October 2019

Uniform Service Coding Standards Manual





COLORADO

Department of Health Care Policy & Financing





COLORADO

Office of Behavioral Health

Department of Human Services

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I. Introduction

The Colorado Department of Health Care Policy and Financing (HCPF) is the single state agency (SSA) responsible for the

administration of the Colorado Medical Assistance Program (MAP). HCPF has developed a comprehensive array of covered

mental health (MH) and substance abuse (SA) treatment services to assure that medically necessary, appropriate and cost

effective behavioral health (BH) care is provided to eligible Medicaid Members through the Colorado Capitated Behavioral

Health Benefit under the Accountable Care Collaborative.

The Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH), is responsible for the

administration of service contracts that provide for mental health and substance abuse treatment provided to the non-

Medicaid population.

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

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

a. Purpose

The purpose of this Uniform Service Coding Standards (USCS) Manual is to achieve uniform documenting and reporting of

covered Colorado Medicaid State Plan (required services), Behavioral Health Program 1915(b)(3) Waiver services

(alternative or (b)(3) services) and OBH services. Standardizing the documentation and reporting of behavioral health (BH)

encounters contributes to the accurate estimation of service costs, development of actuarially sound capitation rates, and

compliance with federal regulations for managed care utilization oversight.

HCPF and OBH have established this USCS Manual to provide common definitions of the program service categories covered

under the Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative. The USCS Manual also

provides guidance in documenting and reporting covered services in coding formats that are in compliance with the Health

Insurance Portability and Accountability Act of 1996 (HIPAA).

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

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)¹

Current Procedural Terminology (CPT®), Professional Edition²

Healthcare Common Procedure Coding System (HCPCS) ³ Capitated Behavioral Health Benefit under the

Accountable Care Collaborative

These clinical coding systems are used by HCPF and OBH.

The USCS manual is a living document that is updated each fiscal year to maintain consistency between the RAE contract,

the OBH contract, the State Plan Amendments, the (b)(3) waiver, and coding guidelines. Unless otherwise noted, the State

(HCPF and OBH) has agreed that it will accept coding provided under the previous edition through October 31, 2019. Providers must implement the October 2019 edition by November 1, 2019 for dates of service October 1st and thereafter,

regardless of submission date.

b. Manual Format

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

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

Each procedure code page is outlined as follows:

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

- Treatment Services
- Evaluation and Management (E&M)
- Respite Care Services
- Residential Services
- Support Services
- Procedure Code Description
- Minimum Documentation Requirements
- Example Activities
- Unit and Duration
- Program Service Category(ies) 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 Benefits under the Accountable Care Collaborative covered procedure codes are categorized as either State Plan (SP), (b)(3), or both.

a. Medicaid State Plan Services

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

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

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: Individual Behavioral Health Therapy: Therapeutic contact with one patient. Individual Behavioral Health Therapy: Therapeutic contact with one patient. Group Behavioral Health Therapy: Therapeutic contact with more than one patient. 		
	 4. Family Behavioral Health Therapy: Face to face therapeutic contact with a patient and family member(s), or other persons significant to the patient, for improving patient-family functioning. Family behavioral health therapy is appropriate when intervention in the family interactions is expected to improve the patient's emotional/behavioral health. The primary purpose of family behavioral health therapy is treatment of the patient. 5. Behavioral Health Assessment: Face to face clinical assessment of a patient by a behavioral health 		
	professional that determines the nature of the patient's problem(s), factors contributing to the problem(s), a patient's strengths, abilities and resources to help solve the problem(s), and any existing diagnoses.		
	C. Pharmacologic Management : Monitoring of medications prescribed and consultation provided to patients by a physician or other medical practitioner authorized to prescribe medications as defined by State law, including associated laboratory services, as indicated.		
	D. Outpatient Day Treatment : Therapeutic contact with a patient in a structured, non-residential program of therapeutic activities. Services include assessment and monitoring; individual/group/family therapy; medical/nursing support; psychosocial education; skill development and socialization training focused on improving functional and behavioral deficits; medication management; expressive and activity therapies; and coordination of needed services with other agencies. When provided in an outpatient hospital program, may be called "partial hospitalization."		
	E. Emergency/Crisis Services: Services provided during a behavioral health emergency which involve unscheduled, immediate, or special interventions in response to crisis situation with a patient/family, including associated laboratory services, as indicated.		
	F. Pharmacy Services : Prescribed drugs when used in accordance with 10 CCR 2505-10 Section 8.800, Pharmaceuticals.		
	G. Targeted Case Management : Case management services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.		
	H. School-Based Behavioral Health Services: Behavioral health services provided to school-aged children and adolescents on-site in their schools, with the cooperation of the schools.		
	 Drug Screening and Monitoring: Substance use disorder counseling services provided along with screening results to be discussed with patient. 		
	J. Detoxification Services: Services relating to detoxification including all of the following: Physical assessment of detox progression including vital signs monitoring; level of motivation assessment for treatment evaluation; provision of daily living needs (includes hydration, nutrition, cleanliness and toiletry); safety assessment, including assessment of suicidal ideation and other behavioral health issues.		
	K. Medication-Assisted Treatment : Administration of Methadone or another approved controlled substance to an opiate-dependent person for the purpose of decreasing or eliminating dependence on opiate substances.		

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.

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

III. Diagnoses

The Colorado 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). 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*

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Revised: September 30, 2019 Effective: October 1, 2019 *ICD-10-CM Guidelines for Coding and Reporting*, developed cooperatively by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare and Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). These guidelines are a companion document to the ICD-10-CM, and while not exhaustive, assist the user in situations where the ICD-10-CM does not provide direction. The ICD-10-CM is updated annually, effective October 1st. The ICD-10-CM does not include diagnostic criteria, primarily because its principal function as an international system is to define categories that aid in the collection of basic health statistics.

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

a. Non-Covered Diagnoses

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

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

b. Covered Diagnoses

The table below lists the covered diagnoses under the Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative. OBH also covers the diagnosis codes listed below. Additionally, in an effort to provide early intervention services to the "non-targeted" children's population (ages zero to eleven), OBH will allow for behavioral health codes not listed below. "Non-targeted" children are defined as those not meeting the Severe Emotional Disturbance definition as defined through the Colorado Client Assessment Record (CCAR) Manual. OBH is allowing for a broader range of diagnosis

codes for "Non-targeted" children in an effort to provide services to children who are at risk of developing a severe diagnosis and/or who are difficult to diagnose as a result of their age.

i. Mental Health Covered Diagnoses

ICD-10-CM Code Ranges

Start Value	End Value
F20.0	F42.3
F42.8	F48.1
F48.9	F51.03
F51.09	F51.12
F51.19	F51.9
F53.0	F53.10
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) can 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 can 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.

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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 in the 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, except for clinical supervision.

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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).

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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). Refer to

CRS 12-3-804.

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. Refer to CRS

12-43-403(1), 12-43-404, 12-43-406 (1) and 12-43-409.

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. Refer to CRS 12-43-504.

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. Refer to CRS 12-43-603 and 12-43-602.5.

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. Refer to CRS 12-43-303 and 12-43-304.

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j. Peer Specialist (PS)

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

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

k. Physician Assistant (PA)

A Physician Assistant (PA) is a person who has successfully completed an education program for PAs and the national certifying examination for PAs, and is licensed by the Colorado Board of Medical Examiners. Refer to CRS 12-36-106.

l. Professional Nurses

i. Certified-Registered 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.

Refer to CRS 12-36-106.

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. Refer to CRS 12-38-103.

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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. Refer to CRS 12-38-103.

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. Refer to CRS 12-38-111.5.

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)

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). Refer to CRS 12-

38-111.5 and 12-38-111.6.

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. Refer to CRS 12-36-101.

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. Refer to 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:

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- 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
 - o 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 programs⁸

"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." A QMAP may administer medications by the following routes of administration:

- Oral
- Sublingual
- Topical
- Eve
- Ear

- Rectal
- Vaginal
- Inhalant
- Transdermal¹⁰

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).	

	Place of Service (POS) Codes		
Code	Name	Description	
05	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service (IHS), which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.	
06	Indian Health Service Provider-Based Facility	A facility or location, owned and operated by the IHS, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.	
07	Tribal 638 Free- Standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.	
08	Tribal 638 Provider- Based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.	
09	Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. Medicaid will not reimburse for services provided to a person living in a public institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control (42 CFR 435.1010). Public institutions include correctional institutions. Additional information on Medicaid and Criminal Justice Involved Populations can be located on the Department's website.	
10	Unassigned	N/A	
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.	
16	Temporary Lodging	A short-term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.	
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services	
18	Place of Employment- Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual	
19	Off Campus- Outpatient Hospital	A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization	
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.	

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	Place of Service (POS) Codes				
Code	Name	Description			
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under the supervision of physicians to patients admitted for a variety of medical conditions.			
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.			
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.			
24	Ambulatory Surgical Center	A free-standing facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.			
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care, as well as immediate care of newborn infants.			
26	Military Treatment Facility (MTF)	A medical facility operated by one or more of the Uniformed Services. MTF also refers to certain former US Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).			
27-30	Unassigned	N/A			
31	Skilled Nursing Facility (SNF)	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing or rehabilitative services, but does not provide the level of care or treatment available in a hospital.			
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled or sick persons, or on a regular basis health-related care services above the level of custodial care to other than individuals with mental retardation (MR).			
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.			
34	Hospice ¹¹	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) ¹²	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) ¹³	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.			

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Place of Service (POS) Codes				
Code	Name	Description		
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, psychological testing, and room and board.		
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.		
57	Non-Residential Substance Abuse Treatment Center	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, and psychological testing.		
58-59	Unassigned	N/A		
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as a public health center, pharmacy or mall, but may include a physician office setting.		
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.		
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.		
63-64	Unassigned	N/A		
65	End-Stage Renal Disease Treatment Facility	A facility, other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.		
66-70	Unassigned	N/A		
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.		
72	Rural Health Clinic	A certified facility which is located in a rural medically under-served area that provides ambulatory primary medical care under the general direction of a physician.		
73-80	Unassigned	N/A		
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.		
82-98	Unassigned	N/A		
99	Other Place of Service	Other place of service (POS) not identified above.		

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. ¹⁴

a. Colorado Community Behavioral Health Program/Service Modifiers

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

providers must use, as a first position modifier, one of the Colorado Community Behavioral Health Program modifiers listed in the chart below.

Colorado Community Behavioral Health Program Service Modifiers				
Identifier	Category	Description		
HE*	State Plan (SP) Services	State Plan (SP) behavioral health (BH) services include inpatient psychiatric hospital services, outpatient services such as psychiatrist, psychosocial rehabilitation, case management (CM), medication management, and emergency services.		
нк	Residential Services	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the patient is living, in real-time, with immediate interventions available as needed. Clinical interventions are assessment and monitoring of mental and physical health status; assessment and monitoring of safety; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and family therapy; medication management; and behavioral interventions.		
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.		
НМ	Respite Services	Temporary or short-term care of a child, youth or adult patient provided by adults other than the birth parents, foster/adoptive parents, family members or caregivers that the patient normally resides with. Respite is designed to give the caregivers some time away from the patient to allow them to emotionally recharge and become better prepared to handle normal day-to-day challenges. Respite care providers are specially trained to serve individuals with behavioral health issues.		
НЈ	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.		
тт	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.		
нт*	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.		

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CR	Catastrophe/Disaster- Related	Indicates a service/procedure rendered to a victim of a catastrophe/disaster (e.g., Hurricane Katrina). The modifier may be placed in modifier places 2-4.
ET	Emergency Services	Indicates a rendered emergency service/procedure. Services provided through Colorado Crisis Services should include the ET modifier in places 2-4. For Medicaid, providers should refer to their RAE contracts to determine which crisis codes they can provide.
GQ	Via Asynchronous Telecommunications System	Indicates the distant site physician (MD/DO)/Mental Health Professional (MHP) certifies that the asynchronous medical file was collected and transmitted to him/her at his/her distant site from an eligible originating site when the <i>telemedicine</i> (<i>telehealth</i>) service/procedure was rendered. 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

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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.

Substance Use Screening ii.

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

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ability to function adaptively; determine the etiology or causative factors contributing to psychological dysfunction, criminal behavior, vocational disability, neurocognitive dysfunction, or competence; or predict psychological response(s) to specific medical, surgical and behavioral interventions

• Staff performing the testing needs to meet the qualifications and training necessary to administer and interpret the results: generally, this includes licensed or unlicensed PhD/PsyD or interns in doctoral psychology programs.

iii. Treatment/Service Planning

Treatment/Service Planning is the formulation and implementation of an individualized, integrated, comprehensive written treatment/service plan designed with the purpose of promoting the patient's highest possible level of independent functioning and to reduce the likelihood of hospitalization/re-hospitalization or restrictive confinement (2 CCR 502-1, 21.190.4).

e. Peer Support/Recovery Services

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

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

f. Respite Care Services

Respite Care Services are Temporary or short-term care of a child, adolescent or adult provided by adults other than the birth parents, foster parents, adoptive parents, family members or caregivers with whom the Member normally resides, designed to give the usual caregivers some time away from the Member to allow them to emotionally recharge and become better prepared to handle the normal day-to-day challenges." This service acknowledges that, while the services of primary

caregivers may keep a patient out of more intensive levels of care (i.e., inpatient hospital), there are occasional needs to substitute for these caregivers. Respite Care Services may be rendered when:

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

g. Targeted Case Management (TCM) Services

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

i. Behavioral Health TCM Services

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

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

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

ii. Substance Abuse TCM Services

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

• Licensed health practitioners include:

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- 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.

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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).15

vi. Inpatient Services

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

The procedure codes found in this section are also used for psychiatric services in Partial Hospital (PHP) settings.

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

i. Evaluation and Management (E/M) Services

Evaluation and management codes are covered by the RAEs when they are billed in conjunction with a psychotherapy addon or when used for the purposes of medication management with minimal psychotherapy provided by a prescriber from the RAE network. The evaluation and management (E/M) codes were introduced in the 1992 update to the fourth edition of Physicians' Current Procedural Terminology (CPT). These codes cover a broad range of services for patients in both inpatient and outpatient settings. In 1995 and again in 1997, the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services, or CMS) published documentation guidelines to support the selection of appropriate E/M codes for services provided to Medicare beneficiaries. Please refer to the CMS website for the 1995 and 1997 versions.

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

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

DEFINITIONS:

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

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

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

physician.

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

i. Consultation Services

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

 $consultant's \ time\ is\ spent\ in\ providing\ counseling, ^{16}\ coordination\ of\ care\ or\ both,\ the\ service\ is\ coded\ based\ upon\ the\ length$

of time spent with the patient and/or family.¹⁷

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.18

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

j. Residential Services

Residential Services are any type of 24-hour care, excluding room and board, provided in a non-hospital, non-nursing home (NH) setting, where the Contractor provides supervision in a therapeutic environment.. 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

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- 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.

Residential treatment services for children and youth in the custody of the Colorado Department of Human Services—Division of Child Welfare or the Division of Youth Corrections who are placed by those agencies into either a Psychiatric Residential Treatment Facility (as defined in C.R.S. 25.5-4-103) or a Residential Child Care Facility (as defined in C.R.S. 26-6-102) are not covered under the capitated behavioral health benefit.

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).

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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).

Social Ambulatory Detoxification (Social Detox) ix.

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.

Room and Board X.

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.

Rehabilitation Services k.

"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

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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^{xix} and/or the Centers for Medicare and Medicaid Services (CMS).^{xx}
- Usage Identification of whether the service is used by Medicaid and/or OBH.
- Service Description A brief narrative of the common or generally accepted method(s) of accomplishing the procedure or service indicated by the procedure code description.
- Minimum Documentation Requirements The essential elements that are required in the clinical record to support
 the service or procedure rendered. These are listed on the individual codes pages and on page 346 under <u>Technical</u>
 Documentation Requirements.^{xxi}
- 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.xxii
- 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., 96116) rendered for a total of four (4) hours equals four (4) units.
 - o 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. **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. *** The appropriate modifiers, if applicable, are identified in parentheses.
 - Video Conference is based on the current allowable procedure codes for telemedicine (telehealth).xxv

Telemedicine (Telehealth)***

- 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.
- 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.xxxvii
- **Staff Requirements** The staff credentials allowed to render the service or procedure, unless specifically restricted by the procedure code description. 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). xxix 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.	 Date of service Patient consent Screening results Patient's identified treatment/service plan (if applicable) Referral for treatment (if applicable) Signed with 1st initial, last name & credentials EXAMPLE ACTIVITIES			
NOTES				
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.	Enzyme assays measure either the consumption of production of a product over time. An example suban opioid compound.			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: NA☐ Day ☐ 1 Hour ☐ Maximum: NA☐ Maximum: NA☐ Day ☐ 1 Hour ☐ Maximum: NA☐			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	NA NA HJ HQ TT HT		
☑ Face-to-Face☐ Video Conf☐ Group☐ Telephone☐ Family	□ HE □ U4 □ HJ □ HK □ TM □ HQ □ HM □ TT □ HT			
STAFF REQUIREMENTS				
☐ Bachelor's Level (HN) ☐ Unlicensed E	Master's Level (HO) ⊠LAC ⊠LPN/LVN (T dD/ PhD/PsyD (HP) ⊠CAC I ⊠RN (TD) D/PhD/PsyD (AH) ⊠CAC II ⊠ APN (SA) WCACIII □ QMAP	FE) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)		
PLACE OF SERVICE (POS)				
☑ School (03) ☑ Office (11) ☑ NRSATF (57) ☑ Shelter (04) ☑ Home (12) ☑ Other POS (99) ☑ Prison/CF (09) ☑ FQHC (50) ☑ CMHC (53) ☑ RHC (72)				

		SCREENING - DRUG - PA	ATHOLOGY AND L	ABORATORY		
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
	80306		Drug screen, presumptive, read by instrument ☑ OBH			
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION RI	QUIREMENTS	
number of devices by instrument assis dipsticks, cups, care when performed, p	or procedures (e.g. sted direct optical o ds, cartridges), inclu	r of drug classes, any , immunoassay); read bservation (e.g., udes sample validation	5. Referral fo 6. Signed wit	nsent results dentified treatme or treatment (if ap h 1 st initial, last n	plicable)	
NOTES			EXAMPLE ACTIV	/ITIES		
Use code H0048 fo applies for opioid t		ens. Modifier HG only		measure either th product over tim ound.		
APPLICABLE POPU	LATION(S)		UNIT		DURATION	
• •	☑ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S) OF DELIVERY			VICE CATEGORY(I	ES)	
☑ Face-to-Face ☐ Video Conf ☐ Telephone	□ Individua □ Group □ Family	ıl	□ HE □ HK	□ t □ t	M □ HQ	
STAFF REQUIREME	NTS					
☐ Peer Specialist ☐ Bachelor's Level (H ☑Intern	IN) X LC X LP X LM	C Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN (T ⊠ RN (TD) ⊠ APN (SA) □ QMAP	FE) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE	•	W NDCATE (57)	□ 0.1 PCC 'C	201		
区 CMHC (53)☑ Office (11)☑ Home (12)	⊠ Shelter (04) ⊠ FQHC (50) ⊠ RHC (72)	⊠ NRSATF (57) ⊠ Prison/CF (09) ⊠ School (03)	☑ Other POS (9	1 9)		

SCREENING – PATHOLOGY AND LABORATORY - ALCOHOL						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	82075		Alcohol (ethanol); b	reath		☑ ОВН
SERVICE DESCRIPTION	N		Alcohol (ethanol); breath MINIMUM DOCUMENTATION REQUIREMENTS 1. Date of service 2. Client consent 3. Screening results 4. Signed with 1st initial, last name & credentials EXAMPLE ACTIVITIES Breathalyzer administered to test for the degree of alcohol			
Alcohol breathalyzer degree of alcohol int			 Client consent Screening result 	ılts	ame & credentia	ls
NOTES			EXAMPLE ACTIVITIE	S		
Staff performing brea collection, handling, sample viability for e	recording and storing	g procedures assuring	intoxication	istered to tesi		of alcohol
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
⊠ Adol (12-17) (1	.8-20)	Adult (21-64) Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE		•	
☑ Face-to-Face☐ Video Conf☐ Telephone	☐ Individual ☐ Group ☐ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (□ TM □ HM	(ACT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMEN	TS					
☑ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	∑ LMFT	☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA ⊠ QMAP	⊠ RXN (SA)
PLACE OF SERVICE (F		V ICE MD (54)	E FOLIC (FO)	V least DE /S	-1)	
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Out Hospital (22)	 ☒ ACF (13) ☒ Cust Care (33) ☒ Grp Home (14) ☒ Home (12) ☒ Hospice (34) 	☑ NF (32)☑ PRTF (56)☑ Shelter (04)	☑ FQHC (50) ☑ RHC (72) ☑ RSATF (55) ☑ NRSATF (57) ☑ Inpt Hosp (21)	Inpt PF (5ER (23)PF-PHP (5School (0Other PO	52) 3)	

	TREA	TMENT - PSYCHOTH	ERAPY - INTERACTIVE	COMPLEXITY			
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	90785* ADD-ON			Interactive complexity (list separately in addition to the code for the primary service)			
SERVICE DESCRIPTION	ON		MINIMUM DOCUM	IENTATION RE	QUIREMENTS		
Code 90785 is an additional complexity. Interact communication factor psychiatric procedur difficult communicat members and engag undeveloped or imposervice are those who guardians, other familiar translators, agencies their psychiatric care	cive complexity refersions that complicate to the Some common faction with discordant dement of young and aired patients. Patients have third parties nily members, interpos, court officers, or so	s to specific he delivery of a ctors include more or emotional family verbally nts that require this such as parents, reters, language hools involved in	Primary Service met Means of interact		·		
NOTES			EXAMPLE ACTIVITIE	ES			
This code is to be replication of the code in the code is to be replication of the code in the code in the code is the code in the code in the code is the code in the code in the code in the code in the code is the code in the code	c evaluation (90791, 32-90834-90837), ps valuation and mana 8, 99201-99255, 993	90792), ychotherapy when gement service 104-99337, 99341-					
APPLICABLE POPULA	ATION(S)		UNIT		DURATION		
• •	⊠ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)		l 15 Minutes l 1 Hour	Minimum: NA Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	CATEGORY(IE	:S)		
☑ Face-to-Face ☑ Video Conf ☐ Telephone	☑ Individual ☑ Group □ Family		☑ HE (SP) ☑ HK (Residential)	☑ U4 (☑ TM □ HM (Respit	(ACT)	(Voc) (Clubhouse) (Recovery) (Prev/EI)	
STAFF REQUIREMEN	ITS						
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	区 LCSW 区 LPC 区 LMFT	⊠Unlicense	ed Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (T □ RN (TD) ⊠ APN (SA) □ QMAP	E)	
PLACE OF SERVICE (•						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hosp☑ Inpt PF (5☑ ER (23)☑ PF-PHP (5	1) In Teleh	ol (03) lealth (02) r POS (99)	

	TREA	TMENT - PSYCHOTH	ERAPY - INTERACTIVE	COMPLEXITY		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	90785* ADD-ON		Interactive complex to the code for the			☑ ОВН
SERVICE DESCRIPTION	ON		MINIMUM DOCUM	IENTATION RE	QUIREMENTS	
Code 90785 is an ad- complexity. Interact communication fact- psychiatric procedur difficult communicat members and engag undeveloped or imp service are those wh guardians, other fam translators, agencies their psychiatric care	tive complexity refer- ors that complicate to re. Some common fac- tion with discordant rement of young and aired patients. Paties to have third parties hily members, interples, court officers, or so	s to specific he delivery of a ctors include more or emotional family verbally hts that require this such as parents, reters, language hools involved in	Primary Service met Means of interact			
NOTES			EXAMPLE ACTIVITII	ES		
This code is to be rediagnostic psychiatri psychotherapy (9083 performed with an e (90833, 90836, 908399350), and group p	c evaluation (90791, 32-90834-90837), ps valuation and mana 8, 99201-99255, 993	90792), ychotherapy when gement service 104-99337, 99341-				
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
⊠ Adol (12-17)	⊠ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)		l 15 Minutes l 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	CATEGORY(IE	S)	
☑ Face-to-Face☑ Video Conf☐ Telephone	☑ Individual ☑ Group □ Family		☑ HE (SP) ☑ HK (Residential)	☑ U4 (☑ TM □ HM (Respit	(ACT)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMEN	ITS					
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	≥ LCSW ≥ LPC ≥ LMFT	⊠Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E)
PLACE OF SERVICE (POS)					
区MHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hosp☑ Inpt PF (5☑ ER (23)☑ PF-PHP (5	1) In Teleh	ol (03) ealth (02) - POS (99)

				ASSESSI	MENT - DIAGNOSIS			
CPT®/HCPCS PROCED	URE CODE				PROCEDURE CODE D	ESCRIPTION		USAGE
	90791	-			Psychiatric diagnos	stic evaluation		☑ Medicaid
SERVICE DESCRIPTION	V				MINIMUM DOCUME	NTATION REQUI	REMENTS	
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.				Chief compla 2. Referral sour 3. Psychiatric d 4. Review of ps 5. Mental statu 6. Diagnostic fc 7. Plan for next needed with	or the visit. What int/presenting receing nostic intervychosocial, famor is examor mulation contact(s) including and	at was the inter concern(s) or police iew examinationily, and treatment	n elements	
NOTES	205 000 67 775	other inf	formants /fs	ilv	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 [f appropriate and based on patient stability/status in social detox, Assessment services (90791) may be provided prior to discharge.				rmine appropriate level of				
APPLICABLE POPULA	TION(S)				UNIT		DURATION	
☑ Child (0-11) ☑ Adol (12-17) ALLOWED MODE(S) C	☑ Young Adult (18-20) OF DELIVERY		✓ Adult (21- ✓ Geriatric (☐ 15 Minutes ☐ 1 Hour CATEGORY(IES)	Minimum: N	· .
☑ Face-to-Face ☑ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family				□ HE (SP) □ HK (Residential)	⊠ U4 ⊠ TM	I (ACT) I (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENT	S							
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern		⊠ LCSW ⊠ LPC ⊠ LMF	, ,	☑ Unlicer	nsed Master's Level (Hi nsed EdD/ PhD/PsyD (H id EdD/PhD/PsyD (AH)	HP) DCACI	□ LPN/LV □ RN (TD ☑ APN (S, □ QMAP)
PLACE OF SERVICE (PO	•		W	24)	V Chaltan (CA)		24)	7 Cabaal (02)
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	✓ ACF (13)✓ Cust Care (3)✓ Grp Home (12)✓ Home (12)		☑ Hospice (3 ☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56)	4) [☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp (☑ Inpt PF (51 ☑ ER (23) ☑ PF-PHP (52) <u>×</u>	School (03) Telehealth (02) Other POS (99)

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ASSESSMENT - DIAGNOSIS					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DES	CRIPTION		USAGE
90791		Psychiatric diagnostic	evaluation		☑ OBH
SERVICE DESCRIPTION		MINIMUM DOCUMENT	ATION REQUIREM	ENTS	
Psychiatric diagnostic evaluation is an integrated bid assessment, including history, mental status, and re The evaluation may include communication with far sources and review and ordering of diagnostic studio. The MHP interviews the patient in a culturally and diappropriate initial diagnostic examination, which in patient's history and assessing his/her mental status disposition. The MHP may spend time communication friends, co-workers, or other sources as part of this *BA-level MHPs use procedure code H0031. *Prescribers use procedure code 90792. NOTES In certain circumstances one or more other informat members, guardians, or significant others) may be spatient. Codes 90791 may be reported more than or	Technical Document See Section X Service Content 1. The reason for Chief complain 2. Referral source 3. Psychiatric diag 4. Review of psyc 5. Mental status e 6. Diagnostic form 7. Plan for next coneeded with 3° EXAMPLE ACTIVITIES Evaluation to gather psydiagnosis/diagnoses, ba	the visit. What w t/presenting con- gnostic interview hosocial, family, exam hulation portact(s) includin d parties and disp ychosocial history, seline level of func	ras the intended govern(s) or problem examination eler and treatment his government operation	ments story or coordination s, determine appropriate level of	
the same day, for the patient, when separate diagnorare conducted with the patient and other informant services as being provided to the patient and not the other party in such circumstances. Codes 90791 maronce per day but not on the same day as an evaluat management service performed by the same provided patient. The psychiatric diagnostic evaluation may interactive complexity services when factors exist the delivery of the psychiatric procedure. These service reported with add-on code 90785 used in conjunction are used for assessment(s) and re-assessment (s), if not include psychotherapeutic services. Psychotheramay not be reported on the same day. Psychotheramatic in crisis state is reported with the appropriate (H2011, 90839-90840). 90839-90840 cannot be billed day as 90791 If appropriate and based on patient stability/status Assessment services (90791) may be provided prior	care or treatment need:	s and make necessa	ary referrals or ope	n to treatment.	
APPLICABLE POPULATION(S)	and and and and	UNIT		DURATION	
⊠ Adol (12-17) (18-20) ⊠ G	dult (21-64) eriatric (65+)	□ Day □ 1	.5 Minutes . Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CA		4) 🗆	1/00)
□ Face-to-Face □ Individual □ Group □ Telephone □ Family		☑ HE (SP) ☑ HK (Residential)	⊠ U4 (ICN ⊠ TM (AC □ HM (Re	CT)	Voc) (Clubhouse) Recovery) Prev/El)
STAFF REQUIREMENTS					
□ Peer Specialist □ LCSW (AJ) □ Bachelor's Level (HN) □ LPC □ Intern □ LMFT	☑ Unlicer	nsed Master's Level (HO) nsed EdD/ PhD/PsyD (HP) rd 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)		W Challes (O.C.)	- (2.1)		-1 (02)
☑ Office (11) ☑ Cust Care (33) ☑ IC ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ N	F-MR (54) [F (32) [[⊠] Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ ER (23) ☑ PF-PHP (52)		ol (03) nealth (02) ir POS (99)

ASSESSMENT – DIAGNOSIS

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CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE DES	SCRIPTION		USAGE
	90792		Psychiatric diagnostic e	evaluation with m	edical services	☑ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOCUMEN	TATION REQUIRE	MENTS	
medical assessment, physical examination recommendations. T with family or other s review and ordering of the certain circumstan members, guardians, the patient.	evaluation is an integra including history, menta elements as indicated, a he evaluation may inclu- cources, prescription of r of laboratory or other di- ces one or more other in or significant others) ma scribers (or prescriber in	I status, other and de communication medications, and agnostic studies. Iformants (family ay be seen in lieu of	Technical Document See Section X Service Content 1. The reason for the complaint/presenti 2. Referral source 3. Psychiatric diagnos 4. Review of medical treatment history 5. mental status exam 6. Diagnostic formula 7. Plan for next conta with 3rd parties and	visit. What was t ing concern(s) or tic interview exa and medication h tion ct(s) including an	he intended goal or a problem(s) mination elements istory, psychosocial,	family, and
NOTES			EXAMPLE ACTIVITIES	·		
Codes 90792 may be reported more than once for the patient, but not on the same day by the same provider when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90792 may be reported once per day and not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services (90785 – add-on code) when factors exist that complicate the delivery of the psychiatric procedure. 90792 is used for assessment(s) and reassessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services may not be reported on the same day. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90792. If appropriate and based on patient stability/status in social detox, Assessment			s, baseline level of			
	(a)					
APPLICABLE POPULA ☑ Child (0-11)	TION(S) ☑ Young Adult	☑ Adult (21-64)	UNIT ☑ Encounter □	l 15 Minutes	Minimum: N/A	
⊠ Adol (12-17)	(18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)		l 15 Minutes l 1 Hour	Maximum: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CA	ATEGORY(IES)		
✓ Face-to-Face✓ Video Conf☐ Telephone	☑ Individual □ Group □ Family		☑ HE (SP) ☑ HK (Residential)	⊠ U4 ⊠ TM □ HM	(ACT) □ H I (Respite) □ T	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/El)
STAFF REQUIREMENT	TS					
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	N) □ LCSW □ LPC □ LMFT	☐ Unlicense	tensed Master's Level (HO)			
PLACE OF SERVICE (P	OS)		□ Challan (CA)			
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	Shelter (04) SNF (31) FQHC (50) RHC (72) Independent Clinic (4)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	51) ⊠ NRSA ⁻ ⊠ Teleh	, ,

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ASSESSMENT – DIAGNOSIS						
CPT®/HCPCS PROCEE	OURE CODE		PROCEDURE CODE DESC	RIPTION		USAGE
	90792		Psychiatric diagnostic eva	aluation with m	nedical services	☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENTA	TION REQUIRE	EMENTS	
Psychiatric diagnostic evaluation is an integrated biophysical and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. * This code is for Prescribers (or prescriber interns) only.			Technical Documental See Section X Service Content 1. The reason for the vis complaint/presenting 2. Referral source 3. Psychiatric diagnostic 4. Review of medical an treatment history 5. mental status exam 6. Diagnostic formulatic 7. Plan for next contact with 3 rd parties and d	it. What was the concern(s) or the interview example dependent on (s) including an	ments ne intended goal or problem(s) mination elements history, psychosocia	al, family, and
NOTES		- Cartha and A. L. I	EXAMPLE ACTIVITIES		and made at the	
Codes 90792 may be reported more than once for the patient, but not on the same day by the same provider when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90792 may be reported once per day and not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services (90785 – add-on code) when factors exist that complicate the delivery of the psychiatric procedure. 90792 is used for assessment(s) and reassessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services may not be reported on the same day. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90792. If appropriate and based on patient stability/status in social detox, Assessment services (90792) may be provided prior to discharge.			Prescriber evaluation to ghistory, presenting concefunctioning, determine an necessary referrals or open	erns, determine ppropriate leve	e diagnosis/diagnos el of care or treatm	ses, baseline level of
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11)	✓ Young Adult	☑ Adult (21-64)	_	5 Minutes	Minimum: N/A	
☑ Adol (12-17)	(18-20)	☑ Geriatric (65+)	- /	Hour	Maximum: N/A	
✓ Face-to-Face ✓ Video Conf ☐ Telephone	☑ Individual □ Group □ Family		PROGRAM SERVICE CATI ☑ HE (SP) ☑ HK (Residential)	⊠ U4 ⊠ TM	I (ACT) □ I (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMEN	TS					
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	, □ LPC	☐ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN (T □ RN (TD) □ APN (SA) □ QMAP	E) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P		W NE (22)	₩ puc (72)	W pe sue (-2)	
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) ☑ ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ Hospice (34) ☑ ICF-MR (54)	☑ NF (32) ☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31) ☑ FOHC (50)	☑ RHC (72) ☑ Independent Clinic (49) ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ FR (23)	☑ PF-PHP (5 ☑ School (0 ☑ NRSATF (☑ Telehealt ☑ Other PO	3) 57) :h (02)	

Uniform Service Coding Standards Manual October 2019 Revised: September 30, 2019

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	90832		Psychotherapy, 30) minutes with th	ne patient	☑ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION REC	QUIREMENTS	
Face-to-face psychotl member is present, tl patient and not on th	he focus of the session		Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agendated How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVIT	TIES		
Incidental telephone correportable as psychother If psychotherapy is provident acode. All providers, licer psychotherapy only with accordance with State respectively. Psychotherapy provided the appropriate crisis concannot be billed in additionare professional on the Use add-on code 90785	erapy. ided by a prescriber will use the appropriate psyntem or unlicensed, are nin their areas of compules and regulations. I to a patient in crisis stude (H2011, 90839-908 ston to psychotherapy be same day.	th an evaluation and chotherapy add-on required to practice etency, in ate is reported with 40). 90839-90840 by the same health				
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11) ☑ Adol (12-17) (1	Young Adult 18-20)	☑ Adult (21-64)☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 16 Maximum: 37	
ALLOWED MODE(\$) ©	DF DELIVERY ☑ Individual ☐ Group ☐ Family		PROGRAM SERVICE ☐ HE (SP) ☐ HK (Residential)	⊠ U4 (I) ⊠ TM (ICM)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENT	TS					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Intern☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	⊠ LCS ⊠ LPC ⊠ LM	. ` ′ ⊠ Uı	nlicensed Master's Lev nlicensed EdD/ PhD/Ps icensed EdD/PhD/PsyD	syD (HP)	II 🗵 APN (SA)	TE) RxN (SA) PA (PA) MD/DO(AF)
PLACE OF SERVICE (P						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hos ☑ Inpt PF (! ☑ ER (23) ☑ PF-PHP (51) ⊠ Tele ⊠ Oth	ool (03) ehealth (02) er POS (99)

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	90832		Psychotherapy, 30	0 minutes with the	e patient	☑ ОВН
SERVICE DESCRIPTION	N		MINIMUM DOCU	IMENTATION REQ	UIREMENTS	
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.			How does to Description The theraped response to How did the goals/object	for the visit. What he service relate t of the service eutic intervention(the intervention(e service impact the tives? ct contact(s) include	t was the intend o the treatment (s) utilized and t (s) ne individual's p	he individual's
NOTES			EXAMPLE ACTIVIT	TIES		
Incidental telephone correportable as psychother If psychotherapy is proving management services, ucode. All providers, licer psychotherapy only with accordance with State rupsychotherapy provided the appropriate crisis cocannot be billed in additional care professional on the Use add-on code 90785	rapy. ided by a prescriber wise the appropriate psylosed or unlicensed, are nin their areas of compules and regulations. to a patient in crisis state (H2011, 90839-908) ion to psychotherapy be same day.	th an evaluation and chotherapy add-on required to practice etency, in tate is reported with 40). 90839-90840 by the same health	aluation and apy add-on I to practice n ported with a9-90840 me health			
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	-	⊠ Adult (21-64)	Encounter ■	☐ 15 Minutes	Minimum: 16 I	
	.8-20)	☑ Geriatric (65+)	□ Day	☐ 1 Hour	Maximum: 37	Minutes
□ Face-to-Face □ Video Conf □ Telephone	☑ Individual □ Group □ Family		PROGRAM SERVI ☑ HE (SP) ☑ HK (Residentia	⊠ U4 (I	CM) ACT)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENT	rs				-	
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	区 LCS 区 LPC 区 LM	∑ Vr	nlicensed Master's Lev nlicensed EdD/ PhD/P censed EdD/PhD/Psyl	syD (HP)	I 🗵 APN (SA)	TE) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)
PLACE OF SERVICE (P						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	⋈ Hospice (34)⋈ ICF-MR (54)⋈ NF (32)⋈ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	51) ⊠ Tele ⊠ Oth	ool (03) ehealth (02) er POS (99)

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90833* ADD-ON	Psychotherapy, 30 minutes with the patient performed with an evaluation and managem service (list separately in addition to the codprimary service)	nent		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMEN	NTS		
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.	e See Section X Service Content 1. The reason for the visit. What was the How does the service relate to the treation of the service 2. Description of the service 3. The therapeutic intervention(s) utilized response to the intervention(s) 4. How did the service impact the individing goals/objectives? 5. Plan for next contact(s) including any for needed with 3 rd parties	atment/service plan? d and the individual's ual's progress towards ollow-up or coordination		
NOTES	See Appendix G for more information on E/M services. 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 Statrules 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 DURATI	ON		
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+	☑ Encounter ☐ 15 Minutes Minimum -) ☐ Day ☐ 1 Hour Maximum	m: 16 Minutes m: 37 Minutes		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM)	☐ HJ (Voc)		
☐ Face-to-Face ☐ Individual ☐ Video Conf ☐ Group ☐ Telephone ☐ Family	☑ HK (Residential) ☑ TM (ACT) ☐ HM (Respite)	☐ HQ (Clubhouse)		
STAFF REQUIREMENTS				
□ LPC □ LMFT □ LMFT □	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ CAC II □ RI ☐ Licensed EdD/PhD/PsyD (AH)	PN/LVN (TE)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56)		区 School (03) 区 Telehealth (02) 区 Other POS (99)		

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE		
90833* ADD-ON	Psychotherapy, 30 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQU	JIREMENTS			
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 The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties See Appendix G for more information on E/M services. 				
NOTES	EXAMPLE ACTIVITIES				
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy on the same day by the same health care professional. Use add-on code 90785 for interactive complexity as appropriate.					
APPLICABLE POPULATION(S)	UNIT	DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour	Minimum: 16 Mir Maximum: 37 Mir			
ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf ☐ Group ☐ Telephone ☐ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ HK (Residential) ☑ HM (I ☐ HM (I	CM) □ HJ (ACT) □ HQ Respite) □ TT (Voc) (Clubhouse) (Recovery) (Prev/El)		
STAFF REQUIREMENTS					
□ Bachelor's Level (HN) □ LPC □ L □ Intern □ LMFT □ L	Inlicensed Master's Level (HO) Inlicensed EdD/ PhD/PsyD (HP) Inlicensed EdD/PhD/PsyD (AH) □ CAC II □ CAC II □ CAC II □ CAC III	□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP	E RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)		
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital (22) ☒ Home (12) ☒ PRTF (56)	 ☑ Shelter (04) ☑ Inpt Ho ☑ SNF (31) ☑ Inpt PF ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHF 	= (51) ⊠ Tel) ⊠ Oth	nool (03) ehealth (02) ner POS (99)		

Revised: September 30, 2019 Effective: October 1, 2019

	TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DES	CRIPTION		USAGE
	90834		Psychotherapy, 45 min	utes with a p	patient	☑ Medicaid
SERVICE DESCRIPTION	N		MINIMUM DOCUMEN	TATION REC	UIREMENTS	
Face-to-face psychoth member is present, th patient and not on th	ne focus of the se		Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agend How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVITIES			
Incidental telephone cor reportable as psychother apy is provimanagement services, u code. All providers, licen psychotherapy only with accordance with State rupsychotherapy provided the appropriate crisis cocannot be billed in addit the same health care provided add-on code 90785	rapy. ided by a prescribe se the appropriate sed or unlicensed, hin their areas of coules and regulation to a patient in cris de (H2011, 90839ion to psychotherapfessional.	r with an evaluation and psychotherapy add-on are required to practice impetency, in s. is state is reported with 90840). 90839-90840 py on the same day by				
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
⊠ Adol (12-17) (1	Young Adult .8-20)	✓ Adult (21-64)✓ Geriatric (65+)	□ Day □ 1	Minutes Hour	Minimum: 38 Mi Maximum: 52 Mi	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CA		•	
☑ Face-to-Face☑ Video Conf☐ Telephone	☑ Individual☐ Group☐ Family		☑ HE (SP) ☑ HK (Residential)	⊠ U4 (⊠ TM □ HM	(ACT) ☐ H (Respite) ☐ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)
STAFF REQUIREMENT	rs					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	X	LPC ✓ ☑ Ur	nlicensed Master's Level (HC nlicensed EdD/ PhD/PsyD (H tensed EdD/PhD/PsyD (AH)	' ΙΙΛΑΛ'Ι	I 🗵 APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)		☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt I ☑ Inpt I ☑ ER (2 ☑ PF-PI	PF (51) ☑ Te 3) ☑ Ot	hool (03) lehealth (02) her POS (99)

TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	90834		Psychotherapy, 4	5 minutes with a	patient	☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Face-to-face psychotl member is present, ti patient and not on th	he focus of the s	-	Technical Documentation Requirements			
NOTES			EXAMPLE ACTIVIT	TIES		
management services, u code. All providers, licer psychotherapy only with accordance with State r	erapy. ided by a prescribe use the appropriate used or unlicensed, nin their areas of coules and regulation to a patient in cris ude (H2011, 90839 tion to psychothera ofessional.	er with an evaluation and expsychotherapy add-on are required to practice empetency, in as. Sis state is reported with e90840). 90839-90840 apy on the same day by				
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
• •	Young Adult 18-20)	☑ Adult (21-64)☑ Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: 38 M Maximum: 52 M	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	•		
☑ Face-to-Face☑ Video Conf☐ Telephone	☑ Individual ☐ Group ☐ Family		⊠ HE (SP) ☑ HK (Residentia	I) ⊠ TN	I (ACT) \square I (Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENT	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	x	l LPC	nlicensed Master's Lev nlicensed EdD/ PhD/P ensed EdD/PhD/PsyD	syD (HP)	I □ RN (TD) II ☑ APN (SA)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (P	-					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	✓ ACF (13) ✓ Cust Care (33 ✓ Grp Home (1) ✓ Home (12)		☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt ☑ Inpt ☑ ER (: ☑ PF-P	PF (51) ⊠ Te 23) ⊠ O	chool (03) Elehealth (02) ther POS (99)

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90836* ADD-ON	Psychotherapy, 45 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service) ✓ Medica			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMEN	NTS		
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 coordinat needed with 3 rd parties			
NOTES	See <u>Appendix G</u> for more information on E/N EXAMPLE ACTIVITIES	A SCI VICES.		
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 DURATIC	N		
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY		n: 38 Minutes n: 52 Minutes		
	⊠ HE (SP) □ U4 (ICM)	☐ HJ (Voc)		
☑ Face-to-Face ☑ Individual ☑ Video Conf ☐ Group ☐ Telephone ☐ Family	☑ HK (Residential) ☑ TM (ACT) ☐ HM (Respite)	☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Un □ Lice	licensed Master's Level (HO) licensed EdD/ PhD/PsyD (HP) CAC I RN	N (SA) × PA (PA)		
PLACE OF SERVICE (POS)				

EVALUATION AND MANAGEMENT - PS	SYCHOTHERAPY – 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 ☑ OBH		
30030 785 611	service (list separately in addition to the code for		
	primary service)		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended agenda? How does the service relate to the treaplan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the response to the intervention(s) 4. How did the service impact the individual's programment	atment/service	
	 4. How did the service impact the individual's proggoals/objectives? 5. Plan for next contact(s) including any follow-up needed with 3rd parties See Appendix G for more information on E/M services 	or coordination	
NOTES	EXAMPLE ACTIVITIES		
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy on the same day by the same health care professional. Use add-on code 90785 for interactive complexity as appropriate.			
APPLICABLE POPULATION(S)	UNIT DURATION		
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	区 Encounter☐ 15 Minutes☐ Minimum: 38 Minutes☐ Day☐ 1 Hour☐ Maximum: 52 Minutes		
Adol (12-17) (18-20)	□ Day □ 1 Hour Maximum: 52 Min PROGRAM SERVICE CATEGORY(IES)	utes	
☐ Face-to-Face ☐ Individual ☐ Video Conf ☐ Group ☐ Telephone ☐ Family	□ HE (SP) □ HJ (\(\text{V}\) □ HK (Residential) □ HM (Respite) □ TT (I	Voc) (Clubhouse) Recovery) (Prev/El)	
STAFF REQUIREMENTS			
□ Bacnelor's Level (HN) □ LPC □ Uni □ Intern □ LMFT □ Lice	licensed Master's Level (HO) □ LAC □ LPN/LVN (TE) licensed EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) ensed EdD/PhD/PsyD (AH) □ CACII □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)	
PLACE OF SERVICE (POS)			
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56)	☑ SNF (31)	nool (03) lehealth (02) her POS (99)	

	TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		
	90837		Psychotherapy, 60	minutes with a	a patient	☑ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	IENTATION RE	QUIREMENTS	
Face-to-face psychotherapy with a patient. If a family member is present, the focus of the session is still on the patient and not on the family unit.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination			
			needed with 3			
NOTES			EXAMPLE ACTIVITIE	ES		
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 POPULA			UNIT		DURATION	
	☑ Young Adult	☑ Adult (21-64)		15 Minutes	Minimum: 53 Mir	
	18-20)	☑ Geriatric (65+)	,	1 Hour	Maximum: no max	(
■ Face-to-Face ✓ Video Conf □ Telephone	☑ Individual □ Group □ Family		PROGRAM SERVICE ☑ HE (SP) ☑ HK (Residential)	☑ U4 (☑ TM ☐ HM (Respit	ICM) ☐ HJ (V (ACT) ☐ HQ ((☐ TT (R	Clubhouse) ecovery)
STAFF REQUIREMENT	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicens	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	 □ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP 	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P	OS)					
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	51) ⊠ Telehea ⊠ Other P	alth (02)

	TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE DESCRIPTION			USAGE
	90837		Psychotherapy, 60 r	ninutes with a	patient	☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	ENTATION REC	QUIREMENTS	
Face-to-face psychotherapy with a patient. If a family member is present, the focus of the session is still on the patient and not on the family unit.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES Incidental telephone con		-1'	EXAMPLE ACTIVITIE	S		
If psychotherapy is prov management services, u code. All providers, licer psychotherapy only with with State rules and reg Psychotherapy provided the appropriate crisis co cannot be billed in addit care professional on the Use add-on code 90785	ided by a prescriber with set the appropriate psynsed or unlicensed, are nin their areas of compulations. I to a patient in crisis stude (H2011, 90839-908-ion to psychotherapy be same day. for interactive complex	th an evaluation and chotherapy add-on required to practice etency, in accordance ate is reported with 40). 90839-90840 by the same health				
APPLICABLE POPULA			UNIT		DURATION	
	-	☑ Adult (21-64)		15 Minutes	Minimum: 53 Mir	
<u>`</u>		☑ Geriatric (65+)	·	1 Hour	Maximum: no max	<u> </u>
□ Face-to-Face □ Video Conf □ Telephone	☑ Individual ☐ Group ☐ Family		PROGRAM SERVICE ☑ HE (SP) ☑ HK (Residential)	☑ U4 (I ☑ TM (☐ HM (Respit	ICM)	Clubhouse) ecovery)
STAFF REQUIREMENT	rs					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	✓ ICF-MR (54)✓ NF (32)	☑Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Telehea 🗵 Other P	alth (02)

EVALUATION AND MANAGEMENT - PS	YCHOTHERAPY – 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)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit. NOTES	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.			
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 ☑ Adult (21-64) ☑ Adol (12-17) ☑ Atlowed Mode(s) OF Delivery ☑ Geriatric (65+)	 ☑ Encounter ☐ Day ☐ Hour ☐ Minimum: 53 Minimum: N/A PROGRAM SERVICE CATEGORY(IES) 	nutes		
□ Face-to-Face □ Individual □ Video Conf □ Group □ Telephone □ Family	☑ HE (SP)☑ U4 (ICM)☑ HJ (☑ TM (ACT)☐ HQ☐ HM☐ TT (Voc) (Clubhouse) Recovery) (Prev/El)		
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Unli	icensed Master's Level (HO)	E) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)		
PLACE OF SERVICE (POS)				
 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) 		ol (03) nealth (02) rr POS (99)		

