute problem, document treatment is expected to improve health status/function of patient ○ For chronic problems, document stabilization/ maintenance of health status/function is expected

NOTES	**EXAMPLE ACTIVITIES**
Interventions cannot be purely recreational/diversionary in nature. Interventions must be individualized and based on the goals specified in the patient's treatment/service plan. ***Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).***	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 45 Minutes
☒ Adol (12-17)	(18-20)	☒Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☐ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ CMHC (53)
☒Outp Hospital (22)
☒ PF-PHP (52)

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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** 1. Initial/intake history/exam documenting symptoms/problems necessitating treatment 2. Individualized treatment/service plan o Services must be prescribed by an MD/DO and provided under an individualized written plan of treatment established by an MD/DO after any needed consultation with appropriate staff members o Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals 3. Target symptoms, goals of therapy and methods of monitoring outcome o Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment 4. Specify estimated duration of treatment, in terms of number of sessions o For an acute problem, document that treatment is expected to improve health status/function of patient o For chronic problems, document that stabilization/ maintenance of health status/function is expected 5. Indicate time spent in training and educational services and relevance to care and treatment of patient's MH condition

NOTES	**EXAMPLE ACTIVITIES**
This is an individual skills training service. ***Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).***	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 45 Minutes
☐ Adol (12-17)		☒Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)
☒Outp Hospital (22)
☒ PF-PHP (52)

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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** 1. Initial/intake history/exam documenting symptoms/problems necessitating treatment 2. Individualized treatment/service plan ○ Services must be prescribed by an MD/DO and provided under an individualized written plan of treatment established by an MD/DO after any needed consultation with appropriate staff members ○ Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals 3. Target symptoms, goals of therapy and methods of monitoring outcome ○ Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment 4. Specify estimated duration of treatment, in terms of number of sessions ○ For an acute problem, document that treatment is expected to improve health status/function of patient ○ For chronic problems, document that stabilization/ maintenance of health status/function is expected 5. Indicate time spent in training and educational services and relevance to care and treatment of patient's MH condition

NOTES	**EXAMPLE ACTIVITIES**
This is an individual skills training service. ***Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).***	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: 45 Minutes
☐ Adol (12-17)		☒Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ CMHC (53)
☒Outp Hospital (22)
☒ PF-PHP (52)

ASSESSMENT – ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0001	Alcohol and/or Drug (AOD) Assessment	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The evaluation of an individual to determine the presence, nature and extent of the individual's abuse, misuse and/or addiction to AOD (Alcohol or Drug), with the goal of formulating a substance use related diagnosis and plan for services or appropriate referral. The assessment includes AOD history, mental status and diagnosis formulation specific to SUD, appropriate family and social history, cultural issues, relevant physical and mental health history and treatment and recommendations. The evaluation may include communication with family or other sources. *** Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation**	**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. Diagnostic interview examination elements specific to SUD 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagnosis 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition
NOTES	**EXAMPLE ACTIVITIES**
For assessment of a primary mental health diagnosis use the 90791 procedure code. H0001 is used for assessment(s) and re-assessment (s), if required, related to SUD diagnoses, and does not include psychotherapeutic services. If appropriate and based on patient stability/status in social detox, Assessment services (H0001) may be provided prior to discharge.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Inpt PF (51)	☒NRSATF (57)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Independent Clinic (49)	☒ PF-PHP (52)	☒ Telehealth (02)

ASSESSMENT – ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0001	Alcohol and/or Drug (AOD) Assessment	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
The evaluation of an individual to determine the presence, nature and extent of the individual's abuse, misuse and/or addiction to AOD (Alcohol or Drug), with the goal of formulating a substance use related diagnosis and plan for services or appropriate referral. The assessment includes AOD history, mental status and diagnosis formulation specific to SUD, appropriate family and social history, cultural issues, relevant physical and mental health history and treatment and recommendations. The evaluation may include communication with family or other sources. *** Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation**	**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. Diagnostic interview examination elements specific to SUD 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagnosis 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition
NOTES	**EXAMPLE ACTIVITIES**
For assessment of a primary mental health diagnosis use the 90791 procedure code. H0001 is used for assessment(s) and re-assessment (s), if required, related to SUD diagnoses, and does not include psychotherapeutic services. If appropriate and based on patient stability/status in social detox, Assessment services (H0001) may be provided prior to discharge.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Inpt PF (51)	☒NRSATF (57)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Independent Clinic (49)	☒ PF-PHP (52)	☒ Telehealth (02)

SCREENING – PROGRAM ELIGIBILITY

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0002	Behavioral health screening to determine eligibility for admission to treatment program	☑ Medicaid

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 3rd 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.	Screening to determine eligibility, treatment needs and treatment 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	Minimum: N/A 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 (Respite) ☒ TT (Recovery) ☒ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Inpt PF (51)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Independent Clinic (49)	☒ PF-PHP (52)	☒ Telehealth (02)

SCREENING – PROGRAM ELIGIBILITY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0002	Behavioral health screening to determine eligibility for admission to treatment program	☑ OBH

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 3rd 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)	Screening to determine eligibility, treatment needs and treatment 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 (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☒ TM (ACT)	☒ HQ (Clubhouse)
☒ Telephone	☒ Family (HR)		☒ HM (Respite)	☒ TT (Recovery)
	☒ Family (HS)			☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Inpt PF (51)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ ER (23)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Independent Clinic (49)	☒ PF-PHP (52)	☒ Telehealth (02)

SCREENING – ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
An alcohol and/or drug screening occurs when specific instruments or procedures are used to detect the presence of an alcohol and/ or drug problem. The screening should determine the appropriateness for treatment at a specific treatment agency and should occur prior to administering differential assessments.	• 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**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☒ 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 REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APRN (SA) ☒ QMAP	☒ RxN (SA) ☒ PA (PA) ☒ MD/DO(AF)

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)	☒ ER (23)	☒ Telehealth (02)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ RSATF (55)	☒ PF-PHP (52)	
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ NRSATF (57)	☒ Prison/CF (09)	
☒ Outp Hospital (22)	☒ Hospice (34)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ School (03)	
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	☒ Inpt PF (51)	☒ Other POS (99)	

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0004	Behavioral health counseling and therapy, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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).	**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 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**
H0004 offers flexibility in terms of time increments and POS. H0004 may include unplanned telephone contact and/or planned contact if medically necessary, clinically justified, and included in the treatment/service plan. Crisis intervention is reported using H2011 in lieu of H0004. If services are performed by a CAC provider, a SUD Primary Diagnosis is required.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 minutes
☒ Adol (12-17)	Adult (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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☒ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)	☒ PF-PHP (52)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ Independent Clinic (49)	☒ School (03)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ NRSATF (57)
☒Outp Hospital (22)	☐Hospice (34)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0004	Behavioral health counseling and therapy, per 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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).	**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 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**
H0004 offers flexibility in terms of time increments and POS. H0004 may include unplanned telephone contact and/or planned contact if medically necessary, clinically justified, and included in the treatment/service plan. Crisis intervention is reported using H2011 in lieu of H0004.	

APPLICABLE POPULATION(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 minutes Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☒ Video Conf (GT) ☒ Telephone	☒ Individual ☐ Group (HQ) ☒ Family (HR) (for SUD providers only) ☒ Family (HS) (for SUD providers only)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☒ HJ (Voc) ☐HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ Cust Care (33)	☒ PRTF (56)	☒ Independent Clinic (49)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Home (12)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒Outp Hospital (22)	☒ ICF-MR (54)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)
☒ ACF (13)	☒ NF (32)	☒ RHC (72)	☒ PF-PHP (52)	

TREATMENT ALCOHOL AND DRUG ABUSE - GROUP PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0005	Alcohol and/or drug services; group counseling	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A planned therapeutic or counseling activity conducted by the behavioral health clinician in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchange. Group services are designed to assist patients with a primary SUD in achieving their AOD treatment goals. *Use 90853 procedure code for group psychotherapy for patients with a primary mental health diagnosis	**Technical Documentation Requirements** See 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 provided including number of patients present. 3. The therapeutic intervention(s) utilized and the response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
H0005 is used for group 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 (18-20)	☒ Adult(21-64)	☐ Encounter	☐ 15 Minutes	Minimum: ≥ 31 mins
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☐ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ Cust Care (33)	☒ PRTF (56)	☒ Independent Clinic (49)	☒ Other POS (99)
☒ Office (11)	☒ Grp Home (14)	☒ Shelter (04)	☒ PF-PHP (52)	
☒Outpt Hospital (22)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)	
☒ ACF (13)	☒ NF (32)	☒ FQHC	☒ NRSATF (57)	
		☒ RHC (72)		

TREATMENT ALCOHOL AND DRUG ABUSE - GROUP PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0005	Alcohol and/or drug services; group counseling	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A planned therapeutic or counseling activity conducted by the behavioral health clinician in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchange. Group services are designed to assist patients with a primary SUD in achieving their AOD treatment goals. *Use 90853 procedure code for group psychotherapy for patients with a primary mental health diagnosis	**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 provided including number of patients present. 3. The therapeutic intervention(s) utilized and the response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
H0005 is used for group 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 (18-20) ☒ Adult(21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☒1 Hour	Minimum: ≥ 31 mins 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)	☒ HE (SP) ☐ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐HQ (Clubhouse) ☐TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ 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 Clinic (49) ☒ PF-PHP (52) ☒ School (03) ☒ NRSATF (57)	☒ Other POS (99)

Targeted Case Management- Substance Abuse TCM Services

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0006	Alcohol and/or drug services; case management	☒ Medicaid

SERVICE DESCRIPTION

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.

***Use T1017 procedure code for case management for patients with a primary mental health diagnosis**

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 provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources)
3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination)
4. How did the service impact the individual's progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up.

EXAMPLE ACTIVITIES

- Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process
- Contact with patient's family members for assistance helping patient access services
- Care Coordination between other service agencies, healthcare providers

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 minutes
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☒ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☐ HK (Residential)
☒ U4 (ICM)
☒ TM (ACT)
☒ HM (Respite)
☒ HJ (Voc)
☒ HQ (Clubhouse)
☒ TT (Recovery)
☒ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ 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 Clinic (49)
☒ Inpt Hosp (21)
☒ Inpt PF (51)
☒ ER (23)
☒ PF-PHP (52)
☒ School (03)
☒ Other POS (99)
☒ NRSATF (57)
☒ Telehealth (02)

Targeted Case Management- Substance Abuse TCM Services

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0006	Alcohol and/or drug services; case management	☒ OBH

SERVICE DESCRIPTION

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.

***Use T1017 procedure code for case management for patients with a primary mental health diagnosis**

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 provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources)
3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination)
4. How did the service impact the individual's progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up.

EXAMPLE ACTIVITIES

- Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process
- Contact with patient's family members for assistance helping patient access services
- Care Coordination between other service agencies, healthcare providers

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 minutes
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☒ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☐ HK (Residential)
☒ U4 (ICM)
☒ TM (ACT)
☒ HM (Respite)
☒ HJ (Voc)
☒ HQ (Clubhouse)
☒ TT (Recovery)
☒ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ 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 Clinic (49)
☒ Inpt Hosp (21)
☒ Inpt PF (51)
☒ ER (23)
☒ PF-PHP (52)
☒ School (03)
☒ Other POS (99)
☒ NRSATF (57)
☒ Telehealth (02)

TREATMENT – CRISIS - ALCOHOL AND DRUG ABUSE -		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A planned alcohol and/or drug crisis intervention used to assist a person to abstain from alcohol and or drug usage.	1. Date of service 2. Client demographic information 3. Specific intervention service used 4. Clients response 5. Referral for treatment (if necessary) 6. Signed with 1st initial, last name & credentials
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☐ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☒ LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐ CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒ CAC II	☒ APRN (SA)	☒ MD/DO(AF)
			☒ CACIII	☐ QMAP	

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ Home (12)	☒ PRTF (56)	☒ NRSATF (57)	☒ Prison/CF (09)
☒ Office (11)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Outp Hospital (22)	☒ ICF-MR (54)	☒ FQHC (50)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)	☒ PF-PHP (52)	

RESIDENTIAL - SOCIAL DETOX- ALCOHOL AND DRUG ABUSE

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	☑ OBH

SERVICE DESCRIPTION

This service requires face-to-face interactions with an individual for the purpose of alcohol and/or drug detoxification in an alcohol and drug addiction residential program certified by the State Substance Abuse Authority that provides detoxification services and is staffed with an employee who is a registered nurse and/or licensed practical nurse (working at the direction of a licensed physician or registered nurse) on the premises 24 hours per day, with a licensed physician on call 24 hours per day, and the detoxification services component of the program supervised by a licensed physician.

MINIMUM DOCUMENTATION REQUIREMENTS

1. Date of service
2. Start and stop time (duration)
3. Documentation of all monitoring activities
4. Log of vital signs (taken every two (2) hours until the patient remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged.
5. 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).
6. 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.

EXAMPLE ACTIVITIES

Administer medications
Medical evaluations
All other detox activities that do not necessarily require medical personnel to complete

APPLICABLE POPULATION(S)

☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☒ Day ☐ 1 Hour

DURATION

Minimum: 24 Hours
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☐ Family (HR)
☐ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☐ HE (SP)
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed EdD/PhD/PsyD (AH)
☒ LAC
☒ CAC I
☒ CAC II
☒ CACIII
☒ LPN/LVN (TE)
☒ RN (TD)
☐ APRN (SA)
☐ QMAP
☐ RxN (SA)
☐ PA (PA)
☐ MD/DO(AF)

PLACE OF SERVICE (POS)

☒ RSATF (55)

RESIDENTIAL - SOCIAL DETOX- ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Provided through face-to-face interactions with an individual for the purpose of medically managing and monitoring withdrawal symptoms from alcohol and/or drug intoxication as an outpatient through a residential addiction program with appropriate accreditation, certification, and licensure. The program shall be staffed with a sufficient number of personnel on a 24-hour per day basis to meet the health care needs of the residents served by personnel trained, authorized, and credentialed (where applicable) to carry out assigned job responsibilities consistent with scopes of practice, resident population characteristics and the resident's individual plan of care/treatment.	1. Date of service 2. Start and stop time (duration) 3. Admission criteria 4. Patient informed consent including date and time 5. Medical evaluations 6. Protocols for usual and customary detoxification (individualized detoxification plan) 7. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
A treatment Facility providing this service should have a maximum of 25% of its staff with, or working towards, a CAC I certification. Non- hospital environments: require a client/staff ratio that does not exceed 10 to one (10:1) and each shift requires a minimum of (2) staff members. This code is for non-Medicaid eligible clients.	Unless staffed with medical personnel – Medical evaluations cannot be completed. • Admission documentation • 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) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☒ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☒ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)	☐ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☐ LPN/LVN (TE) ☒ RN (TD) ☐ APRN (SA) ☐ QMAP	☐ RxN (SA) ☐ PA (PA) ☒ MD/DO(AF)

PLACE OF SERVICE (POS)
☒ NRSATF (57)

RESIDENTIAL - SOCIAL DETOX- ALCOHOL AND DRUG ABUSE

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0014	Alcohol and/or drug services; ambulatory detoxification	☑ OBH

SERVICE DESCRIPTION

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.

MINIMUM DOCUMENTATION REQUIREMENTS

1. Admission documentation
2. Date of service
3. Start and stop time (duration)
4. Safe withdrawal
5. Motivational counseling
6. Referral for treatment
7. Additional treatment/service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.[1]
8. Clinical interventions based on treatment/service plan
9. All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge)
10. Routine monitoring of physical and mental status
11. Discharge information communicated to client (effects of AOD, risk factors associated with AOD abuse for HIV/AIDS, TB and other infectious diseases, and pregnancy; information about availability of testing and pre-/post-test counseling for HIV/AIDS, TB, Hep C and other infectious diseases, and pregnancy; and the availability of AOD treatment services)
12. Signed with 1st initial, last name & credentials

NOTES

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.

EXAMPLE ACTIVITIES

APPLICABLE POPULATION(S)

☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☒ Day ☐ 1 Hour

DURATION

Minimum: N/A
Maximum: 24 hour

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☐ Family (HR)
☐ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☐ HE (SP)
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed EdD/PhD/PsyD (AH)
☒ LAC
☒ CAC I
☒ CAC II
☒ CACIII
☒ LPN/LVN (TE)
☒ RN (TD)
☐ APRN (SA)
☐ QMAP
☐ RxN (SA)
☐ PA (PA)
☒ MD/DO(AF)

PLACE OF SERVICE (POS)

☒ Office (11)
☒ RSATF (55)
☒ NRSATF (57)

TREATMENT - ALCOHOL AND DRUG ABUSE- INTENSIVE (IOP-SUD)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0015	Alcohol and/or drug services; intensive outpatient program	☑ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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? 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 ACTIVITIES**
Intensive outpatient programing for substance abuse treatment must be in accordance with CCR 502-1 ASAM level II.1 criteria (minimum of 3 hours per day; 9 treatment hours per week for adults, 6 hours per week for adolescents).	• Sessions focus on reducing/eliminating problematic substance use by providing recovery oriented multimodal therapy and education

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: Program operates at least 3 hrs/day and at least 3 days/week Maximum: NA

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
	☒ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☒ 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

☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☐ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒Cust Care (33)	☒PRTF (56)	☒Independent Clinic (49)	☒Other POS (99)
☒Office (11)	☒Grp Home (14)	☒ Shelter (04)	☒PF-PHP (52)	
☒Outp Hospital (22)	☒ICF-MR (54)	☒SNF (31)	☒School (03)	
☒ACF (13)	☒NF (32)	☒FQHC (50)	☒NRSATF (57)	
		☒ RHC (72)		

TREATMENT - ALCOHOL AND DRUG ABUSE- INTENSIVE (IOP-SUD)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0015	Alcohol and/or drug services; intensive outpatient program	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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? 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 ACTIVITIES**
Intensive outpatient programing for substance abuse treatment must be in accordance with CCR 502-1 ASAM level II.1 criteria (minimum of 3 hours per day; 9 treatment hours per week for adults, 6 hours per week for adolescents).	• Sessions focus on reducing/eliminating problematic substance use by providing recovery oriented multimodal therapy and education

APPLICABLE POPULATION(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: Program operates at least 3 hrs/day and at least 3 days/week Maximum: NA

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Face-to-Face ☐ Video Conf (GT) ☐ Telephone ☒ Individual ☒ Group (HQ) ☐ Family (HR) ☐ Family (HS)	☒ HE (SP) ☐ HK (Residential) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒Office (11)
☒Outp Hospital (22)
☒ACF (13)
☒Cust Care (33)
☒Grp Home (14)
☒ICF-MR (54)
☒NF (32)
☒PRTF (56)
☒ Shelter (04)
☒SNF (31)
☒FQHC (50)
☒ RHC (72)
☒Independent Clinic (49)
☒PF-PHP (52)
☒School (03)
☒NRSATF (57)
☒Other POS (99)

RESIDENTIAL - ACUTE TREATMENT UNIT (ATU)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disorders occurs.	**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) ☒ Young Adult (18-20) ☒ Adult (21-64) ☐ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☒ Day ☐ 1 Hour	Minimum: N/A Maximum: 24 hours

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) *young adult ☒ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)
☒ CMHC (53) ☒ ACF (13) ☒ PRTF (56) ☒ Other POS (99)

RESIDENTIAL - ACUTE TREATMENT UNIT (ATU)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disorders occurs.	**Technical Documentation Requirements** See 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)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: N/A
☐ Adol (12-17)		☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: 24 hours

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☒ HE (SP) *young adult	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	☒ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☒ QMAP	

PLACE OF SERVICE (POS)
☒ CMHC (53)
☒ ACF (13)
☒ PRTF (56)
☒ Other POS (99)

RESIDENTIAL – SHORT TERM		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A short-term residential treatment program offering 24-hour intensive residential treatment, habilitative, and rehabilitative services for up to 30 days in a highly structured, community-oriented environment for the treatment of a mental health disorder. This type of program is appropriate for patients who need concentrated therapeutic services prior to community residence. The focus of services is to stabilize the patient and provide a safe and supportive living environment. This code cannpot be used for the treatment of a substance use disorder.	**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 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 residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented, and reported or billed separately from H0018. This does not include services for children who are in custody of the Department of Human Services.	*External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility. This code could also be used for a Crisis Services Unit if billed with the ET modifier.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)	☐ Encounter ☒ Day ☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: 24 Hours

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/young adult ☒ HK (Residential) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)	
☒ CMHC (53) ☒ ACF (13) ☒ Grp Home (14) *if RCCF, use POS 14	☒ PRTF (56) ☒ RSATF (55)

RESIDENTIAL – SHORT TERM		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A short-term residential treatment program offering 24-hour intensive residential treatment, habilitative, and rehabilitative services for up to 30 days in a highly structured, community-oriented environment. This type of program is appropriate for patients who need concentrated therapeutic services prior to community residence. The focus of services is to stabilize the patient and provide a safe and supportive living environment.	**Technical Documentation Requirements** See 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 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 residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented, and reported or billed separately from H0018. This does not include services for children who are in custody of the Department of Human Services.	*External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility. This code could also be used for a Crisis Services Unit if billed with the ET modifier.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)	☐ Encounter ☒ Day ☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: 24 Hours

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/young adult ☒ HK (Residential) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)	
☒ CMHC (53) ☒ ACF (13) ☒ Grp Home (14)	☒ PRTF (56) ☒ RSATF (55) *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	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A residential treatment program offering 24-hour supervised residential treatment, habilitative, and rehabilitative services in a structured, community-oriented environment. Also called "transitional living," services include organized rehabilitation services as well as assistance in obtaining appropriate long-term living arrangements. Services are designed for individuals who have the potential and motivation to ameliorate some skills deficits through a moderately structured rehabilitation program that stresses normalization and maximum community involvement and integration, including daily living and socialization skills training; case management and benefit attainment (community supports); recreational activities; educational and support activities; and access to therapeutic interventions as necessary. This code could also be used for a Crisis Stabilization Unit (CSU) if billed with the ET modifier.	**Technical Documentation Requirements** See 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 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 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.	*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) ☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☒ Day ☐ 1 Hour	Minimum: N/A Maximum: 24 Hours

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/young adult ☒ HK (Residential) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)	
☒ CMHC (53) ☒ ACF (13) ☒ Grp Home (14) *if RCCF, use POS 14	☒ PRTF (56) ☒ RSATF (55)

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	☒ OBH

SERVICE DESCRIPTION

A residential treatment program offering 24-hour supervised residential treatment, habilitative, and rehabilitative services in a structured, community-oriented environment. Also called "transitional living," services include organized rehabilitation services as well as assistance in obtaining appropriate long-term living arrangements. Services are designed for individuals who have the potential and motivation to ameliorate some skills deficits through a moderately structured rehabilitation program that stresses normalization and maximum community involvement and integration, including daily living and socialization skills training; case management and benefit attainment (community supports); recreational activities; educational and support activities; and access to therapeutic interventions as necessary.