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)			
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 3 rd parties See Appendix G for more information on E/M services.			
NOTES	EXAMPLE ACTIVITIES			
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with 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 ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	⊠ Encounter			
□ Face-to-Face □ Individual □ Video Conf □ Group □ Telephone □ Family	E HE (SP) E U4 (ICM) HJ (Voc) E HK (Residential) E TM (ACT) HQ (Clubhouse) HM TT (Recovery) (Respite) HT (Prev/EI)			
STAFF REQUIREMENTS				
□ LPC □ Unli □ Intern □ LMFT □ Licer	censed Master's Level (HO) censed EdD/PhD/PsyD (AH) □CAC I □ RN (TD) □ PA (PA) □CAC II □ APN (SA) □ MD/DO(AF) □CAC II □ QMAP			
PLACE OF SERVICE (POS)				
 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) 	☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School (03) ☑ SNF (31) ☑ Inpt PF (51) ☑ Telehealth (02) ☑ FQHC (50) ☑ ER (23) ☑ Other POS (99) ☑ RHC (72) ☑ PF-PHP (52)			

RISIS - PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE DESCRIPTION U			USAGE
	90839		Psychotherapy for Crisis, first 60 min			✓ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOCUME	NTATION REQ	UIREMENTS	
Urgent assessment and relevant behavioral health history of a crisis state mental status exam, and disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. Use 90840 for each additional 30 minutes of service.			Technical Documentation Requirements See 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 3 rd parties			
NOTES			EXAMPLE ACTIVITIES	S		
Please note that this code cannot be used with CPT codes 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785-90899 if services are on the same day. This code should be used only once per date even if the time spent by the physician or other healthcare provider is not continuous on that date.			 Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to precrisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors. 			
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)		l 15 Minutes l 1 Hour	Minimum: 30 Maximum: 74 *Less than 30 r billed as 90832	Minutes ninutes should be
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE			
☒ Face-to-Face☒ Video Conf☐ Telephone	☑ Individual □ Group ☑ Family		⊠ HE (SP) ⊠ HK (Residential)	⊠ U4 (⊠ TM (□ HM	(ACT)	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/El)
STAFF REQUIREMENT	ΓS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	✓ Unlicens	sed Master's Level (HO) sed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN □ RN (TD) ☑ APN (SA) □ QMAP	RXN (SA)
PLACE OF SERVICE (P	OS)					
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	Shelter (04) SNF (31) FQHC (50) RHC (72) Independent Clinic	⊠ Inpt ⊠ ER (⊠ PF-F	PF (51) [23)	⊠ School (03) ⊠ NRSATF (57) ⊠ Telehealth (02) ⊠ Other POS (99)

CRISIS - PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION			USAGE
	90839		Psychotherapy for Crisis, first 60 min ☑ OBH			
SERVICE DESCRIPTIO	N		MINIMUM DOCUMEN	ITATION REQ	UIREMENTS	
Urgent assessment and relevant behavioral health history of a crisis state mental status exam, and disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. Use 90840 for each additional 30 minutes of service.			Technical Documentation Requirements See 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, deescalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE 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 precrisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors. 			
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	⊠ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)		15 Minutes 1 Hour	Maximum:	0 minutes should be
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CA	•		
☑ Face-to-Face ☑ Video Conf ☐ Telephone	☑ Individual □ Group ☑ Family		☑ HE (SP) ☑ HK (Residential)	☑ U4 (☑ TM □ HM	(ACT) (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMEN	TS					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐	⊠ LPC ⊠ LMFT	☑ Unlicense	sed Master's Level (HO) sed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LV □ RN (TD) ☑ APN (S) □ QMAP) KXN (SA)
PLACE OF SERVICE (P		- (2.2)	W Cl. 11 (0.1)	F-1	11 /24	W.C. I. (22)
☑ 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 (⊠ Inpt ☑ ER (☑ PF-I	Hosp (21) 2 PF (51) (23) PHP (52)	✓ School (03)✓ NRSATF (57)✓ Telehealth (02)✓ Other POS (99)

	CRI	SIS PSYCHOTHERAP	Y – PSYCHOTHERAPY	FOR CRISIS		
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
			Psychotherapy for Crisis, each additional 30			
	90840* ADD-ON		minutes (List separ	ately in addition	on to code	☑ Medicaid
			90839 for primary	service)		
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	MENTATION R	EQUIREMENTS	
90840 is the add-on o	code for the primary	code of 90839.	Technical Docume	ntation Requi	rements	
Use 90840 for each a	dditional 30 minutes	of service past 75	See Section X			
minutes.			Service Content	No a state NATIONA		
			1. The reason for to		for crisis interven	-
			2. The therapeutic			
			·		ies, consultation, i	
					to the interventio	n(s)
			3. Relevant behav			An una \ Iim Ira d
			4. Treatment need with an existing		RAP, advance dire	
			available	, crisis pian (**	in a , advance and	
			5. Other problems	identified (m	ental health, subs	tance abuse,
			medical, etc.)			
			6. Plan for next co needed with 3 rd		ling any follow-up	or coordination
NOTES			EXAMPLE ACTIVITI			
*90840 is the add-on co	ode for the primary cod	e of 90839. Use	Unscheduled then		g. walk-in, urgent ses	sion) to provide
90840 for each addition			assessment of crisis state, risk, triage and support to prevent from			
minutes. 90840 can only	•	•	needing higher level of care services or further assess and/or coordinate placement for higher level of care.			
entire crisis session (inc	luding time reported u	sing 90839) is over 74	Therapy to reinforce and/or practice psychotherapeutic skills on crisis			
minutes.				•	increase functioning	
					actice DBT Distress Tri izer and currently de	
			maintain outpatie	-	,	
			Utilizing specific t sether more information.		-	
			event(s), or contr		ne crisis situation, pr	ecipitating
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11)	Young Adult	⊠ Adult (21-64)	☐ Encounter ☐	15 Minutes	Minimum: 75+ M	linutes, in 30 min
	-	☑ Geriatric (65+)	Day	1 Hour	increments	
			, X	30 Minutes	Maximum: none	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE			
☑ Face-to-Face	☑ Individual		□ HE (SP) □ HE (SP)			HJ (Voc) HQ (Clubhouse)
☑ Video Conf	☐ Group		□ HK (Residential)			TT (Recovery)
☐ Telephone	☑ Family					HT (Prev/EI)
STAFF REQUIREMEN	TS					
☐ Peer Specialist	. ⊠ LCSW	(AI) X IInlicens	ed Master's Level (HO)	⊠LAC	□ LPN/LVN (TI	E) 🗷 RxN (SA)
☐ Bachelor's Level (HN) ☑ Intern	LPC □		ed EdD/ PhD/PsyD (HP)	□CAC I □CAC II	□ RN (TD) ☑ APN (SA)	□ PA (PA)
E intern	⊠ LMFT	∠ Licensed	EdD/PhD/PsyD (AH)	□CACIII	□ QMAP	☑ MD/DO(AF)
PLACE OF SERVICE (P	POS)					
☑ CMHC (53)	⊠ ACF (13)	☑ Hospice (34)	Shelter (04)	☑ Inpt Hosp		School (03)
☑ Office (11)	区ust Care (33)	☑ ICF-MR (54)	☑ SNF (31)	✓ Inpt PF (5)	1)	Telehealth (02)
☑ Mobile Unit (15)	☑ Grp Home (14)		☑ FQHC (50)	⋉ ER (23)		Other POS (99)
☑ Outp Hospital (22)	☑ Home (12)	☑ PRTF (56)	☑ RHC (72)	≥ PF-PHP (5	52)	

CRISIS PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS								
CPT®/HCPCS PROCEI	DURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
90840* ADD-ON			Psychotherapy for Crisis, each additional 30					
			minutes (List sepa	rately in additi	on to code	☑ OBH		
		90839 for primary service)						
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION R	EQUIREMENTS			
90840 is the add-on	code for the primary	code of 90839.	Technical Docume	Technical Documentation Requirements				
Use 90840 for each a	additional 30 minutes	of service past 75	See Section X	See Section X				
minutes.				Service Content				
			The reason for the visit. What was the intended goal or agenda? Persylption of the crisis (read for crisis interportion)					
			Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental					
					ues, consultation,			
					to the intervention			
			3. Relevant beha	vioral health hi	story			
					, short-term, long			
				g crisis plan (W	RAP, advance dire	ective), if		
			available	s identified (m	ental health, subs	tanco abuso		
			medical, etc.)	is identified (iff	eritai rieaitri, subs	tarice abuse,		
			, ,	ontact(s) includ	ling any follow-up	or coordination		
			needed with 3		<i>o</i> , ,			
NOTES			EXAMPLE ACTIVIT	TES				
*90840 is the add-on co	ode for the primary cod	e of 90839. Use	Unscheduled therapy session (e.g. walk-in, urgent session) to provide					
90840 for each addition		•	assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate					
minutes. 90840 can onl	•	•	placement for higher level of care.					
entire crisis session (inc	cluding time reported us	sing 90839) is over 74	Therapy to reinforce and/or practice psychotherapeutic skills on crisis					
minutes.			-	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 outpat	•	izer and carrently as	Jeensteing te		
				Utilizing specific therapy/counseling or assessment tools to screen or				
			event(s), or cont		he crisis situation, pi	recipitating		
APPLICABLE POPULA	ATION(S)		UNIT	g raccora	DURATION			
	1	T (2.1.5.1)		l 15 Minutes	Minimum: 75+ N	linutes, in 30 min		
	_	☑ Adult (21-64)	Encounter	l 1 Hour	increments			
⊠ Adol (12-17) (1	8-20)	☑ Geriatric (65+)	□ Day 🔀	30 Minutes	Maximum: none			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face	☑ Individual		⊠ HE (SP)		4 (ICM)	HJ (Voc)		
☑ Video Conf	☐ Group		☑ HK (Residential)) ⊠ T	M (ACT) □	HQ (Clubhouse)		
☐ Telephone	□ Group □ Family □			□н		TT (Recovery)		
-	<u>, </u>				Ш	HT (Prev/EI)		
STAFF REQUIREMEN	TS			W		E)		
☐ Peer Specialist ☐ Bachelor's Level (HN)	LCSW		ed Master's Level (HO)		☐ LPN/LVN (T	™ KXN (SA)		
I Intern I LPC I Unlicense		ed EdD/ PhD/PsyD (HP)			, ,			
LICACIII LI QMAP						⊠ MD/DO(AF)		
	PLACE OF SERVICE (POS)							
☑ CMHC (53)	⊠ ACF (13)	_	⊠ Shelter (04)	☑ Inpt Hosp —		School (03)		
☑ Office (11)	☑ Cust Care (33)		≤ SNF (31)	☑ Inpt PF (5		Telehealth (02)		
☑ Mobile Unit (15)	☑ Grp Home (14)		☑ FQHC (50)	区 ER (23)		Other POS (99)		
☑ Outp Hospital (22)	☑ Home (12)	☑ PRTF (56)	☑ RHC (72)	≥ PF-PHP (5	52)			

TREATMENT - PSYCHOTHERAPY - FAMILY PSYCHOTHERAPY							
CPT®/HCPCS PROCED	OURE CODE	PROCEDURE CODE	USAGE				
90846			Family psychotherapy (without the patient present)				
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	MENTATION REC	QUIREMENTS		
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See 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 3 rd parties				
NOTES			EXAMPLE ACTIVITI	•			
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are generally from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90846. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.			 Observing and correcting, through psychotherapeutic techniques, a patient's interaction(s) with family members Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient Providing parents specific feedback and strategies for managing child's behavior 				
APPLICABLE POPULA	TION(S)		UNIT DURATION*				
☑ Child (0-11) ☑ ☑ Adol (12-17) (☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day □	☐ 15 Minutes ☐ 1 Hour	Minimum: 26 m Maximum: N/A		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIC				
☑ Face-to-Face☑ Video Conf☐ Telephone	□ Individual □ Group ☑ Family		☑ HE (SP)☑ HK (Residential)	⊠ U4 (⊠ TM (□ HM (Respit	(ACT) ☐ HC	(Voc) (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREME	NTS						
✓ Intern ✓ Unlicense			ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)	
PLACE OF SERVICE	(POS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ⋈ Hospice (34) ⋈ ICF-MR (54) ⋈ NF (32) ⋈ PRTE (56) 	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)☑ Independent Clini	⊠ Inpt ⊠ ER (2 ⊠ PF-P	PF (51) [23) [⊠ School (03) ☑ NRSATF (57) ☑ Telehealth (02) ☑ Other POS (99)	

TREATMENT - PSYCHOTHERAPY - FAMILY PSYCHOTHERAPY							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION			USAGE	
90846			Family psychotherapy (without the patient present)				
SERVICE DESCRIPTIO	N		MINIMUM DOCUI	MENTATION REC	QUIREMENTS		
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda?				
NOTES			EXAMPLE ACTIVIT				
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are generally from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90846. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.			 Observing and correcting, through psychotherapeutic techniques, a patient's interaction(s) with family members Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient Providing parents specific feedback and strategies for managing child's behavior 				
APPLICABLE POPULA	TION(S)		UNIT DURATION*				
☑ Child (0-11) ☑ ☑ Adol (12-17) (2	Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day [□ 15 Minutes □ 1 Hour	Minimum: 26 m Maximum: N/A	inutes	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIC				
☑ Face-to-Face☑ Video Conf☐ Telephone	□ Individual □ Group ☑ Family		☑ HE (SP) ☑ HK (Residential)	☑ U4 () ☑ TM (☐ HM (Respit	(ACT) □ HQ □ TT ((Voc) (Clubhouse) (Recovery) (Prev/EI)	
STAFF REQUIREME	NTS						
✓ Intern ✓ Unlicense			ed Master's Level (HO) ed EdD/ PhD/PsyD (HP EdD/PhD/PsyD (AH)		□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)	
PLACE OF SERVICE	(POS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	 ⋈ Hospice (34) ⋈ ICF-MR (54) ⋈ NF (32) ⋈ PRTE (56) 	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Independent Clin	☑ Inpt ☑ ER (2 ☑ PF-P	PF (51) 23) 2	School (03) NRSATF (57) Telehealth (02) Other POS (99)	

TREATMENT - PSYCHOTHERAPY - FAMILY							
CPT®/HCPCS PROCEDU	JRE CODE	PROCEDURE CODE DI	USAGE				
90847			Family psychotherapy (conjoint psychotherapy) (with patient present)			☑ Medicaid	
SERVICE DESCRIPTION	<u> </u>		MINIMUM DOCUME	NTATION RE	QUIREMENTS		
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See 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 3 rd parties				
NOTES			EXAMPLE ACTIVITIES				
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90847. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.			 Conjoint psychotherapy in the office with a married couple in their mid-40s, for marital issues related to the wife's symptoms of moderate depression with vegetative signs, which is gradually improving with antidepressant medication (focus is on treatment of wife's condition) Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient 				
APPLICABLE POPULAT	TION(S)		UNIT		DURATION*		
☑ Child (0-11) ☑ Y	oung Adult	⊠ Adult (21-64)		Minutes	Minimum: 26	minutes	
⊠ Adol (12-17) (18-		☑ Geriatric (65+)	□ Day □ 1 H		Maximum: N	/A	
ALLOWED MODE(\$) O Face-to-Face Video Conf □ Telephone	□ Individual □ Group ☑ Family		PROGRAM SERVICE C ☑ HE (SP) ☑ HK (Residential)	⊠ U4 (⊠ TM	ICM) [(ACT) [(Respite) [] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)	
STAFF REQUIREMENTS	S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVI□ RN (TD) ☑ APN (SA□ QMAP	X RXN (SA)	
PLACE OF SERVICE (PC							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	ICF-MR (54)NF (32)PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Clinic (4	☑ Other			

TREATMENT - PSYCHOTHERAPY - FAMILY						
CPT®/HCPCS PROCEDI	URE CODE		PROCEDURE CODE D	ESCRIPTION		USAGE
90847			Family psychotherapy (conjoint psychotherapy) (with patient present)			☑ ОВН
SERVICE DESCRIPTION			MINIMUM DOCUME	NTATION R	EQUIREMENTS	
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 3 rd parties			
NOTES			EXAMPLE ACTIVITIES			
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90847. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.			 Conjoint psychotherapy in the office with a married couple in their mid-40s, for marital issues related to the wife's symptoms of moderate depression with vegetative signs, which is gradually improving with antidepressant medication (focus is on treatment of wife's condition) Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient 			
APPLICABLE POPULAT	TON(S)		UNIT		DURATION*	
☑ Child (0-11) ☑ Y	oung Adult 🗵	Adult (21-64) Geriatric (65+)		5 Minutes Hour	Minimum: 26 mi Maximum: N/A	nutes
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE	CATEGORY(I		
☑ Face-to-Face☑ Video Conf☐ Telephone	□ Individual □ Group ☑ Family		☑ HE (SP) ☑ HK (Residential)	⊠ U4 (⊠ TM (□ HM	ACT) □ HC (Respite) □ TT	(Voc) Q (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	∑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E)
PLACE OF SERVICE (PC						1 - 1
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	ICF-MR (54)NF (32)PRTF (56)	Shelter (04) SNF (31) FQHC (50) RHC (72) Independent Clinic	⊠ Sch ⊠ NR ⊠ Tel	PHP (52) pool (03) SATF (57) ehealth (02)	Other POS (99)

TREATMENT - PSYCHOTHERAPY - GROUP						
CPT®/HCPCS PROCEDI	PROCEDURE CODE DI	ESCRIPTION USAGE				
90849			Multiple-family group therapy			
SERVICE DESCRIPTION	l		MINIMUM DOCUME	NTATION R	EQUIREMENTS	
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 The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number members present. The therapeutic intervention(s) utilized and response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties If the identified patient is not present for the group the progress note for the group session needs to describe why the patient was not present. The explanation should include the clinical reasoning as to why the patient was not part of the group and how therapy group is necessary for the covered diagnosis. 			
NOTES			EXAMPLE ACTIVITIES		,	5 2
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 POPULAT	ION(S)		UNIT		DURATION*	
☑ Child (0-11) ☑ Y	/oung Adult ☑ Adu -20) ☑ Gei	ult (21-64) riatric (65+)			Minimum: 30 mi Maximum: N/A	nutes
☑ Face-to-Face ☐ Video Conf	□ Individual ☑ Group ☑ Family		□ HE (SP) □ HK (Residential)	⊠ U4 (⊠ TM (ICM)	(Voc) Q (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENTS	S					
Intern		sed Master's Level (HO) sed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH) □ CAC I □ RN (TD) □ CAC I □ RN (TD) □ CAC II □ APN (SA) □ CACIII □ QMAP □ MD/DO(A			' 🗷 RXN (SA)	
PLACE OF SERVICE (POS)						
区 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)	✓ FQHC (50)✓ RHC (72)	⊠ Scho ⊠ Otho	ool (03) er POS (99)	

TREATMENT - PSYCHOTHERAPY - GROUP						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION	I	USAGE
	90849		Multiple-family grou			☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCUM	ENTATION R	EQUIREMENTS	
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 Documen See Section X Service Content 1. The reason for th How does the se 2. Description of th present. 3. The therapeutic intervention(s). 4. How did the serv 5. Plan for next cor needed with 3 rd 6. If the identified inote for the growwas not present. reasoning as to verify the service of the growwas and the service of the servi	ne visit. What rvice relate to the service pro- intervention(vice impact protact(s) including parties patient is not up session neighbor the patie why the patie why the patie to the service patient is not up session neighbor the patie why the patie to the service protection in the service patient is not up session neighbor the patie why the patie to the service protection in the	was the intender of the treatment/vided including responses towards and responses towards and responses towards and responses to the second of	service plan? number members sponse to the goals/objectives? p or coordination group the progress why the patient ude the clinical of the group and	
			how therapy gro		ry for the covere	d diagnosis.
90849 is reported once for each family group present. 90849 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document as family therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention			An example would be is not present in the	oe a multi-far		p where the child
services use code H002 APPLICABLE POPULAT			UNIT		DURATION*	
☑ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	oung Adult ⊠ Ad 20) ⊠ Ge	ult (21-64) riatric (65+)	☐ Day ☐ 1	L5 Minutes L Hour	Minimum: 30 n Maximum: N/A	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE		-	
☐ Video Conf	□ Individual ☑ Group ☑ Family		☑ HE (SP) ☑ HK (Residential)	⊠ TM ((ACT) □ H (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC II □CACIII	□ LPN/LVN (□ RN (TD)☑ APN (SA)□ QMAP	TE) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (PO						
☑ 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)		ool (03) er POS (99)	

		TREATMENT - PS	YCHOTHERAPY - GRO	DUP		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPT	ION	USAGE
	90853		Group psychothera family group)	py (other thai	n of a multiple-	✓ Medicaid
SERVICE DESCRIPTION	ON		MINIMUM DOCU	IMENTATIO	N REQUIREMENT	rs
Facilitating emotional and rational cognitive interactions in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchanges. The group may include patients with separate, distinct, maladaptive disorders, or share some facet of a disorder with other people in the group (e.g., drug abuse, victims of violence). Goals relate to BH treatment, including the development of insight/affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality/any combination thereof to provide therapeutic change.			agenda? How plan? 2. Description o patients pressons. 3. The therapeuthe intervent: 4. How did the seconds of the seconds of the second of	or the visit. When does the service pent. tic intervention ion(s). Service impactives? contact(s) inconeeded with indicate the service impactives?	hat was the intend vice relate to the to provided including on(s) utilized and to progress towards luding any follow-	number of he response to
NOTES			EXAMPLE ACTIVIT	TIES		
90853 is used for group p the patients' families. 908 therapy, recreational acti or sensory stimulation. If document as individual th time-based service, the a Recommended minimum for children/youth. Docur patient within the group. All providers, licensed or psychotherapy only withi with State rules and regu	853 does not include socivities, art classes, excurs only one group member nerapy. While group psylverage session length is a st 5 minutes for adults ment and report 90853 funlicensed, are required in their areas of competer	ialization, music ions, group meals, is present, chotherapy is not a 1.5 hours. and 30 minutes or each identified to practice	esteem, poor im cognitive behav therapy, trauma offender (SO) tr • Personal dynam	ressing a spec npulse control ioral therapy a counseling, a eatment ics of a patier up may be ex	eific problem, such l, depression, etc., (CBT), motivationa anger managemen nt may be discusse plored at same tim	as low self- through al enhancement t, and/or sexual d by group and ne
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
⊠ Adol (12-17) (18-	-20) 区(Adult(21-64) Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: 45 mi min. (children) Maximum: N/A	n. (adult); 30
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI			
☐ Video Conf	□ Individual ☑ Group □ Family		☑ HE (SP) ☑ HK (Residential)		I (ACT) □ H I (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ ☑ LPC ☑ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E) RXN (SA) EPA (PA) EMD/DO(AF)
PLACE OF SERVICE (•					700 (00)
区MHC (53)☑ Office (11)☑ Outpt Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)	☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	☑ RHC (72)☑ PF-PHP (5☑ School (03)	2)	POS (99)

		TREATMENT - PS	YCHOTHERAPY - GRO	OUP		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPT	ION	USAGE
	90853		Group psychothera family group)	py (other tha	n of a multiple-	☑ ОВН
SERVICE DESCRIPTION	ON		MINIMUM DOCU	IMENTATIO	N REQUIREMEN	TS
Facilitating emotional and rational cognitive interactions in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchanges. The group may include patients with separate, distinct, maladaptive disorders, or share some facet of a disorder with other people in the group (e.g., drug abuse, victims of violence). Goals relate to BH treatment, including the development of insight/affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality/any combination thereof to provide therapeutic change.			 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number of patients present. The therapeutic intervention(s) utilized and the response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES			EXAMPLE ACTIVI		1, 5, 5, 5,	
90853 is used for group p the patients' families. 908 therapy, recreational acti or sensory stimulation. If document as individual th time-based service, the a Recommended minimum for children/youth. Docum patient within the group. All providers, licensed or psychotherapy only withi with State rules and regu	as3 does not include soc vities, art classes, excurs only one group member herapy. While group psyd verage session length is is 45 minutes for adults ment and report 90853 for unlicensed, are required in their areas of compete	ialization, music ions, group meals, is present, chotherapy is not a 1.5 hours. and 30 minutes or each identified to practice	esteem, poor im cognitive behav therapy, trauma offender (SO) tr • Personal dynam	ressing a specingulse control ioral therapy a counseling, a eatment lics of a patier up may be ex	cific problem, such l, depression, etc., (CBT), motivation anger managemen nt may be discusse plored at same tir	a as low self- through al enhancement at, and/or sexual ed by group and ne
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
☑ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	Young Adult	Adult(21-64) Geriatric (65+)		15 Minutes 1 Hour	Minimum: 45 m min. (children) Maximum: N/A	in. (adult); 30
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI		• •	
☐ Video Conf	□ Individual ☑ Group □ Family		☑ HE (SP) ☑ HK (Residential)	⊠ T □ H	M (ACT) ☐ H M ☐ 1	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS	3					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ ⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E) ⊠ RxN (SA) ⊠PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (702 (22)
☑ 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 (50)	⊠ RHC (72) ⊠ PF-PHP (5 ⊠ School (03	2)	· POS (99)

	Т	REATMENT – EL	ECTROCONVULSIVE	THERAPY		
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	90870*		Electroco	nvulsive Therapy	(ECT)	☑ Medicaid
SERVICE DESCRIPTION	ı		MINIMUM DOCU	MENTATION REQ	UIREMENTS	
**Electroconvulsive therapy (ECT) is a medical treatment most commonly used in patients with severe depression or bipolar disorder that have not responded to other treatments, such as, medications or psychotherapy. ECT involves a brief electrical stimulation of the brain while the patient is under anesthesia. It is typically administered by a team of trained medical professionals that includes a psychiatrist, an anesthesiologist, and a nurse or physician assistant.		2. Start ar time wi 3. Session 4. Mode c	service nd end time/dura ith patient) setting/place of of treatment (face er's dated signatu	service e to face)	total face to face /position	
NOTES			EXAMPLE ACTIVIT	TES		
* Anesthesia for this this code. Do not bill		ncluded in				
APPLICABLE POPULAT	•		UNIT		DURATION	
, ,	-	Adult (21-64) Geriatric (+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 1 u Maximum: 2 u	
ALLOWED MODE(S) C	F DELIVERY		PROGRAM SERVICE			
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual □ Group □ Family		☑ HE (SP) ☐ HK (Residential) □ TM	1 (ACT) (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/El)
STAFF REQUIREMENT	S					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐	☐ LCSW (A. ☐ LPC ☐ LMFT	☐ Unlice	nsed Master's Level (H nsed EdD/ PhD/PsyD (ed EdD/PhD/PsyD (AH)	HP) CACI	□ LPN/LVN 墜 CRNA □APN (SA) □ QMAP	` ′ ∐ RxN (SA)
PLACE OF SERVICE (PO	OS)					
☑ Office (11) ☑ ALF (13) ☑ Inpt Hospital (21)	☑ Outp Hospital (22) ☑ ER (23) ☑ SNF (31)	☑ NF (32) ☑ IPF (51) ☑ PHP (52) ☑ PRTC (56)				

TREATMENT- ELECTROCON	VULSIVE THERAF	Υ					
CPT®/HCPCS PROCEDURE C	ODE		PROCEDURE C	ODE DESCRIPT	ION		USAGE
9	0870*		Elec	troconvulsive T	herapy (ECT)	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATIO	N REQUIREN	/IENTS	
**Electroconvulsive therapy (ECT) is a medical treatment most commonly used in patients with severe depression or bipolar disorder that have not responded to other treatments, such as, medications or psychotherapy. ECT involves a brief electrical stimulation of the brain while the patient is under anesthesia. It is typically administered by a team of trained medical professionals that includes a psychiatrist, an anesthesiologist, and a nurse or physician assistant.		 Date of service Start and end time/duration of session (total face to face time with patient) Session setting/place of service Mode of treatment (face to face) Provider's dated signature, degree/title/position 					
NOTES			EXAMPLE ACT	IVITIES			
* Anesthesia for this proce code. Do not bill separately		ncluded in this					
APPLICABLE POPULATION(S	5)		UNIT			DURAT	TON
☑ Child (0-11) ☑ Youn ☑ Adol (12-17) (18-20)	-	Adult (21-64) Geriatric (65+)	☑ Encounter □ Day	□ 15 Minu □ 1 Hour	tes		um: 1 unit per day um: 2 units per
ALLOWED MODE(S) OF DEL	IVERY		Program Servi	ice Category			
☑ Face-to-Face☐ Video Conference (GT)☐ Telephone	☑ Individual ☐ Group ☐ Family		⊠ HE (SP) □ HK (Resider	ntial)	☐ U4 (ICM☐ TM (ACT☐ HM (Res	Γ)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (A □ LPC □ LMFT	☐ Unlicensed	Master's Level (H0 EdD/ PhD/PsyD (H D/PhD/PsyD (AH)	' LICACI	□ LPN/LVN ☑ CRNA □APN (SA) □ QMAP	, ,	□ RxN (SA) □ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)							
☑ Office (11) ☑ ALF (13) ☑ Inpt Hospital (21)	☑ Outp Hospital (22) ☑ ER (23) ☑ SNF (31)	☑ NF (32) ☑ IPF (51) ☑ PHP (52) ☑ PRTC (56)					

	TREATMEN	T – ANESTHESIA F	OR ELECTROCONVUL	SIVE THERAP	Υ		
CPT®/HCPCS PROCEDURE	E CODE		PROCEDURE CODE I	DESCRIPTION	l	US	SAGE
*Cannot be billed	00104 *	h 90870	Anesthesia for El	lectroconvuls	ive Therapy	V	Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM	ENTATION RI	EQUIREMENTS		
Anesthesia administered Electroconvulsive therapy		ng	time with pati 3. Session sett 4. Mode of tre	nd time/durati ent) ting/place of seatment (face			
NOTES			EXAMPLE ACTIVITIE			p c c c c	
A medical procedure code Medical Association, is a r range - Anesthesia for Pro- built into 90870 and cannusing 90870	medical procedure of the Hea	code under the ad. *This code is					
APPLICABLE POPULATION	N(S)		UNIT		DURATION		
☑ Child (0-11)☑ You☑ Adol (12-17)☑ (18-20)	•	dult (21-64) eriatric (65+)	□ Day □ 1	L5 Minutes L Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVICE	-	•		
□ Video Conf □ C	Individual Group Family		☑ HE (SP)☐ HK (Residential)	□TM	I (ACT) I (Respite)	1 TT (R	oc) Clubhouse) ecovery) 'rev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicense	d Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□ LAC □ CAC I □ CAC II □ CACIII	□ LPN/LVN ☑ CRNA □ APN (SA) □ QMAP		□ RxN (SA) □ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (POS)							
 ✓ Office (11) ✓ ALF (13) ✓ Inpt Hospital (21) 	Outp Hospital (2) ER (23) SNF (31)	☑ NF (32) ☑ IPF (51) ☑ PHP (52) ☑ PRTC (56)					

	TREATMENT	-ANESTHESIA F	OR ELECTROCON	/ULSIVE THE	RAPY		
CPT®/HCPCS PROCEDURE CO	DDE		PROCEDURE CODE DESCRIPTION				USAGE
00 *Cannot be billed i	104 * n conjunction with	n 90870	Anesthesia	for Electroco	onvulsive The	erapy	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATIO	N REQUIREM	1ENTS	
Anesthesia administered to patient undergoing Electroconvulsive therapy (90870).			 Start time v Session Mode Provide 	with patient) on setting/pla of treatmen der's dated s	ace of service t (face to fac	e :e)	otal face to face
NOTES			EXAMPLE ACTIV	ITIES			
A medical procedure code as maintained by American Medical Association, is a medical procedure code under the range - Anesthesia for Procedures on the Head. *This code is built into 90870 and cannot be billed separately when using 90870							
APPLICABLE POPULATION(S)			UNIT			DURATI	ON
☑ Child (0-11)☑ Young☑ Adol (12-17)☑ (18-20)	⊠ Ge	ult (21-64) riatric (65+)	⊠Encounter □ Day	□15 Minut	tes	Minimu Maximu	•
ALLOWED MODE(S) OF DELIV	/ERY		Program Service	Category			
☑ Face-to-Face ☐ Video Conference (GT) ☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) □ HK (Residentia	al)	☐ U4 (ICM ☐ TM (ACT ☐ HM (Res	「) spite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	□Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN ☑ CRNA □ APN (SA) □ QMAP	`	□RxN (SA) □ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)							
☑ Office (11) ☑ ALF (13) ☑ Inpt Hospital (21)	Hospital (22)	NF (32) IPF (51) PHP (52) PRTC (56)					

TREATMENT - OTHER PROFE	ESSIONAL SERVICES - BIOFEEDBACK	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 30 minutes	☑ Medicaid
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intendagenda? How does the service relate to the tiplan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and tiresponse to the intervention(s). Include biofe interventions 4. How did the service impact the individual's pigoals/objectives? 5. Plan for next contact(s) including any follow-coordination needed with 3rd parties	reatment/service the individual's eedback rogress towards
NOTES	EXAMPLE ACTIVITIES	
Biofeedback training may not be suitable for some patients, including those with a pacemaker/other implantable electrical devices; those who wish to gain insight into their symptoms (biofeedback focuses on behavioral change); those with cognitive impairments (e.g., organic brain disease/TBI), depending on levels of functioning; those with specific pain symptoms of unknown origin.		
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face☑ Individual☐ Video Conf☐ Group☐ Telephone☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ H☐ HM (Respite) ☐ T	H (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS		
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicense	ed Master's Level (HO)	E)
PLACE OF SERVICE (POS)		
☑ CMHC (53)☑ FQHC (50)☑ Office (11)☑ RHC (72)☑ Outp Hospital (22)		

TREATMENT - OTHER PROFE	SSIONAL SERVICES - BIOFEEDBACK	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 30 minutes	☑ ОВН
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intendagenda? How does the service relate to the tiplan? Description of the service provided The therapeutic intervention(s) utilized and tiresponse to the intervention(s). Include biofe interventions How did the service impact the individual's pigoals/objectives? Plan for next contact(s) including any follow-coordination needed with 3rd parties 	he individual's edback
NOTES	EXAMPLE ACTIVITIES	
Biofeedback training may not be suitable for some patients, including those with a pacemaker/other implantable electrical devices; those who wish to gain insight into their symptoms (biofeedback focuses on behavioral change); those with cognitive impairments (e.g., organic brain disease/TBI), depending on levels of functioning; those with specific pain symptoms of unknown origin.		
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 15 Minutes ☐ Minimum: 16Min ☐ Day ☐ 1 Hour ☐ Maximum: 37 M	
□ Video Conf □ Telephone □ Family □ Telephone	☐ HK (Residential) ☐ TM (ACT) ☐ H☐ H☐ HM (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS		
☐ Bachelor's Level (HIN) ☐ LPC ☐ Unlicense	ed Master's Level (HO) □ LAC □ LPN/LVN (T ed EdD/ PhD/PsyD (HP) □ CAC I ☑ RN (TD) EdD/PhD/PsyD (AH) □ CAC II ☑ APN (SA) □ CACIII □ QMAP	E) RxN (SA) PA (PA) MD/DO(AF)
PLACE OF SERVICE (POS)		
区 CMHC (53)		

	TREATMENT	- OTHER PROFE	SSIONAL SERVICES - B	BIOFEEDBAC	K	
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE D	ESCRIPTION		USAGE
	90876		Individual psychophy incorporating biofeer modality (face-to-face psychotherapy (e.g., modifying or support approximately 45 mi	dback trainir ce with the p insight-orier tive psychoth	ng by any atient), with nted, behavior	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUME		EQUIREMENTS	
utilizing biofeedback tr (i.e., supportive interac discussions, re-educati and reassurance) to mo	ridual psychophysiologica raining combined with ps ctions, suggestion, persu on, behavior modificatio odify behavior.	sychotherapy asion, reality	agenda? How oplan? 2. Description of 3. The therapeutive response to the interventions 4. How did the segoals/objective 5. Plan for next cocordination next of the plan for n	the visit. When the service produce intervention entry incompact ess?	nat was the intenvice relate to the provided on(s) utilized and on(s). Include biof the individual's pudding any follow	treatment/service the individual's eedback progress towards
NOTES			EXAMPLE ACTIVITIES	5		
including those with a electrical devices; thos symptoms (biofeedbac those with cognitive in	nay not be suitable for so pacemaker/other implar e who wish to gain insigle k focuses on behavioral npairments (e.g., organic g on levels of functionin s of unknown origin	ntable nt into their change); brain				
APPLICABLE POPULAT			UNIT		DURATION	
⊠ Adol (12-17) (18-	20) ⊠ Ger	ılt (21-64) iatric (65+)	□ Day □ 1	5 Minutes Hour	Minimum: 38 N Maximum: N/A	linutes
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SERVICE		•	1 () (= =)
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residential)	□ U4 □ TM □ HM (Resp	1 (ACT)	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)
STAFF REQUIREMENTS	5					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (☑ RN (TD) ☑ APN (SA) □ QMAP	TE) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (PO						
区MHC (53) ☑ Office (11)	☑ Outp Hospital (22) ☑ FQHC (50)	⊠ RHC (72)				

	TREAT	MENT - OTHER PRO	FESSIONAL SERVIC	ES - BIOFEEDBAC	К	
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
	90876		incorporating bi modality (face-t psychotherapy	nophysiological the iofeedback training co-face with the peloe.g., insight-orier pportive psychothes sommers in the propertive psychothes	ng by any atient), with nted, behavior	☑ ОВН
SERVICE DESCRIPTION				CUMENTATION RI	EQUIREMENTS	
The MHP renders indiv utilizing biofeedback tr (i.e., supportive interaction discussions, re-education and reassurance) to me	aining combined ctions, suggestion on, behavior mod	with psychotherapy , persuasion, reality	See Section X Service Content 1. The reaso agenda? In plan? 2. Descriptic 3. The thera response interventi 4. How did the goals/obje 5. Plan for necoordinat	n for the visit. When does the service peutic intervention the interventions he service impact ectives?	nat was the intend vice relate to the to provided on(s) utilized and to on(s). Include biofe the individual's p	reatment/service the individual's eedback rogress towards
NOTES			EXAMPLE ACTIV	/ITIES		
Biofeedback training m including those with a electrical devices; thos symptoms (biofeedbac those with cognitive in disease/TBI), dependin specific pain symptoms	pacemaker/other e who wish to gai k focuses on beha pairments (e.g., o g on levels of fun	implantable in insight into their avioral change); organic brain ctioning; those with				
APPLICABLE POPULAT	_		UNIT		DURATION	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	oung Adult 20)	☑ Adult (21-64)☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 38 Mi Maximum: N/A	inutes
ALLOWED MODE(S) OF ☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family		PROGRAM SER® ☑ HE (SP) ☐ HK (Resident		(ICM)	(Voc) Q (Clubhouse) (Recovery) T (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSV ⊠ LPC ⊠ LMF	∑ Unlice	nsed Master's Level (H nsed EdD/ PhD/PsyD (d EdD/PhD/PsyD (AH	HP) DCACII	□ LPN/LVN (T ☑ RN (TD) ☑ APN (SA) □ QMAP	E)
PLACE OF SERVICE (PO						
区MHC (53) ☑ Outp Hospital (22)	☑ Office (11)☑ FQHC (50)	⊠ RHC (72)				

ASSESSMENT - P	SYCHOLOGICAL TESTING			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
The treatment of the patient requires explanation(s) to the family, employer(s), or other involved persons to obtain their support and/or participation in the therapy/treatment process. The provider interprets the results of any psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the patient's condition. Advice is also given as to how the family and other involved persons can best assist the patient.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service provided and patient response 3. Summary of test results, interpretation of test results, discussion with individual about results 4. Treatment recommendations			
NOTES If interpretation or explanation of psychological testing	Interpretation of results of exam or 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	 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 ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	⊠ Encounter			
 ☑ Face-to-Face ☐ Individual ☐ Video Conf ☐ Group ☑ Telephone ☑ Family/collateral 	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☑ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM ☐ TT (Recovery) (Respite) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS	LEPN/LVN (TE)			
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH) □CAC II □ RN (TD) □ PA (PA) □CAC II □ APN (SA) □ MD/DO (AF)			
PLACE OF SERVICE (POS)				
 ✓ Office (11) ✓ Cust Care (33) ✓ ICF-MR (54) ✓ Mobile Unit (15) ✓ Grp Home (14) ✓ NF (32) 	☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School (03) ☑ SNF (31) ☑ Inpt PF (51) ☑ Other POS (99) ☑ FQHC (50) ☑ ER (23) ☑ 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					
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 EXAMPLE ACTIVITIES					
If interpretation or explanation of psychological testing	Interpretation of results of exam or 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	 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 ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	 ☑ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour ☐ Maximum: N/A PROGRAM SERVICE CATEGORY(IES) 					
 ☑ Face-to-Face ☐ Video Conf ☑ Group ☑ Telephone ☑ Family/collateral 	E HE (SP) E U4 (ICM) E HJ (Voc) HK (Residential) TM (ACT) HQ (Clubhouse) HM TT (Recovery) (Respite) HT (Prev/EI)					
STAFF REQUIREMENTS	LAC DLPN/LVN (TE)					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH) □CAC I □ RN (TD) □CAC II □ RN (TD) □CAC II □ APN (SA) □CAC II □ APN (SA) □CAC II □ QMAP □CAC II □ QMAP					
PLACE OF SERVICE (POS)						
 ✓ Office (11) ✓ Cust Care (33) ✓ ICF-MR (54) ✓ Mobile Unit (15) ✓ Grp Home (14) ✓ NF (32) 	☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School (03) ☑ SNF (31) ☑ Inpt PF (51) ☑ Other POS (99) ☑ FQHC (50) ☑ ER (23) ☑ 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.				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Meet with patient, and, if appropriate, significant others. Perform neurobehavioral status examination, which involves clinical 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. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s)administered) 5. Mental status exam 6. Summary of test results in a formal report				
NOTES	7. Treatment recommendations 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) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: ☐ Day ☑ 1 Hour Maximum:				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (V	Voc)			
☑ Face-to-Face☑ Individual☐ Video Conf☐ Group☐ Telephone☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HQ (☐ HM (Respite) ☐ TT (I	(Clubhouse) Recovery) Prev/EI)			
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed B	Master's Level (HO) □LAC □LPN/LVN (TE) ☑ RXN (EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) ☑ PA (FD/PsyD (AH) □CAC II ☑ APN (SA) ☑ MD/	PA)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital (22) ☒ Home (12) ☒ PRTF (56)		ool (03) er POS (99)			

ASSESSMENT - PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), 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.				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Meet with patient, and, if appropriate, significant others. Perform neurobehavioral status examination, which involves clinical 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. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s)administered) 5. Mental status exam 6. Summary of test results in a formal report				
NOTES	7. Treatment recommendations EXAMPLE ACTIVITIES				
If neurobehavioral status exam services are performed by an intern, they must be supervised by a licensed psychologist. The exam includes an initial clinical assessment and evaluation of the patient's mental status. In this regard, the neurobehavioral status exam is similar to the psychiatric diagnostic interview exam (90791, 90792). Although the descriptor does not specify use of standardized instruments, both standardized interview instruments and expanded interviews with the patient and family/significant other(s), if appropriate, are used.	 Differential diagnosis between psychogenic and ne syndromes Delineation of neurocognitive effects of central ne (CNS) disorders 				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ ALLOWED MODE(S) OF DELIVERY 	□ Encounter □ 15 Minutes Minimum: □ Day □ 1 Hour Maximum: PROGRAM SERVICE CATEGORY(IES)				
□ Video Conf □ Group □ Telephone □ Family STAFF REQUIREMENTS	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (\ ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (\ ☐ HM (Respite) ☐ TT (I	Voc) (Clubhouse) Recovery) Prev/El)			
	LAC DLPN/LVN (TE)				
□ Bachelor's Level (HN) □ LPC □ Unlicensed I ☑ Intern □ LMFT ☑ Licensed Edi	Master's Level (HO) □ CAC I □ RN (TD) ☑ RXN □ EdD/ PhD/PsyD (HP) □ CAC I ☑ RN (SA) ☑ PA (FD) □ CAC II ☑ APN (SA) ☑ MD/□ □ CACIII □ QMAP	PA)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56)	. ,	ool (03) er POS (99)			

r							
	PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	96121 *ADD-ON		Each additional hour of a neurobehavioral status				
	70121 7188 014		exam (list separat				
*Use in conjunction wi	ith 96116		procedure)	•		,	□ N4 - d: : d
CEDVICE DECEDIDATION			NAINUNALINA DOCLI	NACNITATION DE	OLUDENAENT		☑ Medicaid
Meet with patient, and	if appropriate signi	ficant others	Technical Docum)	
Perform neurobehavio			See Section X	entation Requir	ements		
clinical assessment for			Service Content				
attention, language, lea			The reason for	or the visit.			
visual-spatial abilities.	Observe behavior and	d record	2. What was th	e intended goal	or agenda?		
responses. Develop clir	nical impression.			clinical need for		ng?	
			4. Description of	of the service (sp	ecific test(s)a	dminist	:ered)
			5. Mental statu				
				test results in a		t	
				ecommendation	S		
NOTES	<u> </u>		EXAMPLE ACTIVIT				
If neurobehavioral stat			Differential diagnosis between psychogenic and neurogenic				
intern, they must be su The exam includes an i	•	. ,	 syndromes Delineation of neurocognitive effects of central nervous system 				
evaluation of the patie			(CNS) disorder	_	errects or cer	itrai nei	vous system
neurobehavioral status		0 ,	(CNS) disorder	3			
diagnostic interview ex							
descriptor does not spe		_					
both standardized inte	•						
interviews with the pat	ient and family/signi	ficant other(s), if					
appropriate, are used.							
APPLICABLE POPULATI	ION(S)		UNIT DURATION				
	-	Adult (21-64)		☐ 15 Minutes	Minimum:		
		Geriatric (65+)		☑ 1 Hour	Maximum:		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	•	•		<u> </u>
☑ Face-to-Face	✓ Individual		⊠ HE (SP)	□ U4 (☐ HJ (/	•
☐ Video Conf [☐ Group		☐ HK (Residential	•	. ,		Clubhouse)
☐ Telephone [☐ Family			⊔ HIVI		•	Recovery) Prev/EI)
STAFF REQUIREMENTS						<u> пп (і</u>	riev/Ei)
				□LAC □ L	PN/LVN (TE)		
☐ Peer Specialist	□ LCSW (<i>F</i> □ LPC	,	Master's Level (HO) EdD/ PhD/PsyD (HP)		N (TD)	⊠ RxN (,
☐ Bachelor's Level (HN) ☑ Intern	☐ LPC	_	D/PhD/PsyD (AH)		APIN (SA)	☑ PA (P ☑ MD/[
				□CACIII □ C	MAP		, ii ,
PLACE OF SERVICE (PO	•	- (a.)	E e : (6:)		(24)		1 (02)
						∠ Othe	er POS (99)
` '	_ ' ' '	• •	_ ' '	•	,		
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)	⊠ Inpt H ⊠ Inpt PI ⊠ ER (23	(51)	⊠ Scho ⊠ Othe	ool (03) er POS (99)
☑ Outp Hospital (22)	☑ Home (12)	☑ PRTF (56)	☑ RHC (72)	⋉ PF-PH	P (52)		

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*Use in conjunction w	96121 *ADD-ON ith 96116		Each additional ho exam (list separat procedure)			
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS	
Meet with patient, and Perform neurobehavio clinical assessment for attention, language, le visual-spatial abilities. responses. Develop clin	ral status examinatio impairments in acqui arning, memory, prob Observe behavior and	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s)administered) 5. Mental status exam 6. Summary of test results in a formal report 7. Treatment recommendations				
NOTES			EXAMPLE ACTIVIT	TIES		
If neurobehavioral status exam services are performed by an intern, they must be supervised by a licensed psychologist. The exam includes an initial clinical assessment and evaluation of the patient's mental status. In this regard, the neurobehavioral status exam is similar to the psychiatric diagnostic interview exam (90791, 90792). Although the descriptor does not specify use of standardized instruments, both standardized interview instruments and expanded interviews with the patient and family/significant other(s), if			 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 			
appropriate, are used. APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
	-	Adult (21-64) Geriatric (65+)		□ 15 Minutes ☑ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SERVIO	•	-	
☐ Video Conf [☑ Individual □ Group □ Family		☑ HE (SP) ☐ HK (Residential		ACT) [(Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS	5					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern	□ LCSW (A □ LPC □ LMFT	∪ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	PN (SA)	I RxN (SA) I PA (PA) I MD/DO (AF)
PLACE OF SERVICE (PO	S)					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) 	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Ho ☑ Inpt PF ☑ ER (23) ☑ PF-PHP	(51)	☑ School (03) ☑ Other POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCE	DURE CODE	PROCEDURE CODE DESCRIPT	TION USAGE		
	96130	Psychological testing evaluation ser- physician or other qualified health of professional, including integration of data, interpretation of standardized results and clinical data, clinical dec making, treatment planning and rep interactive feedback to patient, fam member(s) or caregiver(s), when pe first hour	ore of patient of patient of patient of patient of the state of the s		
SERVICE DESCRIPTION	ON .	MINIMUM DOCUMENTATION REQU	UIREMENTS		
decision; diagnosis and	te patient data; make clinical I/or create treatment planning: dback, when performed; and create	Technical Documentation Requirement See Section X Service Content 1. The reason for the visit. 2. What was the intended goal o 3. What is the clinical need for sp 4. Description of the service (Spe 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations	or agenda ? pecific testing?		
NOTES		EXAMPLE ACTIVITIES			
services must be super licensed psychologist, e required during intern psychologist ensures th adequate privacy and c examinee's performant An NP, CNS or PA may	services are performed by an intern, vised and at the direction of a even though his/her presence is not administration. The licensed nat the testing environment offers confidentiality and maximizes the ce. perform diagnostic psychological and ts under their scope of practice.	 Psychological testing can be helpful when treatment interventions are ineffective and there is a need to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
APPLICABLE POPULA		UNIT	DURATION		
⊠ Adol (12-17) (18	Young Adult ⊠ Adult (21-64) 3-20) ⊠ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☑ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)		PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM)	HJ (Voc)		
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual □ Group □ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM (Resp	☐ HQ (Clubhouse)		
STAFF REQUIREMEN	ITS				
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LPC ☐ Unlicensed	$ \begin{array}{c cccc} \text{Master's Level (HO)} & \square \text{LAC} & \square \text{ LPN/LVI} \\ \text{EdD/ PhD/PsyD (HP)} & \square \text{CAC II} & \square \text{ RN (TD)} \\ \text{3D/PhD/PsyD (AH)} & \square \text{CAC III} & \square \text{ QMAP} \\ \end{array} $	X RXN (SA)		
PLACE OF SERVICE (F					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ NF (32) ☑ Grp Home (14) ☑ PRTF (56) ☑ Home (12) ☑ Shelter (04) 	 ☑ SNF (31) ☑ School (03) ☑ FQHC (50) ☑ Other POS (99) ☑ RHC (72) ☑ Inpt PF (51) ☑ Inpt Hosp (21) ☑ PF-PHP (52) 	⊠ ER (23) ⊠ Hospice (34)		

ASSESSMENT - PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCE	OURE 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			
SERVICE DESCRIPTIO	N	MINIMUM DOCUMENTATION REQU	JIREMENTS		
decision; diagnosis and	te patient data; make clinical /or create treatment planning: dback, when performed; and create	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (Specific test(s)administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations			
NOTES		EXAMPLE ACTIVITIES			
If psychological testing services are performed by an intern, services must be supervised and at the direction of a licensed psychologist, even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice.		 Psychological testing can be helpful when treatment interventions are ineffective and there is a need to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
APPLICABLE POPULA		UNIT	DURATION		
☑ Adol (12-17) (18	Young Adult Adult (21-64) Geriatric (65+)		Minimum: ≥31 mins Maximum: N/A		
ALLOWED MODE(S)	OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual ☐ Group ☐ Family	□ HE (SP) □ U4 (ICM) □ HK (Residential) □ TM (ACT) □ HM (Respire	☐ HJ (Voc) ☐ HQ (Clubhouse) te) ☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMEN	TS				
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LPC ☐ Unlicensed	Master's Level (HO) □LAC □ LPN/LVN □CAC I □ RN (TD) □CAC II ☑ APN (SA) □CACIII □ QMAP	Y RXN (SA)		
PLACE OF SERVICE (F	•				
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	□ ACF (13)	 ✓ SNF (31) ✓ School (03) ✓ FQHC (50) ✓ Other POS (99) ✓ RHC (72) ✓ Inpt PF (51) ✓ Inpt Hosp (21) ✓ PF-PHP (52) 	区 ER (23) 区 Hospice (34)		

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
*Use in conjunction w	96131 *ADD-ON	Each additional h evaluation service health care profe to code for prima	es by physician o ssional (list separ	r other qualified	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Interpret tests; integra diagnosis and/or creat interactive feedback, v	e treatment planning:	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s)administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations				
NOTES			EXAMPLE ACTIVI			
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			 Psychological testing can be helpful when treatment interventions are ineffective, and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
neuropsychological tes APPLICABLE POPULAT		practice.	UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ (1	Young Adult 🗵 8-20) 🗵	Adult (21-64) Geriatric (65+)		□ 15 Minutes ☑ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI			
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual □ Group □ Family		☑ HE (SP) ☐ HK (Residentia	I) □ TIV	I (ACT)	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS	S					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ Peer Specialist☐ □ Bachelor's Level (HN)☐ ☐ Intern☐ □ Peer Specialist☐ □ Pee	□ LCSW (A □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ☒ A	PN/LVN (TE) N (TD) PN (SA) MAP	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (PC	OS)					
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	区 Shelter (04) SNF (31) FQHC (50) RHC (72)	☑ Inpt Hosp☑ Inpt PF (5☑ ER (23)☑ PF-PHP (5	1) 🗵 Other	ol (03) POS (99)

Revised: September 30, 2019 Effective: October 1, 2019

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*Use in conjunction w	96131 *ADD-ON		Each additional hour for psychological testing evaluation services by physician or other qualified health care professional (list separately in addition to code for primary procedure.)			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
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. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s)administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations			
NOTES			EXAMPLE ACTIVI	ITIES		
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			 Psychological testing can be helpful when treatment interventions are ineffective, and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
neuropsychological tes APPLICABLE POPULAT		or practice.	UNIT		DURATION	
☑ Child (0-11) ☑ ☑ Adol (12-17) (1:	Young Adult 28-20)	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes ☑ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV			
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual □ Group □ Family		⊠ HE (SP) □ HK (Residentia	al) 🗆 TM	1 (ACT) □ H /I (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (A □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ☒ A	PN/LVN (TE) IN (TD) IN (TD) IN (SA) IN (SA) IN (SA) IN (SA) IN (SA) IN (SA)	
PLACE OF SERVICE (PC	OS)					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Other	ol (03) POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE
	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.					
SERVICE DESCRIPTIO	N		MINIMUM DOC		REQUIREME	NTS
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. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s) administered) 5. Mental Status Exam 6. Summary of test results			
NOTES			7. Treatment recommendations 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 POPULA		·	UNIT		DURATION	
☑ Child (0-11)	Young Adult -20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	<u> </u>	☐ 15 Minutes ☑ 1 Hour	Minimum: Maximum:	
☐ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family		PROGRAM SERV ☑ HE (SP) ☐ HK (Residentia	□ U4 (l) □ TM (ICM) (ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMEN	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) dD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	N (ID) PN (SA)	로 Rxn (SA) 로 PA (PA) 로 MD/DO (AF)
PLACE OF SERVICE (P	OS)					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	Inpt Hos Inpt PF (ER (23) EPF-PHP	[51]	I School (03) I Other POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE
	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.					
SERVICE DESCRIPTIO	N		MINIMUM DOC		REQUIREME	ENTS
Interprets tests; integrate patient data; make clinical decision; diagnose and/or create treatment planning; provide interactive feedback, when performed; and create report.			Technical Documentation Requirements See Section X Service Content: 1. The reason for the visit. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s) administered) 5. Mental Status Exam 6. Summary of test results			
NOTES			7. Treatment recommendations 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 POPULA	·		UNIT		DURATION	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18	Young Adult -20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	•	☐ 15 Minutes ☑ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S)			PROGRAM SER\ ☑ HE (SP)	U4 (☐ HJ (Voc)
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual ☐ Group ☐ Family		☐ HK (Residentia	I) □ TM	(ACT) (Respite)	☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENT	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) dD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ☑ A	N (TD) PN (SA)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (P	OS)					
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)✓ RHC (72)) ⊠ Inpt Hos ⊠ Inpt PF (⊠ ER (23) ⊠ PF-PHP	(51)	☑ School (03) ☑ Other POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE			
9 *Use in conjunction wit	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	N		MINIMUM DOC	UMENTATION	REQUIREMEN	TS
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. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s) administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations			
NOTES			EXAMPLE ACTIV	ITIES		
If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic			 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 			
neuropsychological test APPLICABLE POPULA		or practice.	UNIT		DURATION	
区 Child (0-11)	/oung Adult ⊠ -20) ⊠	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Minutes ☑ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV			
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residential		(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENT	rs					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (A☐ LPC☐ LMFT	□ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R	APN (SA)	xxN (SA) A (PA) MD/DO (AF)
PLACE OF SERVICE (P	•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	Inpt HoInpt PFER (23)PF-PHP	(51)	school (03) Other POS (99)

Revised: September 30, 2019 Effective: October 1, 2019

	ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CO	DE DESCRIPTIO	ON	USAGE		
961 *Use in conjunction wi	133 *ADD-ON th 96132		Each additional testing evaluation other qualified haseparately in additional procedure).	on services by plealth care pro	physician or fessional (List	t ☑ OBH		
SERVICE DESCRIPTIO	N		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. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s) administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations					
NOTES			EXAMPLE ACTIV					
If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.			 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 					
APPLICABLE POPULA			UNIT		DURATION			
⊠ Adol (12-17) (18	3-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Day	□ 15 Minutes ☑ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV					
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residential)		(ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMEN	TS							
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	□ LCSW (. □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ☒ A	N (ID) PN (SA)] Rxn (SA)] PA (PA)] MD/DO (AF)		
PLACE OF SERVICE (P	OS)							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)✓ RHC (72)	⊠ Inpt Hos ⊠ Inpt PF (⊠ ER (23) ⊠ PF-PHP	(51) ×	School (03) Other POS (99)		

		ASSESSMENT - P	SYCHOLOGICAL TE	STING			
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE	
	96136		Psychological or r administration an qualified health co tests, any method	nd scoring by phy are professional,	sician or othe two or more		
SERVICE DESCRIPTIO	N		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. NOTES If pouropsychological testing sorvices are performed by an			Technical Documentation Requirements See Section X Service Content: 1. The reason for the visit. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s) administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations 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.			syndromes	•		and neurogenic tral nervous system	
APPLICABLE POPULA			UNIT		DURATION	I	
⊠ Adol (12-17) (18	Young Adult -20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV				
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual □ Group □ Family		☑ HE (SP) ☐ HK (Residentia		•	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R	N (ID)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (P	OS)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)		区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)) ☑ Inpt Ho ☑ Inpt PF ☑ ER (23) ☑ PF-PHP	(51)	区 School (03) 区 Other POS (99)	

		ASSESSMENT - P	SYCHOLOGICAL TE	STING			
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CO	DE DESCRIPTION	NC	USAGE	
	96136		Psychological or r administration an qualified health c tests, any method	nd scoring by phy are professional,	sician or oth two or more		
SERVICE DESCRIPTIO	N		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. NOTES			Technical Documentation Requirements See Section X Service Content: 1. The reason for the visit. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s) administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations				
	octing convices are	norformed by an	 Differential dis 		ncychogonia	and neurogenic	
If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.			syndromes	neurocognitive		ntral nervous system	
APPLICABLE POPULA	•		UNIT		DURATIO	N	
⊠ Adol (12-17) (18	Young Adult -20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER				
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residentia			☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMEN	TS						
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Peer Specialist☐	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R	PN/LVN (TE) N (TD) IPN (SA) IMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (P	OS)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	• •	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)) 図 Inpt Ho 図 Inpt PF 図 ER (23) 図 PF-PHP	(51)	☑ School (03) ☑ Other POS (99)	

	ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	USAGE				
9 *Use in conjunction wit	6137 *ADD-ON th 96136		neuropsychologica scoring by physicia professional (List s	Each additional 30 minutes of psychological or neuropsychological test administration and scoring by physician or other qualified health care professional (List separately in addition to code for primary procedure). MINIMUM DOCUMENTATION REQUIREMENT				
SERVICE DESCRIPTION	N		MINIMUM DOC	UMENTATION	REQUIREMEN	TS		
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. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s) administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations					
NOTES			EXAMPLE ACTIV	ITIES				
If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.			syndromes	neurocognitive	psychogenic and	d neurogenic I nervous system		
APPLICABLE POPULA			UNIT		DURATION			
区 Child (0-11)	oung Adult ⊠ -20) ⊠	Adult (21-64) Geriatric (65+)	□ Day I	□ 15 Minutes □ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV					
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residential)		(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENT	rs							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (A☐ LPC☐ LMFT	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R	APN (SA)	xxN (SA) A (PA) MD/DO (AF)		
PLACE OF SERVICE (P	•							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	Inpt HoInpt PFER (23)PF-PHP	(51)	school (03) Other POS (99)		

		ASSESSMENT - P	SYCHOLOGICAL TES	TING			
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CO	DE DESCRIPTIO)N	USAGE	
*Use in conjunction wi	96137 *ADD-ON		Each additional 30 minutes of psychological or neuropsychological test administration and scoring by physician or other qualified health care professional (List separately in addition to code for primary procedure).				
SERVICE DESCRIPTIO			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. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s) administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations				
NOTES			EXAMPLE ACTIV		-		
If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.			syndromes	neurocognitive e	psychogenic and	-	
APPLICABLE POPULA		·	UNIT		DURATION		
⊠ Adol (12-17) (18	Young Adult 3-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV				
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residential		ACT) \square (Respite) \square	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)	
STAFF REQUIREMEN	TS						
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	PN (SA)	kn (SA) A (PA) D/DO (AF)	
PLACE OF SERVICE (F	POS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑Home (12)		区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	☑ Inpt Hos ☑ Inpt PF (☑ ER (23) ☑ PF-PHP (51) 🗵 O	chool (03) ther POS (99)	

	ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	96138		Psychological or r administration an more tests, any m	d scoring by a te	chnician, two or	☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION REC	QUIREMENTS			
Technician gathers test qualified health profes (standardized, rating so behavioral observation protocol(s) according t and transcribes all test	sional; administers a cales, and/or projecti ns made during the te o the latest methods	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s)administered) 5. Menttal Status Exam 6. Summary of test results 7. Treatment recommendations						
NOTES			EXAMPLE ACTIVIT					
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 POPULAT			UNIT DURATION					
⊠ Adol (12-17) (1	8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	•	•			
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual □ Group □ Family		☑ HE (SP) □ HK (Residentia		I (ACT) ☐ H I (Respite) ☐ I	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENTS	3							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (/ □ LPC □ LMFT	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	N (TD) PN (SA) × PA	N (SA) \ (PA) D/DO (AF)		
PLACE OF SERVICE (PC								
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) 🗵 Othe	ol (03) r POS (99)		

	ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	96138		Psychological or r administration an more tests, any m	d scoring by a te	chnician, two or	☑ ОВН		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS			
Technician gathers tests as ordered by the physician or other qualified health professional; administers 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. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s)administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations					
NOTES			EXAMPLE ACTIVIT	TIES				
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 					
neuropsychological te			UNIT		DURATION			
☑ Child (0-11) 🗵	Young Adult	区 Adult (21-64) 区 Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	•	•			
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual □ Group □ Family		⊠ HE (SP) ☐ HK (Residentia		(ACT) □ H I (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMENT	S							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI □CAC II ☒ A	PN/LVN (TE) N (TD) PN (SA) MAP			
PLACE OF SERVICE (PC	OS)							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Other	ol (03) POS (99)		

	ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
*Use in conjunction w	96139 *ADD-ON		Each additional 30 neuropsychologic scoring by a techr to code for prima	al test administra nician (List separa	ation and	☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU		QUIREMENTS			
Technician gathers tests as ordered by the physician or other qualified health professional; administers 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. 2. What was the intended goal or agenda 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s)administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations					
NOTES			EXAMPLE ACTIVIT	TIES				
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			 Psychological testing can be helpful when treatment interventions are ineffective, and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 					
neuropsychological tes APPLICABLE POPULAT		or practice.	UNIT		DURATION			
区 Child (0-11) 区 Adol (12-17) (1	Young Adult [38-20]	⊠ Adult (21-64) ⊠ Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI					
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residentia		(ACT) □ H 1 (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)		
STAFF REQUIREMENT	S							
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ Dackelor's Level (HN)☐ Intern☐ Dackelong Dack	☐ LCSW (☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI □CAC II ☒ A	PN/LVN (TE) N (TD) PN (SA) MAP			
PLACE OF SERVICE (PC	OS)							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Other	l (03) POS (99)		

		ASSESSMENT - P	SYCHOLOGICAL T	ESTING			
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE	
*Use in conjunction w	96139 *ADD-ON		Each additional 30 minutes of psychological or neuropsychological test administration and scoring by a technician (List separately in addition to code for primary procedure).				
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION RE	QUIREMENTS	l.	
Technician gathers tests as ordered by the physician or other qualified health professional; administers 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. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s)administered) 5. Mental status Exam 6. Summary of test results 7. Treatment recommendations				
NOTES			EXAMPLE ACTIV	ITIES			
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.			intervention about a particle accognitive accognitive accognitive accognition Psycholog diagnosis/	ical testing can be ons are ineffective atient's level of fur abilities. ical testing can he diagnoses, interpe and weaknesses to	, and you want to nctioning, persona Ip clarify a patient ersonal dynamics,	learn more lity, emotional or 's and relative	
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
⊠ Adol (12-17) (1	8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) O	F DELIVERY			/ICE CATEGORY(IE		11 (\(\alpha\c)	
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family		⊠ HE (SP) □ HK (Residenti	al) □ TIV	I (ACT) □ F I (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)	
STAFF REQUIREMENT	S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (□ LPC □ LMFT	Unlicensed €	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ☒ A	PN (SA)	N (SA) (PA) D/DO (AF)	
PLACE OF SERVICE (PC	•						
区MHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Other	ol (03) POS (99)	

		ASSESSMENT - P	ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	USAGE						
	96146		Psychological or n administration wi standardized instr with automated n	th single autom rument via elec	ated,	n, ☑ Medicaid				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS							
		Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. 2. What was the intended goal or agenda? 3. What is the clinical need for specific testing? 4. Description of the service (specific test(s)administered) 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations								
NOTES			EXAMPLE ACTIVIT							
*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 POPULAT	ION(S)		UNIT		DURATION					
	-	Adult (21-64) Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: Maximum:					
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY(I	ES)					
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual □ Group □ Family		☑ HE (SP) ☐ HK (Residential) □ TM	1 (ACT) 1 (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS	S									
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (, □ LPC □ LMFT	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □	KN (TD) APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)				
PLACE OF SERVICE (PC										
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hos ☑ Inpt PF (☑ ER (23) ☑ PF-PHP (51) 🗵 (School (03) Other POS (99)				

		ASSESSMENT - P	SYCHOLOGICAL TE	STING		
CPT®/HCPCS PROCEDU	JRE CODE		PROCED	URE CODE DESC	CRIPTION	USAGE
	96146		Psychological or r administration wi standardized instr with automated r	th single autom rument via elec	iated,	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION R	EQUIREMENTS	
			 What is the one Description on Mental Statu Summary of 	or the visit. e intended goal clinical need for of the service (s us Exam	l or agenda? specific testing? pecific test(s)admir	nistered)
NOTES			EXAMPLE ACTIVIT	TIES		
*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.			neurocognitiv	e abilities.	a child/adolescent rventions are ineffore e expected.	
APPLICABLE POPULATI	ION(S)		UNIT		DURATION	
` '	•	Adult (21-64) Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SERVI	CE CATEGORY(I	ES)	
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual □ Group □ Family		☑ HE (SP) ☐ HK (Residentia	•	(ACT) □ H I (Respite) □ I	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/El)
STAFF REQUIREMENTS	5					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □	KN (ID) ADN (SA) × PA	N (SA) . (PA) D/DO (AF)
PLACE OF SERVICE (PO						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	⊠ Inpt Hos ⊠ Inpt PF (⊠ ER (23) ⊠ PF-PHP (51) ⊠ Othe	ol (03) - POS (99)

		TREATMENT - ME	DICATION MANAG	EMENT					
CPT®/HCPCS PROC	EDURE CODE		PROCED	URE CODE D	ESCRIPTION		USAGE		
			Therapeutic, prop	ohylactic, or	diagnostic inje	ection			
	96372		(specify substanc	e or drug) su	bcutaneous o	r	☑ Medicaid		
			intramuscular						
SERVICE DESCRIPTI	ON		MINIMUM DOCU	JMENTATIO	N REQUIREME	NTS			
A therapeutic, prop	hylactic/diagnostic inj	ection for the	Technical Docum	entation Re	quirements				
administration of m	nedications.		See Section X						
Written physician o	rder (required)		Service Content						
Actual injectable m	edication reported/bil	lled separately.	Documentation supports injection of medication ordered						
			2. Injection site						
			3. Medication ad	dministered					
			4. Patient respon	nse to medic	ation, e.g. is t	he patier	nt tolerating		
			medication w	ell or are the	ere complaints	of side e	ffects. If not		
			tolerating me		ons taken				
NOTES			EXAMPLE ACTIVI	TIES					
	ed in a clinic/CMHC, evo								
	e administered. Pharma								
	of drugs in a practitioner								
	nded for self-administr								
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 service	es that do not require t	he physician to							
perform the service,	in this case, an injectio	n.							
Do not report 96372	for injections given wit	thout direct							
	ualified health care pro								
	1 instead. (AMA CPT 20:	•							
•	9211 E&M code as this	is considered to be							
an included service.	ATION/C)		LINUT		DUDAT	ION			
APPLICABLE POPUI ☑ Child (0-11)	✓ Young Adult	☑ Adult (21-64)	UNIT ☑ Encounter	☐ 15 Minut	es Minimu				
⊠ Adol (12-17)	(18-20)	☑ Geriatric (65+)	□ Day	☐ 1 Hour	Maximu				
ALLOWED MODE(S	,	⊠ Geriatric (05+)	PROGRAM SERVI			JIII. IN/ A			
ALLOWED MODE(S	JOI DELIVERI		HE (SP)		U4 (ICM)		HJ (Voc)		
▼ Face-to-Face	☑ Individual		☐ HK (Residentia		TM (ACT)		HQ (Clubhouse)		
☐ Video Conf	☐ Group		_ Tik (Nesidentia	-	HM (Respite)		TT (Recovery)		
☐ Telephone	☐ Family			_	Tivi (itespice)		HT (Prev/EI)		
STAFF REQUIREME	NTC						(1.01) = 1,		
STAFF REQUIREIVE	NIS	☐ Unlicensed Master'	's Level (HO)	□LAC	☑ LPN/LVN (T	·E/			
☐ Peer Specialist	LCSW (AJ)	☐ Unlicensed EdD/ Ph	, ,	□CAC I	⊠ RN (TD)	' 🗵 Rxi			
☐ Bachelor's Level (H		☐ Licensed EdD/PhD/		□CAC II	✓ APN (SA)	⊠ PA			
✓ Intern	☐ LMFT	☑ Certified/Registere	d Medical Assistant	□CACIII	□ QMAP	ı≱ M[D/DO (AF)		
PLACE OF SERVICE	(POS)								
区MHC (53)	☑ ACF (13)		☑ Shelter (04)	•	lent Clinic (49)	⋉ 0	ther POS (99)		
☑ Office (11)	Cust Care (33)	, ,	SNF (31) □ □	≥ PF-PHP (5	•				
☑ Mobile Unit (15)	☑ Grp Home (14)	, ,	☑ FQHC (50)	⊠ School (03	•				
☑Outp Hospital (22)		☑ PRTF (56)	☑ RHC (72)	■ NRSATF (5)	57)				

		TREATMENT - ME	DICATION MANAG	SEMENT			
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	96372		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular ☑ OBH				
SERVICE DESCRIPTION	ON		MINIMUM DOCU	JMENTATION	REQUIREMENTS	3	
administration of m Written physician o Actual injectable me		Technical Documentation Requirements See Section X Service Content 1. Documentation supports injection of medication ordered 2. Injection site 3. Medication administered 4. Patient response to medication, e.g. is the patient tolerating medication well or are there complaints of side effects. If not tolerating medication actions taken					
NOTES			EXAMPLE ACTIVI	TIES			
the medication to be the administration of Injectable drugs interpatient's home/ adm be billed by a pharma A certified medical as a physician's/APN's of the signature of the findividual sees a nurst echnician for service, perform the service, Do not report 96372 physician or other quant To report, use 99211 be reported with a 99 an included service.	ssistant may administe order, but billing and se MD/APN. The service c se or other trained nur- es that do not require t in this case, an injectio for injections given wit alified health care pro- instead. (AMA CPT 20: 9211 E&M code as this						
APPLICABLE POPUL	•	_	UNIT		DURATION		
· · ·	✓ Young Adult	☑ Adult (21-64)	⊠ Encounter	☐ 15 Minute		·	
☑ Adol (12-17)	(18-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum:	N/A	
□ Face-to-Face □ Video Conf □ Telephone	⊠ Individual □ Group □ Family		PROGRAM SERV ☑ HE (SP) ☐ HK (Residentia	nl) 🗆 1	J4 (ICM) FM (ACT) HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMEN	VID	□ Unlicensed Master	s Level (HO)	Пис	Y I DNI/I \/NI /TC\		
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	LMFT	☐ Unlicensed EdD/ Ph☐ Licensed EdD/PhD/	' ' V D Λ (D Λ)				
PLACE OF SERVICE (<u> </u>						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Independe☑ PF-PHP (52☑ School (03)☑ NRSATF (57)	2)	☑ Other POS (99)	

		TREATMENT	- REHABILITATIO)N			
CPT®/HCPCS PROCE	DURE 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				
SERVICE DESCRIPTION	ON			CUMENTATIO		NTS	
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.			See Section X Service Content 1. The reason agenda? Ho plan? 2. Description ability to fu service 3. How did th 4. Plan for nex	for the visit. Whow does the service are unction in the corne service impact	at was the interice relate to the nd how service nmunity and pa	nded goal or treatment/service increases ADLs and tient response to ds goals/objectives? v-up or coordination	
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.		needs, medicati Step-by-step pro to obtain nutriti practice at groce foods following	ons, appointmen oblem solving into ous foods or mee	ts, or other acti erventions: dev et dietary requir e and price neco meal preparatio	elop shopping list rements; skills essary items; cook on skills.		
APPLICABLE POPULA	ATION(S)		UNIT		DURATION		
☐ Adol (12-17) (18-	-20) 🗵 G	Adult (21-64) Seriatric (65+)		☑ 15 Minutes ☐ 1 Hour	Minimum: 8 n	-	
ALLOWED MODE(S)	OF DELIVERY			RVICE CATEGOR		W 111 (V)	
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family		⊠ HE (SP) ⊠ HK (Residenti	ial) 🗵 TM	(ICM) I (ACT) I (Respite)	☒ HJ (Voc)☐ HQ (Clubhouse)☐ TT (Recovery)☒ HT (Prev/EI)	
STAFF REQUIREMEN	ITS						
☒ Peer Specialist☒ Bachelor's Level (HN)☒ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	☑ Unlicensed E		□CAC I ⊠	APN (SA)	E rxn (sa) E pa (pa) E md/do (af)	
PLACE OF SERVICE (
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ✓ Hospice (34) ✓ ICF-MR (54) ✓ NF (32) ✓ Shelter (04) 	✓ SNF (31)✓ FQHC (50)✓ RHC (72)✓ School (03)	☑ Other PO	5 (99)		

	Т	REATMENT	- REHABILITATION				
CPT®/HCPCS PROCE	DURE CODE		PROCEDU	RE CODE D	ESCRIPTION	USAGE	
		Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes					
SERVICE DESCRIPTION		MINIMUM DOC			MENTS		
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 The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how service increases ADLs and ability to function in the community and patient response to service How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES			EXAMPLE ACTIV	'ITIES			
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.		rment ity (IDD), ectation	needs, medication Step-by-step prob obtain nutritious f	ns, appointn lem solving foods or me o locate and for basic me	nents, or other a interventions: d et dietary requir price necessary eal preparation s	levelop shopping list to rements; skills practice ritems; cook foods kills.	
APPLICABLE POPULA	ATION(S)		UNIT		DURATIO		
☐ Child (0-11) ☑ Y ☐ Adol (12-17) (18-	Toung Adult	-	□ Day □	15 Minute 11 Hour	Maximum:		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV				
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☑ HK (Residential) 🗵	U4 (ICM) TM (ACT) HM (Respite)	⋈ HJ (Voc)☐ HQ (Clubhouse)☐ TT (Recovery)☒ HT (Prev/EI)	
STAFF REQUIREMEN	ITS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC □CAC I □CAC II □CACIII	☑ LPN/LVN (TE)☑ RN (TD)☑ APN (SA)☐ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (I	POS)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ Cust Care (33)☑ Grp Home (14)☑ NF	spice (34) -MR (54) (32) elter (04)	✓ SNF (31)✓ FQHC (50)✓ RHC (72)✓ School (03)	⊠ Other	POS (99)		

TREATMEN	IT - REHABILITATION				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Direct one-on-one contact in which the provider instructs and trains a patient in the performance of essential 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 3 rd 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) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: 8 hours PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc)				
☑ Face-to-Face☑ Video Conf☑ Group☑ Telephone☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS	Master a Loval (U.O.) 🗵 LAC 🗵 LPN/LVN (TE) 🗔 - V/O.)				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	d Master's Level (HO)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Cust Care (33) ☑ NF (32) ☑ Office (11) ☑ Grp Home (14) ☑ Shelter (04) ☑ Mobile Unit (15) ☑ Home (12) ☑ SNF (31) ☑ ACF (13) ☑ ICF-MR (54) ☑ FQHC (50)	☑ RHC (72)☑ School (03)☑ Other POS (99)				

	TREATMEN	NT - REHABILITATION				
CPT®/HCPCS PROCEDU	JRE CODE	PROCEDURE CODE DESCRIPTION USAGE				
	97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes				
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
and trains a patient in of Daily Living (ADLs) rother community and to environment. Activities needs of the patient in transportation, money and/or work environm	tact in which the provider instructs the performance of essential Activities elated to his/her ability to function in reintegrate into the work s are designed to address the specific icluding but not limited to shopping, management, avocational activities ent/modification analysis, work task sistive technology devices/adaptive	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				
NOTES		coordination needed with 3 rd parties EXAMPLE ACTIVITIES				
Patient requires supervised training to help perform essential Activities of Daily Living (ADLs) related to his/her ability to function in the community and to reintegrate into the work environment, due to impairment resulting from Intellectual or Developmental Disability (IDD), injury, or behavioral health illness. There is reasonable expectation that the patient's functional level will improve as a result of this service.		Applying for transportation assistance by planning bus route ar stop times, scheduling transportation service rides, practicing r to and from work site. Resume, interview, and job coaching skills to obtain employme and ensure success. Review and address hygiene, proper dress attire, interpersonal and expectations for workplace environment.	oute			
APPLICABLE POPULAT	ION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Y ☐ Adol (12-17) (18- ALLOWED MODE(S) O		☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: 8 hours PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family	□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS	S					
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	∠ LPC ∠ Unlicensed	H Master's Level (HO) H EdD/ PhD/PsyD (HP) □CAC I				
PLACE OF SERVICE (PO						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33) ☑ NF (32) ☑ Grp Home (14) ☑ Shelter (04) ☑ Home (12) ☑ SNF (31) ☑ ICF-MR (54) ☑ FQHC (50)	☑ RHC (72)☑ School (03)☑ Other POS (99)				

	ASSESSMENT –	NON-FACE-TO-FACE	- PHONE ASSESSM	IENT AND MANA	GEMENT	
CPT®/HCPCS PROCEDI	URE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*Not recommended guidelines.	98966 for use; if used,	please follow CPT	Telephone assess by qualified non- professional.	☑ Medicaid		
SERVICE DESCRIPTION	l	MINIMUM DOCU	JMENTATION REC	QUIREMENTS		
Telephone assessment a qualified non-physici established patient, para related assessment a within the previous 7 cmanagement service cor soonest available and discussion.	ian health care proferent, or guardian nand management so days not leading to procedure within	essional to an ot originating from ervice provided an assessment and the next 24 hours	See Section X Service Content 1. Presenting cor 2. Review of merand treatmen referral, etc.	ncern(s)/problem	(s) ion history, psyc	
NOTES			EXAMPLE ACTIVI	TIES		
			needs Phone assess social history With the patic members, col	ment with the par ment with the par information ent's permission, lateral sources to medical, social se	tient/patient's fa phone contact w collect pertinen	mily to collect
APPLICABLE POPULAT	TON(S)		UNIT		DURATION	
·	Young Adult 8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter☐ DayPROGRAM SERV	☐ 15 Minutes ☐ 1 Hour ICE CATEGORY(IE	Minimum: 5 m Maximum: 10	
☐ Face-to-Face	✓ Individual		⊠ HE (SP)	⊠ U4 (ICM)] HJ (Voc)
☐ Video Conf ☑ Telephone	☐ Group ☐ Family		☐ HK (Residentia		(Respite)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMF1	` ✓ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ RI	\square (1D) PN (SA) \square P.	xN (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (PC						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	☑ PRTF (56) ☑ Shelter (04)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	⊠ ER (23) ⊠ PF-PHP (5 ⊠ School (03 ⊠ Other PO	3)	

	ASSESSMENT –	NON-FACE-TO-FACE	- PHONE ASSESSIV	IENT AND MANA	GEMENT		
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE	
*Not recommended guidelines.	98966 for use; if used,	please follow CPT	Telephone assessment and management provided by qualified non-physician health care professional. ☑ OBH				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS		
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5 - 10 minutes of medical discussion.			Technical Documentation 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 ACTIVI	TIES			
			needs • Phone assessi social history • With the patic members, col	•	tient/patient's fa phone contact v collect pertinen	amily to collect	
APPLICABLE POPULAT	• •		UNIT		DURATION		
⊠ Adol (12-17) (1	Young Adult 8-20)	✓ Adult (21-64)✓ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 5 m Maximum: 10		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	•	•	7 () (==)	
☐ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual ☐ Group ☐ Family		⊠ HE (SP) □ HK (Residentia	•	(ACT) [(Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENT	S						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW 図 LPC 図 LMFT	✓ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A	N (TD) PN (SA) P	xxN (SA) va (PA) vd/do (AF)	
PLACE OF SERVICE (PC							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	区 PRTF (56) 区 Shelter (04)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	区 ER (23) 区 PF-PHP (5 区 School (03 区 Other PO	3)		

	ASSESSMENT –	NON-FACE-TO-FACE	E - PHONE ASSESSMENT AND MANAGEMENT				
CPT®/HCPCS PROCEI	OURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
*Not recommended guidelines.	98967 for use; if used, pleas	se follow CPT	Telephone assessment and management provided by qualified non-physician health care professional. ✓ Medicaid				
SERVICE DESCRIPTION	N		MINIMUM DOCUM	MENTATION REC	QUIREMENTS		
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.			See Section X Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history.				
NOTES			EXAMPLE ACTIVITIE	ES			
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
	-	区 Adult (21-64) 区 Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: 11 Maximum: 20	-	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	E CATEGORY(IE	S)		
☐ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residential)	⊠TN	I (ACT) □ I (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMEN	TS						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A	PN (SA)	xN (SA) A (PA) ID/DO (AF)		
PLACE OF SERVICE (F							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54)	⋈ NF (32)⋈ PRTF (56)⋈ Shelter (04)⋈ SNF (31)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	区 ER (23) 区 PF-PHP (5 区 School (03 区 Other PO	3)		

ASSESSMENT – NON-FACE-TO-FA			- PHONE ASSESSME	ENT AND MANA	GEMENT		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
*Not recommended guidelines.	98967 for use; if used, please	e follow CPT	Telephone assessment and management provided by qualified non-physician health care professional. ☑ OBH				
SERVICE DESCRIPTION	N		MINIMUM DOCUM	MENTATION REC	QUIREMENTS		
a qualified non-phy established patient, a related assessme within the previous 7 management service	nt and management se esician health care pr parent, or guardian no nt and management 7 days not leading to a e or procedure within to appointment; 11-20 m	rofessional to an t originating from service provided n assessment and the next 24 hours	Technical Docume See Section X Service Content 1. Presenting col 2. Review of mediand treatment 3. Disposition – I	ncern(s)/probler dical and medica t history.	n(s) ation history, psy	rchosocial, family, c.	
NOTES			EXAMPLE ACTIVIT	IES			
			1	ent with the pat	ient/patient's fa phone contact w collect pertinen	mily to collect	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION		
l · · · ·	_	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day [□ 15 Minutes □ 1 Hour	Minimum: 11 Maximum: 20		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIC				
☐ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual □ Group □ Family		⊠ HE (SP) ☐ HK (Residential)		I (ACT) □ I (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMEN	TS						
□ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	⊠ LCSW () ⊠ LPC ⊠ LMFT	✓ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A	PN (SA)	xN (SA) A (PA) MD/DO (AF)	
PLACE OF SERVICE (F							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	☑ NF (32) ☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31)	✓ FQHC (50)✓ RHC (72)✓ Inpt Hosp (21)✓ Inpt PF (51)	区 ER (23)区 PF-PHP (5区 School (03)区 Other PO	3)		

	ASSESSMENT – N	- PHONE ASSESSME	NT AND MANA	GEMENT				
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	E DESCRIPTION		USAGE		
*Not recommended f	· ·			Telephone assessment and management provided by qualified non-physician health care professional.				
SERVICE DESCRIPTION	N	MINIMUM DOCU	MENTATION RE	QUIREMENTS				
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 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 ACTIVIT	TIES				
			needsPhone assessm social history iiWith the patie members, colla	nformation	tient/patient's fa phone contact v collect pertiner	amily to collect		
APPLICABLE POPULA	TION(S)		UNIT		DURATION			
	-	Adult (21-64) Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: 21 Maximum: 30	-		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE		•			
☐ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residential)		(ACT) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENT	rs							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A	PN (SA)	XN (SA) A (PA) ID/DO (AF)		
PLACE OF SERVICE (P								
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	✓ PRTF (56)✓ Shelter (04)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	区 ER (23) 区 PF-PHP (52 区 School (03) 区 Other POS	•			

	ASSESSMENT – N	NON-FACE-TO-FAC	CE - PHONE ASSESSM	ENT AND MANAG	SEMENT			
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE		
*Not recommended f	98968 for use; if used, pleas	se follow CPT	Telephone assessment and management provided by qualified non-physician health care professional. ✓ OBH					
SERVICE DESCRIPTION	N		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.			Review of med and treatment	ncern(s)/problem(dical and medicati	s) on history, psyc			
NOTES			EXAMPLE ACTIVITIES					
			 Phone assessme social history inf With the patient members, collat 	nt with the patier	nt/patient's fam one contact with llect pertinent in	h family		
APPLICABLE POPULA	TION(S)		UNIT		DURATION			
• •	-	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 21 Maximum: 30	-		
ALLOWED MODE(S) (OF DELIVERY		PROGRAM SERVICE					
☐ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual □ Group □ Family		☑ HE (SP)☐ HK (Residential)	⊠ U4 (I ⊠ TM (□ HM (ACT) \square (Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMENT	rs							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LMFT	∑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□CAC I ⊠ RN	PN (SA)	Rxn (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (P								
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	☑ NF (32) ☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31)	 ✓ FQHC (50) ✓ RHC (72) ✓ Inpt Hosp (21) ✓ Inpt PF (51) 	区 ER (23) 区 PF-PHP (52) 区 School (03) 区 Other POS (

EVALU	IATION AND MANAGEN	MENT - OFFICE OR OT	HER OUTPATIE	NT- NEW	& ESTABL	ISHED PATIEN	Γ
CPT®/HCPCS PROCEDU	IRE CODE				PROCEDU	RE CODE	USAGE
CFT /HCFC3 PROCEDO	JRE CODE				DESCRIPT	ION	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 					Office or 0		☑ Medicaid
SERVICE DESCRIPTION	n making. Typical time s	pent is 40 minutes.	MINIMUM DO	CLIMENT	ATION DE	OLUDEMENTS	
other outpatient setting an individual with pres	or face to face services og for the evaluation and enting problem(s) of va I outpatient until inpation	d management of rying severity.	Technical Doct See Section X See <u>Appendix</u>		•		rvices.
NOTES			EXAMPLE ACT	IVITIES			
APPLICABLE POPULAT			UNIT			DURATION	
区 Child (0-11) 区 Adol (12-17)	⊠ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ Day	□ 1 Ho		billing as a tin	typical times for ne-based code
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SEI	RVICE CA	-	•	
☑ Face-to-Face☑ Video Conf☐ Telephone	☑ Individual □ Group ☑ Family		⊠ HE (SP) □ HK (Resider	ntial)	□ U4 (I □ TM (□ HM	ACT) \square (Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS	3						
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern	☐ LCSW (AJ)☐ LPC☐ LMFT	☐ Unlicensed Mast ☐ Unlicensed EdD/ ☐ Licensed EdD/Phl	PhD/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/L □ RN (TI ☑ APN (□ QMAI	D) 🗵 RXN SA) 🗵 PA	
PLACE OF SERVICE (PO	_ ·						
☑ CMHC (53) ☑Office (11) ☑Mobile Unit (15)	☑ FQHC (50) ☑ RHC (72) ☑Outpt Hospital(22)	✓ Independent Clin✓ School (03)✓ NRSATF (57)	ic (49) 🗵 Tele	ehealth (0)2)		

EVALUA	TION AND MANAGEME	NT - OFFICE OR OT	HER OUTPATIENT- NEW	/ & ESTABL	ISHED PATIENT		
CPT®/HCPCS PROCEDUR	E CODE			PROCEDU	RE CODE	USAGE	
CP1°/HCPC3 PROCEDUR	E CODE			DESCRIPT	ION	USAGE	
New Patient				Office or 0	Other		
99201 requires problem	focused history, problem	m focused examina	ition, and straight	Outpatien	t Services.	☑ OBH	
forward medical o	decision making. Typical	time spent is 10 m	inutes.				
99202 requires expanded	d problem focused histo	ory, expanded prob	lem focused				
examination, and	straightforward medica	I decision making.	Typical time spent is				
20 minutes.							
99203 requires detailed	history, detailed examin	nation, and low con	nplexity medical				
decision making. ⁻	Typical time spent is 30	minutes.					
99204 requires compreh							
complexity medic	al decision making. Typi	ical time spent is 45	5 minutes.				
99205 requires compreh			n, and high complexity				
medical decision r	making. Typical time spe	ent is 60 minutes.					
Established patient							
99212 requires problem							
_	nedical decision making.						
99213 requires expande							
	low complexity medical	l decision making. 1	Typical time spent is				
15 minutes.							
99214 requires detailed	• .		te complexity medical				
_	Typical time spent is 25						
99215 requires compreh			n, and high complexity				
	making. Typical time spe	ent is 40 minutes.					
SERVICE DESCRIPTION		66	MINIMUM DOCUMEN		-		
These codes are used for			Technical Documentation Requirements See Section X				
other outpatient setting		-					
an individual with preser			See Appendix G for more information on E/M services.				
A patient is considered o	utpatient until inpatien	t aumission to a					
hospital occurs. NOTES			EXAMPLE ACTIVITIES				
NOTES			EXAMPLE ACTIVITIES				
APPLICABLE POPULATIO	N(S)		UNIT		DURATION		
74112167652211010271110	11(0)	✓ Adult (21-	O.III.		2010111011		
☑ Child (0-11)		64)	☑ Encounter ☐ 15	Minutes	See chart for t	ypical times for	
⊠ Adol (12-17)	(18-20)	⊠ Geriatric	□ Day □ 1H		billing as a tim		
_ / (22 2/)	(10 10)	(65+)		· · ·	28 45 4 4		
ALLOWED MODE(S) OF I	DELIVERY	()	PROGRAM SERVICE CA	ATEGORY(IE	:S)		
_	_		⊠ HE (SP)	□ U4 (I		HJ (Voc)	
▼ Face-to-Face	⊠ Individual		☐ HK (Residential)	□ TM (•	HQ (Clubhouse)	
☑ Video Conf	☐ Group		, ,			TT (Recovery)	
☐ Telephone	☑ Family				`	HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist	□ LCSW (AJ)	☐ Unlicensed Mast	er's Level (HO)	☐ LPN/L		(SA)	
☐ Bachelor's Level (HN)	□ LPC	☐ Unlicensed EdD/	PhD/PsyD (HP)	□ RN (T	D) 🔽 DA (1		
☑ Intern	☐ LMFT	☐ Licensed EdD/Ph	D/PsyD (AH)	⊠ APN (□ QMAI	· X // D/	DO (AF)	
PLACE OF SERVICE (POS)			Шелеш	LI QIVIAI			
☑ CMHC (53)	☑Outpt Hospital(22)		ndependent Clinic (49)	X Tel	ehealth (02)		
⊠Office (11)	☑ FQHC (50)		chool (03)				
⊠Mobile Unit (15)	⊠ RHC (72)		RSATF (57)				
· /	<u>`</u>						

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) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Typical time spent:☐ Day☐ 1 Hourless	: 5 minutes or			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf☐ Group☐ Telephone☑ Family	□ HM □ TT (R	/oc) (Clubhouse) Recovery) Prev/EI)			
STAFF REQUIREMENTS					
□ Peer Specialist	PhD/PsyD (HP)	(AF) d/Registered			
PLACE OF SERVICE (POS)					
⊠CMHC (53)⊠ Outp Hospital (22)⊠Office (11)⊠ FQHC (50)⊠Mobile Unit (15)⊠ RHC (72)	☑ Independent Clinic (49) ☑ NRSATF (57)				

EV	ALUATION AND IV	ANAGEMENT - OFFIC	E OR OTHER OUTP	ATIENT – ESTA	BLISHED PATI	ENT		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CO	DE DESCRIPT	ION		USAGE	
	99211		Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal. ☑ OBH				☑ ОВН	
SERVICE DESCRIPTION	ON		MINIMUM DOC	UMENTATIO	N REQUIREN	/IENTS		
This service is an "incide provided if the patient physician or qualified to provide direct supe. The service code is use other trained nurse's at that do not require the blood pressure or weight follow-up on side effect The code is generally reprically 5 minutes or	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 POPUL	ATION(S)		UNIT		DURAT	ION		
• •	Young Adult 8-20)	✓ Adult (21-64)✓ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Typical t less	ime spen	nt: 5 minutes or	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	ICE CATEGO	RY(IES)			
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual □ Group ☑ Family		☑ HE (SP) ☐ HK (Residential)) □ TN	I (ICM) И (ACT) И (Respite)		(Voc) ((Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMEN	ITS							
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Peer Specialist☐	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	RxN (S Ry PA (PA MD/Do Certific Medical A	A) O (AF) ed/Registered	
PLACE OF SERVICE (•							
区MHC (53) 区Office (11) 区Mobile Unit (15)	✓ Outp Hospital (:✓ FQHC (50)✓ RHC (72)		☑ Independent Clir ☑ NRSATF (57)	nic (49)				

I	AL OBSERVATION -	OBSERVA	ATION (CARE DISCH	HARGE			
CPT®/HCPCS PRO	CEDURE CODE		PROCEDURE COD	E DESCRIF	PTION			USAGE
	99217		Observation Care discharge day management when provided on a day other than day of				☑ Medicaid	
			admission.	, , ,		,		
SERVICE DESCRIPT	TION		MINIMUM DOCU	MENTATI	ON REC	QUIREMEN'	TS	
This code is to be	utilized to report all se	rvices provided to a	Technical Docume	entation F	Require	ments		
patient on dischar	ge from Observation s	tatus if discharged	See Section X					
on a day other tha	n the initial date of Ol	oservation status.	The final examinat					
	to a patient designate		instructions for co	ntinuing o	care and	d preparati	on of d	ischarge
	status admitted and o		records.					
same date use coo	le range 99234-99236		See <u>Appendix G</u> for	r more in	formati	ion on E/M	service	es.
NOTES		EXAMPLE ACTIVIT	TIFS					
110123	EXAMINE EL ACTIVIT	ILJ						
APPLICABLE POPU	UNIT DURATION							
☑ Child (0-11)	⊠ Young Adult	☑ Adult (21-64)	☑ Encounter	☐ 15 Min	utes	See chart	for typi	ical times for
⊠ Adol (12-17)	(18-20)	☑ Geriatric (65+)	□ Day	□ 1 Hour				pased code
ALLOWED MODE	S) OF DELIVERY		PROGRAM SERVIO	CE CATEG	ORY(IES	5)		
▼ Face-to-Face	▼ Individual		☑ HE (SP)		□ U4	(ICM)	□ H.	l (Voc)
☐ Video Conf	☐ Group		☐ HK (Residential)	\Box TM	(ACT)		Q (Clubhouse)
☐ Telephone	☐ Group ☐ Family				□нм	(Respite)		「(Recovery)
•	<u> </u>						□н	T (Prev/EI)
STAFF REQUIREM	ENTS					<u> </u>		
☐ Peer Specialist	□ LCSV	V (AJ) Unlicensed I	Master's Level (HO)	□LAC □CAC I		N/LVN (TE)	⊠ RxN	N (SA)
☐ Bachelor's Level (I	HN) □ LPC	☐ Unlicensed E	EdD/ PhD/PsyD (HP)	□CAC II		N (TD) PN (SA)	× PA	
☑ Intern		Γ □ Licensed EdΩ	D/PhD/PsyD (AH)	□CACIII	□ QI	` '	⊠ MD	/DO (AF)
PLACE OF SERVICE	(POS)							
	☑ Inpt Hosp (21)		☑ PF-PHP					
☑ Off Campus	On Campus Out	ot Surgical center	(52)	✓ PRT	C (56)			
Outpt Hosp (19)	Hospital (22)	(24)	区MHC (53)	∠ CIRE	F (61)			
Outht Hosh (19)	区 ER (23)	☑ Inpt PF (51)	Res SUD TF	⋉ COF	RF (62)			
			(55)	⋉ ESR	DTF (65	5)		

EVALUATION AND MANAGEMENT - HOSPITAL OBSE					- OBSE	RVATION	CARE DISCH	HARGE	
CPT®/HCPCS PROCEDU	JRE CODE		PRO	PROCEDURE CODE DESCRIPTION USAGE				USAGE	
99217				Observation Care discharge day management when provided on a day other than day of				☑ OBH	
SERVICE DESCRIPTION			MII	NIMUM DOCU	JMENT	ATION RE	QUIREMEN	TS	
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				AMPLE ACTIVI	TIES				
APPLICABLE POPULATION(S)				UNIT DURATION					
☑ Child (0-11) ☑ `	Young Adult ✓ Adult (21-64) 8-20) ✓ Geriatric (65+)			Encounter Day	☐ 15 Minutes See chart for typi ☐ 1 Hour billing as a time-b				
ALLOWED MODE(S) O		, , ,	PROGRAM SERVICE CATEGORY(IES)						
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual □ Group □ Family			HE (SP) HK (Residentia	I)		(ICM) 1 (ACT) 1 (Respite)		HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS	S								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed I ☐ Unlicensed I ☐ Licensed EdI	EdD/ F	PhD/PsyD (HP)	□LAC □CAC □CAC	CI □R	PN/LVN (TE) N (TD) IPN (SA) IMAP	⊠ Rxi ⊠ PA ⊠ MC	` '
PLACE OF SERVICE (PC	S)								
☑ Off Campus Outpt Hosp (19) ☑ Urgent Care facility (20)	☑ Inpt Hosp (21) ☑ On Campus Outpt Hospital (22) ☑ ER (23)	✓ AmbulatorySurgical cent(24)✓ Inpt PF (51	er	 ☑ PF-PHP (52) ☑ CMHC (53) ☑ Res SUD TF (55) 	× (PRTC (56) CIRF (61) CORF (62) SRDTF (6	5)		