This code could also be used for a Crisis Stabilization Unit (CSU) if billed with the ET modifier.

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

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

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)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☒ Day ☐ 1 Hour

DURATION

Minimum: N/A
Maximum: 24 Hours

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☒ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP) *child/adol/young adult
☒ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ ACF (13)
☒ Grp Home (14)
*if RCCF, use POS 14
☒ PRTF (56)
☒ RSATF (55)

TREATMENT – ALCOHOL AND DRUG ABUSE - METHADONE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
This service includes the acquisition and cost of the Methadone and administration of the drug by an alcohol and/or other drug program for the purpose of decreasing or eliminating dependence on opiate substances. Note: Methadone administration is considered only one service of an array /set of services, including SUD group and individual therapy, and other outpatient services that should be established as the treatment protocol and carefully monitored for adherence by the treatment facility. ***For patients 17 and under, Federal regulations must be followed for this service.**	**Technical Documentation Requirements** See Section X **Service Content** 1. Medication take-home agreements (when applicable) 2. Daily dosage 3. Induction notes (when applicable) 4. Daily acknowledgement form signed by patient 5. Daily observation by a medical professional 6. Take home documentation can be completed in one note; include dates doses are to be taken and each dose amount should be included in the single note.

NOTES	**EXAMPLE ACTIVITIES**
Methadone administration must be provided by a facility with a controlled substance license from the Office of Behavioral Health (OBH), be registered with the Drug Enforcement Administration (DEA) and have a designated medical director to authorize and oversee Opioid Treatment Program (OTP) physicians. Staff must be licensed through the Office of Behavioral Health and be certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as opioid medication assisted treatment providers. The methadone is ordered from the manufacturer by the OTP physician and delivered to the facility. Take-home doses permitted in accordance with OBH Rule 21.320 and reported in claims with one unit H0020 per claim line, per date the dose given for, with POS "home" for dates when a dose was provided to take at home, and POS "office" or "outpatient facility" etc. for date take-home doses physically handed to the patient.	• The measuring, diluting and/or mixing of Methadone into a dosage that is appropriate for the patient's plan of care, administered by a qualified physician, physician assistant, or nurse practitioner, which is subsequently delivered to the patient for oral ingestion. • Note: this code includes the acquisition of the Methadone used for treatment as a pre-requisite to the actual administration of the drugs.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)*		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY			**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual		☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☐ Group (HQ)	☒ packaged for take home	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)			☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)				☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ Home (12)	☒ PF-PHP 52)
☒ Office (11)	☒ FQHC (50)	☒ NRSATF (57)
☒ Outp Hospital (22)	☒ RHC (72)	
	☒ Independent Clinic (49)	

TREATMENT – ALCOHOL AND DRUG ABUSE - METHADONE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
This service includes the acquisition and cost of the Methadone and administration of the drug by an alcohol and/or other drug program for the purpose of decreasing or eliminating dependence on opiate substances. Note: Methadone administration is considered only one service of an array /set of services, including SUD group and individual therapy, and other outpatient services that should be established as the treatment protocol and carefully monitored for adherence by the treatment facility. ***For patients 17 and under, Federal regulations must be followed for this service.**	**Technical Documentation Requirements** See Section X **Service Content** 1. Medication take-home agreements (when applicable) 2. Daily dosage 3. Induction notes (when applicable) 4. Daily acknowledgement form signed by patient 5. Daily observation by a medical professional 6. Take home documentation can be completed in one note; include dates doses are to be taken and each dose amount should be included in the single note.

NOTES	**EXAMPLE ACTIVITIES**
Methadone administration must be provided by a facility with a controlled substance license from the Office of Behavioral Health (OBH), be registered with the Drug Enforcement Administration (DEA) and have a designated medical director to authorize and oversee Opioid Treatment Program (OTP) physicians. Staff must be licensed through the Office of Behavioral Health and be certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as opioid medication assisted treatment providers. The methadone is ordered from the manufacturer by the OTP physician and delivered to the facility. Take-home doses permitted in accordance with OBH Rule 21.320 and reported in claims with one unit H0020 per claim line, per date the dose given for, with POS "home" for dates when a dose was provided to take at home, and POS "office" or "outpatient facility" etc. for date take-home doses physically handed to the patient.	• The measuring, diluting and/or mixing of Methadone into a dosage that is appropriate for the patient's plan of care, administered by a qualified physician, physician assistant, or nurse practitioner, which is subsequently delivered to the patient for oral ingestion. • Note: this code includes the acquisition of the Methadone used for treatment as a pre-requisite to the actual administration of the drugs.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)*		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY			**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual		☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☐ Group (HQ)	☒ packaged for take home	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)			☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)				☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☒ LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐ CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐ CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐ CACIII	☐ QMAP	

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ Home (12)	☒ PF-PHP 52)
☒ Office (11)	☒ FQHC (50)	☒ NRSATF (57)
☒ Outp Hospital (22)	☒ RHC (72)	
	☒ Independent Clinic (49)	

PREVENTION/EARLY INTERVENTION - ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0022	Alcohol and/or drug intervention service (planned facilitation)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A planned alcohol and/or drug intervention service (often an early intervention) used to assist a person with abstaining from alcohol and or drug usage.	1. Date of service 2. Client demographic information 3. Specific intervention service used 4. Clients response 5. Referral for treatment (if necessary) 6. Signed with 1st initial, last name & credentials
NOTES	**EXAMPLE 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	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☒ Individual ☒ Group (HQ) ☒ Family (HR) ☒ Family (HS)	☐ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APRN (SA) ☐ QMAP	☒ RxN (SA) ☒ PA (PA) ☒ MD/DO(AF)

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)	

PREVENTION/EARLY INTERVENTION – OUTREACH or TREATMENT – REHABILITATION (DROP-IN)

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center	☒ Medicaid

SERVICE DESCRIPTION

A planned approach to reach a population within their environment for the purpose of preventing and/or addressing behavioral health issues and problems. These individuals may or may not have currently consented to receive services, and may or may not have a covered diagnosis.

Outreach Service:	Drop-in Center:
Developing an alliance with a consumer to bring him/her into ongoing treatment	Drop-in centers are a form of outreach where a safe environment for outreach to and engagement of adolescents or adults with mental illness is provided.
Re-engagement effort including utilizing drop-in center services	Such sites may be peer driven and may be operated independently of other behavioral health services.
Prevention/Interv activities for individuals and family	Education about behavioral health systems is provided at these sites.

MINIMUM DOCUMENTATION REQUIREMENTS

Technical Documentation Requirements: See Section X

Outreach Service:	Drop-in Center:
The reason for the visit/call. What was the intended goal or agenda?	Name, DOB, or SS#/Medicaid ID #
Description of the service	Screening initially and every 6 months to determine probable behavioral health diagnosis
Outreach services provided and the individual's response	Daily Sign-in/Sign out with time (for unit calculation)
Plan for next contact(s) including any follow-up or coordination needed with 3rd parties, if applicable	Once/month self-eval by member on benefits of drop-in service, progress toward their recovery goals, or other information about their participation

NOTES

Outreach Service:	Drop-in Center:
Activities occur often off-site (e.g., food bank, public shelter, etc.), or by phone, but can be at other POS.	Promote ongoing recovery through peer support, advocacy, empowerment and social skills dev.
Do not need confirmed diagnosis	Do not need confirmed diagnosis
	Inform provider of attendance if in treatment Clinical consultation by MA-staff available during hours of operation and for peer supervision

EXAMPLE ACTIVITIES

Outreach Service:	Drop-in Center:
Initiating non-threatening conversation and informally identifying need for behavioral health services, with repeat contact over time in an effort to engage an individual into services	Information and referral
	Action plan & Support groups
Respond to referrals as requested by police, landlords, etc., of individuals suspected of having an SMI/SPMI/SED and in need of BH services	**Recreational activities that are part of scheduled activities in a club-like setting**
Outreach to re-engage individuals who are at risk for disengaging from services	Behavioral health education

APPLICABLE POPULATION(S) ***Outreach ONLY may use with Child (0-11)**

☒ Child (0-11) ☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒15 Minutes ☐ Day ☐ 1 Hour

DURATION

Minimum: 8 min
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☒ Telephone

☒ Individual
☒ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

Outreach Service:	Drop-in Center:
For children/adol/young adult: 1st modifier: HE; 2nd modifier: HT to distinguish as outreach	For adol/young adult: 1st modifier: HE; 2nd modifier: HQ to distinguish as drop-in center
For adult/geriatric: 1st modifier: HT	For adult/geriatic: 1st modifier: HQ

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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) ****Drop-In Centers may use POS 53 or 99 ONLY. All other POS' checked are for Outreach.**

☒ 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)
☒ SNF (31)
☒ FQHC (50)
☒ RHC (72)
☒ RSATF (55)
☒ NRSATF (57)
☒ Inpt Hosp (21)
☒ Inpt PF (51)
☒ ER (23)
☒ PF-PHP (52)
☒ School (03)
☒ Other POS (99)**
☒ Shelter (04)

PREVENTION/EARLY INTERVENTION – OUTREACH or TREATMENT – REHABILITATION (DROP-IN)

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center	☒ OBH

SERVICE DESCRIPTION

A planned approach to reach a population within their environment for the purpose of preventing and/or addressing behavioral health issues and problems. These individuals may or may not have currently consented to receive services, and may or may not have a covered diagnosis.

Outreach Service:	Drop-in Center:
Developing an alliance with a consumer to bring him/her into ongoing treatment	Drop-in centers are a form of outreach where a safe environment for outreach to and engagement of adolescents or adults with mental illness is provided.
Re-engagement effort including utilizing drop-in center services	Such sites may be peer driven and may be operated independently of other behavioral health services.
Prevention/Interv activities for individuals and family	Education about behavioral health systems is provided at these sites.

MINIMUM DOCUMENTATION REQUIREMENTS

Technical Documentation Requirements: See Section X

Outreach Service:	Drop-in Center:
The reason for the visit/call. What was the intended goal or agenda?	Name, DOB, or SS#/Medicaid ID #
Description of the service	Screening initially and every 6 months to determine probable behavioral health diagnosis
Outreach services provided and the individual's response	Daily Sign-in/Sign out with time (for unit calculation)
Plan for next contact(s) including any follow-up or coordination needed with 3rd parties, if applicable	Once/month self-eval by member on benefits of drop-in service, progress toward their recovery goals, or other information about their participation

NOTES

Outreach Service:	Drop-in Center:
Activities occur often off-site (e.g., food bank, public shelter, etc.), or by phone, but can be at other POS.	Promote ongoing recovery through peer support, advocacy, empowerment and social skills dev.
Do not need confirmed diagnosis	Do not need confirmed diagnosis
	Inform provider of attendance if in treatment Clinical consultation by MA-staff available during hours of operation and for peer supervision

EXAMPLE ACTIVITIES

Outreach Service:	Drop-in Center:
Initiating non-threatening conversation and informally identifying need for behavioral health services, with repeat contact over time in an effort to engage an individual into services	Information and referral
Respond to referrals as requested by police, landlords, etc., of individuals suspected of having an SMI/SPMI/SED and in need of BH services	Action plan & Support groups
Outreach to re-engage individuals who are at risk for disengaging from services	Behavioral health education

APPLICABLE POPULATION(S) ***Outreach ONLY may use with Child (0-11)**

☒ Child (0-11) ☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒15 Minutes ☐ Day ☐ 1 Hour

DURATION

Minimum: 8 min
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☒ Telephone

☒ Individual
☒ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

Outreach Service:	Drop-in Center:
For children/adol/young adult: 1st modifier: HE; 2nd modifier: HT to distinguish as outreach	For adol/young adult: 1st modifier: HE; 2nd modifier: HQ to distinguish as drop-in center
For adult/geriatric: 1st modifier: HT	For adult/geriatric: 1st modifier: HQ

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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) ****Drop-In Centers may use POS 53 or 99 ONLY. All other POS' checked are for Outreach.**

☒ CMHC (53)** ☒ Office (11) ☒ ACF (13) ☒ Grp Home (14) ☒ Home (12) ☒ ICF-MR (54) ☒ PRTF (56) ☒ SNF (31) ☒ FQHC (50) ☒ RSATF (55) ☒ NRSATF (57) ☒ Inpt Hosp (21) ☒ ER (23) ☒ PF-PHP (52) ☒ School (03) ☒ Shelter (04)

☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)	☒ Inpt PF (51)	☒ Other POS (99)**	☒ Mobile Unit (15) ☒Outp Hospital (22)

PREVENTION/EARLY INTERVENTION - EDUCATION

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Services delivered to target audiences with the intent of affecting knowledge, attitude and/or behavior through one-way direct communication education and information dissemination.	1. Number of participants 2. Type of service

NOTES	EXAMPLE ACTIVITIES
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities.	Pamphlets, educational presentations, Billboards

APPLICABLE POPULATION(S)	UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A 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 (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APRN (SA) ☐ QMAP	☒ RxN (SA) ☒ PA (PA) ☒ MD/DO(AF)

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Grp Home (14)	☒ RSATF (55)	☒ Other POS (99)
☒ Office (11)	☒ Home (12)	☒ NRSATF (57)	☒ Telehealth (02)
☒ Mobile Unit (15)	☒ Shelter (04)	☒ Prison/CF (09)	
☒ Cust Care (33)	☒ FQHC (50)	☒ School (03)	
	☒ RHC (72)		

PREVENTION/EARLY INTERVENTION - EDUCATION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)	☒ Medicaid

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. 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 (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☒ Video Conf (GT) ☒ Telephone ☒ Individual ☒ Group (HQ) ☒ Family (HR) ☒ Family (HS)	☒ HE (SP) *child/adol/young adult ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ NRSATF (57)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)
☒ Telehealth (02)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ 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 and/or behavior)	☒ OBH

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 (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☒ Video Conf (GT) ☒ Telephone	☒ Individual ☒ Group (HQ) ☒ Family (HR) ☒ Family (HS)	☒ HE (SP) *child/adol/young adult ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ NRSATF (57)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)
☒Telehealth (02)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	
☒Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ School (03)	

PREVENTION/EARLY INTERVENTION - 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)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Environmental strategies use a broad range of external activities in order to mainstream prevention through policies and law. These strategies establish or change community standards, codes, and attitudes, which decreases the prevalence of alcohol and other drugs within the community.	1. Number of participants 2. 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+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☒ Video Conf (GT) ☒ Telephone	☒ Individual ☒ Group (HQ) ☐ Family (HR) ☐ Family (HS)	☐ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APRN (SA) ☐ QMAP	☒ RxN (SA) ☒ PA (PA) ☒ MD/DO(AF)

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 INTERVENTION - 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	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Alcohol and/or drug prevention problem identification and referral services include screening for tendencies toward substance abuse and referral for preventive treatment for curbing such tendencies if indicated. This service is provided to address the following risk factors: individual attitudes towards substance use, and perceived risks for substance use. Identification and referral programs look at the relationship between substance use and a variety of other problems such as mental health problems, family problems, sexually transmitted diseases, school or employment failures and delinquency.	1. Date of service 2. Start and stop time (duration) 3. Number of participants 4. Type of service 5. Referral to treatment if necessary
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ 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 REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APRN (SA) ☐ QMAP	☒ RxN (SA) ☒ PA (PA) ☒ MD/DO(AF)

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Cust Care (33)	☒ FQHC (50)	☒ Prison/CF (09)
☒ Office (11)	☒ Grp Home (14)	☒ RHC (72)	☒ School (03)
☒ Mobile Unit (15)	☒ Home (12)	☒ RSATF (55)	☒ Other POS (99)
☒ Telehealth (02)	☒ Shelter (04)	☒ NRSATF (57)	

PREVENTION/EARLY INTERVENTION – ALTERNATIVE SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Alternative services provide opportunities for recognition and organized leisure activities that exclude alcohol and drugs. The goal of these alternative services is to halt or reduce risk taking behaviors. Alternative programs include a wide range of social, recreational, cultural and community service activities that would appeal to populations of all ages.	1. Number of participants 2. 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) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A 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 (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APRN (SA) ☐ QMAP	☒ RxN (SA) ☒ PA (PA) ☒ MD/DO(AF)

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- BEHAVIORAL HEALTH		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0030	Behavioral Health, Hotline Services	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Hotline Services are provided through a program with telephone support services that are available twenty-four (24) hours per day, seven (7) days per week. Callers often call a hotline anonymously during a crisis situation. There is no requirement for the caller to become a client of the hotline program.	1. Date of service 2. Intervention or support services provided 3. Clients response 4. Referral for treatment (if necessary) 5. Signed with 1st initial, last name & credentials
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☐ Face-to-Face	☒ Individual	☐ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☐ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒ LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒ CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒ CAC II	☒ APRN (SA)	☒ MD/DO(AF)
			☒ 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)	

ASSESSMENT- DIAGNOSIS

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0031	Mental health assessment, by a non–physician	☒ Medicaid

SERVICE DESCRIPTION

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 deferred diagnosis should be used.

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. Description of the service
3. Review of psychosocial and family history, patient functioning and other assessment information
4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition – need for BH services, referral, etc.

NOTES

H0031 is used in lieu of individual psychotherapy procedure codes when the focus of the session is on assessment and not psychotherapy (insight-oriented, behavior modifying and/or supportive) has occurred during the session. (See psychotherapy procedure codes.) Outside assessment information may be used in lieu of some assessment criteria/new assessment, with a corresponding statement as to what information/documentation was reviewed with the patient and is still current.

If appropriate and based on patient stability/status in social detox, Assessment services (H0031) may be provided prior to discharge.

EXAMPLE ACTIVITIES

- Face-to-face meeting with the patient in order to assess his/her needs
- Face-to-face meeting with the patient/patient's family to collect social history information
- With the patient's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.)
- Administering acceptable instruments to the patient to document substantial impairment in role functioning

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: N/A
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

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

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ SNF (31) ☒ Inpt PF (51) ☒ School (03)
☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ FQHC (50) ☒ ER (23) ☒ Other POS (99)
☒ Mobile Unit (15) ☒ Grp Home (14) ☒ PRTF (56) ☒ RHC (72) ☒ PF-PHP (52) ☒ Telehealth (02)
☒ Outp Hospital (22) ☒ Home (12) ☒ Shelter (04) ☒ Inpt Hosp (21)

ASSSSMENT- DIAGNOSIS

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0031	Mental health assessment, by a non–physician	☒ OBH

SERVICE DESCRIPTION

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 deferred diagnosis should be used.