EVALUATION AND MANAGEMENT - HOSP	PITAL OBSERVATION - INITIAL OBSERVATION CARE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99218 requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes 99219 requires comprehensive history, comprehensive 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) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	UNIT DURATION ☑ Encounter ☐ 15 Minutes See chart for typic ☐ Day ☐ 1 Hour billing as a time-b				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf☐ Group☐ Telephone☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	$ \begin{array}{c cccc} \text{Master's Level (HO)} & \square \text{LAC} & \square \text{ LPN/LVN (TE)} \\ \square \text{CAC I} & \square \text{ RN (TD)} & \boxtimes \text{ RxN} \\ \square \text{CAC II} & \boxtimes \text{ APN (SA)} & \boxtimes \text{ PA (} \\ \square \text{CACIII} & \square \text{ QMAP} & \boxtimes \text{ MD,} \\ \end{array} $				
PLACE OF SERVICE (POS)					
☑ Off Campus ☑ Inpt Hosp (21) ☑ Ambulatory Outpt Hosp (19) ☑ On Campus Surgical center (2 ☑ Urgent Care Outpt Hospital (22) ☑ Inpt PF (51) facility (20) ☑ ER (23)	 ☑ PF-PHP (52) ☑ PRTC (56) ② CMHC (53) ☑ CIRF (61) ☑ Res SUD TF ☑ CORF (62) (55) ☑ ESRDTF (65) 				

E	VALUATION AND N	ANAGEMENT - HOSP	ITAL OBSERVATIO	N - INITIAL OB	SERVATION CARE		
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COL	DE DESCRIPTIO	N	USAGE	
99218 requires details or comprehens complexity me minutes 99219 requires complexity requires complexity requires complexity requires complexity requires complexity for exam, high complexity requires described in the complexity requires details or complexity requires details or complexity requires details or complexity requires details or complexity requires requires described in the complexity requires details or complexity requires details or complexity requires require	Initial observation		, for the evaluation	⊠ OВН			
Typical time is SERVICE DESCRIPTION							
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			Technical Documentation Requirements See Section X See Appendix G for more information on E/M services.				
should be included in NOTES	the single code.		EXAMPLE ACTIVITIES				
⊠ Adol (12-17) (☑ Young Adult 18-20)	☑ Adult (21-64)☑ Geriatric (65+)	UNIT ⊠ Encounter □ Day	☐ 15 Minutes	billing as a time-		
ALLOWED MODE(S) C ☑ Face-to-Face ☐ Video Conf ☐ Telephone	OF DELIVERY ☑ Individual ☐ Group ☑ Family		PROGRAM SERV] (ار	U4 (ICM)	HJ (Voc) HQ (Clubhouse) TT (Recovery)	
STAFF REQUIREMENT	rs .					HT (Prev/EI)	
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □	l LPN/LVN (TE) l RN (TD) ⊇ APN (SA) ⊒ QMAP				
PLACE OF SERVICE (P	•						
☑ Off CampusOutpt Hosp (19)☑ Urgent Care facility (20)	☑ Inpt Hosp (21) ☑ On Campus Outpt Hospital (22 ☑ ER (23)		☑ PF-PHP 4) (52) ☑ CMHC (53) ☑ Res SUD Ti (55)	•) 2)		

	EVALUATIO	ON AND MA	NAGEMENT - H	OSPITAL INPATIEN	IT- INITIAL HO	SPITAL CARE	
CPT®/HCPCS PROCE	OURE CODE			PROCEDURE COD	E DESCRIPTIO	N	USAGE
	99221			Initial hospital care, per day, for the evaluation Medicaid			
			and management				
SERVICE DESCRIPTION						-)
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 e See <u>Appendix G</u> fo			g/ coordinating care") ervices.
NOTES				EXAMPLE ACTIVIT	TIES		
This procedure code DOS. Only one 992: MD/DO typically spe	21 should be	rendered pe	er admission.				
APPLICABLE POPULA	TION(S)			UNIT		DURATION	
⊠ Adol (12-17)	⊠ Young Adult 18-20)		ult (21-64) riatric (65+)		☐ 15 Minutes ☐ 1 Hour		or typical times for time-based code
ALLOWED MODE(S)	OF DELIVERY			PROGRAM SERVI	CE CATEGORY	(IES)	
☑ Face-to-Face☐ Video Conf☐ Telephone	Individence□ GroupFamily	ual		☑ HE (SP) ☐ HK (Residential	I) □ Tr	4 (ICM) И (ACT) И (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMEN	TS						
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern) □	l LCSW (AJ) l LPC l LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □	KN (ID)	⊠RxN (SA) □ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (F							
☑ Inpt Hosp (21)	⊠ Inpt PF (5	1) 🗵	PF-PHP (52)				

EVALUATION A	ND MANAGEMENT - H	OSPITAL INPATIEN	IT- INITIAL HOSP	ITAL CARE	
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
99221		Initial hospital care, per day, for the evaluation			
	and management				
SERVICE DESCRIPTION		MINIMUM DOCU			
Initial inpatient/partial hospital encounter patient by the admitting MD/DO. Usus requiring admission are low severity. The are required: • Detailed/comprehensive history • Detailed/comprehensive examinate • Medical decision-making that is structure complexity When counseling and/or coordination (more than 50%) the MD/DO-patient and (face-to-face time on the floor/unite considered the key/controlling factor to 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")				
NOTES		See Appendix G for EXAMPLE ACTIVITY			
This procedure code represents all servi- DOS. Only one 99221 should be rende MD/DO typically spends 30 minutes at th	ered per admission.				
APPLICABLE POPULATION(S)		UNIT		DURATION	
☑ Child (0-11)☑ Young Adult☑ Adol (12-17)☑ (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	□ Day	□ 15 Minutes □ 1 Hour	See chart for typ billing as a time-	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI			
☑ Face-to-Face ☑ Individual ☐ Video Conf ☐ Group ☐ Telephone ☒ Family		☑ HE (SP) ☐ HK (Residential		ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ LCSV☐ Bachelor's Level (HN) ☐ LPC☐ Intern ☐ LMF	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	PN/LVN (TE) N (TD) LPN (SA) MAP □ PA □ ME	
PLACE OF SERVICE (POS)					
☑ Inpt Hosp (21) ☑ Inpt PF (51)	☑ PF-PHP (52)				

EVALUATION AND MANAGEMENT -	HOSPITAL INPATIENT - INITIAL HOSPITAL CARE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
99222	Initial hospital care, per day, for the evaluation Medicaid			
	and management of a patient (moderate severity)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key components are required: • 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")			
NOTEC	See Appendix G for more information on E/M services. 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 ☑ Adult (21-64) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ billing as a time-based code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face ☑ Individual ☐ Video Conf ☐ Group ☐ Telephone ☑ Family	 ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI) 			
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Unlicensed □ Intern □ LMFT □ Licensed Ec	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH) □CAC II □ RN (TD) □ PA (PA) □CAC II □ APN (SA) □ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)				

EVALUATION AND MANAGEMENT - F	HOSPITAL INPATIENT - INITIAL HOSPITAL CARE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
99222	Initial hospital care, per day, for the evaluation			
	and management of a patient (moderate severity)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Initial inpatient/partial hospital encounter, per day, with the	Technical Documentation Requirements			
patient by the admitting MD/DO. Usually, the problem(s)	See Section X			
requiring admission are moderate severity. Three key components are required:	Service Content Documentation for each patient encounter includes:			
Comprehensive history	Reason for encounter and relevant history, physical examination			
Comprehensive examination	findings and prior diagnostic tests			
Medical decision-making of moderate complexity	Assessment, clinical impression and diagnosis			
When counseling and/or coordination of care dominates	3. Plan for care			
(more than 50%) the MD/DO-patient and/or family encounter	4. Date and identity of provider			
(face-to-face time on the floor/unit/hospital), time is	5. Past diagnoses			
considered the key/controlling factor to qualify for the level	6. Appropriate health risk factors			
of service.	7. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable			
	Counseling and/or activities performed to coordinate patient			
	care			
	Where time is significant to encounter, documentation that			
	more than 50% of time spent with patient was used counseling			
	and coordinating care is required			
	Time spent must also be documented (e.g., "30 minutes of the			
	50 minute encounter was used counseling/ coordinating care")			
	See Appendix G for more information on E/M services.			
NOTES	EXAMPLE ACTIVITIES			
This procedure code represents all services rendered on the DOS. Only one 99222 should be rendered per admission.	Partial hospital admission for an adolescent patient from chaotic blended family, transferred from inpatient setting, for continued			
MD/DO typically spends 50 minutes at the patient's bedside.	treatment to control symptomatic expressions of hostility and			
typically sperior so minutes at the patient's beasine.	depression.			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes See chart for typical times for			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-based code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)			
□ Video Conf □ Group	☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse)			
☐ Telephone ☑ Family	☐ HM (Respite) ☐ TT (Recovery)			
· · · · · · · · · · · · · · · · · · ·	☐ HT (Prev/EI)			
STAFF REQUIREMENTS	Marked Lac			
	Master's Level (HO) TCACL TRN (TD) RNN (SA)			
	EdD/ PhD/PsyD (HP)			
	D/PND/PSyD (AH) □CACIII □ QMAP ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)				

EVALUATION AND MANAGEMENT -	HOSPITAL INPATIENT- INITIAL HOSPITAL CARE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity) Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are acute/high severity. Three key components are required: • Comprehensive history • Comprehensive examination • Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	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")			
NOTES	EXAMPLE ACTIVITIES			
This procedure code represents all services rendered on the DOS. Only one 99223 should be rendered per admission. MD/DO typically spends 70 minutes at the patient's bedside.	 Initial hospital visit for 55-year-old female in chronic pain who has attempted suicide. Initial partial hospital admission for 16-year-old male, sullen and subdued, with 6-month history of declining school performance, increasing self-endangerment, and resistance to parental expectations. 			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ billing as a time-based code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf☐ Group☐ Telephone☑ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RxN (SA) EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) □ PA (PA) □/PhD/PsyD (AH) □CAC II □ QMAP □ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)				

Revised: September 30, 2019 Effective: October 1, 2019

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- INITIAL HOSPITAL CARE							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE						
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity)						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are acute/high severity. Three key components are required: • Comprehensive history • Comprehensive examination • Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	Technical Documentation Requirements See 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")						
NOTES	See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES						
This procedure code represents all services rendered on the DOS. Only one 99223 should be rendered per admission. MD/DO typically spends 70 minutes at the patient's bedside.	 Initial hospital visit for 55-year-old female in chronic pain who has attempted suicide. Initial partial hospital admission for 16-year-old male, sullen and subdued, with 6-month history of declining school performance, increasing self-endangerment, and resistance to parental expectations. 						
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ billing as a time-based code						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
☑ Face-to-Face☑ Video Conf☐ Group☐ Telephone☑ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HT (Recovery) ☐ HT (Prev/EI)						
STAFF REQUIREMENTS							
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RxN (SA) EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) □ PA (PA) D/PhD/PsyD (AH) □CAC II □ QMAP □ MD/DO (AF)						
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	Subsequent hospital care, per day, for the					
focused exam, and straight forward or low complexi						
medical decision making. Typical time is 15 minutes.						
99225 expanded problem focused interval history, expande	ed					
problem focused exam, and moderate complexity						
medical decision making. Typical time is 25 minutes.						
99226 requires detailed interval history, detailed exam, hig						
complexity medical decision making Typical time is 3						
minutes. SERVICE DESCRIPTION	PAINURALINA DOCUMATRITATION DEGLUDERATRITE					
	MINIMUM DOCUMENTATION REQUIREMENTS					
All levels of subsequent observation care include reviewing	Technical Documentation Requirements					
the medical record and reviewing the results of diagnostic	See Section X					
studies and changes in the patient's status (i.e., changes in history, physical condition, and response to management)	See Appendix G for more information on E/M services.					
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.						
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					
	☐ Day ☐ 1 Hour billing as a time-based code					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
	☑ HE (SP) □ U4 (ICM) □ HJ (Voc)					
☐ Face-to-Face ☐ Individual	☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse)					
☐ Video Conf ☐ Group	☐ HM (Respite) ☐ TT (Recovery)					
☐ Telephone	☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicens	sed Master's Level (HO)					
	and EdD/ PhD/PayD (HP) LICACT LI RN (TD)					
,	EdD/PhD/PsyD (AH) LICAC II APN (SA) MD/DO (AE)					
DI ACE OF SERVICE (DOS)	CACIII QMAP					
PLACE OF SERVICE (POS) V Outpt Hospital(22)						
☑ Outpt Hospital(22)						

EVALUATION AND MANAGEMENT - HOSPITA	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	Subsequent hospital care, per day, for the evaluation and management of a patient.	⊠ ОВН					
minutes. SERVICE DESCRIPTION	MINIMUM DOCUMENTATION PEOLIDEMENTS						
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 Al to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations, e.g. ER or office should be included in the single code. Services provided subsequent to the initial hospital care should be billed using one of the subsequent care codes. Choose the code based on the whether the service is initial or subsequent care and by the level of code.	See Section X See Appendix G for more information on E/M services. The first per of lend lend lend lend lend lend lend lend						
NOTES	EXAMPLE ACTIVITIES						
APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	UNIT DURATION ☐ Encounter ☐ 15 Minutes See chart for typi ☐ Day ☐ 1 Hour billing as a time-temperature of the control of the						
 ☑ Face-to-Face ☑ Individual ☐ Video Conf ☐ Group ☐ Telephone ☑ Family 	□ HE (SP) □ U4 (ICM) □ I □ HK (Residential) □ TM (ACT) □ HM (Respite) □ I	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)					
STAFF REQUIREMENTS							
□ Bachelor's Level (HN) □ LPC □ Unlicensed ☑ Intern □ LMFT □ Licensed Ed	Master's Level (HO) □LAC □LPN/LVN (TE) □RN (TD) □RN (TD) □ PA D/PhD/PsyD (AH) □CAC II □ APN (SA) □ MD □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)	- Ivicalcula					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Subsequent hospital care includes medical record review,	Technical Documentation Requirements						
diagnostic studies review, along with a review of changes in	See Section X						
patient's status (i.e., changes in history, physical condition	Service Content Desumentation for each nations encounter includes:						
and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components:	Documentation for each patient encounter includes: 1. Reason for encounter (i.e., follow-up on condition)						
MD/DO. Requires at least 2 of these 3 components.	Condition being followed						
A problem-focused interval history	 Any changes in relevant history, physical examina 	ation findings.					
A problem-focused examination	and/or prior diagnostic tests						
 Medical decision-making that is straightforward/of low 	4. Assessment, clinical impression/diagnosis						
complexity	5. Plan for care						
	6. Date and identity of provider						
When counseling and/or coordination of care dominates	7. Past and present diagnoses						
(more than 50%) the MD/DO-patient and/or family encounter	8. Appropriate health risk factors						
(face-to-face time on the floor/unit/hospital), time is	9. Patient's progress, response to and changes in tre	eatment, and					
considered the key/controlling factor to qualify for the level	revision in diagnosis if applicable						
of service.	10. Counseling and/or activities performed to coordinate	nate patient					
	care						
	 Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling 						
	and coordinating care is required						
	Time spent must also be documented (e.g., "10 minutes of the						
	15 minute encounter was used counseling/ coo						
	See Appendix G for more information on E/M service						
NOTES	EXAMPLE ACTIVITIES						
Usually, the patient is stable, recovering/improving. The	 Subsequent hospital visit for 14-year-old female i 						
MD/DO typically spends 15 minutes at the patient's bedside.	of inpatient treatment; now behaviorally stable and making						
	satisfactory progress in treatment.						
APPLICABLE POPULATION(S)	UNIT DURATION	inal time an fam					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 15 Minutes ☐ See chart for typi ☐ Day ☐ 1 Hour ☐ billing as a time-b						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	Jased Code					
` .		HJ (Voc)					
☑ Face-to-Face ☑ Individual	, ,	HQ (Clubhouse)					
☐ Video Conf ☐ Group		TT (Recovery)					
☐ Telephone		HT (Prev/EI)					
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed N	Master's Level (HO) □LAC □ LPN/LVN (TE) ⊠ RxN	I (SA)					
☑ Intern ☐ LMFT ☐ Licensed EdD	D/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD	/DO (AF)					
PLACE OF SERVICE (POS)							
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)							

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE						
99231	Subsequent hospital care, per day (stable, ☑ OBH						
SERVICE DESCRIPTION	recovering or improving patient) MINIMUM DOCUMENTATION REQUIREMENTS						
Subsequent hospital care includes medical record review,	Technical Documentation Requirements	13					
diagnostic studies review, along with a review of changes in	See Section X						
patient's status (i.e., changes in history, physical condition	Service Content						
and response to management) since the last assessment by	Documentation for each patient encounter includes:						
MD/DO. Requires at least 2 of these 3 components:	1. Reason for encounter (i.e., follow-up on condition)						
	Condition being followed						
 A problem-focused interval history 	3. Any changes in relevant history, physical e	xamination findings,					
 A problem-focused examination 	and/or prior diagnostic tests						
 Medical decision-making that is straightforward/of low 	4. Assessment, clinical impression/diagnosis						
complexity	5. Plan for care						
NA/hour consoling and/ou constitution of court description	6. Date and identity of provider						
When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter	7. Past and present diagnoses8. Appropriate health risk factors						
(face-to-face time on the floor/unit/hospital), time is	 Patient's progress, response to and change 	as in treatment and					
considered the key/controlling factor to qualify for the level	revision in diagnosis if applicable	25 III Creatificite, and					
of service.	10. Counseling and/or activities performed to	coordinate patient					
	care						
	 Where time is significant to encounter, 	documentation that					
	more than 50% of time spent with patient was used counseling						
	and coordinating care is required						
	• Time spent must also be documented (e.g., "10 minutes of the						
	15 minute encounter was used counseling/ coordinating care")						
NOTES	See Appendix G for more information on E/M EXAMPLE ACTIVITIES	services.					
Usually, the patient is stable, recovering/improving. The	Subsequent hospital visit for 14-year-old	emale in middle nhase					
MD/DO typically spends 15 minutes at the patient's bedside.	of inpatient treatment; now behaviorally stable and making						
, ,, , ,	satisfactory progress in treatment.						
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)		for typical times for					
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)		time-based code					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
☑ Face-to-Face ☐ Group	☑ HE (SP)☐ U4 (ICM)☐ TM (ACT)	☐ HJ (Voc) ☐ HQ (Clubhouse)					
☐ Video Conf	☐ HM (Respite)	☐ TT (Recovery)					
☐ Telephone	E min (nespite)	☐ HT (Prev/EI)					
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed N	Master's Level (HO)	⊠ RxN (SA)					
□ Peer specialist □ LCSW (AS) □ Unilcensed EddD/PhD/PsyD (HP) □ CAC I □ RN (TD) □ PA (PA) □ CAC I □ RN (SA) □ PA (PA)							
	D/PhD/PsyD (AH)	☑ 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")					
NOTES	See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES					
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside.	Subsequent hospital visit for a 46-year-old male who complains of symptoms related to recent adjustments to psychotropic medications.					
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ billing as a time-based code					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Video Conf☐ Group☐ Telephone☑ Family	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)					
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed E	Master's Level (HO) □LAC □ LPN/LVN (TE) □RXN (SA) EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) □ PA (PA) D/PhD/PsyD (AH) □CAC II □ QMAP □ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)						

EVALUATION AND MANAGEMENT - HOS	PITAL INPATIENT- SUBSEQUENT HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
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")					
NOTES	EXAMPLE ACTIVITIES					
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside.	 Subsequent hospital visit for a 46-year-old male who complains of symptoms related to recent adjustments to psychotropic medications. 					
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	Image: Second control of the contr					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Video Conf☐ Group☐ Telephone☑ Family	☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)					
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed E	Master's Level (HO) □LAC □ LPN/LVN (TE) □RN (TD) □ PA (PA) EdD/ PhD/PsyD (HP) □CAC II ☑ APN (SA) □ PA (PA) D/PhD/PsyD (AH) □CAC III □ QMAP ☑ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)						

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE										
CPT®/HCPCS PROCE				PROCEDURE CO					USAGE	
	99233			Subsequent hospital care, per day (unstable patient or the development of significant complications or problems) ✓ Medicaid						
SERVICE DESCRIPTIO	N			MINIMUM DOC	UMENTATI	ON RE	QUIREMEN'	TS		
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 Usually, the patient	is unstable/has	developed	d a significant	 Subsequent 		t for ar	n adolescen	t patier	nt who is violent.	
complication/new pr	oblem. The MD		-	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 POPULA	TION(S)			UNIT			DURATIO			
⊠ Adol (12-17) (⊠ Young Adult (18-20)		lult (21-64) eriatric (65+)	⊠ Encounter □ Day	□ 15 Min □ 1 Hour		billing as a		cal times for pased code	
ALLOWED MODE(S)	OF DELIVERY			PROGRAM SERV	VICE CATEG					
☑ Face-to-Face☐ Video Conf☐ Telephone	Individua☐ GroupFamily	al		☐ HM (Respite) ☐ TT (Re				HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)		
STAFF REQUIREMEN	TS									
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern) 🗆 1	LCSW (AJ) LPC LMFT	☐ Unlicensed E	ensed Master's Level (HO) ensed EdD/ PhD/PsyD (HP) eled EdD/PhD/PsyD (AH) DLAC DRN (TD)				PA)		
PLACE OF SERVICE (F		Tre-	DE DUD (53)							
☑ Inpt Hosp (21)	☑ Inpt PF (51)	<u> X</u>	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 Usually the national is unstable/has developed a significant	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 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☐ Telephone☑ Family	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
□ Bachelor's Level (HN) □ LPC □ Unlicensed □ LMFT □ Licensed Edl	Master's Level (HO) □ LAC □ LPN/LVN (TE) EdD/ PhD/PsyD (HP) □ CAC II □ RN (TD) □ PA (PA) D/PhD/PsyD (AH) □ CAC III □ APN (SA) □ 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	Same day admit/discharge observation/inpatient					
comprehensive exam, straight forward or low	Evaluation and Management services.	☑ Medicaid				
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						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The following codes are used to report evaluation and	Technical Documentation Requirements					
management services provided to hospital inpatient patients.	See Section X					
Hospital inpatient services include those services provided to	See Appendix G for more information on E/M service	es.				
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.						
NOTES	EXAMPLE ACTIVITIES					
APPLICABLE POPULATION(S)	UNIT DURATION					
□ Child (0-11) □ Young Adult □ Adult (21-64)		ical times for				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-b					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☑ Individual	` '	J (Voc)				
☐ Video Conf ☐ Group		Q (Clubhouse)				
☐ Telephone ☐ Family		Γ (Recovery)				
		T (Prev/EI)				
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed	Master's Level (HO) □ CACL □ RN/(TD) □ RXN	.I (SA)				
· · · · · · · · · · · · · · · · · · ·	EdD/ PhD/PsyD (HP) LICACT LI RN (TD)					
, ,		/DO (AF)				
	LICACIII LI QIMAP	· ·				
PLACE OF SERVICE (POS) ☑ Outpt Hospital(22) ☑ PF-PHP (52)						
☑ Outpt Hospital(22) ☑ PF-PHP (52) ☑ Inpt Hosp (21)						
⊠ Inpt PF (51)						
— ···le- · · /0-/						

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99234 requires detailed or comprehensive history, detailed or	Same day admit/discharge observation/inpatient				
comprehensive exam, straight forward or low	Evaluation and Management services.	☑ OBH			
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					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The following codes are used to report evaluation and	Technical Documentation Requirements				
management services provided to hospital inpatient patients.	See Section X				
Hospital inpatient services include those services provided to	See Appendix G for more information on E/M service	es.			
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.					
mounter Ar to air 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.					
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
□ Child (0-11) □ Young Adult □ Adult (21-64)	☑ Encounter ☐ 15 Minutes See chart for typ	ical times for			
	☐ Day ☐ 1 Hour billing as a time-	pased code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Individual		J (Voc)			
☐ Video Conf ☐ Group	1	Q (Clubhouse)			
☐ Telephone	1	T (Recovery)			
	<u>□</u> H	T (Prev/EI)			
STAFF REQUIREMENTS					
·	Master's Level (HO) □LAC □LPN/LVN (TE) ☒ RXI	· ·			
=	EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) ☒ PA D/PhD/PsyD (AH) □CAC II ☒ APN (SA) ☒ ME	(PA))/DO (AF)			
LIVIFI LICENSEG EG	D/PIID/PSYD (AH) □CAC II ☑ APN (SA) ☑ MIL □CACIII □ QMAP	,, 50 (Al)			
PLACE OF SERVICE (POS)					
✓ Outpt Hospital (22) ✓ PF-PHP (52) ✓ Inpt PF (51)	☑Inpt Hosp (21)				
= 00tpt (105pttut (22) = 11 1111 (32) = 111pt (11 (31)	pt 1103p (2±1)				

EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT - HOSPITAL DISCHARGE									
CPT®/HCPCS PROCED	URE CODE			PROCEDURE COD	E DESCRIP	TION			USAGE
99238			Discharge day management; 30 minutes or less ☑				☑ Medicaid		
SERVICE DESCRIPTION	V			MINIMUM DOCL	JMENTATIO	ON RE	QUIREMEN	TS	
The total duration of	MD/DO time spe	nt (The tot	al time spent	Technical Docum	entation R	equir	ements		
may or may not be continuous and need not be in direct			See Section X						
contact with the patie	ent) for hospital	discharge o	f a patient,	Service Content					
including as appropria	ate, final examina	ation of the	patient,	 Final examina 	tion of pat	ient			
discussion of the hosp	oital stay, instruc	tions for co	ntinuing care	2. Continuing ca	re instructi	ions			
to all relevant caregiv	ers, and prepara	tion of disc	harge	3. Prescriptions					
records, prescriptions	and referral for	ms.		4. Referrals					
				See Appendix G f	or more inf	forma	tion on E/M	service	es.
NOTES				EXAMPLE ACTIVI	TIES				
APPLICABLE POPULATION(S)		UNIT DURATION							
☑ Child (0-11)	▼ Young Adult	⊠Ad	lult (21-64)	☑ Encounter	☐ 15 Min	utes	Minimum	: N/A	
☑ Adol (12-17)	(18-20)	⊠Ge	riatric (65+)) ☐ Day ☐ 1 Hour Maximum: 30 Minutes				nutes	
ALLOWED MODE(S)	F DELIVERY			PROGRAM SERVI	CE CATEGO	ORY(IE	S)		
⊠ Face-to-Face	⊠ Individu	ıal		⊠ HE (SP)		□ U4	(ICM)	□HJ	(Voc)
☑ Video Conf	☐ Group	lai		☐ HK (Residentia	I)		1 (ACT)	☐ HQ	(Clubhouse)
	⊠ Family						Λ		(Recovery)
☐ Telephone	△ Family					(Resp	ite)	□нт	(Prev/EI)
STAFF REQUIREMENT	S								
☐ Peer Specialist	П	LCSW (AJ)	□ Unlicensed N	Master's Level (HO)	□LAC		PN/LVN (TE)	⊠ RxN	I (SA)
☐ Bachelor's Level (HN)		LPC		EdD/ PhD/PsyD (HP)	□CAC I		N (TD)	□ PA	` '
☑ Intern		LMFT	☐ Licensed EdD/PhD/PsyD (AH)				APIN (SA)		/DO (AF)
					□CACIII		MAP		, , ,
PLACE OF SERVICE (PO	OS)								
☑ Inpt Hosp (21)									
☑ Inpt PF (51)									
☑ PF-PHP (52)									

	EVALUATION AND	MANAGEMENT - HO	SPITAL INPATIEN	T - HOSPITA	AL DIS	CHARGE		
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COL	DE DESCRIP	TION			USAGE
	99238		Discharge day management; 30 minutes or less					
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATIC	N RE	QUIREMENT	TS	
The total duration of M may or may not be cont contact with the patien including as appropriate discussion of the hospit to all relevant caregiver records, prescriptions a	Technical Documentation Requirements See Section X Service Content 1. Final examination of patient 2. Continuing care instructions 3. Prescriptions 4. Referrals See Appendix G for more information on E/M services.							
NOTES			EXAMPLE ACTIVI			,		
APPLICABLE POPULATION	ON(S)		UNIT			DURATIO	N	
, ,	· ·	✓ Adult (21-64)✓ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minu	ıtes	Minimum: Maximum	•	inutes
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGO	RY(IE	S)		
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual □ Group ☑ Family		☑ HE (SP) ☐ HK (Residentia	al)		(ICM) I (ACT) I (Respite)	□ H(I (Voc) Q (Clubhouse) 「 (Recovery) T (Prev/EI)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ R ⋈ A	PN/LVN (TE) N (TD) PN (SA) MAP	⊠ RxN □ PA (⊠ MD	, ,
PLACE OF SERVICE (POS	S)							
☑ Inpt Hosp (21)☑ Inpt PF (51)☑ PF-PHP (52)								

EVALUATION AND MANAGER	MENT -	HOSPITAL INPATIE	NT - HOSP	PITAL D	ISCHARGE		
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION					USAGE
99239		Discharge day management; more than 30 minutes ☑ Medicaid					☑ Medicaid
SERVICE DESCRIPTION		MINIMUM DOCU	IMENTATI	ON RE	QUIREMEN	TS	
The total duration of MD/DO time spent (The total times spent may or may not be continuous and need not be a direct contact with the patient) for hospital discharge of patient, including as appropriate, final examination of patient, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparate discharge records, prescriptions and referral forms.	in of a the	Technical Docum See Section X Service Content 1. Examination of 2. Continuing can 3. Prescriptions 4. Referrals See Appendix G for	of patient re instruct	tions		service	es.
NOTES		EXAMPLE ACTIVIT	TIES				
APPLICABLE POPULATION(S)		UNIT			DURATIO	N	
☑ Child (0-11)☑ Young Adult☑ Adult (21-☑ Adol (12-17)☑ (18-20)☑ Geriatric (,		☐ 15 Mir ☐ 1 Hour		Minimum Maximum		nutes
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI	CE CATEG	ORY(IE	:S)		
☑ Face-to-Face ☑ Individual ☐ Video Conf ☐ Group ☐ Telephone ☒ Family		☑ HE (SP) ☐ HK (Residentia	1)	□TM	(ICM) 1 (ACT) 1 (Respite)		HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS							· · · · ·
☐ Bachelor's Level (HN) ☐ LPC ☐ Uni	licensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ R ⊠ A	PN/LVN (TE) N (TD) .PN (SA) LMAP	⊠ RxN □ PA (⊠ MD	• •
PLACE OF SERVICE (POS)							
☑ Inpt Hosp (21)☑ Inpt PF (51)☑ PF-PHP (52)							

EVALUAT	ION AND MA	NAGEMENT -	HOSPITAL INPATIE	NT - HOSP	ITAL D	ISCHARGE		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION					USAGE
99239			Discharge day management; more than 30					☑ ОВН
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATI	ON RE	QUIREMEN	TS	
The total duration of MD/DO time spent may or may not be continued direct contact with the patient) for patient, including as appropriate, 1 patient, discussion of the hospital continuing care to all relevant care discharge records, prescriptions and	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 ACTIVI	TIES				
APPLICABLE POPULATION(S)			UNIT			DURATIO	N	
☑ Child (0-11)☑ Young Adul☑ Adol (12-17)☑ (18-20)		ult (21-64) riatric (65+)	☑ Encounter ☐ Day	☐ 15 Mir ☐ 1 Hour		Minimum Maximum		nutes
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVI	CE CATEG	ORY(IE	:S)		
☑ Face-to-Face ☐ Video Conf ☐ Telephone ☑ Famili)		☑ HE (SP) ☐ HK (Residentia	I)	□TM	(ICM) 1 (ACT) 1 (Respite)		l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/El)
STAFF REQUIREMENTS								
☐ Bachelor's Level (HN)	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ R ⊠ A	PN/LVN (TE) N (TD) PN (SA) MAP	⊠ RxN □ PA ⊠ MD	· ,
PLACE OF SERVICE (POS)								
✓ Inpt Hosp (21)✓ Inpt PF (51)✓ PF-PHP (52)								

	EVALUATION AND MAN	AGEMENT - CONSULTATION	ONS - OFFIC	CE OR OTH	IER OUTP	ATIENT	
CPT®/HCPCS PROCED	URE CODE		PROCEDU	JRE CODE	DESCRIPTI	ON	USAGE
	99241 e may only be utilized as tation regarding a patient.	telephonic prescriber-	for a new Requires problem f med decis	other outp or establis problem fo focused ex sion makin	shed patie ocused his am straigh	nt. tory, nt forward	☑ Medicaid
-			minutes.	A DOCUM	ENTATION	N REQUIREME	NITC
A consultation is a service rendered by an MD/DO/prescribing Nurse whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO/prescribing Nurse consultant utilizes this code for the purposes of providing direct consultation services to another MD/DO/prescribing Nurse for the purposes of "counseling and/or coordination of care with other physicians/qualified health care professionalsconsistent with the nature of the problem(s) and the patient's and/or family's needs".			 Technical Documentation Requirements, See Section X Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face or floor time, whichever is appropriate) 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") 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 				
NOTES			See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES				
Only one consultation	is reported by the consulto Section II.G.1. for details	-	An RN see of the phy	es a patien ysician. The	t to follow e patient o	does not see t	ffects per order he physician on ANCE FOR THIS
APPLICABLE POPULA	TION(S)		UNIT			DURATION	
⊠ Adol (12-17)	(18-20) ⊠ G	dult (21-64) eriatric (65+)	区 Encount er □ Day	□ 15 Mi □ 1 Hou		Min: 8 min Max: N/A	
ALLOWED MODE(S) C	OF DELIVERY			M SERVICE			
☑ Face-to-Face☑ Video Conf☑ Telephone	☑ Individual □ Group ☑ Family		⊠ HE (SP) □ HK (Re		□ U4 (IC □ TM (A □ HM (F	CT) \square Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENT	'S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed Master's Le ☐ Unlicensed EdD/ PhD/F ☐ Licensed EdD/PhD/Psyl	evel (HO) PsyD (HP) D (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LV □ RN (TD) ☑ APN (S.) □ QMAP	A) × RXN	
PLACE OF SERVICE (PO		DUC (72)	W 55 (05)				
☑ CMHC (53)☑ Office (11)☑ Outpt Hospital(22)		RHC (72) Independent Clinic (49)	区 ER (23) 区 NRSATI 区 Telehea	F (57)			

	EVALUATION AND	MANAGEMENT - CONSULTA	TIONS - OFF	ICE OR OTI	HER OUTP	ATIENT	
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDUR	RE CODE DI	ESCRIPTIO	V	USAGE
This consultation code prescriber-to-prescribe		-	Office or of a new or es problem fo exam straig making, Ty	stablished pocused histograms ght forward	patient. Re ory, proble d med deci	quires m focused sion	☑ ОВН
SERVICE DESCRIPTION						EQUIREMEN	ITS
A consultation is a service rendered by an MD/DO/prescribing Nurse whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO/prescribing Nurse consultant utilizes this code for the purposes of providing direct consultation services to another MD/DO/prescribing Nurse for the purposes of "counseling and/or coordination of care with other physicians/qualified health care professionalsconsistent with the nature of the problem(s) and the patient's and/or family's needs".			 Technical Documentation Requirements, See Section X Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face or floor time, whichever is appropriate) 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") 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 See Appendix G for more information on E/M services. 				
NOTES			EXAMPLE A			<u>, </u>	
Only one consultation i service. Please refer to documentation.			the physicia	an. The pat	tient does	not see the p	ects per order of hysician on that FOR THIS CODE.
APPLICABLE POPULATI	ON(S)		UNIT			DURATION	
	Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	区 Encounter □ Day	□ 15 M □ 1 Ho		Min: 8 min Max: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM	SERVICE C			
☑ Face-to-Face☑ Video Conf☑ Telephone	☑ Individual □ Group ☑ Family		⊠ HE (SP) ☐ HK (Resi	dential)	□ U4 (IC □ TM (A □ HM (F	CT) [Respite) [] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed EdD/ Phi	D/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LV □ RN (TD) ☑ APN (SA □ QMAP	N ⊠ Rx ⊠ PA	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (PO	•	E BUG (72)	W EE (00)				
区 CMHC (53) 区 Office (11) 区Outpt Hospital (22)	⊠ NF (32) ☑ SNF (31) ☑ FQHC (50)	☑ RHC (72) ☑ Independent Clinic (49)	⊠ ER (23) ⊠ NRSATF ⊠ Teleheal				

	EVALUATION AND MANAGEMENT - CONSULTATIONS - OFFICE OR OTHER OUTPATIENT						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
making, Typica 99243 requires detaile complexity me minutes 99244 requires compr	ed exam straight for I time 30 minutes ed history, detailed e d decision making, T	ward med decision xam low ypical time 40 mprehensive exam	Office or other Out and Management S	•	tions Evaluation	☑ Medicaid	
time 60 minute 99245 requires compr	es ·	mprehensive exam					
SERVICE DESCRIPTION	I		MINIMUM DOCUM	MENTATION REQ	UIREMENTS		
A consultation is a ser opinion/ advice regard a specific problem is rappropriate source. A diagnostic and/or their same/subsequent vision. The services of the bill Only one consultation subsequent to the cor consultant assumes reportion/all of the patipprocedure code is use Please refer to Section documentation.	ding evaluation and/equested by another in MD/DO consultant rapeutic services at t. ling prescriber must is reported by the completion of a consult responsibility for manient's condition(s), the din lieu of 99251.	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 POPULAT			UNIT		DURATION	<u> </u>	
⊠ Adol (12-17) (☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)			See chart for ty billing as a time		
ALLOWED MODE(S) O	IF DELIVERY		PROGRAM SERVIC ☑ HE (SP)		•	☐ HJ (Voc)	
☑ Face-to-Face☑ Video Conf☐ Telephone	☑ Individual☐ Group☑ Family		☐ HK (Residential)	□ TM	I (ACT) [I (Respite) [HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENT	S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSV □ LPC □ LMF	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RN	PN (SA)	N (SA) (PA) D/DO (AF)	
PLACE OF SERVICE (PO	•	()					
될 CMHC (53) 될 Office (11) 될Outpt Hospital(22) 될 NF (32)	⊠ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Clir	区 ER (23) ☑ NRSATF (5 ☑ Telehealth	•				
	EVALUATION AND	MANAGEMENT - CO	NSULTATIONS - OFF	ICE OR OTHER O	UTPATIENT		

CDT® /LICDCC DDOCED	LIDE CODE		DDOCEDURE CODE	DESCRIPTION		USAGE	
CPT®/HCPCS PROCED		d biokowy owoonalod	PROCEDURE CODE		stiene Fralmetien	USAGE	
99242 requires expan			Office or other Out		ations Evaluation	□ ODU	
	ed exam straight for	ward med decision	and Management S	Services		☑ OBH	
	l time 30 minutes						
99243 requires detaile	•						
	d decision making, T	ypicai time 40					
minutes	ala a a tara la tara a a a a a						
99244 requires compr		•					
	plexity med decision	making, Typicai					
time 60 minute							
99245 requires compr	•	•					
	y med decision maki	ng, Typical time 80					
minutes							
SERVICE DESCRIPTION	l		MINIMUM DOCUM	MENTATION REC	UIREMENTS		
A consultation is a ser	vice rendered by an	MD/DO whose	Technical Docume	ntation Require	ments		
opinion/ advice regard		-	See Section X				
a specific problem is r			 Documentation 	n of written, verl	oal/shared medical	records request	
appropriate source. A	n MD/DO consultant	may initiate	in patient reco				
diagnostic and/or the	rapeutic services at t	he	13.Request for con		ending MD/DO		
same/subsequent visi	t.		14.Reason for cons				
					ordered by consultan or floor time, whiche		
The services of the bil	ling prescriber must	be face to face.	Counseling and				
Only one consultation					(e.g., "15 mins of the		
subsequent to the cor	npletion of a consult	ation, the	used counseling/c		(0.6., 13 111113 01 1110	20 mms were	
consultant assumes re		-	3. Copy of written report sent by consultant to referring MD/DO				
portion/all of the patie		e appropriate E/M	4. Formal report/copy of consultant's note				
procedure code is use			5. Referring MD/DO's name				
Please refer to Section	n <u>Appendix G</u> for det	ails about	6. Evidence that referring MD/DO requested both consultation and				
documentation.			consultant's opinion				
			7. Advice and/or opinion regarding patient's condition				
			8. Results of tests				
			See Appendix G for			S.	
NOTES			EXAMPLE ACTIVITI				
			An RN sees a patie	nt to follow-up o	n side effects per	order of the	
			physician. The pati				
			99211 -SEE SEPAR	ATE GUIDANCE	FOR THIS CODE.		
APPLICABLE POPULAT	TION(S)		UNIT		DURATION		
	☑ Young Adult	☑ Adult (21-64)		☐ 15 Minutes	See chart for typ	ical times for	
□ Adol (12-17) □	(18-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour	billing as a time-		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC	E CATEGORY(IES	5)		
☑ Face-to-Face			⊠ HE (SP)	□ U4	(ICM)	HJ (Voc)	
			☐ HK (Residential)		1 (ACT)	HQ (Clubhouse)	
☑ Video Conf	☐ Group			□ни	Л (Respite)	TT (Recovery)	
☐ Telephone	☑ Family					HT (Prev/EI)	
STAFF REQUIREMENT	S						
☐ Peer Specialist	□ LCSV	V (AI)	Master's Level (HO)		PN/LVN (TE)	1 (\$A)	
☐ Bachelor's Level (HN)	□ LPC	` '	EdD/ PhD/PsyD (HP)		N (ID)		
☑ Intern	☐ LMF		D/PhD/PsyD (AH)		PIN (SA)	/DO (AF)	
DI 4.05 OF 05 DE 105 /D4	a.c.\			□CACIII □ Q	MAP	. ,	
PLACE OF SERVICE (PO		V En /22\					
☑ CMHC (53) ☑ Office (11)	✓ SNF (31)✓ FQHC (50)	☑ ER (23)☑ NRSATF (57)					
☑Outpt Hospital(22	⊠ RHC (72)	⊠ Telehealth (
✓ NF (32)	Independent Clini	•	J-,				
··· (- /	_ macpendent cim	· ()					

EVALUATION AND MANAGE	MENT - CONSULTATIONS - INPATIENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
CIT / HCI CST NOCEDONE CODE	Inpatient consultation for a new or established	USAGE
99251	patient; the presenting problem(s) are self-limited	☑ Medicaid
55-5-	or minor	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A consultation is a service rendered by an MD/DO whose	Technical Documentation Requirements	
opinion/ advice regarding evaluation and/or management of a	See Section X	
specific problem is requested by another MD/DO/other	Service Content	
appropriate source. An MD/DO consultant may initiate	Documentation of written, verbal/shared medical re	ecords request in
diagnostic and/or therapeutic services at the	patient record:	·
same/subsequent visit. Three key components are required:	1. Request for consultation from attending MD/DO)
	2. Reason for consultation	
Problem-focused history	3. Services and supplies performed/ordered by con	sultant
 Problem-focused examination 	4. Total length of time of encounter (face-to-face o	r floor time,
 Straightforward medical decision-making 	whichever is appropriate)	
	5. Counseling and/or activities performed to coord	inate patient care
When counseling and/or coordination of care dominates	Where time is significant to encounter, documentation	
(more than 50%) the MD/DO-patient and/or family encounter	of time spent with patient was counseling and coordina	•
(face-to-face time on the floor/unit/hospital), time is	Time spent must also be documented (e.g., "15 minutes encounter was used counseling/coordinating care")	of the 20 minute
considered the key/controlling factor to qualify for the level of	6. Copy of written report sent by consultant to refe	arring MD/DO
service.	Formal report/copy of consultant's note	ittilig ivib/bo
	Referring MD/DO's name	
	Evidence that referring MD/DO requested both con:	sultation and
	consultant's opinion	
	Advice and/or opinion regarding patient's condition	I
	 Results of tests/procedures ordered/performed See <u>Appendix G</u> for more information on E/M service 	.00
NOTES	EXAMPLE ACTIVITIES	C3.
Only one consultation is reported by the consultant per	EARINI EE ACTIVITIES	
admission. For 99251, the presenting problem(s) are usually		
self-limited/minor. The consultant typically spends 20 mins at		
the patient's bedside. If subsequent to the completion of a		
consultation, the consultant assumes responsibility for		
management of a portion/all of the patient's condition(s), the		
appropriate E/M procedure code is used in lieu of 99251.		
APPLICABLE POPULATION(S)	UNIT DURATION	
	Minimum: 20 M	inutes
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Maximum: See	Appendix G for
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour typical times and	d billing as time-
	based code	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
	, , ,	IJ (Voc)
☑ Video Conf ☐ Group		IQ (Clubhouse)
☐ Telephone ☑ Family	` ' '	T (Recovery)
,	<u> </u>	HT (Prev/EI)
STAFF REQUIREMENTS	□LAC □ LPN/LVN (TE) _	
	Master's Level (HO) \Box CACL \Box RN (TD) \Box \Box Rx	N (SA)
	TEOD/ PND/PSYD (HP)	A (PA)
☑ Intern ☐ LMFT ☐ Licensed Ed	\Box D/PhD/PsyD (AH) \Box CACIII \Box QMAP \boxtimes M	D/DO (AF)
PLACE OF SERVICE (POS)		
☑ NF (32)		
☑ SNF (31)		
☑ Inpt Hosp (21) ☑ Telehealth (02)		

EVALUATION AND MANAGEN	EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
99251	Inpatient consultation for a new or established patient;						
33231	the presenting problem(s) are self-limited or minor	☑ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
A consultation is a service rendered by an MD/DO whose opinion/	Technical Documentation Requirements						
advice regarding evaluation and/or management of a specific	See Section X						
problem is requested by another MD/DO/other appropriate source.	Service Content						
An MD/DO consultant may initiate diagnostic and/or therapeutic	Documentation of written, verbal/shared medical records record:	quest in					
services at the same/subsequent visit. Three key components are required:	1. Request for consultation from attending MD/DO						
requireu.	2. Reason for consultation						
Problem-focused history	3. Services and supplies performed/ordered by consultant						
Problem-focused examination	4. Total length of time of encounter (face-to-face or floor tin	ne. whichever					
Straightforward medical decision-making	is appropriate)	,					
3,	 Counseling and/or activities performed to coordinate pati 	ient care					
When counseling and/or coordination of care dominates (more than	Where time is significant to encounter, documentation that more						
50%) the MD/DO-patient and/or family encounter (face-to-face time	time spent with patient was counseling and coordinating care is re	•					
on the floor/unit/hospital), time is considered the key/controlling	Time spent must also be documented (e.g., "15 minutes of the 20 answerter was used sourceling (coordinating core")	minute					
factor to qualify for the level of service.	encounter was used counseling/coordinating care") 6. Copy of written report sent by consultant to referring MD	\/DO					
	Formal report/copy of consultant's note	,, 50					
	Referring MD/DO's name						
	 Evidence that referring MD/DO requested both consultation a 	nd 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.	DUDATION						
APPLICABLE POPULATION(S)	UNIT DURATION Minimum: 20 Minutes						
☑ Child (0-11) ☑ Young Adult (18- ☑ Adult (21-64))	☑ Encounter ☐ 15 Minutes Maximum: See Append	div G for					
☑ Adol (12-17) 20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour typical times and billing						
20) = Schalle (03.)	based code	, us time					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc	:)					
☑ Face-to-Face ☑ Individual	☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clu						
☑ Video Conf ☐ Group ☐ Telephone ☑ Family	☐ HM (Respite) ☐ TT (Rec	overy)					
	☐ HT (Pre	v/EI)					
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed N	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RXN (SA)						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed E	AND PROPERTY AND CAC I RN (TD) PAKIN (SA)						
☑ Intern ☐ LMFT ☐ Licensed EdD	\square /PhD/PsyD (AH) \square CACIII \square QMAP \square MD/DO (AF)					
PLACE OF SERVICE (POS)							
☑ NF (32) ☑ Inpt PF (51)							
☑ Inpt Hosp (21) ☑ 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	MINIMUM DOCUMENTATION REQUIREMENTS					
A consultation is a service rendered by an MD/DO whose opinion/advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: • Expanded problem-focused history • Expanded problem-focused examination • Straightforward medical decision-making When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (faceto-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	Technical Documentation Requirements See 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	EXAMPLE ACTIVITIES					
Only one consultation is reported by the consultant per admission. For 99252, the presenting problem(s) are usually of low severity. The consultant typically spends 40 minutes at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99252.	Initial hospital consultation for a 53-year-old male patient, previously abstinent alcoholic, who relapsed and was admitted for management of gastritis; patient readily accepts the need for further treatment.					
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Day ☐ 15 Minutes ☐ 16 Minimum: See Appendix ☐ for typical times and billing as timebased code					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☑ Individual ☑ Video Conf ☐ Group ☐ Telephone ☑ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed I	Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) □ PA (PA) D/PhD/PsyD (AH) □ CAC II □ APN (SA) □ PA (PA) □ CACIII □ QMAP ⋈ 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 PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION	USAGE			
	99252		Inpatient consultation for a new or established				
	99232		patient; the presenting problem(s) are of low severity	☑ OBH			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
	ce rendered by an MD/DO who		Technical Documentation Requirements				
	ation and/or management o		See Section X				
	by another MD/DO/other		Service Content				
	nsultant may initiate diagno		Documentation of written, verbal/shared medical reco	ds request in			
	the same/subsequent visit.	Inree key	patient record:				
components are require	20:		Request for consultation from attending MD/DO Reason for consultation				
 Expanded problem 	focused history		Services and supplies performed/ordered by consul	tant			
•	n-focused examination		Total length of time of encounter (face-to-face/floo				
	edical decision-making		whichever is appropriate)	i tillic,			
	ouncur accidion in unining		Counseling and/or activities performed to coordina	e patient care			
When counseling and/o	or coordination of care domin	nates (more	Where time is significant to encounter, documentation that	-			
than 50%) the physicia	n-patient and/or family enco or/unit/hospital), time is con	unter (face-	of time spent with patient was used counseling and coord required				
	o qualify for the level of service		Time spent must also be documented (e.g., "30 minutes or encounter was used counseling/coordinating care")	the 40 minute			
			6. Copy of written report sent by consultant to referri	ng MD/DO			
			Formal report/copy of consultant's note				
			Referring MD/DO's name				
			Evidence that referring MD/DO requested both consultation consultant's opinion	on and			
			Advice and/or opinion regarding the patient's condition				
			Results of tests/procedures ordered/performed				
			See Appendix I for more information on E/M services.				
NOTES			EXAMPLE ACTIVITIES				
For 99252, the presenting The consultant typically s If subsequent to the com assumes responsibility fo	reported by the consultant per a g problem(s) are usually of low pends 40 minutes at the patien pletion of a consultation, the co r management of a portion/all e appropriate E/M procedure co	severity. t's bedside. onsultant of the	 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	ON(S)		UNIT DURATION				
			Minimum: 40 Minu	tes			
☑ Child (0-11)	∑ Young Adult	t (21-64)	☑ Encounter ☐ 15 Minutes Maximum: See Apple	<u>endix G</u> for			
□ Adol (12-17)	(18-20) 🗵 Geria	atric (65+)	☐ Day ☐ 1 Hour typical times and bi	lling as time-			
			based code				
ALLOWED MODE(S) OF			PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face	☑ Individual		☑ HE (SP) □ U4 (ICM) □ HJ ☐ HJ (1007)	` '			
∨ Video Conf ✓ Video Conf	☐ Group			(Clubhouse)			
☐ Telephone	☑ Family (HR) ☑ Family		` ', '	(Recovery) (Prev/EI)			
STAFF REQUIREMENTS	™ Faililly			(FIEV/LI)			
		_	LAC DLPN/LVN (TE)				
☐ Peer Specialist	` ,		Master's Level (HO)				
☐ Bachelor's Level (HN) ☑ Intern			O/BPD/BS/D (VH) CAC II TI ABN (29)	,			
			□CACIII □ QMAP	~ v. " /			
PLACE OF SERVICE (POS	•						
☑ NF (32)	☑ Inpt PF (51)						
	☑ PF-PHP (52)						
☑ Inpt Hosp (21)	☑ Telehealth (02)						