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. Description of the service
3. Review of psychosocial and family history, patient functioning and other assessment information
4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition – need for BH services, referral, etc.

NOTES

H0031 is used in lieu of individual psychotherapy procedure codes when the focus of the session is on assessment and not psychotherapy (insight-oriented, behavior modifying and/or supportive) has occurred during the session. (See psychotherapy procedure codes.) Outside assessment information may be used in lieu of some assessment criteria/new assessment, with a corresponding statement as to what information/documentation was reviewed with the patient and is still current.

If appropriate and based on patient stability/status in social detox, Assessment services (H0031) may be provided prior to discharge.

EXAMPLE ACTIVITIES

- Face-to-face meeting with the patient in order to assess his/her needs
- Face-to-face meeting with the patient/patient's family to collect social history information
- With the patient's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.)
- Administering acceptable instruments to the patient to document substantial impairment in role functioning

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: N/A
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☒ HK (Residential)
☒ U4 (ICM)
☒ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ 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)
☒ Inpt Hosp (21)
☒ Inpt PF (51)
☒ ER (23)
☒ PF-PHP (52)
☒ School (03)
☒ Other POS (99)
☒ Telehealth (02)

ASSESSMENT - TREATMENT/SERVICE PLANNING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0032	Mental health service plan development by non-physician	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Activities to develop, evaluate, or modify a patient's treatment/service plan, including the statement of individualized treatment/service goals, clinical interventions designed to achieve goals, and an evaluation of progress toward goals. The treatment/service plan is reviewed by the clinician and clinical supervisor, and revised with the patient as necessary or when a major change in the patient's condition/service needs occurs.	**Technical Documentation Requirements** See Section X **Service Content** 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service (should include discussion of treatment/service plan development) 3. Completion of or substantial progress toward plan development including required signatures according to agency policies 4. Treatment/service plan revisions should include progress and/or completion of goals 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
H0032 is used in lieu of individual psychotherapy procedure codes (see psychotherapy procedure codes) when the focus of the session is on treatment/service planning and no psychotherapy occurs during the session. Use a psychotherapy code if more than 50% of the session is psychotherapy.	

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ 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 REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ PF-PHP (52)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ School (03)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ Other POS (99)	

ASSESSMENT - TREATMENT/SERVICE PLANNING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0032	Mental health service plan development by non-physician	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Activities to develop, evaluate, or modify a patient's treatment/service plan, including the statement of individualized treatment/service goals, clinical interventions designed to achieve goals, and an evaluation of progress toward goals. The treatment/service plan is reviewed by the clinician and clinical supervisor, and revised with the patient as necessary or when a major change in the patient's condition/service needs occurs.	**Technical Documentation Requirements** See Section X **Service Content** 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service (should include discussion of treatment/service plan development) 3. Completion of or substantial progress toward plan development including required signatures according to agency policies 4. Treatment/service plan revisions should include progress and/or completion of goals 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
H0032 is used in lieu of individual psychotherapy procedure codes (see psychotherapy procedure codes) when the focus of the session is on treatment/service planning and no psychotherapy occurs during the session. Use a psychotherapy code if more than 50% of the session is psychotherapy.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☒ TM (ACT)	☒ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☒ HM (Respite)	☒ TT (Recovery)
	☒ Family (HS)			☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☐ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Telehealth (02)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ PF-PHP (52)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ School (03)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ Other POS (99)	

TREATMENT - MEDICATION MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0033	Oral medication administration, direct observation	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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	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
NOTES	**EXAMPLE ACTIVITIES**
This service is designed to facilitate medication compliance and positive outcomes. Patients with low medication compliance history/patients newly on medication are most likely to receive this service. Administration of Buprenorphine products must be provided within a facility with a controlled substance license from the Office of Behavioral Health (OBH), registration with the Drug Enforcement Administration (DEA) and certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as an opioid medication assisted treatment provider. The cost of the Buprenorphine products is paid through Medicaid fee-for-service. Physicians, administering Buprenorphine products, through the DATA Waive provider's office are reimbursed through FFS. Cannot be billed if the service is part of the E&M service by the same provider on the same day. This code should be billed for the *administration* of the medication. The medication itself is billed to Fee for Service Medicaid	• Face-to-face, one-on-one cueing/encouraging and observing patient taking prescribed medications • Reporting back to MHPs licensed to perform medication management services for direct benefit of patient • The administration of Buprenorphine products appropriate to a patient's plan of care to the patient for oral ingestion, conducted by a qualified physician, physician assistant, or nurse practitioner or within a licensed methadone facility.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☒ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)	☒ HE (SP) *child/adol/young adult ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☒ HM (Respite)	☒ HJ (Voc) ☒ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)				
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ PF-PHP (52)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ Other POS (99)
☒Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Independent Clinic (49)	

TREATMENT - MEDICATION MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0033	Oral medication administration, direct observation	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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	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

NOTES	**EXAMPLE ACTIVITIES**
This service is designed to facilitate medication compliance and positive outcomes. Patients with low medication compliance history/patients newly on medication are most likely to receive this service. Administration of Buprenorphine products must be provided within a facility with a controlled substance license from the Office of Behavioral Health (OBH), registration with the Drug Enforcement Administration (DEA) and certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as an opioid medication assisted treatment provider. The cost of the Buprenorphine products is paid through Medicaid fee-for-service. Physicians, administering Buprenorphine products, through the DATA Waive provider's office are reimbursed through FFS. Cannot be billed if the service is part of the E&M service by the same provider on the same day. This code should be billed for the *administration* of the medication. The medication itself is billed to Fee for Service Medicaid	• Face-to-face, one-on-one cueing/encouraging and observing patient taking prescribed medications • Reporting back to MHPs licensed to perform medication management services for direct benefit of patient • The administration of Buprenorphine products appropriate to a patient's plan of care to the patient for oral ingestion, conducted by a qualified physician, physician assistant, or nurse practitioner or within a licensed methadone facility.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☒ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)	☒ HE (SP) *child/adol/young adult ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☒ HM (Respite)	☒ HJ (Voc) ☒ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)				
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ PF-PHP (52)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ Other POS (99)
☒Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Independent Clinic (49)	

TREATMENT - MEDICATION MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0034	Medication training and support, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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** 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. The training/instructions provided and the individual's response to the training and support 3. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Generally face-to-face, but may include telephone contact as needed.	• Understanding nature of adult patient's SPMI or child/ adolescent's SED • Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning • Identifying and managing symptoms and potential side effects of medication(s) • Learning contraindications of medication(s) • Understanding overdose precautions of medication(s) • Learning self-administration of medication(s)

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult(21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 Minutes
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☒ HM (Respite)	☒ HJ (Voc) ☒ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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) ☒ Certified/Registered ☒ Medical Assistant

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ PF-PHP (52)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	

TREATMENT - MEDICATION MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0034	Medication training and support, per 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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** 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. The training/instructions provided and the individual's response to the training and support 3. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Generally face-to-face, but may include telephone contact as needed.	• Understanding nature of adult patient's SPMI or child/ adolescent's SED • Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning • Identifying and managing symptoms and potential side effects of medication(s) • Learning contraindications of medication(s) • Understanding overdose precautions of medication(s) • Learning self-administration of medication(s)

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult(21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 Minutes
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☒ HM (Respite)	☒ HJ (Voc) ☒ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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) ☒ Certified/Registered ☒ Medical Assistant

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ PF-PHP (52)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0035	Mental health partial hospitalization, treatment, less than 24 hours	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A treatment alternative to inpatient psychiatric hospitalization, which includes comprehensive, structured BH services of a nature and intensity (including medical and nursing care) generally provided in an inpatient setting, as a step toward community reintegration. Services include assessment; psychological testing; family, group and individual psychotherapy; medical and nursing support; medication management; skill development; psychosocial education and training; and expressive and activity therapies.	**Technical Documentation Requirements** See Section X **Service Content** 1. Initial/intake documenting symptoms/problems necessitating treatment 2. Individualized treatment/service plan ○ Services must be prescribed by an MD/DO and provided under plan of treatment established by an MD/DO after consultation with appropriate staff ○ Plan must state type, amount, frequency, and duration of services to be furnished and indicate goals ○ Describes coordination of services wrapped around particular needs of patient 3. Target symptoms, goals of therapy and methods of monitoring outcome ○ Why chosen therapy is appropriate modality either in lieu of/in addition to another form of treatment 4. Progress notes document services rendered, patient's response and relation to treatment/service plan goals 5. Specify estimated duration of treatment, in sessions ○ For an acute problem, document that treatment is expected to improve health status/function of patient ○ 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 (18-20)	☒ Adult(21-64)	☒ Encounter	☐ 15 Minutes	Minimum: + 4 hrs/day, 5 days/week
☒ Adol (12-17)		☒Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☒ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)
☒ Outp Hospital (22)
☒ PF-PHP (52)

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0035	Mental health partial hospitalization, treatment, less than 24 hours	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A treatment alternative to inpatient psychiatric hospitalization, which includes comprehensive, structured BH services of a nature and intensity (including medical and nursing care) generally provided in an inpatient setting, as a step toward community reintegration. Services include assessment; psychological testing; family, group and individual psychotherapy; medical and nursing support; medication management; skill development; psychosocial education and training; and expressive and activity therapies.	**Technical Documentation Requirements** See Section X **Service Content** 1. Initial/intake documenting symptoms/problems necessitating treatment 2. Individualized treatment/service plan ○ Services must be prescribed by an MD/DO and provided under plan of treatment established by an MD/DO after consultation with appropriate staff ○ Plan must state type, amount, frequency, and duration of services to be furnished and indicate goals ○ Describes coordination of services wrapped around particular needs of patient 3. Target symptoms, goals of therapy and methods of monitoring outcome ○ Why chosen therapy is appropriate modality either in lieu of/in addition to another form of treatment 4. Progress notes document services rendered, patient's response and relation to treatment/service plan goals 5. Specify estimated duration of treatment, in sessions ○ For an acute problem, document that treatment is expected to improve health status/function of patient ○ 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 (18-20)	☒ Adult(21-64)	☒ Encounter	☐ 15 Minutes	Minimum: + 4 hrs/day, 5 days/week
☒ Adol (12-17)		☒Geriatric (65+)	☐ Day	☐ 1 Hour	

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☒ QMAP	

PLACE OF SERVICE (POS)
☒ CMHC (53)
☒ Outp Hospital (22)
☒ PF-PHP (52)

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Comprehensive Psychiatric Support Treatment (CPST) services consist of mental health rehabilitation/resiliency services. **A team-based approach** to the provision of treatment, rehabilitation/resiliency and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the consumer's ability to cope and relate to others and enhancing the highest level of functioning in the community. ***H0036 may be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT fidelity review process.** *** This code is not to be used for children under age 6.**	**Technical Documentation Requirements** See 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 activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
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.	• Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Support of age appropriate daily living skills • Encourage engagement with peer support services • Development of discharge/transition goals and related planning • Advocating on behalf of patients • Crisis intervention • Medication training and monitoring • Educating regarding symptom management • Facilitating access to health care • Skills teaching to help client meet transportation needs or access transportation services • Help finding and keeping safe, affordable housing • Home visits

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☒ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 8 mins Maximum: 4 hrs 7 mins

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) ☐ HK (Residential)	☒ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)			
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Outp Hospital (22)	☒ Home (12)	☒ SNF (31)	☒ Other POS (99)

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	☒ OBH

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.**

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 and how activity is designed to increase functioning in the community
3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s)
4. How did the service impact the individual's progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

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.

EXAMPLE ACTIVITIES

- Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts)
- Supportive counseling and psychotherapy on a planned and as-needed basis
- Support of age appropriate daily living skills
- Encourage engagement with peer support services
- Development of discharge/transition goals and related planning
- Advocating on behalf of patients
- Crisis intervention
- Medication training and monitoring
- Educating regarding symptom management
- Facilitating access to health care
- Skills teaching to help client meet transportation needs or access transportation services
- Help finding and keeping safe, affordable housing
- Home visits

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 mins
Maximum: 4 hrs 7 mins

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☒ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☐ HK (Residential)
☒ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Office (11)
☒ Mobile Unit (15)
☒ Outp Hospital (22)
☒ ACF (13)
☒ Cust Care (33)
☒ Grp Home (14)
☒ Home (12)
☒ ICF-MR (54)
☒ NF (32)
☒ Shelter (04)
☒ SNF (31)
☒ FQHC (50)
☒ RHC (72)
☒ School (03)
☒ Other POS (99)

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0037	Community psychiatric supportive treatment, face-to-face, per diem	☒ Medicaid

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.**

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 and how activity is designed to increase functioning in the community
3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s)
4. How did the service impact the individual's progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

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.

EXAMPLE ACTIVITIES

- Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts)
- Supportive counseling and psychotherapy on a planned and as-needed basis
- Support of age appropriate daily living skills
- Encourage engagement with peer support services
- Development of discharge/transition goals and related planning
- Advocating on behalf of patients
- Crisis intervention
- Medication training and monitoring
- Educating regarding symptom management
- Facilitating access to health care
- Skills teaching to help client meet transportation needs or access transportation services
- Help finding and keeping safe, affordable housing
- Home visits

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☒ Day ☐ 1 Hour

DURATION

Minimum: 4 hrs 8 mins
Maximum: 8 hours

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☒ Group (HQ)
☒ Family (HR)
☒ Family (HS)

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

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ FQHC (50)
☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ RHC (72)
☒ Mobile Unit (15) ☒ Grp Home (14) ☒ Shelter (04) ☒ School (03)
☒ Outp Hospital (22) ☒ Home (12) ☒ SNF (31) ☒ Other POS (99)

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0037	Community psychiatric supportive treatment, face-to-face, per diem	☒ OBH

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.**

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 and how activity is designed to increase functioning in the community
3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s)
4. How did the service impact the individual's progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

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.

EXAMPLE ACTIVITIES

- Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts)
- Supportive counseling and psychotherapy on a planned and as-needed basis
- Support of age appropriate daily living skills
- Encourage engagement with peer support services
- Development of discharge/transition goals and related planning
- Advocating on behalf of patients
- Crisis intervention
- Medication training and monitoring
- Educating regarding symptom management
- Facilitating access to health care
- Skills teaching to help client meet transportation needs or access transportation services
- Help finding and keeping safe, affordable housing
- Home visits

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☒ Day ☐ 1 Hour

DURATION

Minimum: 4 hrs 8 mins
Maximum: 8 hours

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☒ Group (HQ)
☒ Family (HR)
☒ Family (HS)

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

☒ Peer Specialist ☒ LCSW (AJ) ☒ Unlicensed Master's Level (HO) ☐ LAC ☒ LPN/LVN (TE) ☒ RxN (SA)
☒ Bachelor's Level (HN) ☒ LPC ☒ Unlicensed EdD/ PhD/PsyD (HP) ☐ CAC I ☒ RN (TD) ☒ PA (PA)
☒ Intern ☒ LMFT ☒ Licensed EdD/PhD/PsyD (AH) ☐ CAC II ☒ APN (SA) ☒ MD/DO (AF)
☐ CACIII ☐ QMAP

PLACE OF SERVICE (POS)

☒ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ FQHC (50)
☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ RHC (72)
☒ Mobile Unit (15) ☒ Grp Home (14) ☒ Shelter (04) ☒ School (03)
☒ Outp Hospital (22) ☒ Home (12) ☒ SNF (31) ☒ Other POS (99)

PEER SUPPORT/RECOVERY SERVICES – BEHAVIORAL HEALTH		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0038	Self-help/peer services, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Patient services (individual/group) provided by person meeting Peer Specialist definition on page 28. Activities are patient-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by: • Exploring patient purposes beyond the identified MI or substance use disorder and the possibilities of recovery • Tapping into patient strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress) • Emphasizing hope and wellness • Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired) • Assisting patients with relapse prevention planning	**Technical Documentation Requirements** See 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 3. Patient response to services and, where appropriate, how service affects the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
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 support services • Peer-run employment services • Peer mentoring for children/adolescents • Recovery groups • Warm lines • Advocacy services Social Detox example: Peer Services (H0038) are offered to patient in social detox when more stable and prior to discharge to increase engagement and offer support for transition back to outpatient treatment.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 Minutes
☒ Adol (12-17)		☒ 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)	☒ HE (SP) *child/adol/young adult ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☒ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)					
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Inpt PF (51)	☒ NRSATF (57)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ ER (23)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ Independent Clinic (49)	☒ PF-PHP (52)	☒ Telehealth (02)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ School (03)	

PEER SUPPORT/RECOVERY SERVICES – BEHAVIORAL HEALTH		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0038	Self-help/peer services, per 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Patient services (individual/group) provided by person meeting Peer Specialist definition on page 28. Activities are patient-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by: • Exploring patient purposes beyond the identified MI or substance use disorder and the possibilities of recovery • Tapping into patient strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress) • Emphasizing hope and wellness • Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired) • Assisting patients with relapse prevention planning	**Technical Documentation Requirements** See 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 3. Patient response to services and, where appropriate, how service affects the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
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 support services • Peer-run employment services • Peer mentoring for children/adolescents • Recovery groups • Warm lines • Advocacy services Social Detox example: Peer Services (H0038) are offered to patient in social detox when more stable and prior to discharge to increase engagement and offer support for transition back to outpatient treatment.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☐ 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(IES)**		
☒ Face-to-Face ☒ Video Conf (GT) ☒ Telephone	☒ Individual ☒ Group (HQ) ☒ Family (HR) ☒ Family (HS)	☒ HE (SP) *child/adol/young adult ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☒ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed 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)					
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Inpt PF (51)	☒ NRSATF (57)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ ER (23)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ Independent Clinic (49)	☒ PF-PHP (52)	☒ Telehealth (02)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ School (03)	

TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0039	Assertive community treatment, face-to-face, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the 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** 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service planning and coordination. The program should include *all* 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 as-needed 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 POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☐ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 mins

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) *for young adult only ☐ HK (Residential)	☐ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)			
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ Shelter (04)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Home (12)	☒ SNF (31)	
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	
		☒ RHC (72)	

TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0039	Assertive community treatment, face-to-face, per 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the 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** 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service planning and coordination. The program should include *all* 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 as-needed 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 POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☐ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 mins

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) *for young adult only ☐ HK (Residential)	☐ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)			
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ Shelter (04)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Home (12)	☒ SNF (31)	
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	
		☒ RHC (72)	

TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0040	Assertive community treatment program, per diem	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the 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** 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**
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 *all* 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.** For ACT up to 4 hours, report/bill using H0039; for ACT more than 4 hours, report/bill using H0040.	• Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Medication prescription, administration, monitoring and documentation • Dual diagnosis services, including assessment and intervention • Support 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 POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult(21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs 8 mins
☐ Adol (12-17)		☒ 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)	☒ HE (SP) *for young adult only ☐ HK (Residential)	☐ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ Shelter (04)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Home (12)	☒ SNF (31)	
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	
		☒ RHC (72)	

TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0040	Assertive community treatment program, per diem	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on 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** 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**
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 *all* 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.** For ACT up to 4 hours, report/bill using H0039; for ACT more than 4 hours, report/bill using H0040.	• Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Medication prescription, administration, monitoring and documentation • Dual diagnosis services, including assessment and intervention • Support 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 POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult(21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs 8 mins
☐ Adol (12-17)		☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	*for young adult only	☒ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)	☐ HK (Residential)	☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ Shelter (04)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Home (12)	☒ SNF (31)	
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	
		☒ RHC (72)	

RESIDENTIAL - SUPPORTED HOUSING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0043	Supported housing, per diem	☒ Medicaid

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** 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 provided/shift note describing services and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0043.	• Teaching a patient how to cook in their own home • Helping a patient with money management

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult	☒ Adult(21-64)	☐ Encounter	☐ 15 Minutes	Minimum: N/A
☐ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: 24 Hours

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☒ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	*for young adult only	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)	☐ HK (Residential)	☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☒ QMAP	

PLACE OF SERVICE (POS)	
☒ CMHC (53)	☒ FQHC (50)
☒ Office (11)	☒ RHC (72)
☒ Home (12)	☒ Other POS (99)

RESIDENTIAL - SUPPORTED HOUSING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0043	Supported housing, per diem	☒ OBH

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** 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 provided/shift note describing services and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0043.	• Teaching a patient how to cook in their own home • Helping a patient with money management

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult(21-64)	☐ Encounter	☐ 15 Minutes	Minimum: N/A
☐ Adol (12-17)		☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: 24 Hours

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☒ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	*for young adult only	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)	☐ HK (Residential)	☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒ LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒ CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒ CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒ CACIII	☒ QMAP	

PLACE OF SERVICE (POS)	
☒ CMHC (53)	☒ FQHC (50)
☒ Office (11)	☒ RHC (72)
☒ Home (12)	☒ Other POS (99)

RESIDENTIAL - SUPPORTED HOUSING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0044	Supported housing, per month	☒ Medicaid

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 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 **Service Content** 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided/shift note describing services and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0044.	• Teaching a patient how to cook in their own home • Helping a patient with money management

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☐ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☒ Month ☐ 15 Mins ☐ Day ☐ 1 Hour	Minimum: 1 Month 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)	☒ HE (SP) *for young adult only	☒ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☒ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ FQHC (50)
☒ Office (11)	☒ RHC (72)
☒ Home (12)	☒ Other POS (99)

RESIDENTIAL - SUPPORTED HOUSING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0044	Supported housing, per month	☒ OBH

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 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 **Service Content** 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided/shift note describing services and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0044.	• Teaching a patient how to cook in their own home • Helping a patient with money management

APPLICABLE POPULATION(S)			**UNIT**			**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ Month	☐ 15 Mins	Minimum: 1 Month
☐ Adol (12-17)		☒ Geriatric (65+)	☐ Day		☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☒ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	*for young adult only	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)	☐ HK (Residential)	☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☒ QMAP	

PLACE OF SERVICE (POS)	
☒ CMHC (53)	☒ FQHC (50)
☒ Office (11)	☒ RHC (72)
☒ Home (12)	☒ Other POS (99)

RESPITE CARE – FACILITY-BASED		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0045	Respite care services, not in the home, per diem	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Overnight services provided in a properly licensed 24-hour facility by medical professionals within their scope(s) of practice. Services must be reasonably expected to improve/ maintain the condition and functional level of the patient and prevent relapse/hospitalization. Services include assessment, supervision, structure and support, and care coordination. Respite care should be flexible to ensure that the patient's daily routine is maintained.	**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**
Unlike respite procedure codes S5150 – S5151, H0045 requires skilled practical/professional nursing care to meet the health and physical needs of the patient. Respite care over 4 hours is reported as H0045 (per diem); respite care up to 4 hours (16 units maximum) is reported as T1005. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0045.	• Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. • Assistance with monitoring health status and physical condition • Assistance with medication and other medical needs • Cueing and prompting for preparation and eating of meals • Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) • Support to assure the safety of patient • Assistance/supervision needed by patient to participate in social, recreational/community activities

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4.25 Hours
☒ Adol (12-17)		☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: 24 Hours

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☐ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☒ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Hospice (34)	☒ PRTF (56)	☒ RHC (72)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	
☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	

RESPITE CARE – FACILITY-BASED		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0045	Respite care services, not in the home, per diem	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Overnight services provided in a properly licensed 24-hour facility by medical professionals within their scope(s) of practice. Services must be reasonably expected to improve/ maintain the condition and functional level of the patient and prevent relapse/hospitalization. Services include assessment, supervision, structure and support, and care coordination. Respite care should be flexible to ensure that the patient's daily routine is maintained.	**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**
Unlike respite procedure codes S5150 – S5151, H0045 requires skilled practical/professional nursing care to meet the health and physical needs of the patient. Respite care over 4 hours is reported as H0045 (per diem); respite care up to 4 hours (16 units maximum) is reported as T1005. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0045.	• Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. • Assistance with monitoring health status and physical condition • Assistance with medication and other medical needs • Cueing and prompting for preparation and eating of meals • Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) • Support to assure the safety of patient • Assistance/supervision needed by patient to participate in social, recreational/community activities

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4.25 Hours
☒ Adol (12-17)		☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: 24 Hours

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☐ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☒ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Hospice (34)	☒ PRTF (56)	☒ RHC (72)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	
☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	

TREATMENT – ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0047	Alcohol and/or other drug abuse services; not otherwise specified	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Services provided to persons with alcohol and/or other drug problems in outpatient settings, not elsewhere classified.	1. Date of service 2. Start and stop time (duration) 3. Signed with 1st initial, last name & credentials

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 ☐ Day ☐ 1 Hour	Minimum: 8 mins 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 (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☐ CAC I ☒ CAC II ☒ CACIII	☐ LPN/LVN (TE) ☐ RN (TD) ☐ APRN (SA) ☐ QMAP	☐ RxN (SA) ☐ PA (PA) ☒ MD/DO(AF)

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ Home (12)	☒ NRSATF (57)
☒ Office (11)	☒ Shelter (04)	☒ Prison/CF (09)
☒ Telehealth (02)	☒ FQHC (50)	☒ School (03)
	☒ RHC (72)	

SCREENING – ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0048	Alcohol and/or other drug testing; collection of handling only, specimens other than blood	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
"Specimen Collection" means the collection and handling of hair, saliva, or urine for the purposes of analysis for the presence of alcohol and/or other drugs, and **does not include** the laboratory analysis of such specimens. Appropriate and approved samples for drug testing shall be collected and analyzed in accordance with applicable state and federal statutes and regulations, and OBH rules, policies and procedures.	1. Date of service 2. Screening results 3. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
Staff collecting urine, breath, and blood samples shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes.	Collection of hair, saliva, or urine for the purpose of testing for the presence of alcohol or drugs.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ 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 REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APRN (SA) ☒ QMAP	☒ RxN (SA) ☒ PA (PA) ☒ MD/DO(AF)

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ NRSATF (57)	☒ PF-PHP (52)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ Prison/CF (09)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ Inpt PF (51)	☒ School (03)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72) ☒ RSATF (55)	☒ ER (23)	☒ Other POS (99)

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.	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 1st initial, last name & credentials
• **NOTES**	**EXAMPLE ACTIVITIES**
	Face to face risk assessment to determine level of risk to the pregnancy based upon the individual's substance use disorder and other biopsychosocial factors.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☐ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☐ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: 3 hours

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☒ HD (Preg/Parent)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☐ CAC I ☒ CAC II ☒ CACIII	☐ LPN/LVN (TE) ☐ RN (TD) ☐ APRN (SA) ☐ QMAP	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO(AF)

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ Shelter (04)	☒ Prison/CF (09)
☒ Office (11)	☒ FQHC (50)	☒ School (03)
☒ Home (12)	☒ RHC (72)	
	☒ NRSATF (57)	

TREATMENT - CASE MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H1002	Care coordination prenatal/case management	☑ 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.	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 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
	Referring a current client to a residential treatment program (making sure she gets there) and obtaining benefits on behalf of the client. Coordinating transitions between residential and outpatient care; Linking clients to primary medical care (prenatal care) Maintaining service coordination with other systems, such as child welfare, probation and TANF

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☐ Geriatric (65+)	☐ Encounter ☒ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 8 mins 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 (Respite) ☐ TT (Recovery) ☒ HD (Preg/Parent) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☐ CAC I ☒ CAC II ☒ CACIII	☐ LPN/LVN (TE) ☐ RN (TD) ☐ APRN (SA) ☐ QMAP	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO(AF)

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.	1. Date of service 2. Start and stop time (duration) 3. Attendance documentation 4. Documentation of topics covered 5. Signed with 1st initial, last name & credentials
NOTES	**EXAMPLE ACTIVITIES**
	HIV Prevention class delivered with the context of a substance user disorder treatment program.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☐ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☒ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☒ Video Conf (GT) ☐ Telephone	☒ Individual ☒ Group (HQ) ☐ Family (HR) ☐ Family (HS)	☐ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☒ HD (Preg/Parent)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☐ CAC I ☒ CAC II ☒ CACIII	☐ LPN/LVN (TE) ☐ RN (TD) ☐ APRN (SA) ☐ QMAP	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO(AF)

PLACE OF SERVICE (POS)		
☒ CMHC (53) ☒ Office (11) ☒ Telehealth (02)	☒ Home (12) ☒ FQHC (50) ☒ RHC (72) ☒ NRSATF (57)	☒ Other POS (99)

TREATMENT – CASE MANAGEMENT - PRENATAL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H1004	Prenatal follow up home visit	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Prenatal Care Coordination follow-up visits provided in the home	1. Date of service 2. Start and stop time (duration) 3. Description of service rendered 4. Recommendations 5. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
Use procedure code H1004 for follow-up visits provided in the home. The only valid POS (place of service) for H1004 is "12" (home).	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☐ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)		☒ HD (Preg/Parent)	☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☒ LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐ CAC I	☐ RN (TD)	☐ PA (PA)
☐ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☒ CAC II	☐ APRN (SA)	☐ MD/DO(AF)
			☒ CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ Home (12) ☒ Shelter (04)

ASSESSMENT - DIAGNOSIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H1011 ***Do not submit this code until a State-defined purpose is determined.**	Family assessment by a licensed behavioral health professional for State defined purposes	☐ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A non-medical visit with a patient's family conducted by a non-physician behavioral health professional), for a State-defined purpose	**Technical Documentation Requirements** See Section X **Service Content** 1. Family's presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history 3. Mental status exam 4. DSM-5 diagnosis 5. Disposition – need for BH services, referral, etc.
NOTES	**EXAMPLE ACTIVITIES**
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 POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☐ Young Adult (18-20)	☐ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☐ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ ER (23)	☒ Other POS (99)
☒ Office (11)	☒ Grp Home (14)	☒ NF (32)	☒ Independent Clinic (49)	☒ PF-PHP (52)	
☒ Mobile Unit (15)	☒ Home (12)	☒ PRTF (56)	☒ Inpt Hosp (21)	☒ School (03)	
☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt PF (51)	☒ NRSATF (57)	

ASSESSMENT - DIAGNOSIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2000	Comprehensive multidisciplinary evaluation	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A multidisciplinary evaluation and assessment of a patient's needs and strengths for individuals with high risk and high acuity and a multidisciplinary intervention is necessary for the purpose of development of a multi-disciplinary and/or community treatment/service plan which may include providers outside of the agency for purposes of collaborative delivery of care, in such areas as psychiatric, physical, psychosocial, family, recreational and occupational therapy (OT).	**Technical Documentation Requirements** See 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. List of other professionals present and agency affiliation 3. Identified risks 4. Description of the service provided 5. Review of psychosocial and family history 6. DSM-5 diagnosis 7. Conclusions and recommendations of the Multidisciplinary team 8. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition – need for BH services, referral, etc.
NOTES	**EXAMPLE ACTIVITIES**
A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the patient, involved in the provision of integrated and coordinated services, including evaluation and assessment activities and development of an individualized treatment/service plan. If multiple MHPs from the same agency are present, one note for service written and signed by writer only (usually facilitator). The consumer does not have to be present. Family and/or other involvement as requested by the consumer. At least 3 or more disciplines or professions must be present. All 3 do not need to be from one agency. The facilitator must be from agency.	• Complex case reviews • To review level of care

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☒ Video Conf (GT) ☒ Telephone	☒ Individual ☐ Group (HQ) ☒ Family (HR) ☒ Family (HS)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53) ☒ Office (11) ☒ Mobile Unit (15) ☒ Outp Hospital (22)	☒ ACF (13) ☒ Cust Care (33) ☒ Grp Home (14) ☒ Home (12)	☒ Hospice (34) ☒ ICF-MR (54) ☒ NF (32) ☒ PRTF (56)	☒ Shelter (04) ☒ SNF (31) ☒ FQHC (50) ☒ RHC (72) ☒ Inpt Hosp (21)	☒ Inpt PF (51) ☒ ER (23) ☒ PF-PHP (52) ☒ Telehealth (02)	☒ School (03) ☒ Other POS (99)

ASSESSMENT - DIAGNOSIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2000	Comprehensive multidisciplinary evaluation	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A multidisciplinary evaluation and assessment of a patient's needs and strengths for individuals with high risk and high acuity and a multidisciplinary intervention is necessary for the purpose of development of a multi-disciplinary and/or community treatment/service plan which may include providers outside of the agency for purposes of collaborative delivery of care, in such areas as psychiatric, physical, psychosocial, family, recreational and occupational therapy (OT).	**Technical Documentation Requirements** See 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. List of other professionals present and agency affiliation 3. Identified risks 4. Description of the service provided 5. Review of psychosocial and family history 6. DSM-5 diagnosis 7. Conclusions and recommendations of the Multidisciplinary team 8. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition – need for BH services, referral, etc.

NOTES	**EXAMPLE ACTIVITIES**
A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the patient, involved in the provision of integrated and coordinated services, including evaluation and assessment activities and development of an individualized treatment/service plan. If multiple MHPs from the same agency are present, one note for service written and signed by writer only (usually facilitator). The consumer does not have to be present. Family and/or other involvement as requested by the consumer. At least 3 or more disciplines or professions must be present. All 3 do not need to be from one agency. The facilitator must be from agency.	• Complex case reviews • To review level of care

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☒ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt PF (51)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ ER (23)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ PF-PHP (52)	
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ Telehealth (02)	
			☒ Inpt Hosp (21)		

TREATMENT - REHABILITATION– REHABILITATION PROGRAM		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2001	Rehabilitation program, per ½ day	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A facility-based, structured rehabilitative skills-building program; treatment interventions include problem-solving and coping skills development, and skill building to facilitate independent living and adaptation. *** This code is not to be used for children under age 6.**	**Technical Documentation Requirements** See 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 needed with 3rd parties 6. Daily attendance log showing number of hours in attendance for reporting/billing purposes
NOTES	**EXAMPLE ACTIVITIES**
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2001. Services are available at least 20 – 25 hours/week, at least 4 days/week.	Household management, nutrition, hygiene, money management, parenting skills, etc. • Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments • Interventions address co-occurring disabilities mental health and substance abuse • Promotion of self-directed engagement in leisure, recreational and community social activities • Engaging patient to have input into service delivery programming • Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: ½ Day (4 Hrs)

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☒ HQ (Clubhouse) ☒ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)
☒ CMHC (53)
☒Outp Hospital (22)

TREATMENT - REHABILITATION– REHABILITATION PROGRAM		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2001	Rehabilitation program, per ½ day	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A facility-based, structured rehabilitative skills-building program; treatment interventions include problem-solving and coping skills development, and skill building to facilitate independent living and adaptation. *** This code is not to be used for children under age 6.**	**Technical Documentation Requirements** See 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 needed with 3rd parties 6. Daily attendance log showing number of hours in attendance for reporting/billing purposes
NOTES	**EXAMPLE ACTIVITIES**
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2001. Services are available at least 20 – 25 hours/week, at least 4 days/week.	Household management, nutrition, hygiene, money management, parenting skills, etc. • Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments • Interventions address co-occurring disabilities mental health and substance abuse • Promotion of self-directed engagement in leisure, recreational and community social activities • Engaging patient to have input into service delivery programming • Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: ½ Day (4 Hrs)

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)	☐ TM (ACT)	☒ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☒ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ CMHC (53)
☒ Outp Hospital (22)

CRISIS – BEHAVIORAL HEALTH

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2011	Crisis intervention service, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION

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 needed with 3rd parties

NOTES

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.

EXAMPLE ACTIVITIES

- Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members
- Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff
- Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement
- Face-to-face/telephone contact with another provider to help that provider deal with a specific client's crisis
- Consultation with one's own provider staff to address the crisis

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 mins
Maximum: 4 hrs 7 mins

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☒ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☒,HK (Residential)
☒ U4 (ICM)
☒ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ 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 (49)
☒ ER (23)
☒ PF-PHP (52)
☒Telehealth (02)
☒ School (03)
☒ NRSATF (57)
☒ Other POS (99)

CRISIS – BEHAVIORAL HEALTH

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2011	Crisis intervention service, per 15 minutes	☒ OBH

SERVICE DESCRIPTION

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 needed with 3rd parties

NOTES

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.

EXAMPLE ACTIVITIES

- Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members
- Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff
- Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement
- Face-to-face/telephone contact with another provider to help that provider deal with a specific client's crisis
- Consultation with one's own provider staff to address the crisis

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 mins
Maximum: 4 hrs 7 mins

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☒ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

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

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Shelter (04) ☒ Independent Clinic (49) ☒ School (03)
☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ SNF (31) ☒ ER (23) ☒ NRSATF (57)
☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ FQHC (50) ☒ PF-PHP (52) ☒ Other POS (99)
☒Outp Hospital (22) ☒ Home (12) ☒ PRTF (56) ☒ RHC (72) ☒ Telehealth (02)

TREATMENT - INTENSIVE - DAY TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2012	Behavioral health day treatment, per hour	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Services rendered by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children and/or adolescents and their families. A range of professional expertise and individualized treatment services are provided and integrated with an accredited education program.	**Technical Documentation Requirements** See 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**
Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5th grade) to 5 hours (6th – 12th grade) of structured programming per day, 2 – 5 days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family.	

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☐ Adult (21-64) ☒ Adol (12-17) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☒ 1 Hour	Minimum: ≥ 31 mins 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)	☒ HE (SP) ☐ HK (Residential) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)		
☒ CMHC (53)	☒ ICF-MR (54)	☒ School (03)
☒ Outp Hospital (22)	☒ PRTF (56)	☒Other POS (99)
☒ Grp Home (14)	☒ PF-PHP (52)	

TREATMENT - INTENSIVE - 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.	**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**
Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5th grade) to 5 hours (6th – 12th grade) of structured programming per day, 2 – 5 days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family.	

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: ≥ 31 mins 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)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)		
☒ CMHC (53)	☒ ICF-MR (54)	☒ School (03)
☒ Outp Hospital (22)	☒ PRTF (56)	☒Other POS (99)
☒ Grp Home (14)	☒ PF-PHP (52)	

TREATMENT- REHABILITATION - OTHER		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2014 ***This code is not to be used for children under age 6.**	Skills training and development, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Therapeutic activities designed to reduce/resolve identified barriers and improve social functioning in areas essential to establishing and maintaining a patient in the community (e.g., home, peer group, work/school). Activities address the specific needs of the patient by promoting skill development and training, which reduces symptomatology and promotes community integration and job readiness.	**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 needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
	• Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment) • Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal • Development of basic language skills necessary to enable patient to function independently • Training in appropriate use of community services

APPLICABLE POPULATION(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: 8 mins Maximum: 8 hours

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☒ HJ (Voc) ☒ HQ (Clubhouse) ☒ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ ACF (13)	☒ Home (12)	☒ Shelter (04)	☒ RHC (72)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)
☒ Outp Hospital (22)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)

TREATMENT- REHABILITATION - 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	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Therapeutic activities designed to reduce/resolve identified barriers and improve social functioning in areas essential to establishing and maintaining a 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** 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 needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
	• Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment) • Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal • Development of basic language skills necessary to enable patient to function independently • Training in appropriate use of community services

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☒Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 8 hours

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) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☒ HJ (Voc) ☒ HQ (Clubhouse) ☒ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)			
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)
☒ Office (11)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Outp Hospital (22)	☒ Home (12)	☒ SNF (31)	☒ Other POS (99)
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2015	Comprehensive community support services, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Treatment services rendered to community-based children and adolescents and collaterals by trained behavioral health staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist him/her to manage the symptoms of his/her mental illness and deal with his/her overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.	**Technical Documentation Requirements** See 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 needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
	• Assist with identifying existing natural supports for developing a natural support team • Assist with identifying individual strengths, resources, preferences and choices • Assist in development and coordination of recovery/resiliency plan, crisis management plan. • Skill building to assist patient in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by patient's MI

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☐ Young Adult	☐ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)	(18-20)	☐ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 mins

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)	

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2015	Comprehensive community support services, per 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Treatment services rendered to community-based children and adolescents and collaterals by trained behavioral health staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist him/her to manage the symptoms of his/her mental illness and deal with his/her overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.	**Technical Documentation Requirements** See 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 needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
	• Assist with identifying existing natural supports for developing a natural support team • Assist with identifying individual strengths, resources, preferences and choices • Assist in development and coordination of recovery/resiliency plan, crisis management plan. • Skill building to assist patient in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by patient's MI

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☐ Young Adult	☐ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)	(18-20)	☐ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 mins

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)	

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2016	Comprehensive community support services, per diem	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Treatment services rendered to community-based children and adolescents and collaterals by trained behavioral health staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist him/her to manage the symptoms of his/her mental illness and deal with his/her overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.	**Technical Documentation Requirements** See 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 needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
CCSS up to 4 hours (16 units) is reported/billed as H2015; CCSS over 4 hours is reported/billed as H2016 (per diem).	• Assist with identifying existing natural supports for developing a natural support team • Assist with identifying individual strengths, resources, preferences and choices • Assist in development and coordination of recovery/resiliency plan, crisis management plan, and/or advance directives (i.e., WRAP) • Skill building to assist patient in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by patient's MI