	EVALUATION AN	D MANAGEM	ENT - CONSULTATION	ONS - INPATIENT	Ī	
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COD	E DESCRIPTION		USAGE
			Inpatient consulta	ation for a new o	r established	
	99253		patient; the prese	enting problem(s)	are of moderate	☑ Medicaid
			severity			
SERVICE DESCRIPTION			MINIMUM DOCU			
	rendered by an MD/DO wh		Technical Docume	entation Require	ements	
	evaluation and/or manage		See Section X			
	ted by another MD/DO/or		Service Content			
	D/DO consultant may initia			f written, verbal/	shared medical record	ls request in
	eutic services at the same/su	ubsequent	patient record:		-ttdiNAD/DO	
visit. Three key componer	its are required:		1. Request for co		attending MD/DO	
Detailed history			2. Reason for cor		d/ardarad by assaults	·m+
Detailed historyDetailed examinatio	n				ed/ordered by consulta er (face-to-face/floor	
Medical decision-ma			whichever is a		er (race-to-race/rioor	uiile,
• Wealcal decision-ma	king of low complexity				rformed to coordinate	nationt care
When counseling and/or o	coordination of care domina	ates (more			ounter, documentation th	
_	atient and/or family encou				was used counseling and	
	unit or hospital), time is cor		care is required		· ·	· ·
	qualify for the level of service				ented (e.g., "40 minutes o	of the 55
	,,				eling/coordinating care")	
			• •		consultant to referring	MD/DO
			Referring MD,	t/copy of consultan	it's note	
			_		requested both consulta	ation and
			consultant's o		Trequested both consult	acion and
			 Advice and/or 	r opinion regarding	patient's condition	
			 Results of test 	ts/procedures orde	ered/performed	
			See <u>Appendix G</u> fo	or more informat	ion on E/M services.	
NOTES			EXAMPLE ACTIVIT	TIES		
	ported by the consultant per					
	problem(s) are usually of mod					
	pically spends 55 mins at the					
	ne completion of a consultation of a consultation of a part of a p					
), the appropriate E/M proce					
used in lieu of 99253.	,,e appropriate <u>-</u> , p. e e e					
APPLICABLE POPULATION	I(S)		UNIT		DURATION	
					Minimum: 55 Minute	es .
☑ Child (0-11)	🗵 Young 🗵 Adul	t (21-64)		☐ 15 Minutes	Maximum: See Appe	ndix G for
□ Adol (12-17)	Adult (18-20) 🗵 Geria	atric (65+)	□ Day	☐ 1 Hour	typical times and bill	ing as time-
					based code	
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVIO	CE CATEGORY(IE	S)	
☑ Face-to-Face	☑ Individual		☑ HE (SP)	□ U4	(ICM) □ HJ	(Voc)
✓ Video Conf	☐ Group		☐ HK (Residential	l) □ TM	(ACT) ☐ HQ	(Clubhouse)
☐ Telephone	□ Group □ Family □ The state of the stat				I (Respite) ☐ TT	(Recovery)
	es ranniny				□нт	(Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed I	Master's Level (HO)		PN/LVN (TE) □ RxN (SA)
☐ Bachelor's Level (HN)	, ,		EdD/ PhD/PsyD (HP)		N (TD) PA (PA)	,
☑ Intern	□ LMFT	☐ Licensed Ed[D/PhD/PsyD (AH)		MAP MD/DO	(AF)
PLACE OF SERVICE (POS)						
✓ NF (32)	☑ Inpt PF (51)					
⊠ SNF (31)	☑ PF-PHP (52)					
☑ Inpt Hosp (21)	☑ Telehealth (02)					
rr- \/	(/					

	EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT					
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE DESCRIPTION USAG	E		
			Inpatient consultation for a new or established			
	99253		patient; the presenting problem(s) are of moderate			
			severity			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
	e rendered by an MD/DO w		Technical Documentation Requirements			
	g evaluation and/or manage		See Section X			
	sted by another MD/DO/or		Service Content			
	ID/DO consultant may initia		Documentation of written, verbal/shared medical records reque	est in		
•	eutic services at the same/s	subsequent	patient record:			
visit. Three key componer	its are required.		Request for consultation from attending MD/DO Reason for consultation			
 Detailed history 			Services and supplies performed/ordered by consultant			
Detailed examination	nn		Total length of time of encounter (face-to-face/floor time,			
	aking of low complexity		whichever is appropriate)			
· meanean accision me	ming of row complexity		 Counseling and/or activities performed to coordinate patient 	care		
When counseling and/or	coordination of care domin	nates (more	 Where time is significant to encounter, documentation that more that 			
	patient and/or family encou		of the time spent with patient was used counseling and coordinating			
	unit or hospital), time is co		required			
key/controlling factor to d	qualify for the level of servi	ice.	■ Time spent must also be documented (e.g., "40 minutes of the 55 min	iute		
			encounter was used counseling/coordinating care")6. Copy of written report sent by consultant to referring MD/D	0		
			Formal report/copy of consultant's note	0		
			Referring MD/DO's name			
			Evidence that referring physician requested both consultation and			
			consultant's opinion			
			Advice and/or opinion regarding patient's condition Parties of tests /presedures ordered/performed.			
			Results of tests/procedures ordered/performed See Appendix G for more information on E/M services.			
NOTES			EXAMPLE ACTIVITIES			
	ported by the consultant per	r admission	EARINI EL ACTIVITES			
	problem(s) are usually of mo					
	pically spends 55 mins at the					
	he completion of a consultat					
	sibility for management of a					
	s), the appropriate E/M proce	edure code is				
used in lieu of 99253.	N/C)		LINIT			
APPLICABLE POPULATION	V(S)		UNIT DURATION Minimum: 55 Minutes			
V Child (0 11)	⊠ Young ⊠ Adu	ul+ /21 64\	⊠ Encounter □ 15 Minutes			
⊠ Child (0-11) ⊠ Adol (12-17)	•	ult (21-64)	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	or		
△ Au0i (12-17)		intric (65±1	□ Day □ 1 Hour typical times and hilling as ti			
	Addit (16-20) 🖾 Gei	iatric (65+)	☐ Day ☐ 1 Hour typical times and billing as ti			
ALLOWED MODE(S) OF D		riatric (65+)	based code			
ALLOWED MODE(S) OF D	ELIVERY	riatric (65+)	based code PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face	ELIVERY Individual	riatric (65+)	based code PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)	me-		
✓ Face-to-Face✓ Video Conf	ELIVERY ☑ Individual ☐ Group	riatric (65+)	based code PROGRAM SERVICE CATEGORY(IES)	me- ouse)		
☑ Face-to-Face	ELIVERY Individual	riatric (65+)	based code PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)	ouse)		
✓ Face-to-Face✓ Video Conf	ELIVERY ☑ Individual ☐ Group	riatric (65+)	based code PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubh ☐ HM (Respite) ☐ TT (Recove	ouse)		
☑ Face-to-Face ☑ Video Conf ☐ Telephone STAFF REQUIREMENTS	ELIVERY ☑ Individual ☐ Group ☑ Family		based code	ouse)		
☑ Face-to-Face ☑ Video Conf ☐ Telephone STAFF REQUIREMENTS ☐ Peer Specialist	ELIVERY ☑ Individual ☐ Group	□ Unlicensed	based code	ouse)		
☑ Face-to-Face ☑ Video Conf ☐ Telephone STAFF REQUIREMENTS	ELIVERY ☑ Individual ☐ Group ☑ Family ☐ LCSW (AJ)	□ Unlicensed I	based code	ouse)		
□ Face-to-Face □ Video Conf □ Telephone STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	ELIVERY ☑ Individual ☐ Group ☑ Family ☐ LCSW (AJ) ☐ LPC	□ Unlicensed I	based code	ouse)		
	ELIVERY ☑ Individual ☐ Group ☑ Family ☐ LCSW (AJ) ☐ LPC ☐ LMFT	□ Unlicensed I	based code	ouse)		
□ Face-to-Face □ Video Conf □ Telephone STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	ELIVERY ☑ Individual ☐ Group ☑ Family ☐ LCSW (AJ) ☐ LPC	□ Unlicensed I	based code	ouse)		

	EVALUATION A	ND MANAGEME	NT - CONSULTATIO	NS - INPATIEI	NT		
CPT®/HCPCS PROCEDURE CO			PROCEDURE CODE DESCRIPTION USAGE				USAGE
			Inpatient consultation for a new or established patient;				
	99254		the presenting pro	blem(s) are o	of moderate to	nigh	✓ Nadiasid
			severity.				Medicaid
SERVICE DESCRIPTION	and and burner MAD /DO		MINIMUM DOCUI			S	
A consultation is a service radvice regarding evaluation	· ·		Technical Docume See Section X	entation Requ	urements		
problem is requested by and	_		Service Content				
An MD/DO consultant may			Documentation of	written verk	nal/shared med	ical records re	eauest in
services at the same/subse			patient record:	William, Vers	out, strated thed		equest iii
required:	,	·	1. Request for cons	ultation from a	ttending MD/DO		
			2. Reason for consu		.,		
 Comprehensive history 			 Services and sup Total length of ti 	•	•		hever is
comprehensive examin			appropriate)	ine or encount	er (ruce to ruce) r	oor time, wine	inever is
 Medical decision-makir 	ng of moderate complexit	у	5. Counseling and/o	or activities pe	rformed to coordi	nate patient ca	are
When counciling and/or cod	ordination of care domina	tos (moro than	■ Where time is sig				
When counseling and/or coo 50%) the physician-patient			of the time spent required	t with patient v	vas used counseli	ng and coordin	iating care is
time on the floor/unit/	•	-	■ Time spent must	also be docum	ented (e.g., "50 r	ninutes of the	80 minute
key/controlling factor to qua			encounter was u				
,, ,	•		Copy of writter			o referring M	D/DO
			Formal report/co Pefarria NAD /DC		nt's note		
			 Referring MD/DC Evidence that ref 		requested both o	onsultation an	d consultant's
			opinion	 Evidence that referring MD/DO requested both consultation and consultant's opinion 			
			 Advice and/or opinion regarding patient's condition 				
			Results of tests/p Results of tests/p			an dees	
NOTES			See Appendix G fo EXAMPLE ACTIVIT		ilation on E/Wis	bei vices.	
Only one consultation is reporte	d by the consultant per admi	ssion. For	Initial hospital		for a 27-vear-ol	d female nati	ient with a
99254, the presenting problem(s							
The consultant typically spends			diffusely positive medical review of systems and a history of multiple surgeries.				
subsequent to the completion o responsibility for management of							
the appropriate E/M procedure							
APPLICABLE POPULATION(S			UNIT		DURATIO	ON	
					Minimun	n: 80 Minute:	5
☑ Child (0-11)	O .	ult (21-64)	Encounter ■	☐ 15 Minute		n: See <u>Apper</u>	
	Adult (18-20) 🗵 Ge	riatric (65+)	□ Day	☐ 1 Hour		mes and billir	ng as time-
ALLOWED MODE/C) OF DELL	VEDV		DDOCDANA CEDVIC	C CATECODY	based co	de	
ALLOWED MODE(S) OF DELI	VERT		PROGRAM SERVICE ☑ HE (SP)	LE CATEGORY	☐ U4 (ICM)	□ нл	()/oc)
▼ Face-to-Face	☑ Individual		☐ HK (Residential)	١	☐ TM (ACT)		(Voc) (Clubhouse)
☑ Video Conf	☐ Group		I Tik (Nesidential)	1	☐ HM (Respit		(Recovery)
☐ Telephone						•	(Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist	□ LCSW (AJ)	☐ Unlicensed N	laster's Level (HO)	□LAC	☐ LPN/LVN (TE)	☐ RxN (SA)	1
☐ Bachelor's Level (HN)	□ LPC		dD/ PhD/PsyD (HP)	□CAC II	□ RN (TD)	□ PA (PA)	•
☑ Intern	☐ LMFT	☐ Licensed EdD	/PhD/PsyD (AH)		□ APN (SA) □ QMAP	MD/DO	(AF)
PLACE OF SERVICE (POS)							
⊠ NF (32)	☑ Inpt PF (51)						
⊠ SNF (31)	☑ PF-PHP (52)						
☑ Inpt Hosp (21)	☑ Telehealth (02)						

	EVALUATION AND MANAGEN	IENT - CONSULTATIONS - INPAT	TENT		
CPT®/HCPCS PROCEDURE (PROCEDURE CODE DESCRIPTION USAG			
	99254	Inpatient consultation for a ne the presenting problem(s) are severity.		☑ OBH	
SERVICE DESCRIPTION			REQUIREMENTS		
advice regarding evaluation problem is requested by source. An MD/DO consusted therapeutic services at the components are required: • Comprehensive histor • comprehensive exami • Medical decision-make When counseling and/or of than 50%) the physician-paface time on the floor/u		 Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face/floor time, whichever is appropriate) Counseling and/or activities performed to coordinate patient care Where time is significant to encounter, documentation that more than 50% of the time spent with patient was used counseling and coordinating care is 			
NOTES		See Appendix G for more infor EXAMPLE ACTIVITIES	Thation on Lynn services.		
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		 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(/M procedure code is used in lieu of 99254. S)	UNIT	DURATION		
☑ Child (0-11) ☑ Adol (12-17)	☑ Young ☑ Adult (21-64) Adult (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minut	es Minimum: 80 Minute Maximum: See Appe typical times and billi based code	ndix G for	
ALLOWED MODE(S) OF DEI	LIVERY	PROGRAM SERVICE CATEGOR			
☑ Face-to-Face☑ Video Conf☐ Telephone	☑ Individual □ Group ☑ Family	☑ HE (SP) ☐ HK (Residential)	☐ HM (Respite) ☐ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMENTS					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ LPC ☐ Unlicensed	Master's Level (HO) □ LAC □ CAC I □ CAC I □ CAC I □ CAC II □ CAC II □ CAC II □ CAC II □ CACIII	□ LPN/LVN (TE) □ RN (TD) □ APN (SA) □ QMAP □ QMAP		
PLACE OF SERVICE (POS)					
☑ NF (32) ☑ SNF (31) ☑ Inpt Hosp (21)	☑ Inpt PF (51)☑ PF-PHP (52)☑ Telehealth (02)				

EVALUATION AND MANAGEN	IENT - CONSULTATIONS - INPATIENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
	Inpatient consultation for a new or established				
99255	patient; the presenting problem(s) are of ☑ Medicaid				
	moderate to high severity.				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A consultation is a service rendered by an MD/DO whose opinion/	Technical Documentation Requirements				
advice regarding evaluation and/or management of a specific	See Section X				
problem is requested by another MD/DO/other appropriate	Service Content				
source. An MD/DO consultant may initiate diagnostic and/or	Documentation of written, verbal/shared medical records request in				
therapeutic services at the same/subsequent visit. Three key	patient record:				
components are required:	Request for consultation from attending MD/DO Reason for consultation				
Comprehensive history	Services and supplies performed/ordered by consultant				
Comprehensive examination	4. Total length of time of encounter (face-to-face/floor time, whichever is				
Medical decision-making of high complexity	appropriate)				
When counseling and/or coordination of care dominates (more	5. Counseling and/or activities performed to coordinate patient care				
than 50%) the physician-patient and/or family encounter (face-	 Where time is significant to encounter, documentation that more than 50% 				
to-face time on the floor/unit/hospital), time is considered the	of the time spent with patient was used counseling and coordinating care is required				
key/controlling factor to qualify for the level of service.	■ 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 Full ages that referring MD/DO requested both consultation and				
Not a Covered Benefit Under Medicare	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	Initial hospital consultation for a 27-year-old female patient with a				
99255, the presenting problem(s) are usually of moderate to high	diffusely positive medical review of systems and a history of				
severity. The consultant typically spends 110 mins at the patient's bedside and on the patient's hospital floor or unit. If subsequent to the	multiple surgeries.				
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.					
APPLICABLE POPULATION(S)	UNIT DURATION				
	Minimum: 110 minutes				
☑ Child (0-11) ☑ Young ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Maximum: N/A				
☑ Adol (12-17) Adult (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour See Appendix G for typical times				
ALLOWED MODE(C) OF DELIVEDY	and billing as time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)				
☑ Face-to-Face	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse)				
☑ Video Conf ☐ Group	☐ HM (Respite) ☐ TT (Recovery)				
☐ Telephone ☑ Family	☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
	LAC DLPN/LVN (TE)				
	Master's Level (HO)				
	ed EdD/ PhD/PsyD (HP)				
	D/T 13/D (AT) □ CACIII □ QMAP ☑ MD/DO (AT)				
PLACE OF SERVICE (POS)					
☑ NF (32)	☑ Inpt PF (51)				
⊠ SNF (31)	☑ PF-PHP (52)				
☑ Inpt Hosp (21)	☑ Telehealth (02)				

Revised: September 30, 2019 Effective: October 1, 2019

EVALUATION	EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
CPT®/HCPCS PROCEDURE CODE					USAGE		
		Inpatient consultation for a new or established					
99255		patient; the presenting problem(s) are of ☑ OBH			☑ OBH		
		moderate to high severit	•				
SERVICE DESCRIPTION		MINIMUM DOCUMENTA					
A consultation is a service rendered by an MD/DO		Technical Documentation	on Require	ements			
advice regarding evaluation and/or managemer		See Section X					
problem is requested by another MD/DO/oth		Service Content					
source. An MD/DO consultant may initiate dia		Documentation of writter	n, verbal/sh	nared medical recor	ds request in		
therapeutic services at the same/subsequent v	isit. Three key	patient record: 1. Request for consultation	n from atta	nding MD/DO			
components are required:		Reason for consultation		nung MD/DO			
Comprehensive history		3. Services and supplies pe		rdered by consultant	:		
 Comprehensive examination Medical decision-making of high complexity 	,	4. Total length of time of e	encounter (face-to-face/floor tin	ne, whichever is		
When counseling and/or coordination of care do		appropriate)					
than 50%) the physician-patient and/or family en		5. Counseling and/or activ					
to-face time on the floor/unit/hospital), time is		 Where time is significant of the time spent with p 					
key/controlling factor to qualify for the level of se		required	Jatient was	used counseling and	coordinating care is		
ney/controlling ractor to qualify for the level of se		■ Time spent must also be	e document	ed (e.g., "75 minutes	s of the 110 minute		
		encounter was used cou	•	• ,			
		6. Copy of written report s			MD/DO		
		 Formal report/copy of c Referring MD/DO's nam 		note			
		9 .		uested both consulta	ation and		
Not a Covered Benefit Under Medicare		Evidence that referring MD/DO requested both consultation and consultant's opinion					
		 Advice and/or opinion r 	egarding pa	atient's condition			
		Results of tests/procedures ordered/performed					
		See Appendix G for more	e informat	ion on E/M service	es.		
NOTES	adminsion Fau	EXAMPLE ACTIVITIES	la - 4 ' C	- 27	-1		
Only one consultation is reported by the consultant per 99255, the presenting problem(s) are usually of modera		Initial hospital consulting many		•	•		
severity. The consultant typically spends 110 mins at the	_	diffusely positive medical review of systems and a history of multiple surgeries.					
bedside and on the patient's hospital floor or unit. If sub	•	multiple surgeries.					
completion of consultation, the consultant assumes resp	•						
management of a portion/all of the patient's condition(s							
appropriate E/M procedure code is used in lieu of 99255 APPLICABLE POPULATION(S)).	UNIT		DURATION			
APPLICABLE POPULATION(3)		UNIT		Minimum: 110 m	vinutos		
⊠ Child (0-11) ■ Young □ A	dult (21-64)	☑ Encounter ☐ 15 N	Minutes	Maximum: N/A	imutes		
	ieriatric (65+)			See Appendix G f	or typical times		
- Mail (10 20) - C	ichathe (051)	L Duy	oui	and billing as time			
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CAT	EGORY(IE	-1	- 24564 5546		
• •		⊠ HE (SP)	•		HJ (Voc)		
☐ Face-to-Face ☐ Individual		☐ HK (Residential)			HQ (Clubhouse)		
☑ Video Conf ☐ Group		,			TT (Recovery)		
☐ Telephone					HT (Prev/EI)		
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ LCSW (AJ)	□ Unlicensed I	Master's Level (HO)		PN/LVN (TE)	ι (\$Δ)		
☐ Bachelor's Level (HN) ☐ LPC		FdD/PhD/PsvD (HP)		N (ID)	` '		
☑ Intern ☐ LMFT	☐ Licensed EdI	D/PhD/PsyD (AH) □CAC		PN (SA) 🗵 MD MAP	/DO (AF)		
PLACE OF SERVICE (POS)		LICAC	c.,, Q	1 T 1 T			
 ✓ NF (32) ✓ Inpt PF (51) 							
✓ SNF (31)✓ PF-PHP (52)							
✓ Inpt Hosp (21) ✓ Telehealth (02)							

	EVALUA	TION AND MANAGE	MENT – EMERGENCY	/ DEPARTMENT			
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	PROCEDURE CODE DESCRIPTION			
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 Depart	ment Services.		☑ Medicaid	
SERVICE DESCRIPTION	J		MINIMUM DOCUM	MENTATION REQU	IREMENTS		
These codes are used for face to face services in an emergency department for the evaluation and management of an individual with presenting problem(s) of varying severity. No distinction is made between new and established patients in the emergency department.		Technical Docume See Section X See <u>Appendix G</u> for	•		2 S.		
NOTES	у образования		EXAMPLE ACTIVIT	IES			
APPLICABLE POPULAT	rion(s)		UNIT		DURATION		
	Young Adult 18-20)	✓ Adult (21-64)✓ Geriatric (65+)	区 Encounter ☐ Day	☐ 15 min ☐ 1 Hour	See Appendications and bill based code	x G for typical ling as time-	
ALLOWED MODE(S) C	F DELIVERY		PROGRAM SERVIC	E CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf☐ Telephone	⊠ Individual □ Group ⊠ Family (HR) ⊠ Family		⊠ HE (SP) □ HK (Residential)	□ U4 (ICN □ TM (AC □ HM (Re	ET)	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/EI)	
STAFF REQUIREMENT	S						
☐ Peer Specialist☐ Bachelor's Level (HN) ☑ Intern	HN) LPC Unlicense		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□ LAC □ LPN/ □ CAC I □ RN (□ CAC II ☒ APN □ CACIII □ QMA	(SA)		
PLACE OF SERVICE (PO	OS)						
⊠ ER (23) ☑ Telehealth (02)							

EVALUATION AND MANAGEN	MENT – EMERGENCY DEPARTMENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGI	
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. ☑ OBł	1
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) ☑ Geriatric (65+) 	 ☑ Encounter ☐ Day ☐ 15 min ☐ 1 Hour ☐ See Appendix G for to times and billing as to based code 	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face☑ Video Conf☐ Group☐ Telephone☑ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubbet ☐ TT (Recover) ☐ HT (Prev/	ery)
STAFF REQUIREMENTS		
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RxN (SA) EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) □ PA (PA) D/PhD/PsyD (AH) □CAC II □ APN (SA) □ MD/DO (AF)	ı
PLACE OF SERVICE (POS)		
区 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.	See Section X	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) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ See Appendix C times and billing code	G for typical ng as time-based			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Individual ☑ Video Conf ☐ Group ☐ Telephone ☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ H ☐ HM (Respite) ☐ T	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RN (TD) □ RXN (EXAMPLE) EdD/ PhD/PsyD (HP) □ CAC II □ RN (TD) □ PA (PROPERTY (SAMPLE) IdD/PhD/PsyD (AH) □ CAC III □ QMAP □ MD/E	'A)			
PLACE OF SERVICE (POS)					
⋈ NF (32)⋈ SNF (31)⋈ Telehealth (02)					

EVALUATION AND MANAGEMENT - NURSING FACILITY - INITIAL SERVICES					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99304 requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes 99305 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes 99306 requires comprehensive history, comprehensive examination high complexity medical decision making Typical time is 45 minutes	Initial Nursing Facility Care Services	☑ ОВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity.	Technical Documentation Requirements See 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) ☑ Geriatric (65+) 	☐ Day ☐ 15 Minutes	for typical g as time-based			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Video Conf☐ Group☐ Telephone☑ Family (☐ HK (Residential) ☐ TM (ACT) ☐ H ☐ HM (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)			
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (S EdD/ PhD/PsyD (HP) □ CAC II □ RN (TD) □ PA (PA D/PhD/PsyD (AH) □ CAC III □ QMAP □ MD/D	A) [*]			
PLACE OF SERVICE (POS)					
⋈ NF (32)⋈ SNF (31)⋈ Telehealth (02)					

	EVALUATION AND MANAGEMENT - NURSING FACILITY - SUBSEQUENT SERVICES						
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE COD	E DESCRIPTI	ON		USAGE
99307 requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes 99308 requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes			Subsequent Nursi	ng Facility Se	ervices.		☑ Medicaid
	ailed interval history,	detailed					
making, Typi	moderate complexit cal time is 25 minute np interval history, co	5					
•	high complexity med	•					
• • • • • • • • • • • • • • • • • • • •	is 35 minutes						-
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 Docume See Section X See Appendix G for	entation Rec	quireme	nts	
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.							
NOTES			EXAMPLE ACTIVIT	TIES			
ADDITION DE DODITION	ATIONI(C)		LINUT			DUDAT	FION
APPLICABLE POPUL ☑ Child (0-11) ☑ Adol (12-17)	✓ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	■ Encounter □ Day	☐ 15 Mini	times and hill		pendix G for typical and billing as time-
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVIO				
☑ Face-to-Face☑ Video Conf☐ Telephone	☑ Individual □ Group ☑ Family		⊠ HE (SP) ☐ HK (Residential) 🗆	U4 (ICM TM (ACT HM (Res	·)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREME	NTS					(==)	
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed E		Master's Level (HO) EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/L' □ RN (TE ☑ APN (: □ QMAP	D) SA)	⊠ 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	E DESCRIF	TION		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			Subsequent Nursir	ng Facility	Services.		⊠ ОВН	
minutes 99309 requires detailed in examination mode	rate complexity							
making, Typical tin 99310 requires comp inte examination high o Typical time is 35 r	erval history, con complexity medic	nprehensive cal decision making,						
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATI	ON REQUI	REMENT	S	
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 ACTIVIT	TES				
APPLICABLE POPULATION ☐ Child (0-11) ☐ You ☐ Adol (12-17) (18-2)	oung Adult	☑ Adult (21-64) ☑ Geriatric (65+)	UNIT ⊠ Encounter □ Day	_			endix G for typical nd billing as time-	
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVIC	CE CATEG	ORY(IES)			
☑ Face-to-Face☑ Video Conf☐ Telephone	☑ Individual ☐ Group ☑ Family		☑ HE (SP) ☐ HK (Residential))	□ U4 (ICM □ TM (ACT □ HM (Res) pite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	Bachelor's Level (HN) ☐ LPC ☐ Unlicensed E		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/L' □ RN (TE ☑ APN (: □ QMAP	D) SA)	⊠ 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	Nursing Facility di	scharge services.		
minutes or less					☑ Medicaid
99316 nursing facility discharge day	management; more				
than 30 minutes					
SERVICE DESCRIPTION			MENTATION REQUI		
Used to report total duration of tim			entation Requirem	ents	
other qualified health care profession		See Section X			
facility discharge of a patient, the co		See <u>Appendix G</u> fo	or more information	on E/M servi	ces.
appropriate final examination of the					
the nursing facility stay even if the t					
is not continuous. Instructions are g					
to all relevant care givers, the prepa	_				
records, prescriptions and referral f	orms.				
NOTES		EXAMPLE ACTIVIT	TIES		
				5115471611	
APPLICABLE POPULATION(S)		UNIT		DURATION	
☑ Child (0-11) ☑ Young Adult	✓ Adult (21-64)	☑ Encounter	☐ 15 Minutes		ix G for typical
⊠ Adol (12-17) (18-20)	☑ Geriatric (65+)	□ Day	☐ 1 Hour	based code	illing as time-
ALLOWED MODE(C) OF DELIVEDY		PROGRAM SERVICE CATEGORY(IES)			
ALLOWED MODE(S) OF DELIVERY				·	1 () ()
▼ Face-to-Face ▼ Individu	al	⊠ HE (SP)	U4 (ICN	,	(Voc)
☑ Video Conf ☐ Group		☐ HK (Residential	•	•	Q (Clubhouse)
☐ Telephone ☑ Family			☐ HM (Re		(Recovery)
CTAFF DEOLUDENAFAITS				шн	Γ (Prev/EI)
STAFF REQUIREMENTS			□LAC		
			□CAC □ LPN/LVN	N (TF) _	
	` ,	Master's Level (HO)	I □ RN (TD)	` ' 🗵 R>	(N (SA)
		EdD/ PhD/PsyD (HP)	□CAC ⊠ APN (SA	11	A (PA)
☑ Intern □	LMFT Licensed Ed	D/PhD/PsyD (AH)	II □ QMAP	ı M	D/DO (AF)
			□CACIII		
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	Nursing Facility discharge services.	
minutes or less		✓ OBH
99316 nursing facility discharge day management; more		
than 30 minutes		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Used to report total duration of time spent by physician or	Technical Documentation Requirements	
other qualified health care professional for the final nursing	See Section X	
facility discharge of a patient, the codes include as	See Appendix G for more information on E/M services.	
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.		
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes See Appendix G	
⊠ Adol (12-17)	□ □ □ □ □ □ □ □ times and billin	g as time-
	based code	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face ☑ Individual	☐ HE (SP) ☐ U4 (ICM) ☐ HJ	
☑ Video Conf ☐ Group	1	(Clubhouse)
☐ Telephone		(Recovery)
·		(Prev/EI)
STAFF REQUIREMENTS	□LAC	
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed I	Master's Level (HO)	(Δ)
	END (PhD (Pay D (HP)	,
	D/PhD/PsyD (AH) II	,
	□CACIII □ QMAP	
PLACE OF SERVICE (POS)		
☑ NF (32)		
☑ SNF (31)		
☑ Telehealth (02)		

EVALUATION AND MANAGEMENT - NURSING FACILITY - OTHER							
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CO	ODE DESCRI	PTION		USAGE
99318 require detailed into examination, low to mode making. Typical time is 30	rate complexity n	•	Annual Nursing Facility Assessment.				✓ Medicaid
SERVICE DESCRIPTION			MINIMUM DO	CUMENTAT	ION REQUIREM	IENTS	
This is an annual Nursing F	acility Assessmen	t.	Technical Documentation Requirements See Section X See Appendix G for more information on E/M services.				
NOTES			EXAMPLE ACTIV	VITIES			
APPLICABLE POPULATION	(S)		UNIT			DURATI	ON
` '	oung Adult -20)	✓ Adult (21-64)✓ Geriatric (65+)	Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour		typical t	See Appendix G for typical times and billing as time-based code	
ALLOWED MODE(S) OF DELIVERY			PROGRAM SER	VICE CATE	GORY(IES)		
☑ Face-to-Face ☑ Video Conf ☐ Telephone	⊠ Individual □ Group ⊠ Family		⊠ HE (SP) □HK (Residenti	ial)	□ U4 (ICM) □ TM (ACT) □ HM (Respit	:e) 🗆	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed Mast☐ Unlicensed EdD/ ☐ Licensed EdD/Phl	PhD/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN □ RN (TD) ⊠ APN (SA) □ QMAP	` ′ ⊻ R ⊠ P	xn (SA) A (PA) 1D/DO (AF)
PLACE OF SERVICE (POS)							
☑ NF (32) ☑ SNF (31) ☑ Telehealth (02)							

EVALUATION AND MANAGEMENT - NURSING FACILITY - OTHER							
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CO	USAGE			
99318 require detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30 minutes			Annual Nursing		☑ OBH		
SERVICE DESCRIPTION			MINIMUM DO	CUMENTA	TION REQUIREN	IENTS	
This is an annual Nursing F	acility Assessmen	t.	Technical Documentation Requirements See Section X See Appendix G for more information on E/M services.				
NOTES			EXAMPLE ACTIV	VITIES			
APPLICABLE POPULATION	(S)		UNIT			DURAT	ON
` '	oung Adult -20)	✓ Adult (21-64)✓ Geriatric (65+)	☑ Encounter □ Day	Encounter ☐ 15 Minutes		typical t	endix G for imes and billing based code
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Video Conf ☐ Telephone	Individual☐ GroupFamily		⊠ HE (SP) ☐ HK (Resident	tial)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed Maste ☐ Unlicensed EdD/ ☐ Licensed EdD/PhI	PhD/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN □ RN (TD) ☑ APN (SA) □ QMAP	⊠ R ⊠ P	xN (SA) A (PA) 1D/DO (AF)
PLACE OF SERVICE (POS)							
☑ NF (32) ☑ SNF (31) ☑ Telehealth (02)							

EVALUATION AND MANAGEMENT - DOMICILIARY, REST	EVALUATION AND MANAGEMENT - DOMICILIARY, REST HOME, CUSTODIAL CARE – NEW & ESTABLISHED PATIENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
New Patient	Domiciliary, rest home, custodial care services					
99324 requires problem focused history, problem focused		☑ Medicaid				
examination straight forward medical decision making,						
Typical time 20 minutes						
99325 requires expanded problem focused history, expanded						
problem focused examination low complexity medical						
decision making Typical time 30 minutes						
99326 requires detailed history, detailed examination moderate						
complexity medical decision making, Typical time 45 minutes						
99327 requires comprehensive history, comprehensive						
examination moderate complexity medical decision making,						
Typical time 60 minutes						
99328 requires comprehensive history, comprehensive						
examination high complexity medical decision making,						
Typical time 75 minutes						
Established patient						
99334 requires problem focused interval history, problem focused						
examination straight forward medical decision making,						
Typical time 15 minutes						
99335 requires expanded problem focused interval history, expanded problem focused examination low complexity						
medical decision making Typical time 25 minutes						
99336 requires detailed interval history, detailed examination						
moderate complexity medical decision making, Typical time						
40 minutes						
99337 requires comprehensive interval history, comprehensive						
examination moderate to high complexity medical decision						
making, Typical time 60 minutes						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
These codes are used to report E/M services in a facility which provides	Technical Documentation Requirements					
room, board and other personal assistance services, generally on a long	See Section X					
term basis. They are also used to report E/M services in an assisted living	See Appendix G for more information on E/M services.					
facility. The facility services do not include a medical component. NOTES	EVARADI E ACTIVITIC					
NOTES	EXAMPLE ACTIVITIES					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult (18- ☒ Adult (21-64)		G for typical times				
☑ Adol (12-17) 20) ☑ Geriatric (65+)		time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
		□ HJ (Voc)				
☑ Face-to-Face ☑ Individual		☐ HQ (Clubhouse)				
☑ Video Conf ☐ Group		☐ TT (Recovery)				
☐ Telephone]	☐ HT (Prev/EI)				
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed Maste	r's Level (HO) □LAC □ LPN/LVN (TE) ⊠ RxI	N (SA)				
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed EdD/ F	PhD/PsvD (HP) LCACT L KN (TD) X PA					
☑ Intern ☐ LMFT ☐ Licensed EdD/PhD	/PsyD (AH) □CAC II ☑ APN (SA) ☑ TA	D/DO (AF)				
PLACE OF SERVICE (POS)						
☑ ACF (13)						
X Cust Care (33)						
☑ Grp Home (14) ☑ Telehealth (02)						
. , ,						

PROCEDURE CODE DESCRIPTION SAGE	EVALUATION AND MANAGEMENT - DOMICILIARY, REST HOME, CUSTODIAL CARE – NEW & ESTABLISHED PATIENT					
99327 requires comprehensive interval history, comprehensive examination moderate complexity medical decision making, Typical time 40 minutes 99328 requires comprehensive history, comprehensive examination in moderate complexity medical decision making, Typical time 50 minutes 99327 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes 99328 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 50 minutes 99328 requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 15 minutes 99324 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 interval history, detailed examination moderate complexity medical decision making, Typical time 15 minutes 99336 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 50 minutes 99337 requires comprehensive interval history, detailed examination moderate complexity medical decision making, Typical time 60 minutes 99336 requires expanded problem focused interval history, detailed examination moderate complexity medical decision making, Typical time 60 minutes 99337 requires comprehensive interval history, detailed examination moderate complexity medical decision making, Typical time 60 minutes 99338 requires expanded problem focused interval history, detailed examination moderate complexity medical decision making, Typical time 60 minutes 99337 requires expanded problem focused interval history, detailed examination moderate complexity medical decision making, Typical time 60 minutes 99337 requires expanded problem focused interval history, detailed examination moderate complexity medical decision making, Typical time 60 minutes 99347 requires expanded problem foc	CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
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 45 minutes 99328 requires comprehensive history, comprehensive examination high complexity medical decision making. Typical time 75 minutes 839334 requires problem focused interval history, problem focused examination straight forward medical decision making. Typical time 75 minutes 993354 requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making. Typical time 75 minutes 99336 requires expanded problem focused examination low complexity medical decision making. Typical time 80 minutes 99337 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making. Typical time 80 minutes 85ENVICE DESCRIPTION SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Technical Doc	New Patient	Domiciliary, rest home, custodial care				
Typical time 20 minutes 99325 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making, Typical time 45 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 99328 requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 15 minutes 99328 requires expanded problem focused interval history, problem focused examination low complexity medical decision making, Typical time 5 minutes 99336 requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making, Typical time 50 minutes 99337 requires expanded problem focused interval history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes 99338 requires expanded problem focused interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes 99337 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes 99338 requires detailed interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes 99338 requires detailed interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 5 section X minutes and the personal assistance services, generally no along the pe	99324 requires problem focused history, problem focused	services	☑ OBH			
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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 75 minutes 99335 requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes 99336 requires expanded problem focused examination low complexity medical decision making Typical time 25 minutes 99337 requires expanded problem focused examination moderate complexity medical decision making, Typical time 40 minutes 99338 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 40 minutes 99337 requires expanded problem focused interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 40 minutes 99338 requires expanded problem focused interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 50 minutes 99337 requires expanded problem focused examination making, Typical time 40 minutes 99338 requires expanded problem focused examination with provides required to making, Typical time 60 minutes 99338 requires comprehensive interval history, comprehensive examination making, Typical time 60 minutes 99337 requires expanded problem focused amination making, Typical time 60 minutes 99338 requires expanded problem focused amination focused making, Typical time 60 minutes 99337 requires expanded problem focused making, Typical time 60 minutes 99338 requires expanded problem focused	99325 requires expanded problem focused history, expanded					
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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 examination low complexity medical decision making, Typical time 52 minutes 99336 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 52 minutes 99337 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes SERVICE DESCRIPTION These codes are used to report E/M services in a facility which provides room, board and other personal assistance services, generally on a long term basis. They are also used to report E/M services in an assisted living facility. The facility services do not include a medical component. NOTES APPLICABLE POPULATION(S) © Child (0-11) © Young Adult (18: © Adult (21-64) © Adult (0-11) © Young Adult (18: © Adult (21-64) © Adult (0-11) © Geriatric (65+) Day						
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moderate complexity medical decision making, Typical time 40 minutes 99337 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes SERVICE DESCRIPTION These codes are used to report E/M services in a facility which provides rom, 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. NOTES EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) © Child (0-11) © Young Adult (18- © Adult (21-64) © Adol (12-17) EXAMPLE ACTIVITIES DURATION See Appendix G for more information on E/M services. See Appendix G for more information on E/M services. See Appendix G for more information on E/M services. See Appendix G for more information on E/M services. See Appendix G for more information on E/M services. See Appendix G for typical times and billing as time-based code ALIOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) © HE (SP) □ LAU (ICM) □ HJ (Voc) □ HK (Residential) □ HM □ TT (Recovery) □ HM □ TT (Rec						
time 40 minutes 99337 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes SERVICE DESCRIPTION These codes are used to report E/M services in a facility which provides room, board and other personal assistance services, generally on a long term basis. They are also used to report E/M services in an assisted living facility. The facility services do not include a medical component. NOTES EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) APPLICABLE POPULATION(S) See Appendix G for typical times and billing as time-based code ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Side (5+)						
99337 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes SERVICE DESCRIPTION						
examination moderate to high complexity medical decision making, Typical time 60 minutes SERVICE DESCRIPTION These codes are used to report E/M services in a facility which provides room, board and other personal assistance services, generally on a long term basis. They are also used to report E/M services in an assisted living facility. The facility services do not include a medical component. NOTES EXAMPLE ACTIVITIES BY Child (0-11)						
SERVICE DESCRIPTION						
SERVICE DESCRIPTION These codes are used to report E/M services in a facility which provides room, board and other personal assistance services, generally on a long facility. The facility services do not include a medical component. NOTES EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) Some composed in the facility services do not include a medical component. With the facility services do not include a medical component. EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) Some composed in the facility services do not include a medical component. EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) Some composed in the facility services do not include a medical component. Some composed in the facility services do not include a medical component. EXAMPLE ACTIVITIES APPLICABLE POPULATION(S) Some composed in the facility services do not include a medical component. Some Appendix G for more information on E/M services. See Appendix G for typical times and billing as time-based code an						
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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. See Appendix G for more information on E/M services.						
Facility. The facility services do not include a medical component. See Superior Sec Superior Sec Superior Sec Sec		•				
STAFF REQUIREMENTS See Appendix G for typical times Staff Requirements Staff Requirem	-	See Appendix G for more information on E/M s	ervices.			
APPLICABLE POPULATION(S) □ Child (0-11) □ Young Adult (18-□ Adult (21-64) □ Day □ 1 Hour □ See Appendix G for typical times and billing as time-based code ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Individual □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HK (Respite) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ Bachelor's Level (HN) □ LICEN □ LICENSED □ LICENSED □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC □ LPN/LVN (TE) □ RN (TD) □ CAC II □ QMAP PLACE OF SERVICE (POS) □ ACF (13) □ Grp Home (14)						
☑ Child (0-11) ☒ Young Adult (18- ☒ Adult (21-64) ☒ Encounter ☐ 15 Minutes See Appendix G for typical times and billing as time-based code ☑ Adol (12-17) 20) ☒ Geriatric (65+) ☐ Day ☐ 1 Hour and billing as time-based code ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) ☒ Face-to-Face ☒ Individual ☒ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☒ Video Conf ☐ Group ☐ 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 II ☒ APN (SA) ☒ RXN (SA) ☒ Intern ☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐ CAC II ☒ APN (SA) ☒ MD/DO (AF) PLACE OF SERVICE (POS) ☒ Grp Home (14)	NOTES	EXAMPLE ACTIVITIES				
☑ Child (0-11) ☒ Young Adult (18- ☒ Adult (21-64) ☒ Encounter ☐ 15 Minutes See Appendix G for typical times and billing as time-based code ☑ Adol (12-17) 20) ☒ Geriatric (65+) ☐ Day ☐ 1 Hour and billing as time-based code ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) ☒ Face-to-Face ☒ Individual ☒ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☒ Video Conf ☐ Group ☐ 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 II ☒ APN (SA) ☒ RXN (SA) ☒ Intern ☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐ CAC II ☒ APN (SA) ☒ MD/DO (AF) PLACE OF SERVICE (POS) ☒ Grp Home (14)						
	, ,					
ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) HE (SP) HK (Residential) HM (Clubhouse) HM (Clubhouse) HM (Respite) HT (Prev/EI) STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) HC CAC I Bachelor's Level (HN) Intern LCSW (AJ) Unlicensed EdD/PhD/PsyD (HP) Licensed EdD/PhD/PsyD (AH) PLACE OF SERVICE (POS) ACF (13) Grp Home (14)	, , , , , , , , , , , , , , , , , , , ,		- ''			
Face-to-Face	, , ,		time-based code			
HK (Residential)	ALLOWED MODE(S) OF DELIVERY	` ,	7 / / / /			
STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ Intern □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ CAC I □ RN (TD) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ APN (SA)	☑ Face-to-Face					
STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern DLCSW (AJ) Dunlicensed Master's Level (HO) Dunlicensed EdD/PhD/PsyD (HP) Dunlicensed EdD/PhD/PsyD (AH) Dunlicensed EdD/P	☑ Video Conf ☐ Group					
STAFF REQUIREMENTS Peer Specialist	☐ Telephone					
□ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ CAC □ LPN/LVN (TE) □ RN (TD) □ PACE OF SERVICE (POS) □ ACF (13) □ Grp Home (14) □ CAC □ LPN/LVN (TE) □ RN (TD) □ RN (TD) □ APN (SA)	STACE DECLIDEMENTS	(Respite)	J HT (Prev/EI)			
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ Unlicensed EdD/ PhD/PsyD (HP) □ CAC II □ RN (TD) □ PA (PA) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ RN (TD) □ PA (PA)		DLAC DIPN/IVN (TF)				
□ Bachelor's Level (HN) □ LMFT □ Licensed EdD/PhD/PsyD (HP) □ CAC II □ APN (SA) □ MD/DO (AF) PLACE OF SERVICE (POS) □ ACF (13) □ Grp Home (14)	_ , ,	er's Level (HO)				
PLACE OF SERVICE (POS) ACF (13) Cust Care (33) Grp Home (14)	· ·					
☑ ACF (13) ☑ Grp Home (14)	□ Intern □ LiviF1 □ Licensed EdD/PhL	OFFSYD (AFT) □CACIII □ QMAP	JUU (AF)			
☑ Cust Care (33) ☑ Grp Home (14)						
IXI (list (are (33)						
= releneatin (02)	☑ Cust Care (33) ☑ Telehealth (02)					

EVALU	ATION AND M	IANAGEMENT -	HOME – NEW & ES	STABLISH	ED PAT	IENT	
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COI	DE DESCR	IPTION		USAGE
New Patient			Home care service	ces			
99341 requires problem focused history	ory, problem fo	ocused					☑ Medicaid
examination straight forward i	medical decision	on making,					
Typical time 20 minutes							
99342 requires expanded problem fo							
problem focused examination		y medical					
decision making Typical time 3		ian madarata					
99343 requires detailed history, deta							
complexity medical decision m minutes	iaking, Typicai	tille 45					
99344 requires comprehensive histo	rv. compreher	nsive					
examination moderate compl							
making, Typical time 60 minut	-						
99345 requires comprehensive histo		sive					
examination high complexity	medical decision	on making,					
Typical time 75 minutes							
Established patient							
99347 requires problem focused inte							
focused examination straight f		ai 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	ory, detailed e	xamination					
moderate complexity medical	decision makir	ng, average					
time 40 minutes							
99350 requires comprehensive inter-		•					
examination moderate to high		nedical					
decision making, average time SERVICE DESCRIPTION	60 minutes		MINIMUM DOCU	IMFNITAT	ION RE	OHIREMEN	JTS
These codes are used for face to face	services in a n	rivate for the	Technical Docum				413
evaluation and management of an inc			See Section X	············	почин	cincino	
problem(s) of varying severity.			See Appendix G	for more i	nforma	tion on E/N	A services.
NOTES			EXAMPLE ACTIV	ITIES			
APPLICABLE POPULATION(S)			UNIT			DURATIO	
☑ Child (0-11) ☑ Young Adult	⊠ Adult (•		☐ 15 Mir			ndix G for typical times
☑ Adol (12-17) (18-20)	☑ Geriatr	ric (65+)	□ Day	☐ 1 Hou		`	g as time-based code
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERV ☑ HE (SP)	ICE CATE	U4 □	•	☐ HJ (Voc)
	al		☐ HK (Residentia	الد	□ TM		☐ HQ (Clubhouse)
∨ Video Conf □ Group □			LIK (Kesidentia	ai <i>j</i>		. ,	☐ TT (Recovery)
☐ Telephone 🗵 Family					(Respi		☐ HT (Prev/EI)
STAFF REQUIREMENTS					,		, -, ,
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Ma	ster's Level (HO)	□LAC		N/LVN (TE)	⊠ RxN (SA)
		☐ Unlicensed Edi		□CAC I	□RN		⊠ PA (PA)
` <i>'</i>	☐ LMFT	☐ Licensed EdD/F	PhD/PsyD (AH)	□CAC II □CACIII	⊠ AP	N (SA)	☑ MD/DO (AF)
PLACE OF SERVICE (POS)					ب راب	17.31	
X Telehealth (02)	2)	_					
_ : :::::::::::::::::::::::::::::::::::	_,	☑ Grp Home (14))				