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☐ Young Adult	☐ Adult(21-64)	☐ 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		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☒ Video Conf (GT)	☒ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☒ Family HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☒ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)	

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2016	Comprehensive community support services, per diem	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Treatment services rendered to community-based children and adolescents and collaterals by trained behavioral health staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist him/her to manage the symptoms of his/her mental illness and deal with his/her overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.	**Technical Documentation Requirements** See 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 needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
CCSS up to 4 hours (16 units) is reported/billed as H2015; CCSS over 4 hours is reported/billed as H2016 (per diem).	• Assist with identifying existing natural supports for developing a natural support team • Assist with identifying individual strengths, resources, preferences and choices • Assist in development and coordination of recovery/resiliency plan, crisis management plan, and/or advance directives (i.e., WRAP) • Skill building to assist patient in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by patient's MI

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☐ Young Adult (18-20)	☐ Adult(21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs 8 mins
☒ Adol (12-17)		☐ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☒ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	
☒ Outp Hospital (22)	☒ Home (12)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)	

TREATMENT - REHABILITATION– PSYCHOSOCIAL REHABILITATION (PSR)

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2017	Psychosocial rehabilitation services, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION

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)

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 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

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 programs

APPLICABLE POPULATION(S)

☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 mins
Maximum: 4 hrs 7 mins

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☒ Telephone
☒ Individual
☒ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☒ HQ (Clubhouse)
☒ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Office (11)
☒ Mobile Unit (15)
☒ Outp Hospital (22)
☒ ACF (13)
☒ Cust Care (33)
☒ Grp Home (14)
☒ Home (12)
☒ ICF-MR (54)
☒ NF (32)
☒ Shelter (04)
☒ SNF (31)
☒ FQHC (50)
☒ RHC (72)
☒ School (03)
☒ Other POS (99)

TREATMENT - REHABILITATION– PSYCHOSOCIAL REHABILITATION (PSR)

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2017	Psychosocial rehabilitation services, per 15 minutes	☒ OBH

SERVICE DESCRIPTION

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)

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 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

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 programs

APPLICABLE POPULATION(S)

☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 mins
Maximum: 4 hrs 7 mins

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☒ Telephone
☒ Individual
☒ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☐ HK (Residential)
☒ HF (2nd modifier-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
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Office (11)
☒ Mobile Unit (15)
☒ Outp Hospital (22)
☒ ACF (13)
☒ Cust Care (33)
☒ Grp Home (14)
☒ Home (12)
☒ ICF-MR (54)
☒ NF (32)
☒ Shelter (04)
☒ SNF (31)
☒ FQHC (50)
☒ RHC (72)
☒ School (03)
☒ Other POS (99)

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 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)	☒ Young Adult	☒ Adult (21-64)	☐ 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		**PROGRAM SERVICE 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 REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)			
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Outp Hospital (22)	☒ Home (12)	☒ SNF (31)	☒ 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

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)

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

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 programs

APPLICABLE POPULATION(S)

☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☒ Day ☐ 1 Hour

DURATION

Minimum: 4 hrs 8 mins
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☒ Telephone
☒ Individual
☒ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☒ HQ (Clubhouse)
☒ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Office (11)
☒ Mobile Unit (15)
☒ Outp Hospital (22)
☒ ACF (13)
☒ Cust Care (33)
☒ Grp Home (14)
☒ Home (12)
☒ ICF-MR (54)
☒ NF (32)
☒ Shelter (04)
☒ SNF (31)
☒ FQHC (50)
☒ RHC (72)
☒ School (03)
☒ Other POS (99)

TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2021	Community-based wrap-around services, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.	**Technical Documentation Requirements** See 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 activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
Community-based wrap-around services up to 8 hours. Discrete therapy services (e.g., family, group and individual psychotherapy, psychiatric services) are documented, and reported or billed separately from H2021.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☐ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☐ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 mins

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Home (12)	☒ RHC (72)	☒ NRSATF (57)
☒ Office (11)	☒ Shelter (04)	☒ Independent Clinic (49)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ FQHC (50)	☒ School (03)	

TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2021	Community-based wrap-around services, per 15 minutes	☒ OBH

SERVICE DESCRIPTION

Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.

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 and how activity is designed to increase functioning in the community
3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s)
4. How did the service impact the individual's progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

Community-based wrap-around services up to 8 hours. Discrete therapy services (e.g., family, group and individual psychotherapy, psychiatric services) are documented, and reported or billed separately from H2021.

EXAMPLE ACTIVITIES

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☐ Adult (21-64)
☒ Adol (12-17) ☐ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 mins
Maximum: 4 hrs 7 mins

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Office (11)
☒ Mobile Unit (15)
☒ Home (12)
☒ Shelter (04)
☒ FQHC (50)
☒ RHC (72)
☒ Independent Clinic (49)
☒ School (03)
☒ NRSATF (57)
☒ Other POS (99)

TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2022	Community-based wrap-around services, per diem	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.	**Technical Documentation Requirements** See 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 activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
Community-based wrap-around services up to 4 hours (16 units) is reported/billed as H2021; over 4 hours is reported/billed as H2022 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2022.	

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Adol (12-17) ☒ Young Adult (18-20) ☐ Adult (21-64) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ 1 Hour ☒ Day	Minimum: 4 hrs 8 mins 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)	☒ HE (SP) ☐ HK (Residential) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)			
☒ CMHC (53) ☒ Office (11) ☒ Mobile Unit (15)	☒ Home (12) ☒ Shelter (04) ☒ FQHC (50) ☒ RHC (72)	☒ Independent Clinic (49) ☒ School (03) ☒ NRSATF (57)	☒ Other POS (99)

TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2022	Community-based wrap-around services, per diem	☒ OBH

SERVICE DESCRIPTION

Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.

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 and how activity is designed to increase functioning in the community
- The therapeutic intervention(s) utilized and the individual's response to the intervention(s)
- How did the service impact the individual's progress towards goals/objectives?
- Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

Community-based wrap-around services up to 4 hours (16 units) is reported/billed as H2021; over 4 hours is reported/billed as H2022 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2022.

EXAMPLE ACTIVITIES

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☐ Adult (21-64)
☒ Adol (12-17) ☐ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes ☐ 1 Hour ☒ Day

DURATION

Minimum: 4 hrs 8 mins
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face ☐ Video Conf (GT) ☐ Telephone
☒ Individual ☐ Group (HQ) ☒ Family (HR) ☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP) ☐ HK (Residential) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern
☒ LCSW (AJ) ☒ LPC ☒ LMFT
☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)

☒ CMHC (53) ☒ Office (11) ☒ Mobile Unit (15)
☒ Home (12) ☒ Shelter (04) ☒ FQHC (50) ☒ RHC (72)
☒ Independent Clinic (49) ☒ School (03) ☒ NRSATF (57)
☒ Other POS (99)

TREATMENT - VOCATIONAL SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2023	Supported employment, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Employment services, provided by an employment specialist, to assist patients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. When appropriate, services may be provided without the patient being present. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensive of support may change over time, based on the needs of the patient.	**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 to help people succeed in their jobs

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 mins

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☒ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ACF (13)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ FQHC (50)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ RHC (72)	

TREATMENT - VOCATIONAL SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2023	Supported employment, per 15 minutes	☒ 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 to help people succeed in their jobs

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 mins

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☒ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)			
☒ CMHC (53)	☒ACF (13)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ FQHC (50)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ RHC (72)	

TREATMENT - VOCATIONAL SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2024	Supported employment, per diem	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Employment services, provided by an employment specialist, to assist patients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. When appropriate, services may be provided without the patient being present. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensive of support may change over time, based on the needs of the patient.	**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 to help people succeed in their jobs

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs 8 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☒ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ACF (13)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ FQHC (50)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ RHC (72)	

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 to help people succeed in their jobs

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs 8 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☒ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ACF (13)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ FQHC (50)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ RHC (72)	

TREATMENT - VOCATIONAL SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2025	Ongoing support to maintain employment, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non-competitive employment placements, development of natural on-the-job supports for a patient. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.	**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 ACTIVITIES**
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).	• Talking with patient about changes in health, work environment/personal environment to identify needed support changes and avoid crises • Teaching patient pre-vocational skills • Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position • Visiting patient at job site to identify and address issues pertinent to job retention • Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance • Contacting patient's family/significant other to monitor support network and/or resolve issues

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 mins

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☒ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Home (12)	☒ FQHC (50)	☒ Other POS (99)
☒ ACF (13)	☒PRTF (56)	☒ RHC (72)	

TREATMENT - VOCATIONAL SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2025	Ongoing support to maintain employment, per 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non-competitive employment placements, development of natural on-the-job supports for a patient. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.	**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 ACTIVITIES**
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).	• Talking with patient about changes in health, work environment/personal environment to identify needed support changes and avoid crises • Teaching patient pre-vocational skills • Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position • Visiting patient at job site to identify and address issues pertinent to job retention • Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance • Contacting patient's family/significant other to monitor support network and/or resolve issues

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 mins

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☒ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Home (12)	☒ FQHC (50)	☒ Other POS (99)
☒ ACF (13)	☒PRTF (56)	☒ RHC (72)	

TREATMENT - VOCATIONAL SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2026	Ongoing support to maintain employment, per diem	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non-competitive employment placements, development of natural on-the-job supports for a 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 ACTIVITIES**
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).	• Talking with patient about changes in health, work environment/personal environment to identify needed support changes and avoid crises • Teaching patient pre-vocational skills • Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position • Visiting patient at job site to identify and address issues pertinent to job retention • Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance • Contacting patient's family/significant other to monitor support network and/or resolve issues

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs 8 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☒ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Home (12)	☒ FQHC (50)	☒ Other POS (99)
☒ ACF (13)	☒ PRTF (56)	☒ RHC (72)	

TREATMENT - VOCATIONAL SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2026	Ongoing support to maintain employment, per diem	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non-competitive employment placements, development of natural on-the-job supports for a 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 ACTIVITIES**
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).	• Talking with patient about changes in health, work environment/personal environment to identify needed support changes and avoid crises • Teaching patient pre-vocational skills • Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position • Visiting patient at job site to identify and address issues pertinent to job retention • Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance • Contacting patient's family/significant other to monitor support network and/or resolve issues

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs 8 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☒ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☒ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Home (12)	☒ FQHC (50)	☒ Other POS (99)
☒ ACF (13)	☒ PRTF (56)	☒ RHC (72)	

TREATMENT - OTHER PROFESSIONAL SERVICES - PSYCHOEDUCATION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2027	Psychoeducational service, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Activities rendered by a trained MHP to provide information and education to patients, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the patients.	**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 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)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 Minutes
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☒ HM (Respite)	☒ HJ (Voc) ☒ HQ (Clubhouse) ☒ TT (Recovery) ☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Other POS (99)
☒ Office (11)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	
☒ Mobile Unit (15)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	
☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ School (03)	

TREATMENT - OTHER PROFESSIONAL SERVICES - PSYCHOEDUCATION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2027	Psychoeducational service, per 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Activities rendered by a trained MHP to provide information and education to patients, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the patients.	**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 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)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☒ TM (ACT)	☒ HQ (Clubhouse)
☒ Telephone	☒ Family (HR)		☒ HM (Respite)	☒ TT (Recovery)
	☒ Family (HS)			☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Other POS (99)
☒ Office (11)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	
☒ Mobile Unit (15)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	
☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ School (03)	

TREATMENT- REHABILITATION - CLUBHOUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2030	Mental health clubhouse services, per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Structured, community-based services designed to strengthen and/or regain the patient's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the patient thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are provided with staff and members working as teams to address patient's life goals and to perform the tasks necessary for clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The clubhouse must be open to a CMHC or independent Provider Network (IPN). Clinical consultation by a master's level person should be available during hours of operation.	**Technical Documentation Requirements** See Section X **Service Content** 1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.
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 (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 mins

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	*for adol/young adult only	☐ TM (ACT)	☒ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)	☐ HK (Residential)	☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☐ MD/DO (AF)
			☐CACIII	☐ QMAP	

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	☒ OBH

SERVICE DESCRIPTION

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).

Clinical consultation by a master's level person should be available during hours of operation.

MINIMUM DOCUMENTATION REQUIREMENTS

Technical Documentation Requirements

See Section X

Service Content

1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records.
2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day.
3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.

NOTES

- 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

EXAMPLE ACTIVITIES

- 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)

☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 mins
Maximum: 4 hrs 7 mins

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone

☒ Individual
☒ Group (HQ)
☐ Family (HR)
☐ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
*for adol/young adult only
☐ HK (Residential)

☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)

☐ HJ (Voc)
☒ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern

☒ LCSW (AJ)
☒ LPC
☒ LMFT

☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Other POS (99)

TREATMENT- REHABILITATION- CLUBHOUSE

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2031	Mental health clubhouse services, per diem	☒ Medicaid

SERVICE DESCRIPTION

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).

Clinical consultation by a master's level person should be available during hours of operation.

MINIMUM DOCUMENTATION REQUIREMENTS

Technical Documentation Requirements

See Section X

Service Content

1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records.
2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day.
3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.

NOTES

- 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

EXAMPLE ACTIVITIES

- 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)

☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☒ Day ☐ 1 Hour

DURATION

Minimum: 4 hrs 8 mins
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☒ Group (HQ)
☐ Family (HR)
☐ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
*for adol/young adult only
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☒ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Other POS (99)

TREATMENT- REHABILITATION- CLUBHOUSE

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2031	Mental health clubhouse services, per diem	☒ OBH

SERVICE DESCRIPTION

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).

Clinical consultation by a master's level person should be available during hours of operation.

MINIMUM DOCUMENTATION REQUIREMENTS

Technical Documentation Requirements

See Section X

Service Content

1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records.
2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day.
3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.

NOTES

- 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

EXAMPLE ACTIVITIES

- 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)

☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☒ Day ☐ 1 Hour

DURATION

Minimum: 4 hrs 8 mins
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☒ Group (HQ)
☐ Family (HR)
☐ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
*for adol/young adult only
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☒ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Other POS (99)

TREATMENT - REHABILITATION - OTHER		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
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, **not for recreation**, but related to the care and treatment of the patient's disabling behavioral health problems. These are therapeutic activities in a structured setting designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community. Activities may be delivered on an individual/group basis and are designed to promote skill development and meet specific goals and measurable objectives in the treatment/service plan.	**Technical Documentation Requirements** See Section X **Service Content** 1. Reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of activity 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
"Structured setting" does not preclude community POS.	• Playing basketball with group of adolescents to facilitate prosocial behavior and passing/taking turns. • Hiking in community to help a patient with depressive symptoms reinforce the connection between healthy mind and body with exercise. • Puppet play with a child to identify feelings and interpersonal dynamics • Art/music activities to improve self-esteem, concentration, etc.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☒Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☒ TM (ACT)	☒ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☒ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ ACF (13)	☒ Home (12)	☒ Shelter (04)	☒ RHC (72)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ School (03)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)

TREATMENT - REHABILITATION - OTHER		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2032	Activity therapy, per 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Activity therapy includes the use of music, dance, creative art or any type of play, **not for recreation**, but related to the care and treatment of the patient's disabling behavioral health problems. These are therapeutic activities in a structured setting designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community. Activities may be delivered on an individual/group basis and are designed to promote skill development and meet specific goals and measurable objectives in the treatment/service plan.	**Technical Documentation Requirements** See Section X **Service Content** 1. Reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of activity 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
"Structured setting" does not preclude community POS.	• Playing basketball with group of adolescents to facilitate prosocial behavior and passing/taking turns. • Hiking in community to help a patient with depressive symptoms reinforce the connection between healthy mind and body with exercise. • Puppet play with a child to identify feelings and interpersonal dynamics • Art/music activities to improve self-esteem, concentration, etc.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☒Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☒ TM (ACT)	☒ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☒ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ Shelter (04)	☒ RHC (72)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ SNF (31)	☒ School (03)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ Home (12)	☒ FQHC (50)	☒ Other POS (99)

TREATMENT- OTHER PROFESSIONAL SERVICES -MULTI-SYSTEMIC THERAPY (MST)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2033	Multi-systemic therapy for juveniles, per 15 minutes	☒ Medicaid

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** 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's/family's response to the intervention(s) 4. How did the service impact the individual's/family's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or 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 (18-20)	☐ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☐ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☐ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ Home (12)	☒ School (03)
☒ Office (11)	☒ Shelter (04)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Independent Clinic (49)	☒ Other POS (99)

TREATMENT- OTHER PROFESSIONAL SERVICES -MULTI-SYSTEMIC THERAPY (MST)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2033	Multi-systemic therapy for juveniles, per 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
An intensive, home-, family- and community-based treatment focusing on factors in an adolescent's environment that contribute to his/her anti-social behavior, including adolescent characteristics, family relations, peer relations, and school performance.	**Technical Documentation Requirements** See 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 provided 3. The therapeutic intervention(s) utilized and the individual's/family's response to the intervention(s) 4. How did the service impact the individual's/family's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery. Providers of MST must meet the specific training and supervision requirements.	• Strategic family therapy • Structural family therapy • Behavioral parent training • Cognitive behavior therapies

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☐ Young Adult (18-20)	☐ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☐ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☐LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☐ APN (SA)	☐ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ Home (12)	☒ School (03)
☒ Office (11)	☒ Shelter (04)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Independent Clinic (49)	☒ Other POS (99)

RESIDENTIAL – ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2034	Halfway house	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
In-home behavioral health support for clients living in a halfway house to foster the client's development of independence and eventually move to independent living. The client has the opportunity to live in a less restrictive living situation while continuing to receive BH treatment, training, support, and a limited amount of supervision.	1. Date of service 2. Start and stop time (duration) 3. Client demographic information 4. Shift notes 5. Consent for emergency medical treatment 6. Client program orientation form 7. Sign with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2034.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4hrs 8min
☒ Adol (12-17)		☒ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒ LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒ CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒ CAC II	☒ APRN (SA)	☒ MD/DO(AF)
			☒ CACIII	☒ QMAP	

PLACE OF SERVICE (POS)
☒ Grp Home (14)
☒ 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 DOCUMENTATION REQUIREMENTS**
Structured alcohol and/or drug treatment program to provide therapy and treatment toward rehabilitation. A planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and/or drug addiction disorders.	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 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
This code is reserved for use with the Special Connections Program.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)	(18-20)	☐ Geriatric (65+)	☒ Day	☐ 1 Hour	Maximum: N/A

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)		☒ HD (Preg/Parent)	☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☒ LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐ CAC I	☐ RN (TD)	☐ PA (PA)
☐ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☒ CAC II	☐ APRN (SA)	☐ MD/DO(AF)
			☒ CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ Office (11)
☒ RSATF (55)

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S3005	Performance measurement, evaluation of patient self-assessment, depression	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Safety screening, including Suicidal Ideation and other Behavioral Health Issues	**Technical Documentation Requirements** See Section X **Service Content:** 1. Result(s) of patient self-assessment(s) or screening including suicidal ideation or homicidal ideation and other behavioral health issues 2. Plan for interventions and monitoring based on patient self-assessment results

NOTES	**EXAMPLE ACTIVITIES**
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider. Only one encounter per day should be billed, per CMS regulations.	Checking in with patient to ask about safety level to assess for danger to self or others.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**Program Service Category**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conference (GT)	☐ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ CMHC (53)
☒ Outp Hospital (22)
☒ Independent clinic (49)

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S3005	Performance measurement, evaluation of patient self-assessment, depression	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Safety screening, including Suicidal Ideation and other Behavioral Health Issues	**Technical Documentation Requirements** See Section X **Service Content:** 1. Result(s) of patient self-assessment(s) or screening including suicidal ideation or homicidal ideation and other behavioral health issues 2. Plan for interventions and monitoring based on patient self-assessment results

NOTES	**EXAMPLE ACTIVITIES**
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider. Only one encounter per day should be billed, per CMS regulations.	Checking in with patient to ask about safety level to assess for danger to self or others.

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**Program Service Category**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conference (GT)	☐ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ CMHC (53)
☒ Outp Hospital (22)
☒ Independent clinic (49)

RESPITE CARE - FACILITY/COMMUNITY

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
S5150	Unskilled respite care, not hospice; per 15 minutes	☒ Medicaid

SERVICE DESCRIPTION

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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

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

EXAMPLE ACTIVITIES

- 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)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 Minutes
Maximum: 4 Hrs (16 Units)

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☒ Group (HQ)
☐ Family (HR)
☐ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☐ HE (SP)
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☒ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ ACF (13)
☒ Grp Home (14)
☒ Home (12)*
☒ PRTF (56)
☒ FQHC (50)
☒ RHC (72)
☒ Other POS (99)

RESPITE CARE - FACILITY/COMMUNITY

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
S5150	Unskilled respite care, not hospice; per 15 minutes	☒ OBH

SERVICE DESCRIPTION

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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

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

EXAMPLE ACTIVITIES

- 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)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 Minutes
Maximum: 4 Hrs (16 Units)

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☒ Group (HQ)
☐ Family (HR)
☐ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☐ HE (SP)
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☒ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ ACF (13)
☒ Grp Home (14)
☒ Home (12)*
☒ PRTF (56)
☒ FQHC (50)
☒ RHC (72)
☒ Other POS (99)

RESPITE CARE – FACILITY/COMMUNITY

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
S5151	Unskilled respite care, not hospice; per diem	☒ Medicaid

SERVICE DESCRIPTION

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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

S5151 does not include skilled practical or professional nursing services; patients who need that level of monitoring should receive respite care under H0045/T1005. Unskilled respite care up to 4 hours (16 units maximum) is reported as S5150; respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from S5151.

*When POS Home (12) is used this refers to *either* the Respite Worker's home or the client's home, for this procedure code.

EXAMPLE ACTIVITIES

- 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)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☒ Day ☐ 1 Hour

DURATION

Minimum: 4 7 min
Maximum: 24 Hours

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☒ Group (HQ)
☐ Family (HR)
☐ Family (HS)

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

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ ACF (13)
☒ Grp Home (14)
☒ Home (12)*
☒ PRTF (56)
☒ FQHC (50)
☒ RHC (72)
☒ Other POS (99)

RESPITE CARE – FACILITY/COMMUNITY

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
S5151	Unskilled respite care, not hospice; per diem	☒ OBH

SERVICE DESCRIPTION

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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

S5151 does not include skilled practical or professional nursing services; patients who need that level of monitoring should receive respite care under H0045/T1005. Unskilled respite care up to 4 hours (16 units maximum) is reported as S5150; respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from S5151.

*When POS Home (12) is used this refers to *either* the Respite Worker's home or the client's home, for this procedure code.

EXAMPLE ACTIVITIES

- 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)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☐ 15 Minutes
☒ Day ☐ 1 Hour

DURATION

Minimum: 4 7 min
Maximum: 24 Hours

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conf (GT)
☐ Telephone
☒ Individual
☒ Group (HQ)
☐ Family (HR)
☐ Family (HS)

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

☒ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ ACF (13)
☒ Grp Home (14)
☒ Home (12)*
☒ PRTF (56)
☒ FQHC (50)
☒ RHC (72)
☒ Other POS (99)

TREATMENT - ALCOHOL AND DRUG ABUSE - EDUCATION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9445	Patient education, not otherwise classified, non-physician provider, individual	☒ Medicaid

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:** 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided, including results of AOD screening, the education provided, strategies used, and the individual's response to the education 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 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**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☒ Video Conf (GT) ☒Telephone ☒ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)	☒ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)	☒ NRSATF (57)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ Independent clinic (49)	☒ Other POS (99)
☒Outp Hospital (22)	☒ Home (12)	☒ SNF (31)	☒ PF-PHP (52)	☒ Telehealth (02)
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	☒ School (03)	

TREATMENT - ALCOHOL AND DRUG ABUSE - EDUCATION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9445	Patient education, not otherwise classified, non-physician provider, individual	☒ OBH

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:** 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided, including results of AOD screening, the education provided, strategies used, and the individual's response to the education 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 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**
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ 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 REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)				
☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)	☒ NRSATF (57)
☒ Office (11)	☒ Grp Home (14)	☒ PRTF (56)	☒ Independent clinic (49)	☒ Telehealth (02)
☒Outp Hospital (22)	☒ Home (12)	☒ SNF (31)	☒ PF-PHP (52)	☒ Other POS (99)
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	☒ School (03)	

PREVENTION/EARLY INTERVENTION - EDUCATION - SMOKING CESSATION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9453	Smoking cessation classes, non-physician provider, per session	☒ Medicaid
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
Structured classes rendered for the treatment of tobacco 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 response to class	
NOTES	**EXAMPLE ACTIVITIES**	
This service is for patients with a diagnosis of tobacco dependence or a history of tobacco dependence.		

APPLICABLE POPULATION(S)			UNIT		DURATION
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)		
☒ Face-to-Face	☐ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	*for adol/young adult only	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)	☐ HK (Residential)	☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☐ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ Shelter (04)	☒ RHC (72)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ SNF (31)	☒ School (03)	
☒Outp Hospital (22)	☒ Grp Home (14)	☒ PRTF (56)	☒ FQHC (50)	☒ NRSATF (57)	

PREVENTION/EARLY INTERVENTION - EDUCATION - SMOKING CESSATION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9453	Smoking cessation classes, non-physician provider, per session	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Structured classes rendered for the treatment of tobacco 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 response to class
NOTES	**EXAMPLE ACTIVITIES**
This service is for patients with a diagnosis of tobacco dependence or a history of tobacco dependence.	

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☐ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	*for adol/young adult only	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)	☐ HK (Residential)	☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☐ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ Shelter (04)	☒ RHC (72)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ SNF (31)	☒ School (03)	
☒Outp Hospital (22)	☒ Grp Home (14)	☒ PRTF (56)	☒ FQHC (50)	☒ NRSATF (57)	

PREVENTION/EARLY INTERVENTION- EDUCATION - STRESS MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9454	Stress management classes, non-physician provider, per session	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☐ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	*child/adol/young adult	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)	☐ HK (Residential)	☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☒ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☐ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ Shelter (04)	☒ RHC (72)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ SNF (31)	☒ PF-PHP (52)	
☒Outp Hospital (22)	☒ Grp Home (14)	☒ PRTF (56)	☒ FQHC (50)	☒ School (03)	

PREVENTION/EARLY INTERVENTION- EDUCATION - STRESS MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9454	Stress management classes, non-physician provider, per session	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☐ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☒ Group (HQ)	*child/adol/young adult	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)	☐ HK (Residential)	☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☐ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☐ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ Shelter (04)	☒ RHC (72)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ SNF (31)	☒ PF-PHP (52)	
☒Outp Hospital (22)	☒ Grp Home (14)	☒ PRTF (56)	☒ FQHC (50)	☒ School (03)	

TREATMENT -INTENSIVE – INTENSIVE OUTPATIENT PROGRAM (IOP – MH)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9480	Intensive outpatient psychiatric (IOP) services, per diem	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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.	**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 ACTIVITIES**
While services are available 4 hours per day, 5 days per week, at minimum, the amount of weekly services per patient is directly related to the goals and objectives specified in the patient's treatment/service plan.	• Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☒ Day ☐ 1 Hour	Minimum: Available 4 hours/day, 5 days/week

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)		
☒ CMHC (53) ☒ Office (11) ☒Outp Hospital (22)	☒ ICF-MR (54) ☒ PRTF (56) ☒ PF-PHP (52)	☒ Other POS (99)

TREATMENT -INTENSIVE – INTENSIVE OUTPATIENT PROGRAM (IOP – MH)		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9480	Intensive outpatient psychiatric (IOP) services, per diem	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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.	**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 ACTIVITIES**
While services are available 4 hours per day, 5 days per week, at minimum, the amount of weekly services per patient is directly related to the goals and objectives specified in the patient's treatment/service plan.	• Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☒ Day ☐ 1 Hour	Minimum: Available 4 hours/day, 5 days/week

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) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)		
☒ CMHC (53) ☒ Office (11) ☒Outp Hospital (22)	☒ ICF-MR (54) ☒ PRTF (56) ☒ PF-PHP (52)	☒ Other POS (99)

CRISIS – BEHAVIORAL HEALTH		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9485	Crisis intervention mental health services, per diem	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Unanticipated services rendered in the process of resolving a client crisis, requiring immediate attention, that without intervention, could result in the client requiring a higher LOC., Services include: immediate crisis intervention to de-escalate the individual or family in crisis, assess dangerousness of situation, determine risk of suicide or danger to others, assess access to or ability to utilize support, triage, assess for and facilitate admission to higher level care or additional forms of treatment if needed to stabilize the immediate situation, . When possible, if the client has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is followed with the client's permission.	**Technical Documentation Requirements** See 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. BH history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties
NOTES	**EXAMPLE ACTIVITIES**
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other provider as appropriate. May be provided by more than one direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified and documented. H2011 or 90839/90840 are used in lieu of individual psychotherapy procedure codes when the session is unscheduled (e.g., client walk-in), focused on a client crisis, and involves immediate and/or special interventions in response.	• Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members • Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff • Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement • Face-to-face/telephone contact with another provider to help that provider deal with a specific client's crisis • Consultation with one's own provider staff to address the crisis

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs 8 mins
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)					
☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ ER (23)	☒ Telehealth (02)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ PF-PHP (52)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ School (03)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ Other POS (99)	

CRISIS – BEHAVIORAL HEALTH

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
S9485	Crisis intervention mental health services, per diem	☒ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Unanticipated services rendered in the process of resolving a client crisis, requiring immediate attention, that without intervention, could result in the client requiring a higher LOC., Services include: immediate crisis intervention to de-escalate the individual or family in crisis, assess dangerousness of situation, determine risk of suicide or danger to others, assess access to or ability to utilize support, triage, assess for and facilitate admission to higher level care or additional forms of treatment if needed to stabilize the immediate situation, . When possible, if the client has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is followed with the client's permission.	**Technical Documentation Requirements** See 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. BH history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	EXAMPLE ACTIVITIES
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other provider as appropriate. May be provided by more than one direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified and documented. H2011 or 90839/90840 are used in lieu of individual psychotherapy procedure codes when the session is unscheduled (e.g., client walk-in), focused on a client crisis, and involves immediate and/or special interventions in response.	• Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members • Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff • Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement • Face-to-face/telephone contact with another provider to help that provider deal with a specific client's crisis • Consultation with one's own provider staff to address the crisis

APPLICABLE POPULATION(S)			UNIT		DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs 8 mins
☒ Adol (12-17)		☒ 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)	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ ER (23)	☒ Telehealth (02)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ PF-PHP (52)	
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ School (03)	
☒Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ Other POS (99)	

RESIDENTIAL – ROOM AND BOARD		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9976	Lodging, per diem, not otherwise specified	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Room and board costs per day	1. Date of service 2. Start and stop time (duration) 3. Sign with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
	Room and board provided to client.

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☒ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☒ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)	☐ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☐ LPN/LVN (TE) ☐ RN (TD) ☐ APRN (SA) ☐ QMAP	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO(AF)

PLACE OF SERVICE (POS)
☒ Home (12) ☒ RSATF (55)

RESPITE CARE – FACILITY-BASED		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1005	Respite care services, up to 15 minutes	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Services to temporarily substitute for primary caregivers to maintain patients in outpatient setting. Services include assistance with/monitoring of personal hygiene, nutritional support, safety, and environmental maintenance. Respite care should be flexible to ensure that the patient's daily routine is maintained.	**Technical Documentation 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**
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 *either* 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 POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 min (16 Units)

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☒ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ Home (12)*	☒ RHC (72)
☒ ACF (13)	☒ PRTF (56)	☒ Other POS (99)
☒ Grp Home (14)	☒ FQHC (50)	

RESPITE CARE – FACILITY-BASED		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1005	Respite care services, up to 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Services to temporarily substitute for primary caregivers to maintain patients in outpatient setting. Services include assistance with/monitoring of personal hygiene, nutritional support, safety, and environmental maintenance. Respite care should be flexible to ensure that the patient's daily routine is maintained.	**Technical Documentation 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**
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 *either* 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 POPULATION(S)			**UNIT**		**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs 7 min (16 Units)

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)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☒ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Level (HO)	☐LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☐ Bachelor's Level (HN)	☐ LPC	☐ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Home (12)*	☒ RHC (72)
☒ ACF (13)	☒ PRTF (56)	☒ Other POS (99)
☒ Grp Home (14)	☒ FQHC (50)	

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	☑ 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.	1. Date of service 2. Start and stop time (duration) 3. Focus of session 4. Progress toward treatment/service plan goals and objectives 5. Intervention strategies utilized 6. Client response 7. Outcome/plan 8. Signed with 1st initial, last name & credentials
NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: N/A
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)	☐ Day	☒ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face	☒ Individual	☐ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conf (GT)	☐ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☒ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☒ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒ LAC	☐ LPN/LVN (TE)	☐ RxN (SA)
☐ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐ CAC I	☐ RN (TD)	☐ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒ CAC II	☐ APRN (SA)	☐ MD/DO(AF)
			☒ CACIII	☐ QMAP	

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Shelter (04)	☒ NRSATF (57)	☒ Other POS (99)
☒ Office (11)	☒ FQHC (50)	☒ Prison/CF (09)	
☒ Home (12)	☒ RHC (72)	☒ School (03)	

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1007	Alcohol and/or substance abuse services, treatment/service plan development and/or modification, including vital sign monitoring	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Initial detox plan for member may be more generally focused on assessment of detox progression, maintaining member safety. As member progresses in detox and is able to participate in planning, a more specific treatment/service plan, focused on aftercare and treatment, as needed, may be developed. This may be the initial plan for a patient beginning treatment or the modification of a plan for a patient already in treatment. It is typically a scheduled service that is not necessarily delivered in conjunction with another treatment. This service may require the participation of clinicians and specialists in addition to those usually providing treatment.	**Technical Documentation Requirements** See Section X **Service Content:** 1. Assessment of detox progression • Degree of Alcohol or Drug intoxication and/or withdrawal as evidenced by breathalyzer, UA, self-report, observation or other accepted means • Initial vital signs • Need for emergency medical and/or psychiatric services • Substance use disorder history and degree of personal and social dysfunction, as soon as clinically feasible • Pregnancy screen • Clinical Institute Withdrawal Assessment of Alcohol – Revised (CIWA-AR) or comparable instrument 2. Detox monitoring • All monitoring activities • Vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge • Routine monitoring of physical and mental status 3. Referral for medical interventions based on assessment and monitoring 4. Detox plan modification or, as appropriate development of a treatment/service plan for aftercare based on assessment and monitoring

NOTES	**EXAMPLE ACTIVITIES**
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider. Detox plan must be provided in accordance with OBH licensure	Monitoring vital signs, administering and reviewing CIWA

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☐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	☒ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conference (GT)	☐ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ CMHC (53)
☒ Outp Hospital (22)
☒ Independent clinic (49)

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1007	Alcohol and/or substance abuse services, treatment/service plan development and/or modification, including vital sign monitoring	☒ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Initial detox plan for member may be more generally focused on assessment of detox progression, maintaining member safety. As member progresses in detox and is able to participate in planning, a more specific treatment/service plan, focused on aftercare and treatment, as needed, may be developed. This may be the initial plan for a patient beginning treatment or the modification of a plan for a patient already in treatment. It is typically a scheduled service that is not necessarily delivered in conjunction with another treatment. This service may require the participation of clinicians and specialists in addition to those usually providing treatment.	**Technical Documentation Requirements** See Section X **Service Content:** 1. Assessment of detox progression • Degree of Alcohol or Drug intoxication and/or withdrawal as evidenced by breathalyzer, UA, self-report, observation or other accepted means • Initial vital signs • Need for emergency medical and/or psychiatric services • Substance use disorder history and degree of personal and social dysfunction, as soon as clinically feasible • Pregnancy screen • Clinical Institute Withdrawal Assessment of Alcohol – Revised (CIWA-AR) or comparable instrument 2. Detox monitoring • All monitoring activities • Vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge • Routine monitoring of physical and mental status 3. Referral for medical interventions based on assessment and monitoring 4. Detox plan modification or, as appropriate development of a treatment/service plan for aftercare based on assessment and monitoring

NOTES	EXAMPLE ACTIVITIES
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider. Detox plan must be provided in accordance with OBH licensure	Monitoring vital signs, administering and reviewing CIWA

APPLICABLE POPULATION(S)			UNIT		DURATION
☐ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☐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	☒ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conference (GT)	☐ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☐ QMAP	

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**	**USAGE**
T1009	Child sitting services for the children of the individual receiving alcohol and/or substance abuse services	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Care of the children of clients undergoing treatment for alcoholism or drug abuse while the client is in treatment	1. Date of service 2. Start and stop time (duration) 3. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☐ Young Adult (18-20) ☐ Adult (21-64) ☒ Adol (12-17) ☐ Geriatric (65+)	☐ Encounter ☒ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 8 mins 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)	☐ 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) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APRN (SA) ☒ QMAP	☒ RxN (SA) ☒ PA (PA) ☒ MD/DO(AF)

PLACE OF SERVICE (POS)		
☒ CMHC (53) ☒ Office (11) ☒ Home (12)	☒ FQHC (50) ☒ RHC (72) ☒ NRSATF (57)	☒ Other POS (99)

TREATMENT – REHABILITATION – ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1012	Alcohol and/or substance abuse services, skills development	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
For those involved in Alcohol and/or substance treatment, this component helps facilitate their management of day to day activities. The skills development is aimed at fostering self-sufficiency and independence.	1. Date of service 2. Start and stop times (duration) 3. Description of service rendered 4. Recommendations 5. Signed with 1st initial, last name & credentials
NOTES	**EXAMPLE ACTIVITIES**
	• Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment) • Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal • Development of basic language skills necessary to enable client to function independently

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☐ Encounter ☒ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 8 mins 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)	☐ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APRN (SA) ☒ QMAP	☒ RxN (SA) ☒ PA (PA) ☒ MD/DO(AF)

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ Home (12)	☒ FQHC (50)	☒ NRSATF (57)	☒ Other POS (99)
☒ Office (11)	☒ PRTF (56)	☒ RHC (72)	☒ Prison/CF (09)	
☒ Grp Home (14)	☒ Shelter (04)	☒ RSATF (55)	☒ School (03)	

SUPPORT SERVICES – LANGUAGE – 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	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
An additional service to assure the treatment for behavioral health clients is understood or received for clients who require sign language or oral interpretation, including but limited to those services required by the Americans with Disabilities Act.	1. Date of service 2. Start and stop time (duration) 3. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
	Sign language or oral interpretation provided to a client to assure they understand the treatment or services being provided to them in relation to alcohol and/or drug abuse services

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☐ Encounter ☒ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 8 mins 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)	☐ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed EdD/PhD/PsyD (AH) ☒ DHOH Interpreter	☐ LAC ☐ CAC I ☐ CAC II ☐ CACIII	☐ LPN/LVN (TE) ☐ RN (TD) ☐ APRN (SA) ☐ QMAP	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO(AF)

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ACF (13)	☒Hospice (34)	☒ Shelter (04)	☒ NRSATF (57)	☒Prison/CF (09)
☒ Office (11)	☒Cust Care (33)	☒ICF-MR (54)	☒SNF (31)	☒Inpt Hosp (21)	☒School (03)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒NF (32)	☒ FQHC (50)	☒Inpt PF (51)	☒Other POS (99)
☒Outp Hospital (22)	☒ Home (12)	☒PRTF (56)	☒ RHC (72)	☒ER (23)	☒ Telehealth (02)
			☒RSATF (55)	☒PF-PHP (52)	

TREATMENT - CASE MANAGEMENT

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1016	Case management, each 15 minutes	☒ OBH

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

1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?
2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources)
3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination)
4. How did the service impact the individual's progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up.

EXAMPLE ACTIVITIES

- Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process
- Contact with patient's family members for assistance helping patient access services
- Care Coordination between other service agencies, healthcare providers

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 mins
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☒ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

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

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Office (11)
☒ Mobile Unit (15)
☒ Outp Hospital (22)
☒ ACF (13)
☒ Cust Care (33)
☒ Grp Home (14)
☒ Home (12)
☒ Hospice (34)
☒ ICF-MR (54)
☒ NF (32)
☒ PRTF (56)
☒ Shelter (04)
☒ SNF (31)
☒ FQHC (50)
☒ RHC (72)
☒ Inpt Hosp (21)
☒ Inpt PF (51)
☒ ER (23)
☒ PF-PHP (52)
☒ School (03)
☒ Other POS (99)
☒ Telehealth (02)

Targeted Case Management- Behavioral Health TCM Services

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1017	Targeted case management, each 15 minutes	☒ Medicaid

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.

See Appendix E: Targeted Case Management

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 provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources)
3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination)
4. How did the service impact the individual's progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up.

T1017* may be used, when appropriate to patient status for an individual in social detox. However, it may *not* be used for a one-time event (i.e. it is only approved for use when several case management contacts are needed - documentation must support).