EVALUATION AND MANAGEMENT - HOME – NEW & ESTABLISHED PATIENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
New Patient	Home care services					
99341 requires problem focused history, problem focused		☑ OBH				
examination straight forward medical decision making,						
Typical time 20 minutes						
99342 requires expanded problem focused history, expanded						
problem focused examination low complexity medical						
decision making Typical time 30 minutes						
99343 requires detailed history, detailed examination moderate						
complexity medical decision making, Typical time 45						
minutes						
99344 requires comprehensive history, comprehensive						
examination moderate complexity medical decision						
making, Typical time 60 minutes						
99345 requires comprehensive history, comprehensive						
examination high complexity medical decision making,						
Typical time 75 minutes						
Established patient						
99347 requires problem focused interval history, problem						
focused examination straight forward medical decision						
making, average time 15 minutes						
99348 requires expanded problem focused interval history,						
expanded problem focused examination low complexity						
medical decision making average time 25 minutes						
99349 requires detailed interval history, detailed examination						
moderate complexity medical decision making, average						
time 40 minutes						
99350 requires comprehensive interval history, comprehensive examination moderate to high complexity medical						
decision making, average time 60 minutes SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
These codes are used for face to face services in a private for the evaluation and management of an individual with presenting	Technical Documentation Requirements See Section X					
problem(s) of varying severity.	See Appendix G for more information on E/M s	envices				
NOTES	EXAMPLE ACTIVITIES	ervices.				
NOTES	EXAMPLE ACTIVITIES					
APPLICABLE POPULATION(S)	UNIT DURATION					
		x G for typical times				
☑ Cliff (0-11) ☑ Foung Addit ☑ Addit (21-04) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)		s time-based code				
		time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐] HJ (Voc)				
☑ Face-to-Face ☑ Individual		HQ (Clubhouse)				
☑ Video Conf ☐ Group	, , , , , , , , , , , , , , , , , , , ,	TT (Recovery)				
☐ Telephone] HT (Recovery)				
STAFF REQUIREMENTS	(nespite)	7111 (1100/21)				
	LAC DLPN/LVN (TE)					
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed Ma ☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed Edl	aster's Level (HO)	RxN (SA)				
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed Edl ☑ Intern ☐ LMFT ☐ Licensed EdD/f	PhD/PsyD (AH) LICAC II LAPN (SA)	PA (PA) MD/DO (AF)				
E livii i E licensed Edb/1	TID/139D (ATT) □CACIII □ QMAP	WID/DO (AI)				
PLACE OF SERVICE (POS)						
区 Telehealth (02)						
区 Home (12)						
☑ Grp Home (14)						

EVALUATION AND MANAGEMENT - CA	SE MANAGEMENT - MEDICAL TEAM CONFERENCE						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE						
	Medical team conference with interdisciplinary						
99366	team, face-to-face with patient and/or family, 30						
33300	minutes or more, participation by a non-physician						
	qualified health care professional						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Face-to-face participation by a minimum of 3 practitioners	Technical Documentation Requirements						
from different specialties/disciplines, each of whom provide	See Section X						
direct care to the patient, with the patient and/or family	Service Content						
member(s), community agencies, surrogate decision maker(s)							
(e.g., legal guardians and/or care givers). Participants are	goal or agenda? How does the service relate to the						
actively involved in the development, revision, coordination,	treatment/service plan?						
and implementation of the BH treatment services provided to							
the patient.	Participants in team conference including: Specific providers with credentials						
*Not to be used for supervision	- Specific providers with credentials - Patient and any family members who attend						
Not to be used for supervision	Summary of contributed information and treatment						
Team conference services by a physician with the patient	recommendations						
and/or family present are reported with an appropriate E/M	Plan for next contact(s) including treatment goals, what						
procedure code.	treatment is prescribed (be specific), any follow-up or						
F	coordination needed with 3 rd parties						
	See Appendix G for more information on E/M services.						
NOTES	EXAMPLE ACTIVITIES						
Reporting/billing participants have rendered face-to-face	Patient and/or family participate in a multi-disciplinary team						
evaluation(s)/treatment(s) to the patient, independent of any	conference.						
team conference, within the previous 60 days. The team							
conference starts at the beginning of a case review and ends							
at the conclusion of the review. Time related to record							
keeping and generating a report is not reported/billed. The							
reporting participant is present for all time reported. Team							
conferences of less than 30 minutes duration are not							
reported. No more than one individual from the same							
specialty may report 99366 at the same encounter.							
If services are performed by a CAC provider, a SUD Primary Diagnosis is required.							
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes						
✓ 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)						
☑ Face-to-Face☑ Individual☑ Group	☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse)						
☐ Telephone ☐ Family/collateral	☐ HM (Respite) ☐ TT (Recovery)						
<u> </u>	☐ HT (Prev/EI)						
STAFF REQUIREMENTS	What was the second sec						
☑ Peer Specialist	ed Master's Level (HO) ⊠CAC I ⊠ RN (TD) ⊠ RXN (SA)						
Bachelor's Level (HN) ☑ LPC ☑ Unlicense	ed EdD/ PhD/PsyD (HP) SCACII SAPN (SA) PA (PA)						
☑ Intern ☑ LMFT ☑ Licensed B	EdD/PhD/PsyD (AH) SCACII GAPN (3A) MD/DO (AF)						
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ Grp Home (14) ☑ PI	RTF (56) 🗵 RHC (72)						
· · ·	nelter (04) 🗵 Telehealth (02)						
	NF (31) \(\subseteq \text{School (03)} \)						
	QHC (50)						

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
	Medical team conference with interdisciplinary					
00366	team, face-to-face with patient and/or family, 30 🗵 OBH					
99366	minutes or more, participation by a non-physician					
	qualified health care professional					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Face-to-face participation by a minimum of 3 practitioners	Technical Documentation Requirements					
from different specialties/disciplines, each of whom provide	See Section X					
direct care to the patient, with the patient and/or family	Service Content					
member(s), community agencies, surrogate decision maker(s)	1. The reason for the team conference. What was the intended					
(e.g., legal guardians and/or care givers). Participants are	goal or agenda? How does the service relate to the					
actively involved in the development, revision, coordination,	treatment/service plan?					
and implementation of the BH treatment services provided to	2. Description of the service provided.					
the patient.	3. Participants in team conference including:					
	 Specific providers with credentials 					
*Not to be used for supervision	 Patient and any family members who attend 					
	4. Summary of contributed information and treatment					
Team conference services by a physician with the patient	recommendations					
and/or family present are reported with an appropriate E/M	5. Plan for next contact(s) including treatment goals, what					
procedure code.	treatment is prescribed (be specific), any follow-up or					
	coordination needed with 3 rd parties					
	See <u>Appendix G</u> for more information on E/M services.					
NOTES	EXAMPLE ACTIVITIES					
Reporting/billing participants have rendered face-to-face	Patient and/or family participate in a multi-disciplinary team					
evaluation(s)/treatment(s) to the patient, independent of any	conference.					
team conference, within the previous 60 days. The team						
conference starts at the beginning of a case review and ends						
at the conclusion of the review. Time related to record						
keeping and generating a report is not reported/billed. The						
reporting participant is present for all time reported. Team						
conferences of less than 30 minutes duration are not						
reported. No more than one individual from the same						
specialty may report 99366 at the same encounter.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 30 Minutes +					
✓ Adol (12-17) (18-20) ✓ Geriatric (65+)	□ Day □ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
•						
☑ Face-to-Face ☑ Individual	☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse)					
☑Video Conf ☐ Group	☐ HM (Respite) ☐ TT (Recovery)					
☐ Telephone	□ HT (Prev/EI)					
STAFF REQUIREMENTS						
	Master's Level (HO) □ SAC					
and the same and t	EdD/ PhD/PayD (HP) SCACT V PN/TD) V PA (PA)					
X INTER X Licensed EdD/DbD/DcvD (AH) CAC II X ADN (CA)						
	D/FIID/FSyD (AII)					
PLACE OF SERVICE (POS)	Figure (72)					
☑ CMHC (53)	☑ RHC (72) ☑ Cust Care (33) ☑ Other POS (99)					
E 600 (44)						
☑ Office (11) ☑ Home (12) ☑ Shelter (04) ☑ ACF (13) ☑ ICF-MR (54) ☑ SNF (31)	☑ Telehealth (02)☑ NF (32)☑ School (03)☑ FQHC (50)					

EVALUATION AND MANAGEMENT - CASE	MANAGEMENT - MEDICAL TEAM CONFERENCE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99367	Medical team conference with interdisciplinary team, patient and/or family not present, 30				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Face-to-face participation by a minimum of 3 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				
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 ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Individual □ Group □ Telephone □ Family	☑ Encounter ☐ 15 Minutes Minimum: 30 Minutes + ☐ Day ☐ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery)				
	☐ HT (Prev/Ei)				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) I CAC I I RN (TD) APA (PA) APA (PA				

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
	Medical team conference with interdisciplinary					
99367	team, patient and/or family not present, 30	☑ OBH				
	minutes or more, participation by physician					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Face-to-face participation by a minimum of 3 practitioners, 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					
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 multi team conference with a physician.	idisciplinary				
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☑ Encounter ☐ 15 Minutes	inutes +				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Individual☑ Video Conf☐ Group☐ Telephone☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ H ☐ HM (Respite) ☐ T	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)				
STAFF REQUIREMENTS						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed I ☑ Intern ☑ LMFT ☑ Licensed EdI	EdD/ PhD/PsyD (HP) 🗵 CACT 🔼 KN (TD) 🗵 PA	:N (SA) (PA) D/DO (AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ Grp Home (14) ☒ PRTF (56) ☒ Office (11) ☒ Home (12) ☒ Shelter (04) ☒ ACF (13) ☒ ICF-MR (54) ☒ SNF (31) ☒ Cust Care (33) ☒ NF (32) ☒ FQHC (50)	区 RHC (72) 区 Telehealth (02) 区 School (03) 区 Other POS (99)					

EV	EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE							
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE CODE DESCRIPTION USAGE					
		Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional						
SERVICE DESCRIPTION			MINIMUM DOCUM	/IENTATIO	N REQUI	REMENTS		
Face-to-face participation from different specialties direct care to the patient member(s), community (e.g., legal guardians and actively involved in the earlier and implementation of the patient. *Not to be used for sup	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 3 rd parties See Appendix G for more information on E/M services.							
NOTES			EXAMPLE ACTIVITI	IES				
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.					community team			
APPLICABLE POPULATION	ON(S)		UNIT			DURATION		
⊠ Adol (12-17) (1	Young Adult 8-20)	☑ Adult (21-64)☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Mi ☐ 1 Hou	ır	Minimum: 30 Maximum: N/		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	E CATEGO				
☑ Face-to-Face ☑ Video Conf ☐ Telephone	□ Individual □ Group □ Family		☑ HE (SP) ☐ HK (Residential)		□ U4 (□ TM (□ HM	(ACT) \square (Respite) (C	HJ (Voc) HQ lubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	区 Unlicensed Mas 区 Unlicensed EdD,Ph	/ PhD/PsyD (HP)	⊠LAC ⊠CAC II ⊠CACIII	⊠ LPN/ ⊠ RN (⊠ APN □ QM/	(SA) □ ME		
PLACE OF SERVICE (POS	•							
区 CMHC (53) ☑ Office (11) ☑ ACF (13)	区 Cust Care (33)区 Grp Home (14)区 Home (12)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ Telehealth (0		School School	ol (03) · 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 ✓ 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 3 rd 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) ☑ Geriatric (65+) 	☑ Encounter ☐ 15 Minutes Minimum: 30 Minutes + ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf☐ Telephone☐ Family	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed Ed ☑ Intern ☑ LMFT ☑ Licensed Ed ☑	Master's Level (HO) 図LAC 図 LPN/LVN (TE) 図 RxN (SA) 図CAC I 図 RN (TD) 図 PA (PA) の PhD/PsyD (AH) 図CAC II 図 APN (SA) 図 MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Grp Home (14) ☑ PRTF (56) ☑ Office (11) ☑ Home (12) ☑ Shelter (04) ☑ ACF (13) ☑ ICF-MR (54) ☑ SNF (31) ☑ Cust Care (33) ☑ NF (32)	☑ Telehealth (02) ☑ School (03) ☑ Other POS (99)				

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE					
*This code has very spe requirements. Follow C		documentation	Telephone evalua service provided patient, parent, c a related E/M ser previous 7 days, procedure within available appoint medical discussion	n				
SERVICE DESCRIPTION			ON REOU	IREMENTS				
Non-face-to-face E/M se other qualified health precedence, upon initiation patient, parent or guard advice/treatment for a pro-face visit. NOTES 99441 may be reported patient/patient's parent 99441 may not be used other qualified health precedence encounter for the call within 24 hours/soo are not reportable; conswork for the billable E/M Likewise, if the call relat reported by the provide requested or unsolicitied service(s) are considered procedure. Do not reported 994441-99444 reportable if the call relations and the call relations are considered procedure.	only for established ponly f	t using the atient (i.e., require a face- atients. The e the contact; nysician or ting in a face- enced on the appointment e pre-service erformed and 7 days (either ten the LE/M service or ou have s. The call is not	See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES An established patient calls the provider with a new complaint. call cannot be related to an E/M that occurred within the last se days and cannot trigger an appointment within 24 hours or at the earliest available time. In a five to 10 minute call, the provider grabies history from the patient, reviews the patient's current list 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 time for the discussion in the patient's chart. Discussion with other providers is included in the code.				ervices. new complaint. The within the last seven 24 hours or at the III, the provider gets cient's current list of arding symptoms don't and the amount of	
since these codes are th		ice.	LIBUT			DUDATIO	•	
APPLICABLE POPULATION ☑ Child (0-11) ☑ You	- · ·	dult (21-64)	UNIT ☑ Encounter	☐ 15 Mir	nutes	Minimum	n: 5 Minutes	
☑ Adol (12-17) (18-2	-	eriatric (65+)	☐ Day				n: 10 Minutes	
ALLOWED MODE(S) OF	•		PROGRAM SERV					
☐ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual □ Group □ Family (☑ HE (SP) ☐ HK (Residentia	al)	□ U4 (I □ TM (□ HM (-	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT		aster's Level (HO) ID/ PhD/PsyD (HP) 'PhD/PsyD (AH)	□LAC □CAC II □CAC II	☐ LPN/L' ☐ RN (TE ☐ APN (S	D) 🗵	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)	区 Shelter 区 SNF (31 区 FQHC (区 RHC (7: 区 Inpt Ho	1) 50) 2)	☑ Inpt P ☑ ER (23 ☑ PF-PH ☑ Schoo	3) P (52)	☑ Other POS (99)	

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
*This code has very spe requirements. Follow C	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the 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						
SERVICE DESCRIPTION		•	ON REOU	IREMENTS			
Non-face-to-face E/M se other qualified health pi telephone, upon initiatic patient, parent or guard advice/treatment for a pto-face visit. NOTES 99441 may be reported patient/patient's parent 99441 may not be used other qualified health pi to-face encounter for the call within 24 hours/soo are not reportable; conswork for the billable E/N Likewise, if the call relat reported by the provide requested or unsolicited service(s) are considered procedure. Do not reported 994441-99444 reportable if the call relatince these codes are the	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. EXAMPLE ACTIVITIES 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			UNIT			DURATION	
☑ Child (0-11)☑ You☑ Adol (12-17)☑ (18-2)	oung Adult 🗵 Ad 20) 🗵 Ge	dult (21-64) eriatric (65+)	☑ Encounter ☐ Day	☐ 15 Mir	r	Minimum: 5 Maximum:	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEG		CNA	
☐ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) □ HK (Residentia	al)	□ U4 (I □ TM (□ HM (ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Peer Specialist☐	□ LCSW (AJ) □ LPC □ LMFT		aster's Level (HO) ID/ PhD/PsyD (HP) PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/L' □ RN (TE □ APN (S □ QMAP	D)	xN (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (POS				,		- (- a)	T all acc (cc)
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⋈ Hospice (34)⋈ ICF-MR (54)⋈ NF (32)⋈ PRTF (56)	⊠ Shelter (04 ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Inpt Hosp (☑ Inpt P ☑ ER (23 ☑ PF-PH ☑ Schoo	s) P (52)	☑ Other POS (99)

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				
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 faceto-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow-up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 performed in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M 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 ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 HourMaximum: 20 Minutes				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☐ Face-to-Face ☑ Individual ☐ Video Conf ☐ Group ☑ Telephone ☐ Family	⊠ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
□ Bachelor's Level (HN) □ LPC □ Unlicensed E	d Master's Level (HO)				
PLACE OF SERVICE (POS) V ACE (12) V ACE (12)	V Chalter (04) V Inst DE (54) V Other DOC (06)				
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital (22) ☒ Home (12) ☒ PRTF (56)	 ☑ Shelter (04) ☑ Inpt PF (51) ☑ Other POS (99) ☑ SNF (31) ☑ ER (23) ☑ FQHC (50) ☑ PF-PHP (52) ☑ RHC (72) ☑ School (03) ☑ Inpt Hosp (21) 				

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE - PHONE							
CPT®/HCPCS PROCEDU			PROCEDURE CODE			USAGE	
*This code has very sp requirements. Follow	99442 ecific timeframes an	d documentation	within the next 24 hours or soonest available appointment; 11 – 20 minutes of medical discussion				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Non-face-to-face E/M s patient using the telep established patient (i.e seeking advice/treatme require a face-to-face v	hone, upon initiation ., patient, parent or ¿ ent for a problem tha	Technical Documentation Requirements See Section X Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services.					
NOTES			EXAMPLE ACTIVIT				
99442 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99442 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow-up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 performed in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M			An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In an 11 to 20 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.				
service. APPLICABLE POPULATION	ON(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)☑ (12-17)	Young Adult 28-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 11 Mi Maximum: 20 M		
ALLOWED MODE(S) OI	- DELIVERY		PROGRAM SERVIC			1 () (==)	
☐ Face-to-Face ☐ Video Conf ☑ Telephone	⊠ Individual □ Group □ Family		⊠ HE (SP) ☐ HK (Residential)		(ACT) \square H (Respite) \square T	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/El)	
STAFF REQUIREMENTS					1/12/01/75		
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (A	☐ Unlicensed E	Master's Level (HO) dD/ PhD/PsyD (HP) d/PhD/PsyD (AH)	□LAC □ LPN □CAC II □ RN □CAC II □ API □CACIII □ QN	N (SA)	PA)	
PLACE OF SERVICE (PO		V Hoories (24)	V Chalter (04)	V last DE /	[1] V O+b	OC (00)	
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	 ✓ Shelter (04) ✓ SNF (31) ✓ FQHC (50) ✓ RHC (72) ✓ Inpt Hosp (21) 	⊠ Inpt PF (! ⊠ ER (23) ⊠ PF-PHP (⊠ School (0	52)	O2 (88)	

	EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE - PHONE							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIPTION	ON			USAGE
*This code has very spo guidelines. Follow CPT	patient, parent, or guardian not originating from a					☑ Medicaid		
SERVICE DESCRIPTION				MENTATION	REO	UIREMENT	S	
Non-face-to-face E/M s patient using the teleph established patient (i.e. seeking advice/treatme require a face-to-face v NOTES 99443 may be reported patient or patient's paracontact; 99443 may not physician or other quali resulting in a face-to-fareferenced on the call vurgent appointment are part of the pre-service values, if the call referenced by that provid requested or unsolicite service(s) are considered procedure. Do not reportable if the teleph within 7 days, since the	none, upon initiation by patient, parent or guarent for a problem that or isit. I only for established pent/guardian must init to be used for calls initiatified health professionace encounter for the sawithin 24 hours/soonese not reportable; consilework for the billable E/ers to an E/M service peler within the previous dipatient follow up) the dipart of that previous ort 99441-99443 if you evious 7 days. The call isone call relates to the	Psychiatrist to a py an See Section X Sardian), who is does not 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES Datients. The triate the stated by a lail. Calls ame problem st available ider the call /M service. Psychiatrist to a 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. EXAMPLE ACTIVITIES An established patient calls the provider with a new complaint call cannot be related to an E/M that occurred within the last days and cannot trigger an appointment within 24 hours or at earliest available time. In a 21 to 30 minute call, the provider st available inder the call independent of the provider documents the specifics and the amount of time for the call included in the code. 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES An established patient calls the provider with a new complaint call the provider within the last days and cannot trigger an appointment within 24 hours or at earliest available time. In a 21 to 30 minute call, the provider state of the provider days and cannot trigger an appointment within 24 hours or at earliest available time. In a 21 to 30 minute call, the provider state of the provider days and cannot trigger an appointment within 24 hours or at earliest available time. In a 21 to 30 minute call, the provider state of the provider state				complaint. The name the last seven ours or at the provider gets a current list of grecommended rove. The time for the		
service. APPLICABLE POPULATION	ON(S)		UNIT			DURATIO	N	
⊠ Child (0-11)		Adult(21-64)	☑ Encounter	☐ 15 Minu	ites	Minimum		linutes
⊠ Adol (12-17)	•	Geriatric (65+)	□ Day	☐ 1 Hour		Maximun	n: 30 N	linutes
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIO	CE CATEGOR	Y(IES			
□ Face-to-Face □ Video Conf 図 Telephone	☑ Individual □ Group □ Family		⊠ HE (SP) ☐ HK (Residential) [⊐тм	(ICM) (ACT) I (Respite)		HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	□ RN	N (SA)	⊠ RxN ⊠ PA (⊠ MD	• •
PLACE OF SERVICE (POS								
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	⊠ Hospice (☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56)	54) ⊠ SNF (31) ⊠ FQHC (5	50) E	⊠ ER ⊠ PF-	t PF (51) (23) PHP (52) ool (03)	×	Other POS (99)

	EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE - PHONE							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE C	ODE DESCRI	PTION			USAGE
*This code has very spo guidelines. Follow CPT	99443 ecific timeframes and do guidelines.	ocumentation	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					☑ ОВН
SERVICE DESCRIPTION		CUMENTATI	ON REO	UIREMENTS	S			
Non-face-to-face E/M s patient using the teleph established patient (i.e. seeking advice/treatme require a face-to-face v NOTES 99443 may be reported patient or patient's paracontact; 99443 may not physician or other quali resulting in a face-to-fareferenced on the call vurgent appointment are part of the pre-service values to the pre-service of the pre-service of the pre-service (s) are considered procedure. Do not reported by 441-99444 in the pre-reportable if the teleph	ervices provided by a Psonone, upon initiation by a part or guar ant for a problem that do risit. I only for established part ent/guardian must initiate the used for calls initiate ified health professional ce encounter for the san within 24 hours/soonest e not reportable; conside work for the billable E/M ers to an E/M service perfer within the previous 7 d patient follow up) there are part of that previous E ort 99441-99443 if you have to go and a part of the previous 7 days. The call is none call relates to the prese codes are themselves	tients. The te the ed by a . Calls me problem available er the call days (either in the E/M service or ave reported not revious call	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. EXAMPLE ACTIVITIES 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.					omplaint. The the last seven urs or at the rovider gets a urrent list of recommended ove. The ime for the
APPLICABLE POPULATION	ON(S)		UNIT			DURATIO	N	
☑ Child (0-11)☑ Adol (12-17)	Adult (18-20) ☑ Ge	dult (21-64) eriatric (65+)	区 Encounter ☐ Day	☐ 15 M ☐ 1 Ho	ur	Minimum: Maximum		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SE	RVICE CATEG	ORY(IES			
☐ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual □ Group □ Family		⊠ HE (SP) □ HK (Resider	ntial)		(ICM) (ACT) 1 (Respite)		HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS								
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HC EdD/ PhD/PsyD (H D/PhD/PsyD (AH)	΄ ΙΙ(Δ(Ι	□ LPN □ RN □ API □ QM	(1D) N (SA)	⊠ RxN (⊠ PA (F ⊠ MD/I	
PLACE OF SERVICE (POS	•							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56)	54) ⊠ SNF ⊠ FQH	(31) C (50)	⊠ ER ⊠ PF-	t PF (51) (23) PHP (52) ool (03)		Inpt Hosp (21) Other POS (99)

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: Initial/intake history/exam documenting symptoms or p necessitating treatment 					
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) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: 4 ☐ Day ☐ 1 Hour Maximum: 1					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	1 () (= =)				
☑ Face-to-Face ☐ Individual ☐ Video Conf ☑ Group ☐ Telephone ☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ He	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/EI)				
STAFF REQUIREMENTS						
The second secon	laster's Level (HO) □CAC I ☑ RN (TD) □CAC I ☑ APN (SA) □CAC II ☑ APN (SA) □CACIII □ QMAP	PA)				
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)				
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 Target symptoms, goals of therapy and methods of monitoring outcome Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment Specify estimated duration of treatment, in terms of number of sessions For an acute problem, document treatment is expected to improve health status/function of patient For chronic problems, document stabilization/ maintenance 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. <i>Per CMS</i> , this procedure code is only used for partial hospitalization programs (PHPs).					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☐ Individual ☐ Video Conf ☒ Group ☐ Telephone ☐ Family	☐ HE (SP) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
p , ,	Saster's Level (HO)				
PLACE OF SERVICE (POS)					
区 CMHC (53) ☑ Outp Hospital (22) ☑ PF-PHP (52)					

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
	Training and educational services related to the care					
G0177	and treatment of patient's disabling mental health					
CEDIUSE DECEDIDATION	problems per session (45 minutes or more)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Psychosocial skills development and rehabilitation services to improve social functioning in areas important to	Technical Documentation Requirements See Section X					
maintaining/re-establishing residency in the community.	Service Content					
Interventions are delivered on an individual basis and are	Initial/intake history/exam documenting symptoms/problems					
individualized to meet specific goals and measurable	necessitating treatment					
objectives in the treatment/service plan. Interventions focus	2. Individualized treatment/service plan					
on developing and strengthening competencies in areas such	 Services must be prescribed by an MD/DO and provided 					
as anger management, stress management, conflict	under an individualized written plan of treatment					
resolution, money management, community mobility,	established by an MD/DO after any needed consultation					
symptom management and reduction.	with appropriate staff members					
	Plan must state type, amount, frequency, and duration of					
	services to be furnished and indicate diagnoses and anticipated goals					
	Target symptoms, goals of therapy and methods of monitoring					
	outcome					
	 Why chosen therapy is appropriate treatment modality 					
	either in lieu of/in addition to another form of psychiatric					
	treatment					
	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 					
	Indicate time spent in training and educational services and					
	relevance to care and treatment of patient's MH condition					
NOTES	EXAMPLE ACTIVITIES					
This is an individual skills training service. <i>Per CMS, this</i>						
procedure code is only used for partial hospitalization						
programs (PHPs).						
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: 45 Minutes					
☐ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	Day 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES)					
• •	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)					
☐ Face-to-Face ☐ Individual	☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse)					
☐ Video Conf ☐ Group	☐ HM ☐ TT (Recovery)					
☐ Telephone ☐ Family	(Respite) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed M	Iaster's Level (HO) □ CAC □ □ RN/TR) □ RXN (SA)					
_ · · · · · · · · · · · · · · · · · · ·	Idade Stever (TO)					
☑ Intern ☑ LMFT ☑ Licensed EdD _j	/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ CMHC (53)						
☑Outp Hospital (22)						
☑ PF-PHP (52)						

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
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				
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 ☑ Adult (21-64) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: 45 Minutes ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☐ Video Conf ☐ Telephone ☐ Family ☐ Individual ☐ Group ☐ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM ☐ TT (Recovery) (Respite) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
= recreptionalist	aster's Level (HO) □CAC I ☑ RN (TD) ☑ RXN (SA) BD/ PhD/PsyD (HP) □CAC I ☑ RN (TD) ☑ PA (PA) (PhD/PsyD (AH) □CAC II □ QMAP ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑Outp Hospital (22) ☑ PF-PHP (52)					

	ASSESSMENT – ALCOHOL AND DRUG ABUSE								
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIP	TION	USAGE				
	H0001		Alcohol and/or Drug (AOD)	Assessment	☑ Medicaid				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS						
The evaluation of an inature and extent of addiction to AOD (A formulating a substant services or appropriate history, mental status SUD, appropriate faming relevant physical and and recommendation communication with fate. * Use procedure code mental health diagnostics.	the individual's abuse alcohol or Drug), wi ce use related diagnore referral. The assessment and diagnosis formulily and social history mental health history in the evaluation and or other sources.	e, misuse and/or th the goal of osis and plan for ent includes AOD lation specific to , cultural issues, y and treatment n may include	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						
NOTES	tic evaluation		needed with 3 rd partie	es and disposition					
For assessment of a pr 90791 procedure code re-assessment (s), if re does not include psych If appropriate and based Assessment services (HOO	. H0001 is used for ass quired, related to SUD otherapeutic services on patient stability/statu	sessment(s) and diagnoses, and s in social detox,							
APPLICABLE POPULAT		_	UNIT DURATION						
⊠ Adol (12-17) (1	8-20)	Adult (21-64) Geriatric (65+)	☑ Encounter☐ 15 Min☐ Day☐ 1 Hour	Maximum: N/A					
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE CATEGO						
☑ Face-to-Face☑ Video Conf☐ Telephone	☑ Individual □ Group ☑ Family		☑ HE (SP) ☐ HK (Residential)	☐ TM (ACT) ☐ HM (Respite) ☐] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)				
STAFF REQUIREMENTS									
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ Intern☐ Peer Specialist☐ Intern☐ Peer Specialist☐ Peer Sp	⊠ LCSW (A ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ CAC II □ CAC II □ CAC II	⊠ APN (SΔ) ⊠PA	N (SA) (PA) D/DO (AF)				
PLACE OF SERVICE (PO									
区 CMHC (53) 区 Office (11) 区 Mobile Unit (15) 区 Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)☑ Shelter (04)	SNF (31)FQHC (50)RHC (72)Independent Clinic (49)	☑ Inpt PF (51) ☑ ER (23) ☑	School (03) NRSATF (57) Other POS (99) Telehealth (02)				

		ASSESSMENT – AL	COHOL AND DRUG	ABUSE			
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPT	TION	USAGE	
	H0001		Alcohol and/or Drug (AOD) Assessment				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	N REQUIREMENT	S	
The evaluation of an nature and extent of addiction to AOD (A formulating a substant services or appropriate history, mental status SUD, appropriate family relevant physical and and recommendation communication with family with the substant of the substa	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						
NOTES	Actio Citaraction		EXAMPLE ACTIVIT	<u> </u>	aria disposition		
For assessment of a pr 90791 procedure code re-assessment (s), if re does not include psych If appropriate and based Assessment services (HOC	e. H0001 is used for a equired, related to SU notherapeutic service on patient stability/stat	ssessment(s) and ID diagnoses, and es. tus in social detox,					
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	İ	
⊠ Adol (12-17) (1	.8-20)	☑ Adult (21-64) ☑ Geriatric (65+)		□ 15 Minu □ 1 Hour	tes Minimum: Maximum:	•	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE	CE CATEGO	RY(IES)		
☑ Face-to-Face☑ Video Conf☐ Telephone	☑ Individual □ Group ☑ Family		☑ HE (SP) ☐ HK (Residential))	□ U4 (ICM) □ TM (ACT) □ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhou: ☐ TT (Recovery ☐ HT (Prev/El)	•
STAFF REQUIREMENTS	S						
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Intern☐ ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	⊠ LCSW (⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC II □CAC II	□ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP	☑ RxN (SA) ☑PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (PC	S)						
될 CMHC (53) 될 Office (11) 될 Mobile Unit (15) 될 Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	区 ICF-MR (54) 区 NF (32) 区 PRTF (56) 区 Shelter (04)	☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent (Clinic (49)	☑ Inpt Hosp (21)☑ Inpt PF (51)☑ ER (23)☑ PF-PHP (52)	区 School (03) ☑NRSATF (57) ☑ Other POS (9 ☑ Telehealth (0	

SCREENING – PROGRAM ELIGIBILITY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0002	Behavioral health screening to determine eligibility for admission to treatment program				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A preliminary procedure limited in nature and intended to merely indicate whether there is a probability that a mental health and/or substance use-related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age-relevant.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source and reason(s) for referral 3. Description of the service 4. Review of psychosocial and family history, identified risks, assessment of treatment program appropriateness 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition – need for BH services, referral, etc.				
NOTES	EXAMPLE ACTIVITIES				
Screening may require not only the evaluation of a patient's treatment needs, but also an evaluation of available treatment options. If there is a documented diagnosis, it can be used. If there isn't an existing diagnosis, it needs to be listed as deferred (R69 – illness, unspecified or Z03.89 – encounter for observation for other suspected diseases and conditions ruled out) unless the screener has actually confirmed the diagnosis. If this service is provided by a LAC or CAC, the service must be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) If services are performed by a CAC provider, a SUD Primary Diagnosis is required.	options. In an integrated care setting, a Behavioral Health Professional may do a brief assessment such as a PHQ-9 to assess for the presence/severity of depression.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: N/A ☐ Day ☐ 1 Hour ☐ Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Video Conf☑ Group☑ Telephone☑ Family	☑ HK (Residential) ☑ TM (ACT) ☑ HM (Respite) ☑ TM (ACT) ☑ TM (ACT) ☑ TM (ACT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☐ ☑ Intern ☑ LMFT ☑ Licensed Edi	Master's Level (HO) □CAC I ☑ RPN/LVN (TE) ☑ RxN (EdD/ PhD/PsyD (HP) ☑ CAC I ☑ APN (SA) ☑ PA (PD/PhD/PsyD (AH) ☑ CAC II ☑ QMAP ☑ MD/I	PA)			
PLACE OF SERVICE (POS)	E (1) (24)	1 1/00)			
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTF (56) ☑ Outp Hospital (22) ☑ Home (12) ☑ Shelter (04)	☑ FQHC (50)☑ Inpt PF (51)☑ RHC (72)☑ ER (23)☑ C	School (03) NRSATF (57) Other POS (99) Felehealth (02)			

SCREENING – PROGRAM ELIGIBILITY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0002	Behavioral health screening to determine eligibility for admission to treatment program				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A preliminary procedure limited in nature and intended to merely indicate whether there is a probability that a mental health and/or substance use-related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age-relevant.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source and reason(s) for referral 3. Description of the service 4. Review of psychosocial and family history, identified risks, assessment of treatment program appropriateness 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition – need for BH services, referral, etc.				
NOTES	EXAMPLE ACTIVITIES				
Screening may require not only the evaluation of a patient's treatment needs, but also an evaluation of available treatment options. If there is a documented diagnosis, it can be used. If there isn't an existing diagnosis, it needs to be listed as deferred (R69 – illness, unspecified or Z03.89 – encounter for observation for other suspected diseases and conditions ruled out) unless the screener has actually confirmed the diagnosis. If this service is provided by a LAC or CAC, the service must be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10)	options. In an integrated care setting, a Behavioral Health Professional may do a brief assessment such as a PHQ-9 to assess for the presence/severity of depression.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Video Conf☑ Group☑ Telephone☑ Family	☑ HK (Residential) ☑ TM (ACT) ☐ ☑ HM (Respite) ☑	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☐ Intern ☑ LMFT ☑ Licensed Edl	Master's Level (HO) □CAC I ☑ RN (TD) ☑ RxN EdD/ PhD/PsyD (HP) ☑ CAC II ☑ APN (SA) ☑ PD/ D/PhD/PsyD (AH) ☑ CAC II □ QMAP ☑ MD/				
PLACE OF SERVICE (POS)	E 017 (04)	0 1 1/0=;			
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTF (56) ☑ Outp Hospital (22) ☑ Home (12) ☑ Shelter (04)	☑ FQHC (50)☑ Inpt PF (51)☑ RHC (72)☑ ER (23)	School (03) NRSATF (57) Other POS (99) Telehealth (02)			

Revised: September 30, 2019 Effective: October 1, 2019

SCREENING – ALCOHOL AND DRUG ABUSE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CO	DE DESCRIPTION		USAGE	
H0003		lrug screening; la mens for presenc		☑ ОВН	
SERVICE DESCRIPTION	MINIMUM DOC	UMENTATION RE	QUIREMENTS		
An alcohol and/or drug screening occurs when specific instruments or procedures are used to detect the presence 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.				als	
NOTES	EXAMPLE ACTIV	ITIES			
APPLICABLE POPULATION(S)	UNIT		DURATION		
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	区 Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/ Maximum: N/		
ALLOWED MODE(S) OF DELIVERY		ICE CATEGORY(I	•		
☑ Face-to-Face☑ Individual☑ Video Conf☑ Group☑ Telephone☐ Family	☐ HE (SP) ☐ HK (Residenti	•	(ACT) (Respite)	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)	
STAFF REQUIREMENTS					
□ Bacnelor's Level (HN) □ LPC □ Unlice □ LMFT □ Licens	l Master's Level (Ho l EdD/ PhD/PsyD (H dD/PhD/PsyD (AH)	΄ ΙΧΙΙΔΙΙ	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA) ⊠ QMAP	X RXN (SA)	
PLACE OF SERVICE (POS)	W DUG (72)	[F] FF (2	2)	T-1-1 (00)	
☑ CMHC (53) ☑ Cust Care (33) ☑ NF (32) ☑ Office (11) ☑ Grp Home (14) ☑ PRTF (56) ☑ Mobile Unit (15) ☑ Home (12) ☑ Shelter (04) ☑ Outp Hospital (22) ☑ Hospice (34) ☑ SNF (31) ☑ ACF (13) ☑ ICF-MR (54) ☑ FQHC (50)	☑ RHC (72)☑ RSATF (55)☑ NRSATF (57)☑ Inpt Hosp (2☑ Inpt PF (51)	21) 🗵 Scho	HP (52) n/CF (09)	Telehealth (02)	

	TREAT	MENT - PSYCHOTHE	RAPY - INDIVIDUAI	L PSYCHOTH	HERAPY	,		
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION				USAGE	
H0004			Behavioral health counseling and therapy, per 15 minutes					☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCI	UMENTATIO	ON REQ	UIREMENT	S	
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 3 rd parties					
NOTES			EXAMPLE ACTIV					
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 POPULAT	ION(S)		UNIT			DURATION	1	
☑ Child (0-11)☑ Adol (12-17)	⊠ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	☐ Encounter ☐ Day			Minimum: Maximum:		es
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGO				
☑ Face-to-Face☑ Video Conf☑ Telephone	☑ Individual ☐ Group ☑ Family		⊠ HE (SP) ⊠ HK (Residentia	al)	⊠ TIV	(ICM) 1 (ACT) 1 (Respite)	□ H □ T	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS	\$							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSV ⊠ LPC ⊠ LMF	` ✓ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	⊠ RN	N (SA)	⊠ RxN (⊠ PA (P ⊠ MD/I	A)
PLACE OF SERVICE (PC	S)							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) ☑ ACF (13)	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☐ Hospice (34) ☑ ICF-MR (54) 	, , ,	☑ RHC (72) ☑ Independent ☑ Inpt Hosp (21 ☑ Inpt PF (51) ☑ ER (23)	. ,	⊠ Sch ⊠ NR ⊠ Oth	PHP (52) nool (03) SATF (57) her POS (99 lehealth (02	•	

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COI	USAGE			
	H0004		Behavioral health counseling and therapy, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCI	UMENTATION	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 3 rd parties				
NOTES			EXAMPLE ACTIV				
H0004 offers flexibility POS. H0004 may included and/or planned contact justified, and included intervention is reporte	le unplanned telephon t if medically necessar in the treatment/servi	ne contact y, clinically ce plan. Crisis					
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	Adult (18-20)	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	⊠ 15 Minute □ 1 Hour	Minimum: 8 mi Maximum: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV		• •		
☑ Face-to-Face☑ Video Conf☑ Telephone	☑ Individual ☐ Group ☑ Family (for SUD p	roviders only)	⊠ HE (SP) ⊠ HK (Residentia		☑ U4 (ICM) ☑ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS	5						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	X APN (SA)	xN (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (PO	-						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) ☑ ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54) ☑ NF (32)	⋈ PRTF (56)⋈ Shelter (04)⋈ SNF (31)⋈ FQHC (50)⋈ RHC (72)	☑ Independer☑ Inpt Hosp (2☑ Inpt PF (51)☑ ER (23)☑ PF-PHP (52)	21)	✓ School (03)✓ NRSATF (57)✓ Other POS (99)✓ Telehealth (02)		

	RUG ABUSE - GRO	UP PSYCHO	THERA	·PΥ				
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION					USAGE
	Alcohol and/or drug services; group counseling					☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATIO	N REC	UIREMENT	S	
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?					
				xt contact(s :h 3 rd partie:		ding any foll	low-up	or coordination
NOTES			EXAMPLE ACTIVI		5			
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 a APPLICABLE POPULATION . ,	7 01 П0004.	UNIT			DURATION	1		
☑ Child (0-11)☑ Adol (12-17)☑ (1-17)	Young Adult 8-20)	☑ Adult(21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minu 図1 Hour		Minimum: Maximum:	<u>></u> 31 n	nins
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SERV	ICE CATEGO		•		
☑ Face-to-Face☐ Video Conf☐ Telephone	□ Individual ☑ Group □ Family		☑ HE (SP) ☐ HK (Residentia	al)	⊠ TN	(ICM) 1 (ACT) 1 (Respite)])]	□ HJ (Voc) □HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS	5							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	` ✓ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	□ RN	N (1D) PN (SA)	⊠ RxN ⊠ PA (⊠ MD/	(SA) PA) 'DO (AF)
PLACE OF SERVICE (PO	S)							
区 CMHC (53) 区 Office (11) 区Outpt Hospital (22) 区 ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ ICF-MR (54) ☑ NF (32)	☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC ☑ RHC (72)	☑ Independent ☑ PF-PHP (52) ☑ School (03) ☑ NRSATF (57)	Clinic (49)	⊠O	ther POS (9	9)	

TREATMENT ALCOHOL AND DRUG ABUSE - GROUP PSYCHOTHERAPY								
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	DE DESCRIPT	ION			USAGE
H0005			Alcohol and/or drug services; group counseling					⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATIO	N RE	QUIREMENT	S	
A planned therapeutic or counseling activity conducted by the behavioral health clinician in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchange. Group services are designed to assist patients with a primary SUD in achieving their AOD treatment goals.			Technical Documentation Requirements See 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.					
*Use 90853 procedure code for group psychotherapy for patients with a primary mental health diagnosis			 The therapeutic intervention(s) utilized and the response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			EXAMPLE ACTIVI	TIES				
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 POPULAT			UNIT			DURATION	ı	
⊠ Adol (12-17) (1	8-20)	☑ Adult(21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minu ☑1 Hour	tes	Minimum: Maximum:	_	nins
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	ICE CATEGO	RY(IE	S)		
☑ Face-to-Face☐ Video Conf☐ Telephone	□ Individual ☑ Group □ Family		☑ HE (SP) ☐ HK (Residentia	l)	× TV	(ICM) I (ACT) I (Respite)		☐ HJ (Voc) ☐HQ (Clubhouse) ☐TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (区 LPC 区 LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	□ R ⊠ A	PN/LVN (TE) N (TD) PN (SA) MAP	⊠ RxN ⊠ PA (⊠ MD/	
PLACE OF SERVICE (PO								
区 CMHC (53) ☑ Office (11) ☑Outpt Hospital (22) ☑ ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ ICF-MR (54) ☑ NF (32)	☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC ☑ RHC (72)	☑ Independent ☑ PF-PHP (52) ☑ School (03) ☑ NRSATF (57)	Clinic (49)	⊠ (Other POS (9	9)	

Targeted Case Manageme	ent- Substance Abuse TCM Services				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
Н0006	Alcohol and/or drug services; case management Medicaid				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Services designed to assist and support a patient to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services. Case management includes: • Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources; • Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; includes transition plan development with patient • Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services available, addresses and telephone numbers of agencies providing services; working with patient/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon service or transition plan and monitoring progress and impact of plan.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the 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, service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
*Use T1017 procedure code for case management for patients with a primary mental health diagnosis					
NOTES	EXAMPLE ACTIVITIES				
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up.	 Assessing the need for service, identifying and investigating 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)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 minutes ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Video Conf☑ Group☑ Telephone☑ Family	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☐ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubhouse) ☑ HM (Respite) ☑ TT (Recovery) ☑ HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)				
PLACE OF SERVICE (POS)	(a) (a)				
☑ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ PRTF (56) ☒ Outp Hospital (22) ☒ Home (12) ☒ Shelter (04)	☑ SNF (31) ☑ Inpt Hosp (21) ☑ School (03) ☑ FQHC (50) ☑ Inpt PF (51) ☑ Other POS (99) ☑ RHC (72) ☑ ER (23) ☑ NRSATF (57) ☑ Independent Clinic (49) ☑ PF-PHP (52) ☑ Telehealth (02)				

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Targeted Case Manageme	nt- Substance Abuse TCM Services				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
Н0006	Alcohol and/or drug services; case management				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Services designed to assist and support a patient to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services. Case management includes: • Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources; • Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; includes transition plan development with patient • Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services available, addresses and telephone numbers of agencies providing services; working with patient/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon service or transition plan and monitoring progress and impact of plan. *Use T1017 procedure code for case management for	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 3 rd parties				
patients with a primary mental health diagnosis					
NOTES	EXAMPLE ACTIVITIES				
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up.	 Assessing the need for service, identifying and investigating 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)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 minutes ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Video Conf☑ Group☑ Telephone☑ Family	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☐ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubhouse) ☑ HM (Respite) ☑ TT (Recovery) ☑ HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Edl	Master's Level (HO) □CAC I ☑ RN (TD) ☑ RxN (SA) EdD/ PhD/PsyD (HP) ☑ CAC II ☑ APN (SA) ☑ PA (PA) D/PhD/PsyD (AH) ☑ CAC II □ QMAP ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ PRTF (56) ☒ Outp Hospital (22) ☒ Home (12) ☒ Shelter (04)	⊠ SNF (31)⊠ Inpt Hosp (21)⊠ School (03)⊠ FQHC (50)⊠ Inpt PF (51)⊠ Other POS (99)⊠ RHC (72)⊠ ER (23)⊠ NRSATF (57)⊠ Independent Clinic (49)⊠ PF-PHP (52)⊠ Telehealth (02)				

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		TREATMENT – CRISIS - A	LCOHOL AND DRUG A	BUSE -		
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	H0007		Alcohol and/or drug (outpatient)	services; cris	is intervention	☑ ОВН
SERVICE DESCRIPTION	J		MINIMUM DOCUMI	ENTATION RE	QUIREMENTS	
	or drug crisis int	ervention used to assist drug usage.	 Date of service Client demogra Specific interve Clients respons Referral for tre 	aphic informa ention service se atment (if ne	tion used	ls
NOTES			EXAMPLE ACTIVITIE	s		
INUTES			EXAMPLE ACTIVITIE	3		
APPLICABLE POPULAT			UNIT		DURATION	
•		☑ Adult (21-64)		15 Minutes	Minimum: N/A	
		☑ Geriatric (65+)	,	1 Hour	Maximum: N/A	
□ Video Conf □ Telephone	✓ Individual ✓ Group ✓ Family		PROGRAM SERVICE ☐ HE (SP) ☐ HK (Residential)	U4 (TM HM (Respit	ICM)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENT	S					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Intern☐ ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	⊠ LCSW ⊠ LPC ⊠ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN (⊠ RN (TD) ⊠ APRN (SA) □ QMAP	X RXN (SA)
PLACE OF SERVICE (PC						
☑ Office (11) ☑ Outp Hospital	☑ Home (12) ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32)	Shelter (04) FQHC (50)	☑ NRSATF (57) ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)	☑ Prison/CF ☑ School (0 ☑ Other PO	3)	

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				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
This service requires face-to-face interactions with an individual for the purpose of alcohol and/or drug detoxification in an alcohol and drug addiction residential program certified by the State Substance Abuse Authority that provides detoxification services and is staffed with an employee who is a registered nurse and/or licensed practical nurse (working at the direction of a licensed physician or registered nurse) on the premises 24 hours per day, with a licensed physician on call 24 hours per day, and the detoxification services component of the program supervised by a licensed physician.	 Date of service Start and stop time (duration) Documentation of all monitoring activities Log of vital signs (taken every two (2) hours until the patient remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged. At discharge, documentation procedures (information shall be communicated to the patient about the effects of alcohol and drugs; risk factors associated with alcohol and drug abuse such as acquiring or transmitting HIV/AIDS; availability of testing and counseling for HIV/AIDS, TB, Hepatitis C, other infectious diseases, and pregnancy; availability of alcohol and drug abuse treatment services). Signed with 1st initial, last name & credentials 				
NOTES	EXAMPLE ACTIVITIES				
Service should be provided for a minimum of 24 Hours. A treatment Facility providing this service should have maximum of 25% of its staff with, or working towards, a CAC I certification. This code is for non-Medicaid eligible clients.	Administer medications Medical evaluations All other detox activities that do not necessarily require medical personnel to complete				
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 24 Hours ☐ Day ☐ 1 Hour ☐ Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☐ Video Conf☐ Group☐ Telephone☐ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Bacnelor's Level (HN) ☑ LPC ☑ Unlicensed I ☑ Intern ☑ LMFT ☑ Licensed EdD	Master's Level (HO) EdD/ PhD/PsyD (HP) J/PhD/PsyD (AH) □ LAC □ LPN/LVN (TE) □ RxN (SA) □ RxN (SA) □ APRN (SA) □ APRN (SA) □ MD/DO(AF)				
PLACE OF SERVICE (POS)					
区 RSATF (55)					

RESIDENTIAL - SOCIAL DETO	X- ALCOHOL AND DRUG ABUSE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Provided through face-to-face interactions with an individual for the purpose of medically managing and monitoring withdrawal symptoms from alcohol and/or drug intoxication as an outpatient through a residential addiction program with appropriate accreditation, certification, and licensure. The program shall be staffed with a sufficient number of personnel on a 24-hour per day basis to meet the health care needs of the residents served by personnel trained, authorized, and credentialed (where applicable) to carry out assigned job responsibilities consistent with scopes of practice, resident population characteristics and the resident's individual plan of care/treatment.	I 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 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 additional risk during detoxification. • All detox monitoring (including vital signs taken at least every 2 until remaining in normal range for at least 4 hours; then every until discharge) • Routine monitoring of physical and mental status				
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
⊠ Face-to-Face □ Video Conf □ Group □ Telephone □ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HC ☐ HM (Respite) ☐ TT	(Voc) Q (Clubhouse) (Recovery) 「(Prev/El)		
STAFF REQUIREMENTS				
Image: State of State	ed Master's Level (HO)			
PLACE OF SERVICE (POS) ☑ NRSATF (57)				

evised: September 30, 2019 Effective: October 1, 2019

RESIDENTIAL - SOCIAL DETO	X- ALCOHOL AND DRUG ABUSE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
H0014	Alcohol and/or drug services; ambulatory detoxification	☑ ОВН	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
The face-to-face medical monitoring of the physical process of withdrawal from AOD for those clients with an appropriate level of readiness for behavioral change and level of community/social support. Indicated when the client experiences physiological dysfunctions during withdrawal, but life or significant bodily functions are not threatened (i.e., mild to moderate withdrawal symptoms). Services are supervised by an MD/DO in a residential setting. The focus is on rapid stabilization and entry into the appropriate level of care/treatment. Social/Ambulatory Detoxification includes supervision, observation and support for individuals whose intoxication/withdrawal signs and symptoms are severe enough to require a 24 hour structured program but do not require hospitalization.	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. 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. 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. 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. Admission documentation		
NOTES	EXAMPLE ACTIVITIES		
Social/Ambulatory Detox services must be ordered by an MD/DO or NP. Other rehabilitative substance abuse treatment services are not reimbursed on the same DOS. This code is for non-Medicaid eligible clients.			
APPLICABLE POPULATION(S)	UNIT DURATION		
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: 24 h	our	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	. ()	
☑ Face-to-Face☑ Video Conf☐ Group☐ Telephone☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HG ☐ HM (Respite) ☐ TT	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/El)	
STAFF REQUIREMENTS			
⊠ Bachelor's Level (HN) ⊠ LPC ⊠ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) √PhD/PsyD (AH) □ LAC □ □ RN (TD) □ CAC II □ APRN (SA) □ CACIII □ QMAP	□ RXN (SA)	
PLACE OF SERVICE (POS)			
☑ Office (11) ☑ RSATF (55) ☑ NRSATF (57)			

	TREATMENT - ALCOHOL AND DRUG ABUSE- INTENSIVE (IOP-SUD)					
CPT®/HCPCS PROCEI	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H0015		Alcohol and/or drug services; inten program	sive outpatient	☑ Medicaid	
SERVICE DESCRIPTION	N		MINIMUM DOCUMENTATION REC	UIREMENTS		
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 POPULA	ATION(S)		UNIT	DURATION		
` '	☑ Young Adult (18-20)	区 Adult (21-64) 区 Geriatric (65+)	☑ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: Progra least 3 hrs./day a days/week Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES	5)		
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☑ Group □ Family		☐ HK (Residential) ☐ U4 (I	ACT) □ HC Respite) □ TT	(Voc) ((Clubhouse) (Recovery) (Prev/EI)	
STAFF REQUIREMEN	TS					
☐ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern		C 🗵 Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) □ CAC I □ F □ CAC II □ F	APN (SA)	xN (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (F	POS)					
図 CMHC (53) 図Office (11) 図Outp Hospital (22) 図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) ☑Oth ☑PF-PHP (52) ☑School (03) ☑NRSATF (57)	ner POS (99)		

TREATMENT - ALCOHOL AND DRUG ABUSE- INTENSIVE (IOP-SUD)						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE C	ODE DESCRIPT	TION	USAGE
	H0015		Alcohol and/or drug services; intensive outpatient program ✓ OBH			☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENT	TATION REQUI	REMENTS	
A structured substance abuse treatment program focusing on assisting patients to develop skills to regain stability in their lives and to build a foundation based upon recovery. Services are based on a comprehensive and coordinated individualized and recovery-oriented treatment/service plan, utilizing multiple concurrent services and treatment modalities rendered by a multidisciplinary treatment team. MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal How does the service relate to the treatment/service plan, utilizing multiple concurrent services and treatment modalities rendered by a multidisciplinary treatment team. The reason for the visit. What was the intended goal How does the service relate to the treatment/service plan, utilized and the indiviruse to the intervention(s) and the indiviruse to the intervention(s). How did the service impact the individual's progress goals/objectives? For Plan for next contact(s) including any follow-up or coneeded with 3rd parties. Daily log of attendance and time duration weekly note re: Patient and/or family specific progres daily notes do not meet full minimum documentation recovery.			e plan? dividual's ess towards coordination gress notes (if			
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 POPULA	TION(S)		UNIT DURATION			
☐ Child (0-11)	⊠ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ 15 ☐ Day ☐ 1 H	Minutes lea	inimum: Progra ast 3 hrs./day a ays/week aximum: NA	am operates at and at least 3
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CA	TEGORY(IES)		
☑ Face-to-Face ☐ Video Conf ☐ Telephone	国 Individual 国 Group 口 Family		☑ HE (SP) ☐ HK (Residential)	☐ U4 (ICM ☐ TM (AC ☐ HM (Re	T) □ HC spite) □ TT	(Voc) Q (Clubhouse) (Recovery) - (Prev/El)
STAFF REQUIREMEN	TS					
☐ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	_	C 🗵 Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	LAC □ LPN CAC I □ RN (CAC II ☑ APN CACIII □ QM	N (SA)	xN (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (F	•					
区 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 (4 ☑PF-PHP (52) ☑School (03) ☑NRSATF (57)	!9) ⊠Other F	POS (99)	

RESIDENTIAL - ACU	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				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Technical Documentation Requirements See Section X See Section X Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertine mental status and functioning status 2. Participation in treatment 3. Pertinent physical health status information 4. Progress toward treatment/service plan goals and/or dis 5. Any other patient activities or patient general behaviors 6. The therapeutic intervention(s) All individual and group services, provided by residential statical included in the per diem, should be identified separate services can be all included in the same documentatic daily/shift notes or in a separate note. Refer to appropriate 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 providi service who is not part of the residential program. Exa manager not part of the residential facility could perfo part of the transition from the residential program as a duplication of a service already provided by the resi	ample, a case orm a service as long as it is not			
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11)	☐ Encounter ☐ 15 Minutes ☐ Minimum: N/A ☐ Day ☐ 1 Hour ☐ Maximum: 24 hou	ırs			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	. () (
☑ Face-to-Face ☑ Individual ☐ Video Conf ☑ Group ☐ Telephone ☐ Family	 ☑ HE (SP) *young adult ☑ U4 (ICM) ☑ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☑ HQ (Clubhouse ☑ HM (Respite) ☑ TT (Recovery) ☑ HT (Prev/EI) 				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	EdD/PhD/PsyD (AH) EdD/PhD/PsyD (AH) □CAC I ☑ RN (TD) □CAC I ☑ APN (SA) □CAC II ☑ APN (SA) □CACIII ☑ QMAP □CACIII ☑ QMAP				
PLACE OF SERVICE (POS)					
☑ CMHC (53)☑ ACF (13)☑ PRTF (56)☑ Other POS (99)					

RESIDENTIAL - ACU	ITE TREATMENT UNIT (ATU)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disorders occurs.	Technical Documentation Requirements See Section X Service Content Shift Notes or Daily Note (summary of shift notes)				
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 provid service who is not part of the residential program. Ex manager not part of the residential facility could perf part of the transition from the residential program as a duplication of a service already provided by the res	cample, a case form a service as s long as it is not			
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: 24 ho	urs			
ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Video Conf □ Telephone □ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) *young adult ☐ U4 (ICM) ☐ HJ (Voc) ☑ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ CAC II □ APN (SA) □ CAC II □ QMAP □ CACIII □ QMAP				
PLACE OF SERVICE (POS)					
☑ CMHC (53)☑ ACF (13)☑ PRTF (56)☑ Other POS (99)					

RESIDENTIAL – SHORT TERM							
CPT®/HCPCS PROCEDURE CODE		PROCEDURE (CODE DESCRI	PTION			USAGE
H0018		Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem					☑ Medicaid
SERVICE DESCRIPTION		MINIMUM D	OCUMENTAT	ION R	EQUIREMENT	S	
A short-term residential treatment program offering 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 p is appropriate for patients who need concentrated therapeutic services prior to community residence. T of services is to stabilize the patient and provide a sa supportive living environment. This code cannot be used for the treatment of a subsuse disorder.	e rogram he focus fe and	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 stat 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.				charge n milieu ial staff, e.g. ration services, d separately. as the priate service n for each d document lso show	
NOTES		practitioners		ine pe	r diciti billing	рспои.	
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 service who is not part of the residential program. Example a provider means any provider who is provider who is provider who is not part of the residential program. Example a provider means any provider who is provider who is provider who is provider who is not part of the residential program. Example a provider means any provider who is not part of the residential program. Example a provider who is provider who is provider who is not part of the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already pr			am. Exa Ild perfo gram as I the resid	mple, a case orm a service as long as it is not dential facility.			
APPLICABLE POPULATION(S)		UNIT			DURATION		
☑ Child (0-11)☑ Young Adult☑ Adult (2☑ Adol (12-17)☑ (18-20)☑ Geriatri	•	□ Encounter ☑ Day	Minutes □ 1 Hour	r	Minimum: N/ Maximum: 24		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SE	RVICE CATEG				
☑ Face-to-Face☑ Individual☑ Video Conf☑ Group☑ Telephone☑ Family		☑ HE (SP) *child/adol/y ☑ HK (Reside	-		U4 (ICM) TM (ACT) HM (Respite)	□ H □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS							
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicens		s Level (HO) nD/PsyD (HP) PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	⊠ RN	'N (SA)	⊠ RxN (S ⊠ PA (PA ⊠ MD/D	4)
PLACE OF SERVICE (POS)							
☑ CMHC (53)							

Uniform Service Coding Standards Manual October 2019 Revised: September 30, 2019

RESIDEN	NTIAL – SHORT TERM	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE	
	Behavioral health; short-term residential (non-	
H0018	hospital residential treatment program), without	
	room and board, per diem	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A short-term residential treatment program offering 24-hour intensive residential treatment, habilitative, and rehabilitative services for up to 30 days in a highly structured, community-oriented environment. This type of program is appropriate for patients who need concentrated therapeutic services prior to community residence. The focu 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	
	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, manager not part of the residential facility could perform a part of the transition from the residential program as long and service who is not part of the residential facility could perform a part of the transition from the residential program as long and discrete services who is not part of the residential facility could perform a part of the transition from the residential program. Example, manager not part of the residential program as long and discrete services of the transition from the residential program as long and individual part of the transition from the residential program. Example, manager not part of the residential program as long and individual part of the transition from the residential program as long and individual part of the transition from the residential program as long and individual part of the transition from the residential program. Example, manager not part of the residential program. Example, manager not part of the residential program as long and individual part of the residential program. Example, manager not part of the residential program as long and individual part of the transition from the residential program. Example, manager not part of the residential program as long and individual part of t		
APPLICABLE POPULATION(S)	UNIT DURATION	
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face☑ Individual☐ Video Conf☑ Group☐ Telephone☑ Family	⊠ HE (SP)	
STAFF REQUIREMENTS		
☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed Mast ☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed EdD/Ph ☑ Intern ☑ LMFT ☑ Licensed EdD/Ph	PhD/PsyD (HP) □CACII ☒ RN (TD) ☒ PA (PA)	
PLACE OF SERVICE (POS)		
 ☑ CMHC (53) ☑ PRTF (56) ☑ ACF (13) ☑ RSATF (55) ☑ Grp Home (14) *if RCCF, use POS 14 		

RESIDENTIAL - LONG TERM						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE	
H0019		Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem				
SERVICE DESCRIPTION		MINIMUM DO	CUMENTATION REC	QUIREMENTS		
A residential treatment program offering 24-hour suresidential treatment, habilitative, and rehabilitative structured, community-oriented environment. Also of "transitional living," services include organized rehabilitatives as well as assistance in obtaining appropriat living arrangements. Services are designed for individual have the potential and motivation to ameliorate som deficits through a moderately structured rehabilitation that stresses normalization and maximum communit and integration, including daily living and socialization training; case management and benefit attainment (supports); recreational activities; educational and su activities; and access to therapeutic interventions as This code could also be used for a Crisis Stabilization 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					
NOTES		EXAMPLE ACTIV	iring the same per	uleili billilig perio	ou.	
All services provided by internal professionals in the ressettings are covered with this code. Any discrete services group and individual psychotherapy, psychiatric services management, etc.) by external professionals (non-resid documented, and reported or billed separately from HO not include services for children who are in custody of the of Human Services.	es (e.g., family, s, case ential staff) are 019. This does	*External provious discrete service Example, a case perform a servious program as long	der means any prov who is not part of manager not part ce as part of the tra g as it is not a dupli e residential facility.	the residential p of the residentia ansition from the cation of a servic	rogram. I facility could residential	
APPLICABLE POPULATION(S)		UNIT		DURATION		
⊠ Child (0-11)⊠ Young Adult⊠ Adult (21⊠ Adol (12-17)(18-20)⊠ Geriatric		□ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: 24		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SER® ✓ HE (SP)	VICE CATEGORY(IE	•	111 ()/00)	
☑ Face-to-Face☑ Video Conf☑ Group☑ Telephone☑ Family		*child/adol/you HK (Resident	ıng adult □ TM	1 (ACT) □ // (Respite) (C	HJ (Voc) HQ ubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlice	AJ) Sunlicensed Master's Level (HO) Unlicensed EdD/ PhD/PsyD (HP) Licensed EdD/PhD/PsyD (AH)		□CAC I	APN (SA)	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ PRTF (56) ☑ ACF (13) ☑ RSATF (55) ☑ Grp Home (14) *if RCCF, use POS 14 						

RESIDENTIAL -	LONG TERM				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAG	Ε			
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A residential treatment program offering 24-hour supervised residential treatment, habilitative, and rehabilitative services in a structured, community-oriented environment. Also called "transitional living," services include organized rehabilitation services as well as assistance in obtaining appropriate long-term living arrangements. Services are designed for individuals who have the potential and motivation to ameliorate some skills deficits through a moderately structured rehabilitation program that stresses normalization and maximum community 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 administratio 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.	on ed			
NOTES	period. 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 couperform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility.				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: N/A ☐ Day ☐ 1 Hour Maximum: 24 Hours				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Video Conf☑ Group☑ Telephone☑ Family	□ HE (SP) □ U4 (ICM) □ HJ (Voc) *child/adol/young adult □ TM (ACT) □ H □ HK (Residential) □ HM (Respite) (Clubhouse) □ TT (Recover □ HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed Master's Level ☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed EdD/ PhD/F ☑ Intern ☑ LMFT ☑ Licensed EdD/PhD/Psylo	PSYD (HP)				
PLACE OF SERVICE (POS)					
 ☑ CMHC (53) ☑ PRTF (56) ☑ ACF (13) ☑ RSATF (55) ☑ Grp Home (14) *if RCCF, use POS 14 					

TREATMENT – ALCOHOL AND DRUG ABUSE - METHADONE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
	Alcohol and/or drug services; Methadone			
H0020	administration and/or service (provisions of the	☑ Medicaid		
110020	drug by a licensed program)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
This service includes the acquisition and cost of the	Technical Documentation Requirements			
Methadone and administration of the drug by an alcohol	See Section X			
and/or other drug program for the purpose of decreasing	Service Content			
or eliminating dependence on opiate substances.	Medication take-home agreements (when applicable)			
	2. Daily dosage	, ,		
Note: Methadone administration is considered only one	3. Induction notes (when applicable)			
service of an array /set of services, including SUD group and	4. Daily acknowledgement form signed by p	atient		
individual therapy, and other outpatient services that	5. Daily observation by a medical profession	al		
should be established as the treatment protocol and	6. Take home documentation can be completed	eted in one note;		
carefully monitored for adherence by the treatment facility.	include dates doses are to be taken and e	ach dose amount		
*For patients 17 and under, Federal regulations must be followed	should be included in the single note.			
for this service.	EVARADI E ACTIVITIES			
NOTES	EXAMPLE ACTIVITIES			
Methadone administration must be provided by a facility with a controlled substance license from the Office of Behavioral	The measuring, diluting and/or mixing of Metha	_		
Health (OBH), be registered with the Drug Enforcement	that is appropriate for the patient's plan of care			
Administration (DEA) and have a designated medical director	qualified physician, physician assistant, or nurse			
to authorize and oversee Opioid Treatment Program (OTP)	which is subsequently delivered to the patient for	_		
physicians. Staff must be licensed through the Office of	Note: this code includes the acquisition of the Methadone used for			
Behavioral Health and be certified through Substance Abuse	treatment as a pre-requisite to the actual administration of the			
and Mental Health Services Administration (SAMHSA) as opioid	drugs.			
medication assisted treatment providers. The methadone is				
ordered from the manufacturer by the OTP physician and				
delivered to the facility. Take-home doses permitted in				
accordance with OBH Rule 21.320 and reported in claims with				
one unit H0020 per claim line, per date the dose given for, with				
POS "home" for dates when a dose was provided to take at home, and POS "office" or "outpatient facility" etc. for date				
take-home doses physically handed to the patient.				
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	区 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)			
	⊠ HE (SP) □ U4 (ICM) □	HJ (Voc)		
☐ Face-to-Face ☐ Individual ☐ packaged for ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ HK (Residential) ☐ TM (ACT) ☐	l HQ (Clubhouse)		
take home		TT (Recovery)		
☐ Telephone ☐ Family		HT (Prev/EI)		
STAFF REQUIREMENTS				
	d Master's Level			
☐ Peer Specialist ☐ LCSW (AJ) (HO)	□CACI ☒ RN (TD) X	kN (SA)		
	DCACII 🗵 APN (SA) 🔻 PA	A (PA)		
☑ Intern ☑ LMFT (HP)	dD/PhD/PsyD (AH) □CACIII □ QMAP □ M	ID/DO (AF)		
PLACE OF SERVICE (POS)	מאן אינה ועשה ועשה אינה אינה אינה אינה אינה אינה אינה אינ			
 ✓ CMHC (53) ✓ Home (12) ✓ PF-PHP 	52)			
☑ Cliffice (35)☑ FQHC (50)☑ NRSATF	· ·			
✓ Outp Hospital (22) ☑ RHC (72)	(3.)			
✓ Outp Hospital (22) ☑ KHC (72) ✓ Independent Clinic (49)				

TREATMENT – ALCOHOL AND DRUG ABUSE - METHADONE						
CPT®/HCPCS PROCEDURE COD		PROCEDURE CODI	E DESCRIPTION		USAGE	
H002	20	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)				
SERVICE DESCRIPTION				OUIREMENTS		
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. MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content 1. Medication take-home agreements (when applicated) 2. Daily dosage 3. Induction notes (when applicable) 4. Daily acknowledgement form signed by patient include dates doses are to be taken and each dose should be included in the single note.				ent ed in one note;		
NOTES Methadone administration must	he provided by a facility with	The measuring		r mixing of Moth	andono into a docado	
 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 				re, administered by a se practitioner, for oral ingestion. Methadone used for		
take-home doses physically hand APPLICABLE POPULATION(S)		UNIT		DURATION		
☐ Child (0-11) ☑ Young A ☑ Adol (12-17)* (18-20)	☑ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) OF DELIVE	RY	PROGRAM SERVICE		•		
☑ Face-to-Face ☑ Individu ☐ Video Conf ☐ Group ☐ Telephone ☐ Family	ual 図 packaged for take home	☑ HE (SP) ☐ HK (Residential) -	TM (ACT) [HM [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN)	LCSW (AJ) Unlicensed Ma LPC Unlicensed Ed LMFT Licensed EdD/I	D/ PhD/PsyD (HP)	□CAC I ⊠ F	APN (SA)	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (POS)						
区 CMHC (53) ☑ Home ☑ Office (11) ☑ FQHC ☑ Outp Hospital (22) ☑ RHC (7	(50) × NRSATF					

PREVENTION/EARLY INTERVEN				TION - ALCOHOL	AND DRUG ABUS	SE	
CPT®/HCPCS PROC	EDURE CODE			PROCEDURE CODE DESCRIPTION USAG			USAGE
	H0022			Alcohol and/or of (planned facilita	drug intervention tion)	service	☑ ОВН
SERVICE DESCRIPT	ION			MINIMUM DOC	UMENTATION R	EQUIREMENTS	
A planned alcohol and/or drug intervention service (often an early intervention) used to assist a person with abstaining from alcohol and or drug usage.			MINIMUM DOCUMENTATION REQUIREMENTS 1. Date of service 2. Client demographic information 3. Specific intervention service used 4. Clients response 5. Referral for treatment (if necessary) 6. Signed with 1st initial, last name & credentials				
NOTES				EXAMPLE ACTIV	/ITIES		
					talking to involu ntary commitme	ntary commitme nt clients.	nt manager
APPLICABLE POPU	LATION(S)			UNIT		DURATION	
⊠ 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	S) OF DELIVERY				/ICE CATEGORY(I		
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☑ Group ☑ Family			□ HE (SP) □ HK (Residenti	□ U4 al) □ TM □ HM (Respi	(ACT)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREME	NTS						
☐ Peer Specialist☐ Bachelor's Level (☐ Intern☐ Peer Specialist☐ □ Pee	HN) ⊠ LCS\ ⊠ LPC ⊠ LMF	□ ι	Jnlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA) □ QMAP	X RXN (SA)
PLACE OF SERVICE	(POS)						
☑ CMHC (53) ☑ Office (11) ☑ Home (12) ☑ Shelter (04)	 ☒ FQHC (50) ☒ RHC (72) ☒ RSATF (55) ☒ NRSATF (57) ☒ Prison/CF (09) 	⊠ School (0	3)				

PREVE	NTION/EARLY INTERVENTION – OUTREAG	CH or TREATMENT – REHABILITATIO	ON (DROP-IN)		
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	USAGE		
	H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REC	QUIREMENTS		
	oopulation within their environment for	Technical Documentation Require			
	or addressing behavioral health issues	Outreach Service:	Drop-in Center:		
and problems. These individuals consented to receive services, a diagnosis.	may or may not have currently nd may or may not have a covered	The reason for the visit/call. What was the intended goal or agenda?	Name, DOB, or SS#/Medicaid ID #		
Outreach Service:	Drop-in Center:	Description of the service	Screening initially and every 6		
Developing an alliance with a consumer to bring	Drop-in centers are a form of outreach where a safe environment		months to determine probable behavioral health diagnosis		
him/her into ongoing	for outreach to and engagement of	Outreach services provided	Daily Sign-in/Sign out with time		
treatment	adolescents or adults with mental	and the individual's response	(for unit calculation)		
	illness is provided.	Plan for next contact(s)	Once/month self-eval by member		
Re-engagement effort	Such sites may be peer driven and	including any follow-up or	on benefits of drop-in service,		
including utilizing drop-in	may be operated independently of	coordination needed with 3 rd	progress toward their recovery		
center services	other behavioral health services.	parties, if applicable	goals, or other information about		
Prevention/Interv activities	Education about behavioral health		their participation		
for individuals and family	systems is provided at these sites.				
NOTES		EXAMPLE ACTIVITIES			
Outreach Service:	Drop-in Center:	Outreach Service:	Drop-in Center:		
Activities occur often off-	Promote ongoing recovery through	Initiating non-threatening conve			
site (e.g., food bank, public	peer support, advocacy,	and informally identifying need f			
shelter, etc.), or by phone, but can be at other POS.	empowerment and social skills dev.	behavioral health services, with r	Action plan 9. Cupport		
Do not need confirmed	Do not need confirmed diagnosis	contact over time in an effort to engage an individual into services			
diagnosis	Do not need committee diagnosis	Respond to referrals as requested by Recreational activity			
diagnosis	Inform provider of attendance if in	police, landlords, etc., of individu	*		
	treatment	suspected of having an SMI/SPM	-		
	Clinical consultation by MA-staff	and in need of BH services	club-like setting		
	available during hours of operation	Outreach to re-engage individual	ls who Behavioral health		
	and for peer supervision	are at risk for disengaging from s	ervices education		
	utreach ONLY may use with Child (0-11)	UNIT	DURATION		
☑ Child (0-11) ☑ Young Ad	ult (18-20) Adult (21-64)	☐ Encounter 図15 Minutes	Minimum: 8 min		
☑ Adol (12-17)	☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVER	RY	PROGRAM SERVICE CATEGORY(IE	1		
		Outreach Service:	Drop-in Center:		
☑ Face-to-Face	☑ Individual	For children/adol/young adult: 1st modifier: HE; 2nd modifier: HT to	For adol/young adult: 1st modifier:		
☐ Video Conf	⊠ Group	distinguish as outreach	HE; 2 nd modifier: HQ to distinguish as		
☑ Telephone	☑ Family	a.strigaisir as outreach	drop-in center		
		For adult/geriatric: 1 st modifier: HT	For adult/geriatric: 1 st modifier: HQ		
STAFF REQUIREMENTS					
▼ Peer Specialist	■ LCSW (AJ) ■ Unlicensed Master	er's Level (HO)			
☑ Feel Specialist ☑ Bachelor's Level (HN)	☑ LPC ☑ Unlicensed EdD/	PhD/PsyD (HP) MCACI MRN (I	D)		
Intern	■ LMFT ■ Licensed EdD/Ph I	D/PsyD (AH) ☑CAC II ☑ APN (☑CACIII ☐ QMAI	(SA)		
PLACE OF SERVICE (POS) **Dro	p-In Centers may use POS 53 or 99 ONLY.				
☑ CMHC (53)**			PHP (52)		
	ome (14) 🗵 SNF (31)	✓ Inpt Hosp (21) ✓ Scho	• •		
☑ Mobile Unit (15) ☑ Home			er POS (99)**		
☑Outp Hospital (22) ☑ ICF-M			ter (04)		
☑ ACF (13) ☑ NF (32					

PREVE	NTION/EARLY INTERVENTION – OUTREA	CH or TREATMENT – REHABILITATIO	N (DROP-IN)		
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	USAGE		
	H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REC	QUIREMENTS		
	oopulation within their environment for	Technical Documentation Require			
	or addressing behavioral health issues	Outreach Service:	Drop-in Center:		
and problems. These individuals consented to receive services, a diagnosis.	may or may not have currently nd may or may not have a covered	The reason for the visit/call. What was the intended goal or agenda?	Name, DOB, or SS#/Medicaid ID #		
Outreach Service:	Drop-in Center:	Description of the service	Screening initially and every 6		
Developing an alliance with a consumer to bring	Drop-in centers are a form of outreach where a safe environment		months to determine probable behavioral health diagnosis		
him/her into ongoing	for outreach to and engagement of	Outreach services provided	Daily Sign-in/Sign out with time		
treatment	adolescents or adults with mental	and the individual's response	(for unit calculation)		
1	illness is provided.	Plan for next contact(s)	Once/month self-eval by member		
Re-engagement effort	Such sites may be peer driven and	including any follow-up or	on benefits of drop-in service,		
including utilizing drop-in	may be operated independently of	coordination needed with 3 rd	progress toward their recovery		
center services	other behavioral health services.	parties, if applicable	goals, or other information about		
Prevention/Interv activities	Education about behavioral health		their participation		
for individuals and family	systems is provided at these sites.				
NOTES		EXAMPLE ACTIVITIES			
Outreach Service:	Drop-in Center:	Outreach Service:	Drop-in Center:		
Activities occur often off-	Promote ongoing recovery through	Initiating non-threatening conversation Information and I			
site (e.g., food bank, public	peer support, advocacy,	and informally identifying need for			
shelter, etc.), or by phone,	empowerment and social skills dev.	behavioral health services, with r	-		
but can be at other POS.		contact over time in an effort to engage			
Do not need confirmed	Do not need confirmed diagnosis	an individual into services			
diagnosis		Respond to referrals as requested	d by Action plan & Support		
	Inform provider of attendance if in	police, landlords, etc., of individu	als groups		
	treatment	suspected of having an SMI/SPM	I/SED		
	Clinical consultation by MA-staff	and in need of BH services			
	available during hours of operation	Outreach to re-engage individual			
	and for peer supervision	are at risk for disengaging from s			
	Outreach ONLY may use with Child (0-11)		DURATION		
☑ Child (0-11) ☑ Young Ad	ult (18-20) 🗵 Adult (21-64)		Minimum: 8 min		
△ Adol (12-17)	🗷 Geriatric (65+)	- /	Maximum: N/A		
ALLOWED MODE(S) OF DELIVER	KY	PROGRAM SERVICE CATEGORY(IES			
		Outreach Service: For children/adol/young adult:	Drop-in Center: For adol/young adult: 1st modifier:		
▼ Face-to-Face	☑ Individual	1 st modifier: HE; 2 nd modifier: HT to	HE;		
☐ Video Conf	⊠ Group	distinguish as outreach	2 nd modifier: HQ to distinguish as		
☑ Telephone	☑ Family		drop-in center		
		For adult/geriatric: 1 st modifier: HT	For adult/geriatric: 1 st modifier: HQ		
STAFF REQUIREMENTS					
■ Peer Specialist	∠ LCSW (AJ) ∠ Unlicensed Master	er's Level (HO)	` ' V D N (C N)		
☑ Bachelor's Level (HN)	☑ LPC ☑ Unlicensed EdD/	PhD/PsyD (HD) ECAC I E RN (II	D)		
☑ Intern	☑ LMFT ☑ Licensed EdD/Ph I	D/PsyD (AH) ☑CAC II ☑ APN (: ☑CACIII ☐ QMAF	SA)		
DI ACE OF SERVICE (DOS) **Dro	p-In Centers may use POS 53 or 99 ONLY.				
		✓ RSATF (55)✓ ER (2			
☑ Office (11) ☑ Home		✓ NRSATF (55)✓ PF-P	•		
☑ ACF (13) ☑ ICF-M		☑ Inpt Hosp (21) ☑ Scho			
☑ Cust Care (33) ☑ NF (33)			er POS (99)** (22)		
□ Cast Care (55) ⊠ NF (5.	L) == MIC (72)	pt 11 (31)	(33) (22)		

PREVENTIO	TERVENTION - EDUCA	ΓΙΟΝ			
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE D	ESCRIPTION		USAGE
H0024		Behavioral Health Pro Dissemination Service Direct Contact with S Knowledge and Attitu	e (One-Way ervice Audie	Direct or Non-	☑ ОВН
SERVICE DESCRIPTION		MINIMUM DOCUME	NTATION RE	QUIREMENTS	
Services delivered to target audiences with the inten affecting knowledge, attitude and/or behavior through way direct communication education and information dissemination.	gh one-	 Number of part Type of service 	icipants		
NOTES		EXAMPLE ACTIVITIES			
Activities affect critical life and social skills, including limited to decision-making, refusal skills, critical anal systematic judgment abilities.		Pamphlets, education	nal presenta	tions, Billboards	
APPLICABLE POPULATION(S)		UNIT		DURATION	
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-6) ☑ Geriatric (6) 	-		5 Minutes Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE	CATEGORY(I	ES)	
☑ Face-to-Face☑ Video Conf☑ Group☑ Telephone☑ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (□ TM □ HM	(ACT) [(Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS					
⊠ Bachelor's Level (HN) ⊠ LPC	Unlicensed E	/laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	IACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIACIAC<	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA □ QMAP	Y IXI RXN (SA)
PLACE OF SERVICE (POS)					
⊠ CMHC (53) ⊠ Grp Home (14) ⊠ RSATF (5 ⊠ Office (11) ⊠ Home (12) ⊠ NRSATF ⊠ Mobile Unit (15) ⊠ Shelter (04) ⊠ Prison/C ⊠ Cust Care (33) ⊠ FQHC (50) ⊠ School (6 ☑ RHC (72)	(57) CF (09)	☑ Other POS (99) ☑ Telehealth (02)			

PREVENTION/EARLY INTERVENTION - EDUCATION					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
H0025 includes the delivery of services to individuals on issues of behavioral health education, to affect knowledge, attitude and behavior. It may include screenings to assist individuals in obtaining appropriate treatment. Prevention activities are delivered prior to the onset of a disorder and are intended to prevent or reduce the risk of developing a behavioral health problem. (SAMSHA). Causes and symptoms of disorders are discussed to encourage early intervention and reduce severity of illness. Education involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities.	Technical Documentation Requirements See 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 ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 HourMaximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf☑ Group☑ Telephone☑ Family	*child/adol/young adult	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/El)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH) □ CAC II □ QMAP □ CACIII □ QMAP				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Telehealth (02) ☑ Grp Home (14) ☑ PRTF (56) ☑ Outp Hospital (22) ☑ Home (12) ☑ Shelter (04)	 ✓ SNF (31) ✓ NRSATF (57) ✓ FQHC (50) ✓ Other POS (99) ✓ RHC (72) ✓ School (03) 				

DDEVENTION/EADIV	INTERVENTION - EDUCATION				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
110005	Behavioral health prevention education service				
H0025	(delivery of services to affect knowledge, attitude	⊠ OBH			
CEDVICE DESCRIPTION	and/or behavior)				
SERVICE DESCRIPTION H0025 includes the delivery of services to individuals on	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements				
issues of behavioral health education, to affect knowledge,	See Section X				
attitude and behavior. It may include screenings to assist	Service Content				
individuals in obtaining appropriate treatment. Prevention	The reason for the visit. What was the intended	goal or agenda?			
activities are delivered prior to the onset of a disorder and	2. Description of the service	godi oi agoilaai			
are intended to prevent or reduce the risk of developing a	3. Prevention education provided and individual's	response to the			
behavioral health problem. (SAMSHA). Causes and	information	•			
symptoms of disorders are discussed to encourage early	4. Plan for next contact(s), if applicable				
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.					
NOTES	EXAMPLE ACTIVITIES	<u> </u>			
Activities affect critical life and social skills, including but	Classroom educational activities for children or				
not limited to decision-making, refusal skills, critical	on skill building and CBT skills to prevent anxiet	• •			
analysis, and systematic judgment abilities.	Education services/programs for youth on substance use Page Standard Standar				
One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve	Parenting/family management services focused on life/social skills				
health.	Peer leader/helper programs teaching drug refusal skills and				
nearth.	commitment to a drug free lifestyle				
	Small group sessions involving interaction amongst participants				
	Nurturing Parent Program	.Bot har tro-harres			
	 Educational programs (safe and stable families) 				
	 "Love and Logic" (healthy parenting skills) 				
	Multi-family groups that are educational in nature (not				
	therapeutic)				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ 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)	L L L (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
☑ Face-to-Face ☑ Individual		HJ (Voc)			
☑ Video Conf ☑ Group		HQ (Clubhouse) TT (Recovery)			
☑ Telephone ☑ Family		HT (Recovery)			
STAFF REQUIREMENTS	(nespite)	1111 (1164) 21)			
	MANA (A LA SALVIC) ⊠LAC ⊠LPN/LVN (TE)	1 (CA)			
	Master's Level (HO) ⊠CAC I ⊠ RN (TD) ⊠ RXN EdD/ PhD/PsyD (HP) ⊠CAC I ⊠ RN (TD) ⊠ PA				
	D/PhD/PGVD (ALL) XICAC II XI APN (SA)	/DO (AF)			
	D/FIID/F390 (AIT) ⊠CACIII □ QMAP ⊠ MI	,			
PLACE OF SERVICE (POS) V CANUC (F2) V ACE (42) V ICE AND (F4)	✓ CNF (24) ✓ NIDCATE (57)				
 ⊠ CMHC (53) □ ACF (13) □ ICF-MR (54) □ Office (11) □ Office (11) □ Office (12) □ Office (12) □ Office (12) □ Office (12) □ Office (13) □ Of	✓ SNF (31)✓ NRSATF (57)✓ Other DOS (201)				
 ✓ Office (11) ✓ Cust Care (33) ✓ NF (32) ✓ Telehealth (02) ✓ Grp Home (14) ✓ PRTF (56) 	☑ FQHC (50) ☑ Other POS (99) ☑ PHC (73) ☑ PHC (73)				
☑Telehealth (02) ☑ Grp Home (14) ☑ PRTF (56) ☑ Outp Hospital (22) ☑ Home (12) ☑ Shelter (04)	区 RHC (72) 区 School (03)				

PI	REVENTION/EARLY INT	ERVENTION - COMM	UNITY		
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE I	DESCRIPTION		USAGE
H0027		Alcohol and/or drug service (broad range geared toward mod mainstream prevent	e of external a	activities s in order to	☑ OBH
SERVICE DESCRIPTION		MINIMUM DOCUM	ENTATION RE	QUIREMENTS	
Environmental strategies use a broad rang activities in order to mainstream preventic and law. These strategies establish or char standards, codes, and attitudes, which dec prevalence of alcohol and other drugs with	on through policies nge community creases the	 Number of par Type of service 			
NOTES		EXAMPLE ACTIVITIE	:S		
		 Review of school Community tech Revised advertis Pricing strategie Setting minimur Product use rest Workplace subs New or revised of New o	nnical assistar sing practices is n age require crictions tance abuse p environmenta	ments policies	islation
APPLICABLE POPULATION(S)		UNIT		DURATION	
☑ Adol (12-17) (18-20) ☑	Adult (21-64) Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE	•	•	
☑ Face-to-Face☑ Individual☑ Video Conf☑ Group☑ Telephone☐ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (□ TM □ HM (Respit	(ACT)	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS					
☑ Peer Specialist ☑ LCSW (AJ ☑ Bachelor's Level (HN) ☑ LPC ☑ Intern ☑ LMFT		Master's Level (HO) EdD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA) □ QMAP	
PLACE OF SERVICE (POS)					
⊠ Office (11)⊠ Grp Home (14)⊠ Mobile Unit (15)⊠ Home (12)⊠ Telehealth (02)⊠ Shelter (04)	⊠ FQHC (50) ⊠ RHC (72) ⊠ Prison/CF (09) ⊠ School (03) ⊠ Other POS (99)				

		TERVENTION - S	CREENING			
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE C	ODE DESCRIPTION	l e	USAGE
	H0028		identification a assistance and does not include		e (e.g. student nce programs),	☑ ОВН
SERVICE DESCRIPTIO	N		MINIMUM DO	CUMENTATION R	EQUIREMENTS	
address the following substance use, and p Identification and ref between substance u	de screening for te referral for prevent cies if indicated. This grisk factors: indivice erceived risks for su erral programs look ise and a variety of ms, family problem	ndencies toward tive treatment for s service is provided to dual attitudes towards abstance use. s at the relationship other problems such as s, sexually transmitted	3. Number of seconds.	stop time (duration of participants	,	
NOTES			EXAMPLE ACTI	VITIES		
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
• •		☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 mi Maximum: N/A	
ALLOWED MODE(S)	OF DELIVERY			VICE CATEGORY(
☑ Face-to-Face☑ Video Conf☑ Telephone	☑ Individual ☑ Group ☑ Family		□ HE (SP) □ HK (Residen	□ U4 tial) □ TM □ HM (Respi	(ACT)	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMEN	TS					
☑ Peer Specialist☑ Bachelor's Level (HN☑ Intern	区SW (区 LPC 区 LMFT	✓ Unlicensed I	Master's Level (HO EdD/ PhD/PsyD (HI b/PhD/PsyD (AH)		⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA) □ QMAP	⊠ RXN (SA)
PLACE OF SERVICE (P	POS)					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Telehealth (02)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ Shelter (04)	区 FQHC (50)区 RHC (72)区 RSATF (55)区 NRSATF (57)	☑ Prison/CF (0 ☑ School (03) ☑ Other POS (9			

	PRI	EVENTION/EARLY INTERVE	PREVENTION/EARLY INTERVENTION – ALTERNATIVE SERVICES					
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	H0029		Alcohol and/or dr service (services f alcohol and other social events)	or populations t	hat exclude	☑ ОВН		
SERVICE DESCRIPTION	ON		MINIMUM DOCU	IMENTATION RE	QUIREMENTS			
organized leisure act goal of these alterna behaviors. Alternativ	tivities that exclud ative services is to we programs includ I and community s	ties for recognition and e alcohol and drugs. The halt or reduce risk taking le a wide range of social, service activities that s.	1. Number of p 2. Type of serv	participants				
NOTES			EXAMPLE ACTIVIT	TIES				
			Community dCommunity seLeadership fu	rop in centers ervices nctions	cial and or recrea			
APPLICABLE POPULA	ATION(S)		UNIT		DURATION			
⊠ Adol (12-17) (1	☑ Young Adult 18-20)	✓ Adult (21-64)✓ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	CE CATEGORY(II	ES)			
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☑ Group ☑ Family		☐ HE (SP) ☐ HK (Residential	□ U4 (I) □ TM (□ HM (Respit	(ACT) □ HQ □ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)		
STAFF REQUIREMEN	ITS							
☑ Peer Specialist☑ Bachelor's Level (HI☑ Intern	N)	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA) □ QMAP	IXI RXN (SA)		
PLACE OF SERVICE (I								
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Cust Care (33)	 ☑ Grp Home (12) ☑ Home (12) ☑ Shelter (04) ☑ FQHC (50) ☑ RHC (72) 	I) ⊠ Prison/CF (09) ☑ School (03) ☑ Other POS (99)						

		PHONE – CRISIS- E	BEHAVIORAL HEALTH		
CPT®/HCPCS PROC	CEDURE CODE		PROCEDURE CODE DESCRIPT	ON	USAGE
	H0030		Behavioral Health, Hotline Se	vices	☑ ОВН
SERVICE DESCRIPT	ION		MINIMUM DOCUMENTATION	N REQUIREMENTS	
telephone support hours per day, seve hotline anonymou	en (7) days per weel sly during a crisis sit	ailable twenty-four (24) c. Callers often call a	 Date of service Intervention or support Clients response Referral for treatment (i Signed with 1st initial, la: 	f necessary)	ls
NOTES			EXAMPLE ACTIVITIES		
APPLICABLE POPU	ILATION(S)		UNIT	DURATION	
☑ Child (0-11) ☑ Adol (12-17)	☑ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minute☐ Day ☐ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGOR	•	
☐ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual □ Group □ Family		☐ HK (Residential) ☐	TM (ACT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMI	ENTS				
☑ Peer Specialist☑ Bachelor's Level (☑ Intern	⊠ LMF		Master's Level (HO) ⊠ LAC ⊠ CAC I ⊠ CAC I I ⊠ CAC I I ⊠ CAC I I Z CAC I Z		X PA (DA)
PLACE OF SERVICE					
☑ CMHC (53)☑ Office (11)☑ Home (12)	☑ Shelter (04)☑ FQHC (50)☑ RHC (72)☑ NRSATF (57)	⊠ Prison/CF (09) ⊠ School (03) ⊠ Other POS (99)			

ASSESSMENT- DIAGNOSIS						
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	H0031		Mental health asse	essment, by a nor	–physician	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REQ	UIREMENTS	
mental illness, function information used for the Information used for the Information may be obtassessment results in the service needs and recount of the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necestified in the service can also be the assessment is necessified in the service can also be the assessment is necessified in the service can also be the assessment is necessified in the service can also be the assessment is necessified in the service can also be the assessment is necessified in the service can also be the assessment is necessified in the service can also be the assessment is necessified in the service can also be the service can also b	ssessment that identifies all capacity, and other active treatment of mental illustrated from collaterals. The identification of the purpose	dditional lness. This satient's BH sent. an update of erral to a ssment with dure code on is ith at least the	Description of the series of psychologopher assessments. Plan for next contact of the series o	the visit. What w t/presenting cond the service hosocial and fami ent information	as the intended cern(s) or proble ly history, patie g any follow-up	em(s) Int functioning and or coordination
diagnosis should be use		a deferred				
NOTES			EXAMPLE ACTIVIT			
H0031 is used in lieu of individual psychotherapy procedure codes when the focus of the session is on assessment and not psychotherapy (insight-oriented, behavior modifying and/or supportive) has occurred during the session. (See psychotherapy procedure codes.) Outside assessment information may be used in lieu of some assessment criteria/new assessment, with a corresponding statement as to what information/documentation was reviewed with the patient and is still current. If appropriate and based on patient stability/status in social detox, Assessment services (H0031) may be provided prior to discharge.			 Face-to-face meeting with the patient in order to assess his/her needs Face-to-face meeting with the patient/patient's family to collect social history information With the patient's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) Administering acceptable instruments to the patient to document substantial impairment in role functioning 			
APPLICABLE POPULATI	ON(S)		UNIT		DURATION	
☑ Child (0-11) ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Young Adult (18- 🗵 A	dult (21-64) eriatric (65+)	☐ Day	□ 15 Minutes □ 1 Hour	Minimum: N// Maximum: N/	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC		/	
☑ Video Conf ☐ Telephone	☑ Individual □ Group ☑ Family		⊠ HE (SP) ⊠ HK (Residential)		ACT) [(Respite) [] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENTS				VIAC D	NAL (1) (A) (TE)	
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	LCSW (AJ) LPC LMFT	☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I 🗵 RI	PN (SA)	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (PO	•				- (- 4)	7.0.1.1/05
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outh Hespital (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	≥ PF-PH	3)	☑ School (03) ☑ Other POS (99) ☑ Telehealth (02)

ASSSSMENT- DIAGNOSIS							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE I	DESCRIPTION		USAGE	
	H0031		Mental health asses	sment, by a non	–physician	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCUM	ENTATION REQU	JIREMENTS		
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			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 3 rd parties and disposition – need for BH services, referral, etc.				
should be used.			EXAMPLE ACTIVITIE	:c			
	individual psychotherapy	nrocedure	_		ntient in order to as	ssess his/her	
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.			 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	DN(S)		UNIT		DURATION		
	• .	lult (21-64)		15 Minutes	Minimum: N/A		
✓ Adol (12-17) 20)		eriatric (65+)			Maximum: N/A		
☑ Video Conf	DELIVERY ☑ Individual ☐ Group ☑ Family		PROGRAM SERVICE ☑ HE (SP) ☑ HK (Residential)	⊠ U4 (I ⊠ TM (CM) □ H ACT) □ H (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		Aaster's Level (HO) dD/ PhD/PsyD (HP) J/PhD/PsyD (AH)	□CAC I ⊠ RI	PN/LVN (TE) RXN N (TD) PA PN (SA) PA MAP MD		
PLACE OF SERVICE (POS							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	ICF-MR (54)NF (32)PRTF (56)Shelter (04)	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Inpt Hosp (☑ Inpt Pl☑ ER (23☑ PF-PH② Schoo) ⊠ T P (52)	ther POS (99) elehealth (02)	

	ASSESSMENT - TREATMENT/SERVICE PLANNING						
CPT®/HCPCS PROCED			PROCEDURE COD			USAGE	
	H0032		Behavioral health	treatment servi	ce plan	✓ Medicaid	
	110032		development by n	non-physician		Niedicald	
SERVICE DESCRIPTIO			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
	evaluate, or modify a pat		Technical Docume	entation Requir	ements		
	cluding the statement of		See Section X				
	als, clinical interventions	-	Service Content				
	evaluation of progress to					nded goal or agenda?	
	e plan is reviewed by the		2. Description of			scussion of	
	d revised with the patien		·	vice plan develo			
•	major change in the patie	nt's			-	d plan development	
condition/service nee	eds occurs.			ired signatures			
					ons should incl	ude progress and/or	
			completion of	-	: f-II		
			needed with 3		ing any follow-	-up or coordination	
NOTES			EXAMPLE ACTIVIT				
	of individual psychothera	py procedure	-	-			
	rapy procedure codes) w						
	eatment/service planning						
psychotherapy occurs	s during the session. Use a	a					
psychotherapy code i	f more than 50% of the se	ession is					
psychotherapy.							
APPLICABLE POPULA			UNIT		DURATION		
	-	ult (21-64)		☐ 15 Minutes	Minimum: N	•	
·	•	riatric (65+)	,	☐ 1 Hour	Maximum: N	N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	-	•		
☑ Face-to-Face	☑ Individual		⊠ HE (SP)	⊠ U4	. ,	⊠ HJ (Voc)	
☑ Video Conf	☐ Group		☑ HK (Residential)		` '	☐ HQ (Clubhouse)	
☐ Telephone	∑ Family			⊠ HM	(Respite)	☑ TT (Recovery)	
STAFF REQUIREMENT	TS					☑ HT (Prev/EI)	
				⊠LAC ⊠ I	PN/LVN (TE)		
Peer Specialist	⊠ LCSW (AJ) ⊠ LPC		Master's Level (HO) EdD/ PhD/PsyD (HP)		RN (TD)	☐ RxN (SA)	
☒ Bachelor's Level (HN)☒ Intern	I LMFT		D/PhD/PsyD (AH)		APIN (SA)	☐ PA (PA)	
M IIIterii		E Licensed Edi	אס ווטוו זאָט (אוון	□CACIII □ (QMAP L	□ MD/DO (AF)	
PLACE OF SERVICE (P							
☑ CMHC (53)	☑ ACF (13)	☑ ICF-MR (5			PF (51)	▼ Telehealth (02)	
☑ Office (11)	☑ Cust Care (33)	☑ NF (32)	☑ FQHC (5	•	PHP (52)		
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ PRTF (56)	_ `	•	ool (03)		
☑ Outp Hospital (22)		Shelter (€)	04) 🗵 Inpt Hos	sp (21) 🗵 Oth	er POS (99)		