EXAMPLE ACTIVITIES

- Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process
- Contact with patient's family members for assistance helping patient access services
- Care Coordination between other service agencies, healthcare providers
- Development and follow-up of a transition plan from the hospital to outpatient services

Social Detox example:

To link patient from social detox to outpatient services, multiple case management services are offered (calls, meetings with collaterals, etc.) to schedule an intake, obtain records and information and make referrals.

APPLICABLE POPULATION(S)			UNIT		DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

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)	☒ TM (ACT)	☒ HQ (Clubhouse)
☒ Telephone	☒ Family (HR)		☒ HM (Respite)	☒ TT (Recovery)
	☒ Family (HS)			☒ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☐CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☐CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☐CACIII	☐ QMAP	

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ ER (23)	☒ Telehealth (02)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTF (56)	☒ RHC (72)	☒ PF-PHP (52)	

Targeted Case Management- Behavioral Health TCM Services

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1017	Targeted case management, each 15 minutes	☒ OBH

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.

See Appendix E: Targeted Case Management

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 provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources)
3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination)
4. How did the service impact the individual's progress towards goals/objectives?
5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES

Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up.

T1017* may be used, when appropriate to patient status for an individual in social detox. However, it may *not* be used for a one-time event (i.e. it is only approved for use when several case management contacts are needed - documentation must support).

EXAMPLE ACTIVITIES

- Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process
- Contact with patient's family members for assistance helping patient access services
- Care Coordination between other service agencies, healthcare providers
- Development and follow-up of a transition plan from the hospital to outpatient services

Social Detox example:

To link patient from social detox to outpatient services, multiple case management services are offered (calls, meetings with collaterals, etc.) to schedule an intake, obtain records and information and make referrals.

APPLICABLE POPULATION(S)

☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☐ Encounter ☒ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: 8 mins
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☒ Video Conf (GT)
☒ Telephone
☒ Individual
☐ Group (HQ)
☒ Family (HR)
☒ Family (HS)

PROGRAM SERVICE CATEGORY(IES)

☒ HE (SP)
☐ HK (Residential)
☒ U4 (ICM)
☒ TM (ACT)
☒ HM (Respite)
☒ HJ (Voc)
☒ HQ (Clubhouse)
☒ TT (Recovery)
☒ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Office (11)
☒ Mobile Unit (15)
☒ Outp Hospital (22)
☒ ACF (13)
☒ Cust Care (33)
☒ Grp Home (14)
☒ Home (12)
☒ Hospice (34)
☒ ICF-MR (54)
☒ NF (32)
☒ PRTF (56)
☒ Shelter (04)
☒ SNF (31)
☒ FQHC (50)
☒ RHC (72)
☒ Inpt Hosp (21)
☒ Inpt PF (51)
☒ ER (23)
☒ PF-PHP (52)
☒ School (03)
☒ Other POS (99)
☒ Telehealth (02)

RESIDENTIAL - – ALCOHOL AND DRUG ABUSE - SOCIAL DETOX		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualize plan of treatment (code may not be used to identify services provided by home health aide or CNA)	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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:** 1. Patient's identified personal care service needs, as reflected in the treatment/service plan 2. Outcome/plan, indicating any changes in personal care services needed, based on patient's presentation/needs.
NOTES	**EXAMPLE ACTIVITIES**
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.	Hydration, nutrition

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☐ Encounter ☒ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**Program Service Category**		
☒ 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/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)
☒ CMHC (53) ☒ Outp Hospital (22) ☒Independent clinic (49)

RESIDENTIAL - – ALCOHOL AND DRUG ABUSE - SOCIAL DETOX		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualize plan of treatment (code may not be used to identify services provided by home health aide or CNA)	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
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:** 1. Patient's identified personal care service needs, as reflected in the treatment/service plan 2. Outcome/plan, indicating any changes in personal care services needed, based on patient's presentation/needs.
NOTES	**EXAMPLE ACTIVITIES**
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.	Hydration, nutrition

APPLICABLE POPULATION(S)			**UNIT**		**DURATION**
☐ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☐ Encounter	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)		☒ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**Program Service Category**		
☒ Face-to-Face	☒ Individual	☒ HE (SP)	☐ U4 (ICM)	☐ HJ (Voc)
☐ Video Conference (GT)	☐ Group (HQ)	☐ HK (Residential)	☐ TM (ACT)	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR)		☐ HM (Respite)	☐ TT (Recovery)
	☐ Family (HS)			☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist	☒ LCSW (AJ)	☒ Unlicensed Master's Level (HO)	☒LAC	☒ LPN/LVN (TE)	☒ RxN (SA)
☒ Bachelor's Level (HN)	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD (HP)	☒CAC I	☒ RN (TD)	☒ PA (PA)
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD (AH)	☒CAC II	☒ APN (SA)	☒ MD/DO (AF)
			☒CACIII	☐ QMAP	

PLACE OF SERVICE (POS)
☒ CMHC (53)
☒ Outp Hospital (22)
☒ Independent clinic (49)

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	☒ Medicaid

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A screening procedure limited in nature and intended to merely indicate whether there is a probability that a mental health and/or substance use related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age relevant. Considers patient's motivation and need for further treatment and notes steps taken to connect them to appropriate services upon discharge.	**Technical Documentation Requirements** See 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 response to discharge plan

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☐ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☒ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**Program Service Category**		
☒ 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/EI)

STAFF REQUIREMENTS					
☐ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed 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)
☒ CMHC (53) ☒ Outp Hospital (22) ☒ Independent clinic (49)

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	☒ OBH

SERVICE DESCRIPTION

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.

MINIMUM DOCUMENTATION REQUIREMENTS

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 the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.

EXAMPLE ACTIVITIES

Discharge planning, referral plans, client response to discharge plan

APPLICABLE POPULATION(S)

☐ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)
☒ Adol (12-17) ☒ Geriatric (65+)

UNIT

☒ Encounter ☐ 15 Minutes
☐ Day ☐ 1 Hour

DURATION

Minimum: N/A
Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

☒ Face-to-Face
☐ Video Conference (GT)
☐ Telephone
☒ Individual
☐ Group (HQ)
☐ Family (HR)
☐ Family (HS)

Program Service Category

☒ HE (SP)
☐ HK (Residential)
☐ U4 (ICM)
☐ TM (ACT)
☐ HM (Respite)
☐ HJ (Voc)
☐ HQ (Clubhouse)
☐ TT (Recovery)
☐ HT (Prev/EI)

STAFF REQUIREMENTS

☐ Peer Specialist
☒ Bachelor's Level (HN)
☒ Intern
☒ LCSW (AJ)
☒ LPC
☒ LMFT
☒ Unlicensed Master's Level (HO)
☒ Unlicensed EdD/ PhD/PsyD (HP)
☒ Licensed 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)

☒ CMHC (53)
☒ Outp Hospital (22)
☒ Independent clinic (49)

SUPPORT SERVICES – TRANSPORTATION – ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T2001	Non-emergency transportation	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Providing transportation service for those who are not able to reach their destination independently, be it for competency issues, age of patient, or unavailability of means to reach destination.	1. Date of service 2. Start and stop time (duration) 3. Description of service rendered 4. Reason for transportation 5. Origin of pick up and destination 6. Purpose of transportation to destination 7. Signed with 1st initial, last name & credentials
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 ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**		
☒ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☒ Individual ☐ Group (HQ) ☒ Family (HR) ☒ Family (HS)	☐ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Peer Specialist ☒ Bachelor's Level (HN) ☒ Intern	☒ LCSW (AJ) ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level (HO) ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ Licensed EdD/PhD/PsyD (AH)	☒ LAC ☒ CAC I ☒ CAC II ☒ CACIII	☒ LPN/LVN (TE) ☒ RN (TD) ☒ APRN (SA) ☒ QMAP	☒ RxN (SA) ☒ PA (PA) ☒MD/DO(AF)

PLACE OF SERVICE (POS)
☒ RSATF (55) ☒ NRSATF (57) ☒ 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 (≥) 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 (≥) 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)
- Dialysis Center
- Outpatient Hospital
- Outpatient Laboratory
- Hospital-Based Transportation
- Rural Health Clinic
- Federally Qualified Health Center (FQHC)[38]

Providers bill the appropriate RAE for the Medicaid behavioral health services rendered. For detailed instructions on completing the UB-04, refer to the Colorado MAP Billing Manuals;[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 Colorado MAP Billing Manuals;[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 Appendix Q- 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

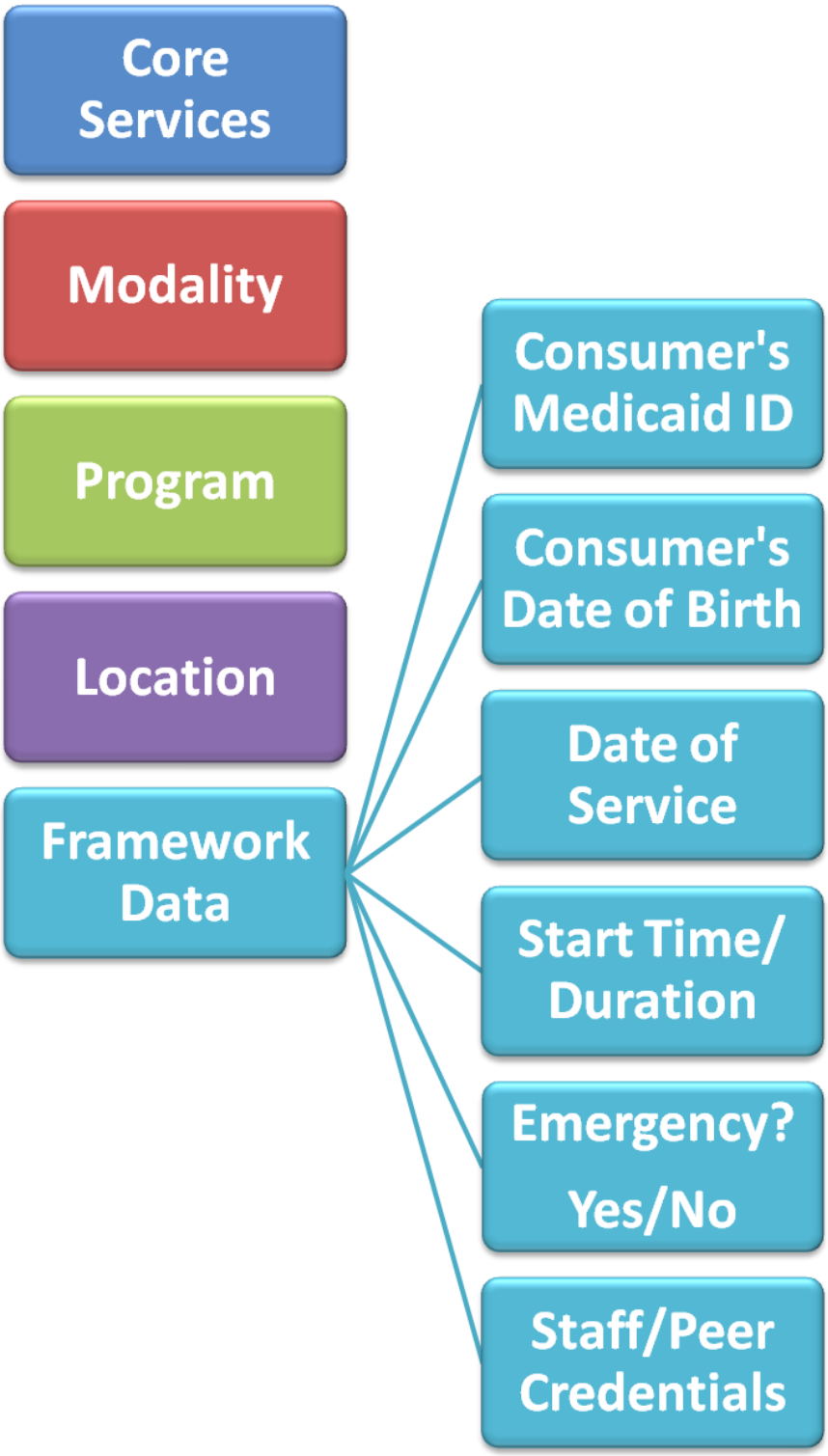
To submit a suggestion to add, delete or change the Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative approved procedure code list (Appendix C) submit the following information to the Colorado Department of Health Care Policy and Financing (HCPF):

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

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

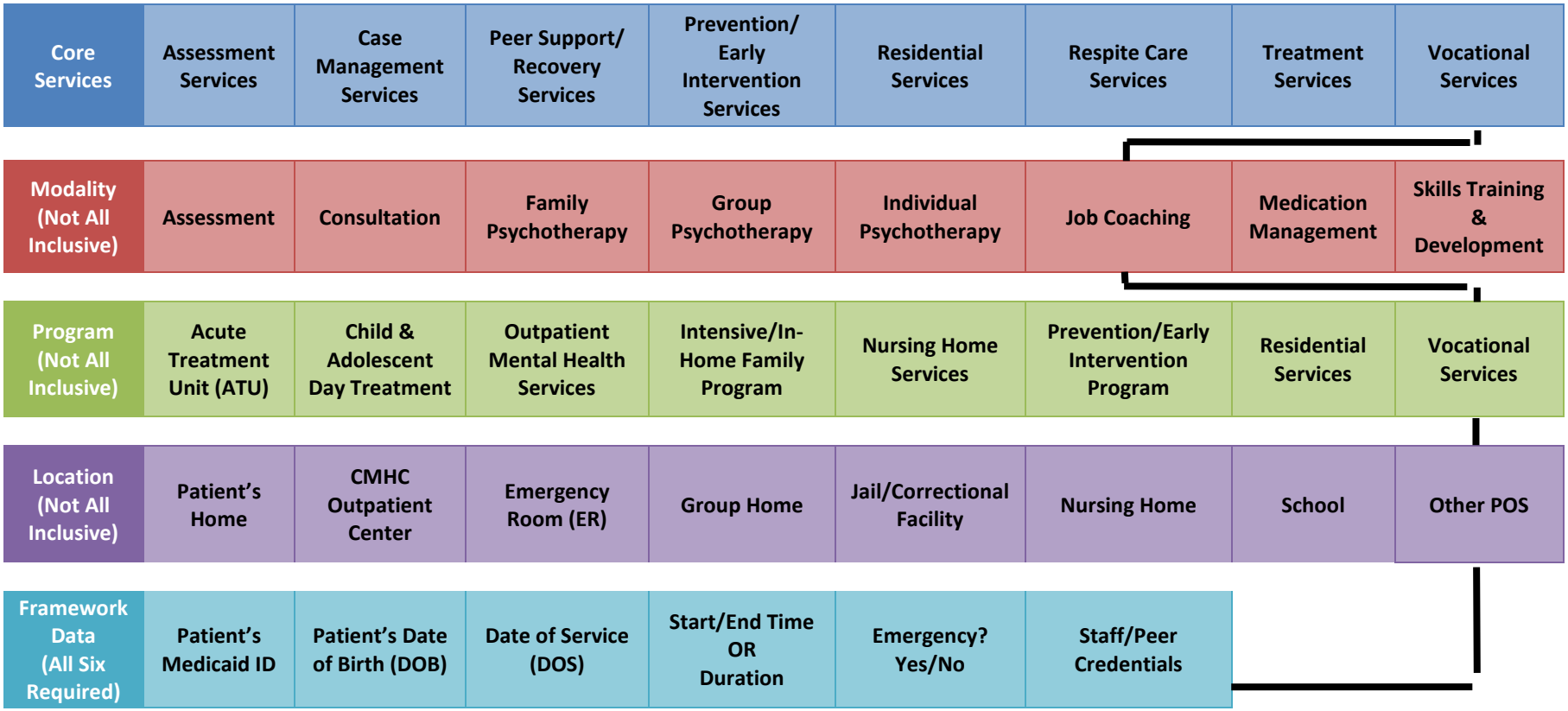
Appendix A: Colorado Health Network's (CHN) Encounter Design Matrix



Colorado Health Network's (CHN) Encounter Design Matrix

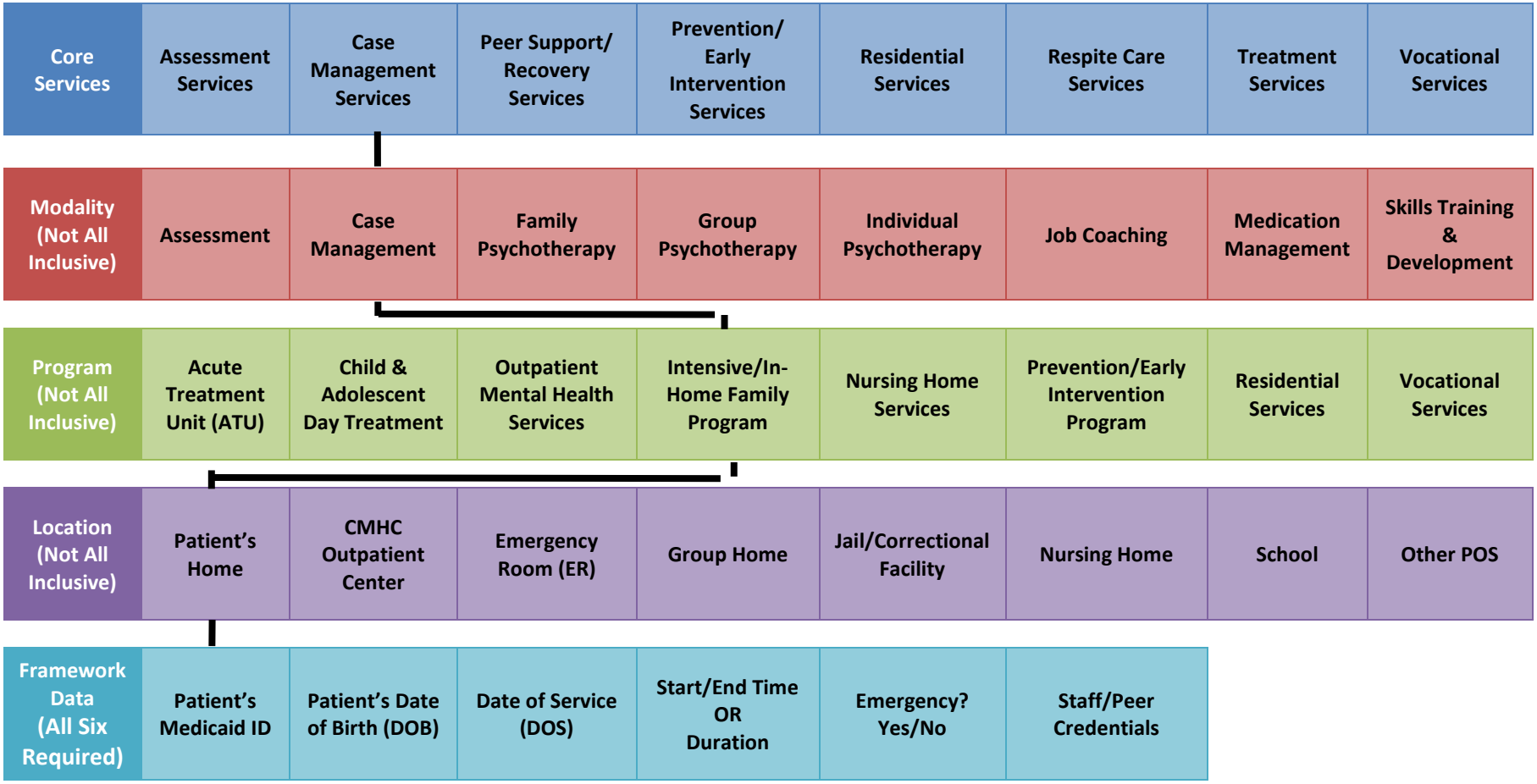
Core Services	**Assessment Services**	**Case Management Services**	**Peer Support/ Recovery Services**	**Prevention/ Early Intervention Services**	**Residential Services**	**Respite Care Services**	**Treatment Services**	**Vocational Services**
Modality (Not All Inclusive)	**Assessment**	**Consultation**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

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



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. Typical time spent is 60 minutes.
99211	Office or Other Outpatient Services: Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.
99212	Office or Other Outpatient Services: requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10 minutes.
99213	Office or Other Outpatient Services: requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is 15 minutes.
99214	Office or Other Outpatient Services: requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 25 minutes.
99215	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40 minutes.

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, 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.

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
90785	Interactive complexity (list separately in addition to the code for the primary service)	Treatment	Psychotherapy	Interactive Complexity	X		E
90791	Psychiatric diagnostic evaluation	Assessment	Diagnosis	n/a	X	X	E
90792	Psychiatric diagnostic evaluation with medical services	Assessment	Diagnosis	n/a	X	X	E
90832	Psychotherapy, 30 minutes with the patient and/or family member	Treatment	Psychotherapy	Individual Psychotherapy	X	X	E
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)	E&M	Psychotherapy	Individual Psychotherapy	X	X	E
90834	Psychotherapy, 45 minutes with the patient and/or family member	Treatment	Psychotherapy	Individual Psychotherapy	X	X	E
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)	E&M	Psychotherapy	Individual Psychotherapy	X	X	E
90837	Psychotherapy, 60 minutes with the patient and/or family member	Treatment	Psychotherapy	Individual Psychotherapy	X	X	E
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)	E&M	Psychotherapy	Individual Psychotherapy	X	X	E
90839	Psychotherapy for Crisis, first 60 min	Crisis	Psychotherapy	Psychotherapy for Crisis	X	X	E
90840	Psychotherapy for Crisis, each additional 30 minutes (List separately in addition to code 90839 for primary service)	Crisis	Psychotherapy	Psychotherapy for Crisis	X	X	30 M
90846	Family psychotherapy (without the patient present)	Treatment	Psychotherapy	Family Psychotherapy	X	X	E

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	Treatment	Psychotherapy	Family Psychotherapy	X	X	E
90849	Multiple-family group therapy	Treatment	Psychotherapy	Group Psychotherapy	X	X	E
90853	Group psychotherapy (other than of a multiple-family group)	Treatment	Psychotherapy	Group Psychotherapy	X	X	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
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	Assessment	Psychological Testing	n/a	X		E

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
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 patient and time interpreting test results and preparing the report; first hour	Assessment	Psychological Testing	n/a	X		1 H

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
96121	Add on to 96116. Each additional hour (List separately in addition to code for primary procedure)	Assessment	Psychological Testing	n/a	X		1 H
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 family member(s) or caregiver(s), when performed first hour	Assessment	Psychological Testing	n/a	X		1 H
96131	Add on to 96130. Each additional hour (List separately in addition to code for primary procedure)	Assessment	Psychological Testing	n/a	X		1 H
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 family member(s) or caregiver(s), when performed; first hour	Assessment	Psychological Testing	n/a	X		1 H
96133	Add on to 96132. Each additional hour (List separately in addition to code for primary procedure)	Assessment	Psychological Testing	n/a	X		1 H
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	Assessment	Psychological Testing	n/a	X		30 M
96137	Add on to 96136. Each additional 30 minutes (List separately in addition to code for primary procedure)	Assessment	Psychological Testing	n/a	X		30 M
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	Assessment	Psychological Testing	n/a	X		30 M
96139	Add on to 96138. Each additional 30 minutes (List separately in addition to code for primary procedure)	Assessment	Psychological Testing	n/a	X		30 M
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	Assessment	Psychological Testing				

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	Treatment	Medication Management	n/a	X		E
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	Treatment	Rehabilitation	n/a	X		15 M
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	Treatment	Rehabilitation	n/a	X	X	15 M
98966	Telephone assessment and management provided by qualified non-physician health care professional.	Assessment	Non-Face-to-Face	Phone Assessment and Management	X	X	15 M
98967	Telephone assessment and management provided by qualified non-physician health care professional.	Assessment	Non-Face-to-Face	Phone Assessment and Management	X	X	15 M
98968	Telephone assessment and management provided by qualified non-physician health care professional.	Assessment	Non-Face-to-Face	Phone Assessment and Management	X	X	15 M
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.	E&M	Office or Other Outpatient	New Patient	X	X	E
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.	E&M	Office or Other Outpatient	New Patient	X		E
99203	Office or Other Outpatient Services: requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30 minutes.	E&M	Office or Other Outpatient	New Patient	X		E

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

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
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	E&M	Hospital Observation	Initial Observation Care	X		E
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	E&M	Hospital Observation	Initial Observation Care	X		E
99221	Initial hospital care, per day, for the evaluation and management of a patient (low severity)	E&M	Hospital Inpatient	Initial Hospital Care	X		E
99222	Initial hospital care, per day, for the evaluation and management of a patient (moderate severity)	E&M	Hospital Inpatient	Initial Hospital Care	X		E
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity)	E&M	Hospital Inpatient	Initial Hospital Care	X		E
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.	E&M	Hospital Observation	Subsequent Observation Care	X		E
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.	E&M	Hospital Observation	Subsequent Observation Care	X		E
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.	E&M	Hospital Observation	Subsequent Observation Care	X		E
99231	Subsequent hospital care, per day (stable, recovering or improving patient)	E&M	Hospital Inpatient	Subsequent Hospital Care	X		E
Code	**Description**	**Primary Category**	**Secondary Category**	**Tertiary Category**	**SP (HE)**	**(b)(3)**	**Unit***

99232	Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)	E&M	Hospital Inpatient	Subsequent Hospital Care	X		E
99233	Subsequent hospital care, per day (unstable patient or the development of significant complications or problems)	E&M	Hospital Inpatient	Subsequent Hospital Care	X		E
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	E&M	Hospital Inpatient	Subsequent Hospital Care	X		E
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	E&M	Hospital Inpatient	Subsequent Hospital Care	X		E
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	E&M	Hospital Inpatient	Subsequent Hospital Care	X		E
99238	Discharge day management; 30 minutes or less	E&M	Hospital Inpatient	Hospital Discharge	X		E
99239	Discharge day management; more than 30 minutes	E&M	Hospital Inpatient	Hospital Discharge	X		E
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.	E&M	Consultations	Office or Other Outpatient	X		E
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	E&M	Consultations	Office or Other Outpatient	X		E
99243	Office or other Outpatient Consultations Evaluation and Management Services: requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes	E&M	Consultations	Office or Other Outpatient	X		E

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

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

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

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
99336	Domiciliary, rest home, custodial care services: requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes	E&M	Domiciliary, Rest Home, Custodial Care	Established Patient	X		E
99337	Domiciliary, rest home, custodial care services: requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes	E&M	Domiciliary, Rest Home, Custodial Care	Established Patient	X		E
99341	Home care services: requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes	E&M	Home	New Patient	X		E
99342	Home care services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes	E&M	Home	New Patient	X		E
99343	Home care services: requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes	E&M	Home	New Patient	X		E
99344	Home care services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes	E&M	Home	New Patient	X		E
99345	Home care services: requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes	E&M	Home	New Patient	X		E
99347	Home care services: requires problem focused interval history, problem focused examination straight forward medical decision making, average time 15 minutes	E&M	Home	Established Patient	X		E
99348	Home care services: requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making average time 25 minutes	E&M	Home	Established Patient	X		E
99349	Home care services: requires detailed interval history, detailed examination moderate complexity medical decision making, average time 40 minutes	E&M	Home	Established Patient	X		E

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
99350	Home care services: requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, average time 60 minutes	E&M	Home	Established Patient	X		E
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	E&M	Case Management	Medical Team Conference	X		E
99367	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by physician	E&M	Case Management	Medical Team Conference	X		E
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	E&M	Case Management	Medical Team Conference	X		E
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	E&M	Non-Face-to-Face	Phone	X		E
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	E&M	Non-Face-to-Face	Phone	X		E
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	E&M	Non-Face-to-Face	Phone	X		E

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

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
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	Residential	Long Term	n/a	X	X	D
H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)	Treatment	Alcohol and Drug Abuse	Methadone	X	X	E
H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center	Prevention/Early Intervention or Treatment	Outreach or Rehabilitation (Drop In)	n/a	X*		15 M
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)	Prevention/Early Intervention	Education	n/a	X		E
H0031	Mental health assessment, by non-physician	Assessment	Diagnosis	n/a	X		E
H0032	Mental health service plan development by non-physician	Assessment	Treatment/Service Planning	n/a	X	X	E
H0033	Oral medication administration, direct observation	Treatment	Medication Management	n/a	X*	X	E
Code	**Description**	**Primary Category**	**Secondary Category**	**Tertiary Category**	**SP (HE)**	**(b)(3)**	**Unit***
H0034	Medication training and support, per 15 minutes	Treatment	Medication Management	n/a	X	X	15 M
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Treatment	Intensive	PHP	X	X	E
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Treatment	Rehabilitation	CPST	X		15 M
H0037	Community psychiatric supportive treatment, face-to-face, per diem	Treatment	Rehabilitation	CPST	X	X	D
H0038	Self-help/peer services, per 15 minutes	Peer Support/Recovery	Behavioral Health	n/a	X*	X	15 M
H0039	Assertive community treatment, face-to-face, per 15 minutes	Treatment	Rehabilitation	ACT	X	X	15 M
H0040	Assertive community treatment program, per diem	Treatment	Rehabilitation	ACT	X	X	D
H0043	Supported housing, per diem	Residential	Supported Housing	n/a	X	X	D

H0044	Supported housing, per month	Residential	Supported Housing	n/a	X	X	M
H0045	Respite care services, not in the home, per diem	Respite Care	Facility-Based	n/a		X	D
H2000	Comprehensive multidisciplinary evaluation	Assessment	Diagnosis	n/a	X		E
H2001	Rehabilitation program, per ½ day	Treatment	Rehabilitation	Rehabilitation Program	X	X	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	X	X	15 M
H2012	Behavioral health day treatment, per hour	Treatment	Intensive	Day Treatment	X	X	1 H
H2014	Skills training and development, per 15 minutes	Treatment	Rehabilitation	Other	X		15 M
H2015	Comprehensive community support services, per 15 minutes	Peer Support/Recovery	Community	n/a	X	X	15 M
H2016	Comprehensive community support services, per diem	Peer Support/Recovery	Community	n/a	X		D
H2017	Psychosocial rehabilitation services, per 15 minutes	Treatment	Rehabilitation	PSR	X		15 M
H2018	Psychosocial rehabilitation services, per diem	Treatment	Rehabilitation	PSR	X	X	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	X		D
H2023	Supported employment, per 15 minutes	Treatment	Vocational Services	n/a			15 M
H2024	Supported employment, per diem	Treatment	Vocational Services	n/a		X	D
H2025	Ongoing support to maintain employment, per 15 minutes	Treatment	Vocational Services	n/a		X	15 M
H2026	Ongoing support to maintain employment, per diem	Treatment	Vocational Services	n/a		X	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	X	X	15 M
H2031	Mental health clubhouse services, per diem	Treatment	Rehabilitation	Clubhouse	X	X	D
H2032	Activity therapy, per 15 min	Treatment	Rehabilitation	Other	X	X	15 M
H2033	Multi-systemic therapy for juveniles, per 15 minutes	Treatment	Other Professional Services	MST	X	X	15 M

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
S3005	Performance measurement, evaluation of patient self-assessment, depression	Residential	Alcohol and Drug Abuse	Social Detox	X		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		X	D
S9445	Patient education, not otherwise classified, non-physician provider, individual	Treatment	Alcohol and Drug Abuse	Education	X	X	E
S9453	Smoking cessation classes, non-physician provider, per session	Prevention/Early Intervention	Education	Smoking Cessation	X		E
S9454	Stress management classes, non-physician provider, per session	Prevention/Early Intervention	Education	Stress Management	X	X	E
S9480	Intensive outpatient psychiatric (IOP) services, per diem	Treatment	Intensive	IOP – MH	X	X	D
S9485	Crisis intervention mental health services, per diem	Crisis	Behavioral Health	n/a	X		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

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
T1017	Targeted Case management, each 15 minutes	Treatment	Case Management	n/a	X	X	15 M
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)	Residential	Alcohol and Drug Abuse	Social Detox	X	X	15 M
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Residential	Alcohol and Drug Abuse	Social Detox	X		E

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

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

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

Appendix D: Peer Specialist Core Competencies

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

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

*Item pertains specifically to Family Advocates/Family Systems Navigators

Sources of Information and Input:

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

Populations. (2011)

Appendix 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 <u>not</u> include the following:

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

- 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 & ADOLESCENT PSYCHIATRY

Definition

A new concept in 2013, interactive complexity refers to 4 specific communication factors *during* a visit that complicate delivery of the primary psychiatric procedure. Report with CPT add-on code **90785**.

Code Type

Add-on codes may be reported in conjunction with specified "primary procedure" codes. Add-on codes may never be reported alone.

Replaces

Codes for interactive diagnostic interview examination, interactive individual psychotherapy, and interactive group psychotherapy are deleted.

Use in Conjunction With

The following psychiatric "primary procedures":

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

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

May Not Report With

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

Typical Patients

Interactive complexity is often present with patients who:

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

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

Report 90785

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

1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions or behaviors that interfere with implementation of the treatment plan.
3. Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

Per the Center for Medicare and Medicaid Services (CMS), "90785 generally should not be billed solely for the purpose of translation or interpretation services" as that may be a violation of federal statute.

Complicating Communication Factor Must Be Present *During* the Visit

The following examples are ***NOT*** interactive complexity:

- Multiple participants in the visit with straightforward communication
- Patient attends visit individually with no sentinel event or language barriers
- Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors

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

a. Office or Other Outpatient Services

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

b. Home

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

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

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

d. Nursing Facility Services

i. Initial Nursing Facility Services

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

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**	**Usage**
99315	Nursing Facility Discharge Day Management Services: 30 minutes or less	Medicaid/OBH
99316	Nursing Facility Discharge Day Management Services: more than 30 minutes	Medicaid/OBH

o. Other Nursing Facility Services

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

e. Emergency Department Services

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

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

f. Hospital Observation Services

i. Initial Observation Care

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

ii. Subsequent Observation Care

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

iii. Observation Care Discharge Services

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

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

g. Inpatient

i. Initial Hospital Care

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

ii. Subsequent Hospital Care

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

iii. Hospital Discharge Services

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

h. Consultations

i. Office or Other Outpatient Consultations

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

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

ii. Inpatient Consultations

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

The CMS guidelines for documenting E&M services should be followed. It is expected that the referring and receiving providers will each document the request for the consultation in their respective medical records. Also it is expected that the referring and consulting providers will communicate with each other on the results of the evaluation.

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

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

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

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

Treatment Services – Inpatient Services - Consultations		
Procedure Code	**Procedure Code Description**	**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

COMP-ONENT	SIGNIFICANCE OF COMPONENT TO CODING DECISION	# AND TYPES OR LEVELS OF EACH COMPONENT	DESCRIPTION	COMMENT
History	Key	4 Types: 1. Problem-focused 2. Expanded Problem-focused 3. Detailed 4. Comprehensive	Includes the chief complaint, history of the present illness, a review of systems, and a review of past medical or social history of 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.
Examination	Key	4 Types: 1. Problem-focused 2. Expanded Problem-focused 3. Detailed 4. Comprehensive	Examination of the body areas or organ systems.	The 1997 guidelines outline a single system specialty exam for psychiatry at all levels of examination. The 1995 guidelines allow for a single specialty exam only at the Comprehensive level.
Medical Decision-Making	Key	4 Types: 1. Straightforward 2. Low Complexity 3. Moderate Complexity 4. High Complexity	Consideration of the number of diagnoses or management options, along with the amount and complexity of data that must be reviewed to develop the diagnosis, assessment and plan, and the risk of morbidity, mortality, and/or complications.	Providers should consider the complexity of the medical decision-making early in the encounter. The nature and severity of the presenting problem can often act as a guide. Use this guesstimate of medical decision-making complexity to guide or drive the extent of the history taking and examination.
Nature of Presenting Problem	Contributory	5 Types: 1. Minimal: likely straightforward level of medical decision-making 2. Self-limited or minor: likely straightforward level of medical decision-making 3. Low severity: likely low to moderate complexity of medical decision-making – although this depends on work-up needed to get to rule in DX 4. Moderate severity: likely moderate to high complexity of medical decision-making depending on outcome and work-up needed to get to DX. 5. High severity: likely moderate to high-risk medical decision-making.	Characteristics of the presenting problem such as numbers of problems, acuity, severity, chronicity, known or unknown, stable, unstable status, prognosis etc.	This component is built into the Risk Tables developed by both CMS and the AMA and assists in the determination of the level of medical decision-making, which is a key component for determining code choice. The level of severity of the presenting problem may change as the visit progresses and differential diagnoses are explored, ruled in or out. The thought process of the provider should be documented as a support for the medical necessity of the diagnostic or therapeutic services.

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**

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

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

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

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

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

E/M Documentation

<table>
<tr><th colspan="2">EVALUATION AND MANAGEMENT</th></tr>
<tr><th>SERVICE DESCRIPTION</th><th>MINIMUM DOCUMENTATION REQUIREMENTS</th></tr>
<tr><td>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.

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.
• 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.</td><td>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:

All visits must include documentation of the chief complaint or reason for visit.

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 based on Average Time.
Option 2 is not available for Emergency Room services.</td></tr>
<tr><th>NOTES</th><th>EXAMPLE ACTIVITIES</th></tr>
<tr><td>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 the examination must be completed by the prescribing physician.</td><td></td></tr>
</table>

Appendix H: Abbreviations & Acronyms

Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms	
Term/Acronym	**Definition**
ABC	Access Behavioral Care
ABPN	American Board of Psychiatry and Neurology
ACMCS	American College of Medical Coding Specialists
ACF	Assisted Care Facility *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
CASASTART[SM]	The National Center on Addiction & Substance Abuse at Columbia University Striving Together to Achieve Rewarding Tomorrows
CBHP	Community Behavioral Health Program
CBT	Cognitive Behavioral Therapy
CCAR	Colorado Patient Assessment Record
CCR	Colorado Code of Regulations
CCSS	Comprehensive Community Support Services
CDPHE	Colorado Department of Public Health and Environment
CFR	Code of Federal Regulations
CHN	Colorado Health Networks
CHP	Colorado Health Partnerships
CIT	Crisis Intervention Training
CIWA-AR	Clinical Institute Withdrawal Assessment of Alcohol – Revised
CLIA	Clinical Laboratory Improvements Amendment
CM	Case Management
CMHC	Community Mental Health Center/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
CP	Clinical Psychologist
CPST	Community Psychiatric Supportive Treatment
CPT®	Current Procedural Terminology

Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms, cont.	
Term/Acronym	**Definition**
CRNA	Certified Registered Nurse Anesthetist
CSW	Clinical Social Worker
CSWE	Council on Social Work Education
Cust Care	Custodial Care Facility
DC:0–03R	*Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*
DD	Developmental Disability(ies)
Detox	Detoxification
DHS	Colorado Department of Human Services
DHS-OBH	Colorado Department of Human Services, Office of Behavioral Health
DHS-DVR	Colorado Department of Human Services, Division of Vocational Rehabilitation
DME	Durable Medical Equipment
DO	Doctor of Osteopathy
DOB	Date of Birth
DOC	Colorado Department of Corrections
DORA	Colorado Department of Regulatory Agencies
DRDC	Denver Regional Diagnostic Center
DRG	Diagnosis-Related Group
DSM-5	*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*
DYC	Division of Youth Corrections
ECI	External Cause of Injury
ECS	Early Childhood Specialist
EGHP	Employer Group Health Plan
EHR	Electronic Health Record
EI	Early Intervention
E/M	Evaluation and Management
EMC	Electronic Media Claim
EMG	Emergency
EOB	Explanation of Benefits
EPSDT	Early Periodic Screening Diagnosis and Treatment Program
ER	Emergency Room
FARS/DFARS	Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement
FCLN	Flat File Control Line Number
FDA	US Food and Drug Administration
FECA	Federal Employees' Compensation Act
FFP	Federal Financial Participation
FFS	Fee-For-Service
FL	Form Locator
FQHC	Federally Qualified Health Center
FTE	Full-Time Equivalent
FY	Fiscal Year
GED	General Education Diploma
Grp Home	Group Home
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
HCPF	Colorado Department of Health Care Policy and Financing
Hep C	Hepatitis C
HHS	US Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPSA	Health Professional Shortage Area
Hrs	Hours
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
ICF	Intermediate Care Facility
ICF-MR	Intermediate Care Facility for the Mentally Retarded
ICM	Intensive Case Management
ID	Identification
Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms, cont.	

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

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

Term/Acronym	Definition
PRTF	Psychiatric Residential Treatment Facility
PS	Peer Specialist
PSA	Physician Scarcity Area
PSR	Psychosocial Rehabilitation
PRTF	Psychiatric Residential Treatment Center
QMAP	Qualified Medication Administration Person
R	Required
RCCF	Residential Child Care Facility
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
TB	Tuberculosis
TBI	Traumatic Brain Injury
TBS	Therapeutic Behavioral Services
TCM	Targeted Case Management
Temp Lodging	Temporary Lodging
TIN	Tax Identification Number
TOB	Type of Bill
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 Appendix Q) 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).