	ASSE	SSMENT - TREA	TMENT/SERVICE P	PLANNING		
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	H0032		Behavioral health		ce plan	⊠ OBH
			development by r		_	
SERVICE DESCRIPTION			MINIMUM DOCU		-	
ment/service plan, inc	evaluate, or modify a pat cluding the statement of i als, clinical interventions	individualized	See Section X Service Content	entation Require	ements	
The treatment/service	evaluation of progress to e plan is reviewed by the d revised with the patien	clinician and	The reason for the visit. What was the intended goal or agenda? Description of the service (should include discussion of treatment/service plan development)			
	major change in the patie				ogress toward plar	n development
condition/service nee	ds occurs.				ccording to agency	
					ns should include p	progress and/or
			completion of	-	ng any follow-up o	r coordination
			needed with 3		ing arry rollow-up o	Coordination
NOTES			EXAMPLE ACTIVIT	•		
H0032 is used in lieu o	of individual psychothera	py procedure				
	rapy procedure codes) wl					
	eatment/service planning					
	during the session. Use a f more than 50% of the se					
psychotherapy.	i more than 50% or the se	:551011 15				
APPLICABLE POPULAT	TION(S)		UNIT		DURATION	
☑ Child (0-11)	Young Adult 🗵 Ad	ult (21-64)	☑ Encounter	☐ 15 Minutes	Minimum: N/A	
, , ,		riatric (65+)	- /	☐ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERVI	•	•	
☑ Face-to-Face	☑ Individual		☑ HE (SP)☑ HK (Residential	⊠ U4 (I) ⊠ TM (HJ (Voc) HQ (Clubhouse)
☑ Video Conf	☐ Group		M IIV (Kesidelitiai	•		TT (Recovery)
☐ Telephone	☑ Family					HT (Prev/EI)
STAFF REQUIREMENT	rs .					
☐ Peer Specialist ☑ Bachelor's Level (HN)	区SW (AJ) 区 LPC		Master's Level (HO) EdD/ PhD/PsyD (HP)	□CAC I 🗵 R	PN/LVN (TE) N (TD) RN (SA) PN (SA)	
☑ Intern	⊠ LMFT		D/PhD/PsyD (AH)		FINISAL	/DO (AF)
PLACE OF SERVICE (PO	•					
☑ CMHC (53)	☑ ACF (13)	☑ ICF-MR (5				Telehealth (02)
☑ Office (11) ☑ Mobile Unit (15)	✓ Cust Care (33)✓ Grp Home (14)	☑ NF (32) ☑ PRTF (56)		-	HP (52)	
☑ Outp Hospital (22)	⊠ Home (12)	⊠ Shelter (0	•	•	er POS (99)	

TREATMENT - MEDICATION MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
Н0033	Oral medication administration, direct observation	☑ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Observing patient taking oral prescribed medication(s) to	Technical Documentation Requirements				
ensure adequate maintenance of medication regimen to	See Section X				
deter/prevent deterioration of patient's condition.	Service Content:	1			
This convice includes the administration of Dunranershine	Documentation that supports observation of me administrated including name and decays.	dications			
This service includes the administration of Buprenorphine products, within a methadone clinic site, for the purpose of	administered, including name and dosage 2. Patient response to medications, e.g. is the patie	ent tolerating the			
decreasing or eliminating dependence on opiate substances.	medication well or are there complaints of side 6	-			
Administration of Buprenorphine products is only conducted	sleeping; is there improvement or not in sympto				
by a qualified physician, physician assistant, or nurse	tolerating the medication actions taken.				
practitioner in a licensed methadone facility.	3. Every encounter should have its own notation.				
	4. For Buprenorphine induction notes (when applic				
*For patients 17 years and under, Federal regulations must be	acknowledgement form signed by patient is pres	ent			
followed for administering Buprenorphine NOTES	EXAMPLE ACTIVITIES				
This service is designed to facilitate medication compliance	Face-to-face, one-on-one cueing/encouraging an	nd observing			
and positive outcomes. Patients with low medication	patient taking prescribed medications				
compliance history/patients newly on medication are most	Reporting back to MHPs licensed to perform men	dication			
likely to receive this service. Administration of Buprenorphine	management services for direct benefit of patier				
products must be provided within a facility with a controlled	The administration of Buprenorphine products appropriate to a				
substance license from the Office of Behavioral Health (OBH),	patient's plan of care to the patient for oral ingestion, conducted				
registration with the Drug Enforcement Administration (DEA)	by a qualified physician, physician assistant, or nurse practitioner				
and certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as an opioid medication	or within a licensed methadone facility.				
assisted treatment provider. The cost of the Buprenorphine					
products is paid through Medicaid fee-for-service. Physicians,					
administering Buprenorphine products, through the DATA					
Waive provider's office are reimbursed through FFS. Cannot					
be billed if the service is part of the E&M service by the same					
provider on the same day. This code should be billed for the					
administration of the medication. The medication itself is					
billed to Fee for Service Medicaid APPLICABLE POPULATION(S)	UNIT DURATION				
⊠ Child (0-11)	☑ 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	, , ,	HJ (Voc)			
□ Video Conf □ Group		HQ (Clubhouse)			
☐ Telephone ☐ Family		TT (Recovery)			
STAFF REQUIREMENTS	L	HT (Prev/EI)			
,	LAC ☑ LPN/LVN (TE)				
	Master's Level (HO) DCACL RN (TD) ' Z	RxN (SA)			
,	D/PhD/PsyD (AH) LICAC II LEI APN (SA)	PA (PA) MD/DO (AF)			
	D/TID/T39D (ATI) □CACIII ☑ QMAP	25/50 (All)			
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54)					
☑ CWITC (33) ☑ ACF (13) ☑ ICF-WR (34) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32)	☑ FQHC (50) ☑ NRSATF (57)				
☑ Office (11) ☑ Cust Care (33) ☑ Nr (32) ☑ 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					
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 NOTES This service is designed to facilitate medication compliance and positive outcomes. Patients with low medication compliance history/patients newly on medication are most likely to receive this service. Administration of Buprenorphine products must be provided within a facility with a controlled substance license from the Office of Behavioral Health (OBH), registration with the Drug Enforcement Administration (DEA) and certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as an opioid medication assisted treatment provider. The cost of the Buprenorphine products is paid through Medicaid fee-for-service. Physicians, administering Buprenorphine products, through the DATA Waive provider's office are reimbursed through FFS. Cannot be billed if the service is part of the E&M service by the same provider on the same day. This code should be billed for the administration of the medication. The medication itself is billed to Fee for Service Medicaid	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, problem sleeping; is there improvement or not in symptoms. If not toleratine the medication actions taken. 3. Every encounter should have its own notation. 4. For Buprenorphine induction notes (when applicable) & daily acknowledgement form signed by patient is present EXAMPLE ACTIVITIES • Face-to-face, one-on-one cueing/encouraging and observing pataking 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 qualified physician, physician assistant, or nurse practitioner or within a licensed methadone facility.	ns ating utient ed by a				
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult (18- ☑ Adult (21-64)	UNIT DURATION ☑ Encounter ☐ 15 Minutes Minimum: N/A					
 ✓ Adol (12-17) ✓ Beriatric (65+) 	☐ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Group ☐ Group ☐ Telephone ☐ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) *child/adol/young adult ☑ TM (ACT) ☐ HQ (Clubhou ☑ HK (Residential) ☑ HM (Respite) ☐ TT (Recovery ☐ HT (Prev/EI)	y)				
STAFF REQUIREMENTS	Markada I (110) □LAC ☑ LPN/LVN (TE) ☑ R. N. (CL)					
□ Bachelor's Level (HN) □ LPC □ Unlicensed Ed Intern □ LMFT □ Licensed Ed I	Master's Level (HO) □CAC I ☑ RN (TD) ☑ RxN (SA) EdD/ PhD/PsyD (HP) □CAC II ☑ APN (SA) ☑ PA (PA) D/PhD/PsyD (AH) □CACIII ☑ QMAP ☑ MD/DO (AF)	ı				
PLACE OF SERVICE (POS)	CALE (A4)	(4.5)				
 ☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Outp Hospital (22) ☑ Grp Home (14) ☑ PRTF (56) ☑ Independent Clinic (49) 	☑ SNF (31) ☑ PF-PHP (52) ☑ Mobile Unit ☑ FQHC (50) ☑ NRSATF (57) ☑ Home (12) ☑ RHC (72) ☑ Other POS (99) ☑ Shelter (04)	(15)				

TREATMENT - MEDICATION MANAGEMENT						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION			USAGE
	H0034		Medication traini	ng and suppor	t, per 15 minutes	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION	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 3 rd parties			
NOTES			EXAMPLE ACTIVIT			
Generally face-to-face, but may include telephone contact as needed.			Understanding nature of adult patient's SPMI or child/ adolescent's SED Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning Identifying and managing symptoms and potential side effects of medication(s) Learning contraindications of medication(s) Understanding overdose precautions of medication(s) Learning self-administration of medication(s)			
APPLICABLE POPULATION			UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)	· ·	Adult(21-64) Geriatric (65+)		■ 15 Minutes □ 1 Hour	Minimum: 8 N Maximum: N/	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY	(IES)	
☑ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual ☑Group ☑ Family		区 HE (SP) 区 HK (Residential) 🗵	TM (ACT)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	E LPN/LVN (TE) ⊠ P E RN (TD) ⊠ N E APN (SA) ⊠ C	xN (SA) A (PA) MD/DO (AF) ertified/Registered Medical Assistant
PLACE OF SERVICE (POS				(2.1)		
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (3-☑ ICF-MR (54☑ NF (32)☑ PRTF (56)		1) 🗵 O	F-PHP (52) ther POS (99)	

TREATMENT - MEDICATION MANAGEMENT							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0034		Medication training and support, per 15 minutes ☑ OBH				
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATIO	N REQUIREMENT	rs	
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 3 rd parties				
NOTES			EXAMPLE ACTIVI	TIES			
Generally face-to-face, but may include telephone contact as needed.			 Understanding nature of adult patient's SPMI or child/adolescent's SED Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning Identifying and managing symptoms and potential side effects of medication(s) Learning contraindications of medication(s) Understanding overdose precautions of medication(s) Learning self-administration of medication(s) 				
APPLICABLE POPULATION	ON(S)		UNIT DURATION				
区 Child (0-11) 区 Adol (12-17)	Adult (18-20) ⊠ Ge	dult(21-64) eriatric (65+)	•	□ 15 Minu □ 1 Hour	Maximum	8 Minutes : N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGO			
☑ Face-to-Face☐ Video Conf☑ Telephone	☑ Individual ☑Group ☑ Family		⊠ HE (SP) ⊠ HK (Residentia	1)	☑ 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 E	☐ Unlicensed Master's Level (HO) ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ Licensed EdD/PhD/PsyD (AH) ☐ CAC II ☐ CAC III		⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) □ QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF) ☑ Certified/Registered ☑ Medical Assistant	
PLACE OF SERVICE (POS			.)	(0.1)	3 pp pup (=2)		
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ☑ Hospice (3- ☑ ICF-MR (5-4 ☑ NF (32) ☑ PRTF (56) 		1) 🗵 (50)	PF-PHP (52) Other POS (99)		

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H0035	Mental health partial hospitalization, treatment,					
	less than 24 hours	ulculu				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
A treatment alternative to inpatient psychiatric	Technical Documentation Requirements					
hospitalization, which includes comprehensive, structured BH	See Section X					
services of a nature and intensity (including medical and	Service Content					
nursing care) generally provided in an inpatient setting, as a	Initial/intake documenting symptoms/problems necessit	ating				
step toward community reintegration. Services include assessment; psychological testing; family, group and	treatment					
individual psychotherapy; medical and nursing support;	 Individualized treatment/service plan Services must be prescribed by an MD/DO and provide 	ad under				
medication management; skill development; psychosocial	plan of treatment established by an MD/DO after cons					
education and training; and expressive and activity therapies.	with appropriate staff	Juitation				
cadadion and training, and expressive and activity therapies.	 Plan must state type, amount, frequency, and duration 	n of				
	services to be furnished and indicate goals					
	Describes coordination of services wrapped around pa	rticular				
	needs of patient					
	3. Target symptoms, goals of therapy and methods of moni	toring				
	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 re-	sponse				
	and relation to treatment/service plan goals					
	5. Specify estimated duration of treatment, in sessions					
	o For an acute problem, document that treatment is exp	ected to				
	improve health status/function of patient					
	o For chronic problems, document that stabilization/					
NOTES	maintenance of health status/function is expected EXAMPLE ACTIVITIES					
The use of PHP as a setting of care presumes that patient does	EXAMILE ACTIVITES					
not meet medical necessity criteria for inpatient psychiatric						
treatment; at the same time, it implies that routine outpatient						
treatment is of insufficient intensity to meet the patient's						
present treatment needs.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64)	☑ Encounter ☐ 15 Minutes Minimum: + 4 hrs./day, 5	5				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour days/week					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face	☐ HJ (Voc ☐ HJ					
□ Video Conf ☑ Group	☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clu					
☐ Telephone ☑ Family	☐ HM (Respite) ☐ TT (Red	,,				
·	☐ HT (Pre	∍v/EI)				
STAFF REQUIREMENTS	LAC ☑ LPN/LVN (TE)					
— · · · · · · · · · · · · · · · · · · ·	Master's Level (HO) DCACL RN (TD) ' RXN (SA)					
	Edd/ Phd/PSyd (HP) Ticacii 🗵 APN (SA) 🗵 PA (PA)					
☑ Intern ☑ LMFT ☑ Licensed Edi	D/PhD/PsyD (AH) ☐ CACIII ☑ QMAP ☑ MD/DO (AF))				
PLACE OF SERVICE (POS)						
☑ CMHC (53)						
☑ Outp Hospital (22)						
☑ PF-PHP (52)						

TREATMENT - INTENSIVE -	PARTIAL HOSPITALIZATION (PHP)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0035	Mental health partial hospitalization, treatment,				
	less than 24 hours				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A treatment alternative to inpatient psychiatric	Technical Documentation Requirements				
hospitalization, which includes comprehensive, structured BH	See Section X				
services of a nature and intensity (including medical and	Service Content				
nursing care) generally provided in an inpatient setting, as a	Initial/intake documenting symptoms/problems necessitating				
step toward community reintegration. Services include assessment; psychological testing; family, group and	treatment				
individual psychotherapy; medical and nursing support;	 Individualized treatment/service plan Services must be prescribed by an MD/DO and provided under 				
medication management; skill development; psychosocial	plan of treatment established by an MD/DO after consultation				
education and training; and expressive and activity therapies.	with appropriate staff				
cadadion and training, and expressive and activity therapies.	 Plan must state type, amount, frequency, and duration of 				
	services to be furnished and indicate goals				
	Describes coordination of services wrapped around particular				
	needs of patient				
	3. Target symptoms, goals of therapy and methods of monitoring				
	outcome				
	 Why chosen therapy is appropriate modality either in lieu of/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				
	o For chronic problems, document that stabilization/				
NOTES	maintenance of health status/function is expected EXAMPLE ACTIVITIES				
The use of PHP as a setting of care presumes that patient does	EARINE EL ACTIVITES				
not meet medical necessity criteria for inpatient psychiatric					
treatment; at the same time, it implies that routine outpatient					
treatment is of insufficient intensity to meet the patient's					
present treatment needs.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64)	☑ Encounter ☐ 15 Minutes Minimum: + 4 hrs./day, 5				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour days/week				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)				
☐ Video Conf	☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse)				
☐ Telephone ☑ Family	☐ HM (Respite) ☐ TT (Recovery)				
·	☐ HT (Prev/EI)				
STAFF REQUIREMENTS	∠ LAC ☑ LPN/LVN (TE)				
	Master's Level (HO) □CAC I ☑ RN (TD) ☑ RXN (SA)				
	ECOL POUPSYD (HP) CACIL APN (SA) PA (PA)				
☑ Intern ☑ LMFT ☑ Licensed Edi	D/PhD/PsyD (AH) ☐CACIII ☑ QMAP ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53)					
☑ Outp Hospital (22)					
☑ PF-PHP (52)					

TRF	ATMENT - REHABILITA	TION - COMMI	NITY PSYCHIATRIC SUPPORT TREATI	MENT (CPST)		
CPT®/HCPCS PROCEDUR			PROCEDURE CODE DESCRI		USAGE	
, , , , , , , , , , , , , , , , , , , ,			Community psychiatric supportive treatment			
	H0036		face-to-face, per 15 minutes			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQ	UIREMENTS		
Comprehensive Psychiati services consist of menta	• •		Technical Documentation Requiren See Section X	ments		
services. A team-based a	approach to the provisi	on of	Service Content			
treatment, rehabilitation			 The reason for the visit. What 		-	
Therapeutic intervention	-		agenda? How does the service	e relate to the tre	eatment/service	
promoting symptom stat			plan?			
ability to cope and relate		ng the	2. Description of the service and		esigned to	
highest level of functioni	ng in the community.		increase functioning in the co		o individual's	
*H0036 may be used as	an alternative to HOO3	9 for	 The therapeutic intervention(response to the intervention(e maividual s	
individuals enrolled in a			4. How did the service impact th		naress towards	
fidelity review process.	program not overseer	i by all Act	goals/objectives?	ic iliaiviadai 3 pre	ogicss towards	
nacity review processi			5. Plan for next contact(s) includ	ling any follow-ur	or coordination	
* This code is not to be u	used for children unde	r age 6.	needed with 3 rd parties			
NOTES			EXAMPLE ACTIVITIES			
This is an intensive comn		esiliency	Symptom assessment and mana	gement (i.e., ong	oing	
service that provides trea			assessment, psycho-education, and			
to:			 Supportive counseling and psych 		-	
 Assist individua 	als to gain access to ne	cessary	needed basis			
services			Support of age appropriate daily living skills			
 Reduce psychia 	atric symptoms		Encourage engagement with peer support services			
	al community living ski		Development of discharge/transition goals and related planning			
Individuals will experience			Advocating on behalf of patients			
increased community ter	_		Crisis intervention			
social contacts, and perso	onal satisfaction and in	dependence.	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 			
ADDITION DE DODITION	M(c)		LINUT	DUDATION		
APPLICABLE POPULATIO ☑ Child (0-11) ☑ Ye		dult (21-64)	_	DURATION Minimum: 8 min	c	
	•	eriatric (65+)		Maximum: 4 hrs		
ALLOWED MODE(S) OF E	-	chathe (051)	PROGRAM SERVICE CATEGORY(IES)		. 7 1111113	
			⊠ HE (SP) ⊠ U4 (IC		l HJ (Voc)	
▼ Face-to-Face	☑ Individual		☐ HK (Residential) ☐ TM (A	•	l HQ (Clubhouse)	
☐ Video Conf	☑ Group		□ HM (F		l TT (Recovery)	
☐ Telephone	☑ Family				l HT (Prev/EI)	
STAFF REQUIREMENTS						
☑ Peer Specialist	⊠ LCSW (AJ)	X Unlicensed I		N/LVN (TE) Rxi	u (\$A)	
☑ Bachelor's Level (HN)	☑ LPC		AD/ PhD/PsyD (HP) LCACI KN	(ID) 🔽 DA		
☑ Intern	☑ LMFT	∠ Licensed EdI	\square /PhD/PsyD (AH) \square CAC II \square API \square CACIII \square QN	N (SA) 🗵 MD)/DO (AF)	
PLACE OF SERVICE (POS)			L'CACIII LI QIV	777 U		
☑ CMHC (53)	☑ ACF (13)	☑ ICF-MR (54)	☑ FQHC (50)			
⊠ Office (11)	☑ Cust Care (33)	⊠ NF (32)	⊠ RHC (72)			
☑ Mobile Unit (15)	☑ Grp Home (14)	✓ (32)✓ Shelter (04)	✓ KHC (72)✓ School (03)			
☑ Outp Hospital (22)	☑ Home (12)	SNF (31)	✓ Other POS (99)			

TRE	ATMENT - REHABILIT	ATION - COMMU	JNITY PSYCHIATRIC	SUPPORT TREA	TMENT (CPST)	
CPT®/HCPCS PROCEDUR				JRE CODE DESCI		USAGE
	H0036		Community psych	iatric supportive	treatment,	⊠ OBH
	110030		face-to-face, per 15 minutes			
SERVICE DESCRIPTION			MINIMUM DOCU			
Comprehensive Psychiat			Technical Docume	entation Require	ements	
services consist of menta		•	See Section X			
services. A team-based a			Service Content	r		
treatment, rehabilitation Therapeutic intervention					at was the intende	ed goal or reatment/service
promoting symptom sta	-		plan?	w does the servi	te relate to the ti	eatment/service
ability to cope and relate	• • •		•	of the service an	d how activity is	designed to
highest level of function			· ·	ctioning in the c		a.co.gca to
0	0 1 1 1 1 1			_	n(s) utilized and th	he individual's
*H0036 may be used as	an alternative to H00	39 for		the intervention		
individuals enrolled in a	program not oversee	n by an ACT	4. How did the	service impact t	he individual's pr	ogress towards
fidelity review process.			goals/object			
					ding any follow-ι	up or coordination
* This code is not to be	used for children unde	er age 6.	needed with			
NOTES			EXAMPLE ACTIVIT			
This is an intensive comm	•	•	Symptom asse			
service that provides tre to:	atment and restorativ	e interventions	Supportive cou			agement efforts)
	als to gain access to ne	ocessary	needed basis	ansening and psy	chotherapy on a p	Jidilileu dilu dS-
services	ais to gain access to m	eccosury	 Support of age appropriate daily living skills 			
	atric symptoms		Encourage engagement with peer support services			
	al community living sk	ills	 Development of discharge/transition goals and related planning 			
Individuals will experien			Advocating on behalf of patients			
increased community te	nure, time working, in	school or with	Crisis intervention			
social contacts, and pers	onal satisfaction and i	ndependence.	Medication training and monitoring			
			Educating regarding symptom management			
			Facilitating access to health care			
			Skills teaching to help client meet transportation needs or access			
			transportation se	ervices		
			 Help finding ar 	nd keeping safe,	affordable housir	ng
			 Home visits 			
	\.\.\(\alpha\)					
APPLICABLE POPULATION	. ,	dult (21-64)	UNIT	✓ 15 Minutes	DURATION O min	.
	· ·	eriatric (65+)		□ 15 Minutes	Minimum: 8 min Maximum: 4 hr	
		eriatric (051)	PROGRAM SERVIO			3. 7 1111113
			⊠ HE (SP)	⊠ U4 (•	□ HJ (Voc)
☑ Face-to-Face	☑ Individual		☐ HK (Residential	•		☐ HQ (Clubhouse)
☐ Video Conf	⊠ Group		· ·			☐ TT (Recovery)
☐ Telephone	☑ Family					☐ HT (Prev/EI)
STAFF REQUIREMENTS						
☑ Peer Specialist	∠ LCSW (AJ)	☑ Unlicensed	Master's Level (HO)		PN/LVN (TE)	«N (SA)
☑ Bachelor's Level (HN)	∠ LPC		EdD/ PhD/PsyD (HP)			A (PA)
☑ Intern	∠ LMFT	∠ Licensed EdI	D/PhD/PsyD (AH)		MAP	D/DO (AF)
PLACE OF SERVICE (POS						
☑ CMHC (53)	☑ ACF (13)	☑ ICF-MR (54)	☑ FQHC (50)			
☑ Office (11)	区ust Care (33)	⊠ NF (32)	⊠ RHC (72)			
☑ Mobile Unit (15)	☑ Grp Home (14)	Shelter (04)				
☑ Outp Hospital (22)	☑ Home (12)	SNF (31)	☑ Other POS	(99)		

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)						
CPT®/HCPCS PROCEDUR			PROCEDURE CODE DESCRIPTION USAGE			
	110027		Community psyc	hiatric supporti	ve treatment,	NA - di - di d
H0037			face-to-face, per diem			≥ iviedicaid
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION F	REQUIREMENTS	
Comprehensive Psychiat			Technical Docum	nentation Requ	irements	
services consist of menta	al health rehabilitation,	/resiliency	See Section X			
services. A team-based a			Service Content			
treatment, rehabilitation					hat was the intende	-
Therapeutic intervention	_		agenda? H	ow does the se	rvice relate to the tr	eatment/service
promoting symptom stal	-		plan?			
ability to cope and relate		ing the	-		and how activity is o	designed to
highest level of functioni	ng in the community.			inctioning in the	•	
			-		ion(s) utilized and th	ie individual's
*H0036 may be used as			-	o the interventi		
individuals enrolled in a	program not overseei	n by an ACT			ct the individual's pr	ogress towards
fidelity review process.			goals/obje			
*					cluding any follow-u	p or coordination
* This code is not to be	used for children unde	r age 6.		th 3 rd parties		
NOTES		•1•	EXAMPLE ACTIV			•
This is an intensive comm		-			anagement (i.e., on	
service that provides tre	atment and restorative	2	assessment, psycho-education, and symptom management efforts)			
interventions to:				ounseling and p	sychotherapy on a p	lanned and as-
	als to gain access to ne	cessary	needed basis			
services			Support of age appropriate daily living skills			
Reduce psychia		· · · ·	Encourage engagement with peer support services			
	al community living ski		Development of discharge/transition goals and related planning			
Individuals will experience			Advocating on behalf of patients			
increased community ter	_		Crisis intervention			
with social contacts, and	personal satisfaction a	and	Medication training and monitoring			
independence.		LIOO2C, CDCT	Educating regarding symptom management			
CPST up to 4 hours is r			Facilitating access to health care			
over 4 hours, report/b family, group and ind			Skills teaching to help client meet transportation needs or access			
services, case manager			transportation services			
reported/billed separate		nenteu, and	Help finding and keeping safe, affordable housing			
	<u> </u>		Home visits			
APPLICABLE POPULATIO			UNIT		DURATION	
· · · · ·	_	ult (21-64)	☐ Encounter	☐ 15 Minutes		
☑ Adol (12-17) (18-2	•	riatric (65+)	☑ Day	☐ 1 Hour	Maximum: 8 ho	urs
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERV			<u> </u>
☑ Face-to-Face	☑ Individual		⊠ HE (SP)			HJ (Voc)
☐ Video Conf	☑ Group		☐ HK (Residenti			HQ (Clubhouse)
☐ Telephone				Ш		TT (Recovery)
<u> </u>	<u>'</u>					HT (Prev/EI)
STAFF REQUIREMENTS				VI.AC V	1 DNI (1) (NI (TE)	
☑ Peer Specialist	∠ LCSW (AJ)	☑ Unlicensed I	Master's Level (HO)		I LPN/LVN (TE) RN (TD)	N (SA)
☑ Bachelor's Level (HN)	☑ LPC		EdD/ PhD/PsyD (HP)		APN (SA)	• •
✓ Intern	▼ LMFT	∠ Licensed EdI	D/PhD/PsyD (AH)] QMAP ⊠ MI	D/DO (AF)
PLACE OF SERVICE (POS)						
✓ CMHC (53)	⊠ ACF (13)	☑ ICF-MR (54	1) 🗵 FQHC (5	50)		
☑ Office (11)	☑ Cust Care (33)	≥ NF (32)	× RHC (72	•		
☑ Mobile Unit (15)	☑ Grp Home (14)	⊠ Shelter (04				
V Outp Hospital (22)	▼ Home (12)	X SNE (31)	X Other D			

TREA	ATMENT - REHABILITA	TION - COMM	UNITY PSYCHIATRI	SUPPORT TREA	TMENT (CPST)	
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H0037		Community psychiatric supportive treatment, face-to-face, per diem			
SERVICE DESCRIPTION			MINIMUM DOCU		OUIREMENTS	
Comprehensive Psychiat	ric Support Treatment	(CPST)	Technical Docum			
services consist of menta			See Section X			
services. A team-based a			Service Content			
treatment, rehabilitation	/resiliency and suppor	rt services.	1. The reason	for the visit. Wha	at was the intende	ed goal or
Therapeutic intervention	ns are strengths-based	and focus on	agenda? Ho	w does the servi	ce relate to the tr	eatment/service
promoting symptom stal			plan?			
ability to cope and relate		ing the			d how activity is	designed to
highest level of functioni	ing in the community.			nctioning in the c	•	
*					n(s) utilized and th	ne individual's
*H0036 may be used as			-	the intervention		
individuals enrolled in a	program not oversee	n by an ACI			he individual's pr	ogress towards
fidelity review process.			goals/objec 5. Plan for nex		iding any follow i	ıp or coordination
* This code is not to be u	used for children unde	r 200 6	needed witl		iding any follow-c	ip or coordination
NOTES	asca for children and	i uge oi	EXAMPLE ACTIVIT			
This is an intensive comm	nunity rehabilitation/r	esiliencv			agement (i.e., on	going
service that provides trea		-			nd symptom man	
interventions to:					, . chotherapy on a p	-
 Assist individua 	als to gain access to ne	cessary	needed basis	0 1 7	., .	
services			Support of age appropriate daily living skills			
 Reduce psychia 	atric symptoms		Encourage engagement with peer support services			
 Develop optim 	al community living sk	ills	Development of discharge/transition goals and related planning			
Individuals will experience	·		Advocating on behalf of patients			
increased community ter			Crisis intervention			
with social contacts, and	personal satisfaction	and	Medication training and monitoring			
independence.			Educating regarding symptom management			
CPST up to 4 hours is r			Facilitating access to health care			
over 4 hours, report/b family, group and indi			Skills teaching to help client meet transportation needs or access			
services, case manager			transportation services			
reported/billed separate		inenteu, and	Help finding and keeping safe, affordable housing			
			Home visits		_	
APPLICABLE POPULATIO		ult (24, C4)	UNIT	□ 45 Minutes	DURATION	O maior a
` '	•	ult (21-64)		☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hrs Maximum: 8 ho	
✓ Adol (12-17) (18-2ALLOWED MODE(S) OF I		riatric (65+)	☑ Day PROGRAM SERVI ■ PROGRAM SER			ours
			HE (SP)			HJ (Voc)
▼ Face-to-Face ■ Face-to-Face	Individual □		☐ HK (Residentia			HQ (Clubhouse)
☐ Video Conf	☑ Group		(•	. ,	TT (Recovery)
☐ Telephone	☑ Family					HT (Prev/EI)
STAFF REQUIREMENTS						
☑ Peer Specialist	∠ LCSW (AJ)		Master's Level (HO)			:N (SA)
☑ Bachelor's Level (HN)	⊠ LPC		EdD/ PhD/PsyD (HP)		, ,	(PA)
☑ Intern	⊠ LMFT	∠ Licensed EdI	D/PhD/PsyD (AH)		PN (SA) 🗵 M LMAP	D/DO (AF)
PLACE OF SERVICE (POS)	<u> </u>				(IVIAF	
✓ CMHC (53)	✓ ACF (13)	☑ ICF-MR (54	4) ⊠ FQHC (50))		
☑ Office (11)	☑ Cust Care (33)	☑ NF (32)	F) □ PQHE (30	• 1		
☑ Mobile Unit (15)	☑ Grp Home (14)	Shelter (04		3)		
☑ Outp Hospital (22)	⊠ Home (12)	✓ SNF (31)	☑ Other PC	•		
		, -				

	PEER SUPPORT/RECOVERY SERVICES – BEHAVIORAL HEALTH							
CPT®/HCPCS PROCEDURE CODE	•	PROCEDURE CODE DESCRI			USAGE			
H003	38	Self-help/peer services, pe	r 15 mir	nutes	⊠ Medicaid			
SERVICE DESCRIPTION		MINIMUM DOCUMENTAT	ION REC	QUIREMENTS				
Patient services (individual/groumeeting Peer Specialist definition patient-motivated, initiated and socialization, recovery, wellness development of natural support community living skills by: Exploring patient purposes be substance use disorder and the Tapping into patient strength management (including deverand using tools related to constrengths and health needs/coprogress) Emphasizing hope and wellness Helping patients develop and of specific personal recovery meaningful employment if designations.	on on page 28. Activities are lor managed, encourage specifications, self-advocacy, ses, and maintenance of eyond the identified MI or the possibilities of recovery so related to illness self-loping skills and resources municating recovery oncerns, and self-monitoring sess work toward achievement goals (including attaining	 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided Patient response to services and, where appropriate, how service affects the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 						
 Assisting patients with relaps 								
NOTES		EXAMPLE ACTIVITIES						
H0038 is the primary code to be by a Peer/Mentor/Specialist/Re provided in conjunction with sp psychosocial rehab, ACT, Comm Clubhouse, Supported Employm documentation of services prov program/class goals and the proshould be used. Please refer to Specialist on Page 28. Peer Services (H0038) may be upatient status, for a patient in second	 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.							
☑ Child (0-11) ☑ Young A	dult 🗵 Adult (21-64)	UNIT ☐ Encounter ☑ 15 Min	nutes	Minimum: 8 Mi	nutes			
☑ Adol (12-17) (18-20)	✓ Geriatric (65+)	☐ Day ☐ 1 Hou		Maximum: N/A				
ALLOWED MODE(S) OF DELIVER		PROGRAM SERVICE CATEG	ORY(IE					
☑ Video Conf ☑	Individual Group Family	□ HE (SP) *child/adol/young adult □ HK (Residential)		TM (ACT) [HM (Respite) [□ HJ (Voc) □ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/El)			
STAFF REQUIREMENTS								
☑ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed Master's Level (HO) ☐ CAC I ☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ CAC II ☐ Intern ☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐ CAC III				APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)			
PLACE OF SERVICE (POS)								
 ☑ CMHC (53) ☑ Cust Ca ☑ Office (11) ☑ Mobile Unit (15) ☑ Home ☑ ACF (13) ☑ ICF-MF 	me (14)	☑ FQHC (50) ☑ RHC (72) ☑ Independent Clinic (49) ☑ Inpt Hosp (21)	⊠ ER ⊠ PF-	(23)	☑ NRSATF (57) ☑ Other POS (99) ☑ Telehealth (02)			

PEER SUPPORT/RECOVE	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 selfmanagement (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 3 rd 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) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 Mi☐ Day ☐ 1 Hour ☐ Maximum: N/A									
ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Individual □ Video Conf □ Group □ Telephone □ Family	*child/adol/young adult ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite) ☐	□ HJ (Voc) □ HQ (Clubhouse) ⊠ TT (Recovery) □ HT (Prev/El)								
STAFF REQUIREMENTS										
□ Bachelor's Level (HN) □ LPC □ Unlicensed □ Intern □ LMFT □ Licensed Ed	HEdD/ PhD/PsyD (HP) □CAC II □ APN (TD) [□ RxN (SA) □ PA (PA) □ MD/DO (AF)								
PLACE OF SERVICE (POS)										
☑ CMHC (53) ☑ Cust Care (33) ☑ NF (32) ☑ Office (11) ☑ Grp Home (14) ☑ PRTF (56) ☑ Mobile Unit (15) ☑ Home (12) ☑ Shelter (04) ☑ ACF (13) ☑ ICF-MR (54) ☑ SNF (31)	☑ RHC (72) ☑ ER (23)	☑ NRSATF (57) ☑ Other POS (99) ☑ Telehealth (02)								

	TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)								
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD					USAGE	
	H0039		Assertive commu	nity treatm	ent, fa	ace-to-face,	per 15	⊠ Medicaid	
			minutes			-	-		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS						
	ch to the provision of tr		Technical Documentation Requirements						
	port services. Therapeu		See Section X						
	ngths-based and focus or reasing the patient's ab		Service Content 1. The reason for the visit. What was the intended goal or						
	nd enhancing the highe						_	nent/service	
functioning in the com		st level of	plan?	ow does the	3C1 VI	Le l'élate to	ine treati	nent/service	
	a.ney.		2. Description	of the servi	ice pr	ovided			
					ı(s) utilized a	ind the ir	idividual's		
			response to						
			4. How did the	e service im	pact t	he individua	l's progr	ess towards	
			goals/objectives?						
	5. Plan for next contact(s) including any follow-up or coordina						r coordination		
			needed wit		<u> </u>				
NOTES	1 1	1	EXAMPLE ACTIVI			. //			
	adaptive and recovery		Symptom asset						
	ol and training opportur afety, medication supp		assessment, p efforts)	sycno-eauc	ation	and sympto	om mana	gement	
	nagement and entitlem		•	unseling an	d nev	hotherany (nn a nlan	ned and as-	
· ·	nning and coordination		 Supportive counseling and psychotherapy on a planned and as- needed basis 						
	le <i>all</i> services delivered		Medication prescription, administration, monitoring and						
, ,	dividual in enrolled in a		documentation						
program. Note that th	e ACT code should only	y be used for	Dual diagnosis services, including assessment and intervention						
individuals enrolled in	an ACT program that	is overseen	Support Activities of Daily Living skills (ADLs) through skills						
=	ioral Health and that r	naintains a	training and practice activities						
minimum score of "go	ood fidelity.		 Encourage engagement with peer support services Development of discharge/transition goals and related planning 						
4001164015 0001114	"(a)			of discharge	e/trar			ed planning	
APPLICABLE POPULAT		-luly (24, C4)	UNIT	TE A E NATion		DURATION			
	-	dult (21-64) eriatric (65+)	☐ Encounter ☐ Day		ites	Minimum: Maximum:	-	mins	
ALLOWED MODE(S) O		eriatric (05+)	PROGRAM SERVI		RV/IF		4 1113. 7 1	111115	
			⊠ HE (SP)	CL CAILGO		4 (ICM)	Пн	(Voc)	
☑ Face-to-Face	Individual □		*for young adult	only		л (ACT)		Q (Clubhouse)	
☐ Video Conf	⊠ Group		☐ HK (Residentia			M (Respite)		(Recovery)	
☐ Telephone	▼ Family		,	•				Γ (Prev/EI)	
STAFF REQUIREMENT	S								
☑ Peer Specialist	⊠ LCSW (AJ)	▼ Unlicensed	Master's Level (HO)	⊠LAC		PN/LVN (TE)	⊠ RxN (S	Δ)	
☑ Bachelor's Level (HN)	∑ LPC		EdD/ PhD/PsyD (HP)	□CAC I		N (TD)	≥ PA (PA		
☑ Intern	⋉ LMFT	∠ Licensed Edit	tensed EdD/PhD/PsyD (AH) CAC II APN (SA) CACIII QMAP CACIII QMAP						
PLACE OF SERVICE (PC	DS)		Ecociii E Qiiiii						
☑ CMHC (53)	☑ Cust Care (33)	⊠ NF (32)	Schoo	I (03)					
⊠ Office (11)	☑ Grp Home (14)	⊠ Shelter (04		POS (99)					
☑ Mobile Unit (15)	☑ Home (12)	☑ SNF (31)							
⊠ ACF (13)	☑ ICF-MR (54)	☑ FQHC (50)	ı						
		⊠ RHC (72)							

	TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)								
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COL	DE DESCRIPT	ION			USAGE	
	H0039		Assertive commu	nity treatme	ent, fa	ice-to-face,	per 15	⊠ OBH	
CEDI MAS DECADIDATION			minutes		N DE4				
SERVICE DESCRIPTION	** *h = mus. dais = = = f ***	- t	MINIMUM DOCU				S		
A team-based approach rehabilitation and suppo	•		Technical Documentation Requirements See Section X						
interventions are streng			Service Content						
symptom stability, incre			The reason for the visit. What was the intended goal or						
and relate to others and								ment/service	
functioning in the comm			plan?						
O .		•	of the servi	ce pr	ovided				
			-	eutic interve			and the ir	ndividual's	
response to the in						(s)			
				e service im _l	pact t	he individua	al's progre	ess towards	
			goals/objec						
						ding any fol	low-up o	r coordination	
NOTEC				h 3 rd parties					
NOTES	dantive and recovery	kill aroas	EXAMPLE ACTIVI		lman	agamant (i	o ongoir) G	
Interventions address ac such as housing, school			 Symptom assessment, p 			_	_	-	
activities, health and saf			efforts)	sycho-educ	ation,	and sympto	וועמוומ	gement	
reduction, money mana			 Supportive counseling and psychotherapy on a planned and as- 						
treatment/service plann			needed basis						
should include all service	~		Medication prescription, administration, monitoring and						
the individual in enrolled	d in an ACT program. N	lote that the	documentation						
ACT code should only be			Dual diagnosis services, including assessment and intervention						
an ACT program that is	-		Support Activities of Daily Living skills (ADLs) through skills						
Behavioral Health and t	hat maintains a minin	num score of	training and practice activities						
"good fidelity.			 Encourage engagement with peer support services Development of discharge/transition goals and related planning 						
APPLICABLE POPULATION	N/S)		UNIT	or discharge	e/ trai	DURATION		eu pianning	
		dult (21-64)	☐ Encounter	≥ 15 Minu	ites	Minimum:			
☐ Adol (12-17) (18-		ieriatric (65+)	☐ Day	☐ 1 Hour		Maximum:		mins	
ALLOWED MODE(S) OF		,	PROGRAM SERVI		RY(IE				
	⊠ Individual		⊠ HE (SP)			1 (ICM)	□ H.	l (Voc)	
☑ Face-to-Face ☐ Video Conf	⊠ Group		*for young adult	only	× TI	Л (ACT)	□н	Q (Clubhouse)	
☐ Telephone	⊠ Family		☐ HK (Residentia	I)	□н	M (Respite)		(Recovery)	
-							□ H.	Γ (Prev/EI)	
STAFF REQUIREMENTS				V LAC	[E] .	22. (12.42. (75.)			
☑ Peer Specialist	LCSW (AJ)		Master's Level (HO)	⊠ LAC □CAC I		PN/LVN (TE) N (TD)	RxN (S		
☑ Bachelor's Level (HN)	⊠ LPC		EdD/ PhD/PsyD (HP)	□CAC II		PN (SA)	⊠ PA (PA		
✓ Intern	▼ LMFT	∠ Licensed EdI	D/PhD/PsyD (AH)	□ CACIII		MAP	⊠ MD/D	O (AF)	
PLACE OF SERVICE (POS)								
区MHC (53)	□ Cust Care (33)	☑ NF (32)	School S						
☑ Office (11)	☑ Grp Home (14)	⊠ Shelter (0	04) ⊠ Other	POS (99)					
☑ Mobile Unit (15)	☑ Home (12)	⊠ SNF (31)	• •						
☑ ACF (13)	☑ ICF-MR (54)	☑ FQHC (50	J)						
ACF (13)	△ ICF-IVIK (54)	⊠ FQHC (50 ⊠ RHC (72)	י)						

	TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)								
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIP	ΓΙΟΝ			USAGE	
	H0040		Assertive commu	nity treatm	ent pro	gram, per	diem	☑ Medicaid	
SERVICE DESCRIPTION	I		MINIMUM DOCU	MENTATIO	N REQ	UIREMENT	rs		
rehabilitation and sup interventions are strer symptom stability, inc	ch to the provision of troport services. Therapeungths-based and focus creasing the patient's abund enhancing the highest munity.	tic on promoting ility to cope	 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 					rvice plan? ndividual's ess towards	
NOTES	EXAMPLE ACTIVIT		<u> </u>						
such as housing, school activities, health and sereduction, money mare treatment/service plantshould include all service the individual in enroll ACT code should only an ACT program that is Behavioral Health and "good fidelity.	adaptive and recovery sol and training opporture afety, medication supporture agement and entitlement and coordination. Vices delivered to the included in an ACT program. If the used for individuals is overseen by the Office of that maintains a minimum port/bill using H0040.	nities, daily ort, harm ents, and The program dividual when Note that the enrolled in the of mum score of	 Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded basis Medication prescription, administration, monitoring and documentation Dual diagnosis services, including assessment and intervention Support Activities of Daily Living skills (ADLs) through skills training and practice activities Encourage engagement with peer support services Development of discharge/transition goals and related planning 						
APPLICABLE POPULAT			UNIT			DURATIO	N		
		Adult(21-64)	☐ Encounter	☐ 15 Min	utes	Minimun	n: 4 hrs. 8	mins	
		Geriatric (65+)	⊠ Day	☐ 1 Hour		Maximur	n: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGO					
☑ Face-to-Face☐ Video Conf☐ Telephone	区 Individual 区 Group 区 Family		⊠ HE (SP) *for young adult o □ HK (Residential)			(ICM) I (ACT) I (Respite)		HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENT	S								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	rensed Master's Level (HO) rensed EdD/ PhD/PsyD (HP) sed EdD/PhD/PsyD (AH) Sed EdD/PhD/PsyD (AH) □CAC II □ APN (SA) □ PA (PA) □CACIII □ QMAP □CACIII □ QMAP					A)	
PLACE OF SERVICE (PC									
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	⋈ NF (32)⋈ Shelter (04)⋈ SNF (31)⋈ FQHC (50)⋈ RHC (72)		ool (03) er POS (99)					

	TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)									
CPT®/HCPCS PROCEDI			PROCEDURE COD			. ()		USAGE		
	H0040		Assertive commu	nity treatm	ent pro	gram, per	diem	⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS							
A team-based approach rehabilitation and supplinterventions are strength symptom stability, incommendate to others and relate to others are functioning in the commendate to the commendate to the commendate to the commendate the com	port services. Therapoingths-based and focusives assing the patient's and enhancing the high	 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 					vice plan? ndividual's ess towards			
NOTES EXAMPLE ACTIVITIES										
Interventions address such as housing, school activities, health and s reduction, money mar treatment/service plais should include all servithe individual in enroll ACT code should only an ACT program that is Behavioral Health and "good fidelity. For ACT up to 4 hours, more than 4 hours, respectively.	nunities, daily opport, harm ments, and on. The program individual when in. Note that the als enrolled in fice of inimum score of	 Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded basis Medication prescription, administration, monitoring and documentation Dual diagnosis services, including assessment and intervention Support Activities of Daily Living skills (ADLs) through skills training and practice activities Encourage engagement with peer support services Development of discharge/transition goals and related planning 								
APPLICABLE POPULAT			UNIT			DURATIO	N			
	-	⊠ Adult(21-64) ⊠ Geriatric (65+)	☐ Encounter ☑ Day	☐ 15 Mir ☐ 1 Hour		Minimum Maximun		mins		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGO	DRY(IES					
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☑ Group ☑ Family		図 HE (SP) *for young adult o □ HK (Residential		□ U4 ⊠ TM □ HIV			HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENT	S									
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	✓ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC □CAC I □CAC II □CACIII	⊠ LPN ⊠ RN ⊠ API □ QN	N (SA)	⊠ RxN (S ⊠ PA (PA ⊠ MD/D	١)		
PLACE OF SERVICE (PC										
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	✓ Cust Care (33)✓ Grp Home (14)✓ Home (12)✓ ICF-MR (54)	☑ NF (32) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)		ool (03) er POS (99)					

	RESIDENTIAL - SUPPORTED HOUSING								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCR	IPTION			USAGE	
	H0043		Supported housin	g, per die	em			☑ 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 of the service relate to the treatment/service pescription of the service provided/shift note describing services and the patient's response 3. How did the service impact the individual's progress to goals/objectives? 4. Plan for next contact(s) including any follow-up or coordinates and on weekends when necessary.								ervice plan? escribing gress towards	
NOTES	,		EXAMPLE ACTIVIT	ΓIES					
Discrete services (e.g., f psychotherapy, psychia etc.) are documented, a from H0043.	tric services, case ma	anagement,	 Teaching a patient how to cook in their own home Helping a patient with money management 						
APPLICABLE POPULATION	ON(S)		UNIT			DURATIO	ON		
☐ Adol (12-17) (18	3-20) E	☑ Adult(21-64) ☑ Geriatric (65+)	□ Encounter ☑ Day	□ 15 M □ 1 Ho	ur	Minimur Maximu	•	ours	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIO	CE CATE					
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual☑ Group☐ Family		⊠ HE (SP) *for young adult o □ HK (Residential)	•	☑ U4 (IC☐ TM (A☐ HM (R	CT)	□ TT (I	Voc) (Clubhouse) Recovery) Prev/EI)	
STAFF REQUIREMENTS									
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	☑ LCSW (A. ☑ LPC ☑ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC I ⊠CACII	ı x] LPN/LVN] RN (TD)] APN (SA)] QMAP	· ·	보 RxN (SA) 보 PA (PA) 보 MD/DO (AF)	
PLACE OF SERVICE (POS	5)								
区MHC (53)☑ Office (11)☑ Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99)								

	RESIDENTIAL - SUPPORTED HOUSING									
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE				
	H0043		Supported housing	g, per diem		⊠ OBH				
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REQ	UIREMENTS					
Behavioral health support another natural setting the residence, either alone of patient's development of move to independent living needed to ensure successor's recovery and experient has the opportunity situation while continuing treatment, training, supsupervision. Services incomplete whenever people need than and on weekends when	for patients living or with others, to of independence a ving. Services are ssful tenancy and ngagement in cornity to live in a leng to receive behiport, and a limite lividualized and a them, including at	in a private foster the and eventually provided as to support the munity life. The ss restrictive living avioral health d amount of re available	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided/shift note describing services and the patient's response How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 							
NOTES	necessary.		EXAMPLE ACTIVIT	IES						
Discrete services (e.g., fa psychotherapy, psychiat etc.) are documented, a from H0043.	ric services, case	management,	 Teaching a patient how to cook in their own home Helping a patient with money management 							
APPLICABLE POPULATION	ON(S)		UNIT		DURATION					
☐ Adol (12-17) (18	oung Adult -20)	✓ Adult(21-64)✓ Geriatric (65+)	□ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N Maximum: 2	•				
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC							
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual☑ Group☐ Family		⋈ HE (SP)*for young adult o⋈ HK (Residential)		\Box Respite) \Box	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/El)				
STAFF REQUIREMENTS										
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CAC II	E LPN/LVN (TE) E RN (TD) APN (SA) E QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)				
PLACE OF SERVICE (POS	•									
区 CMHC (53) 区 Office (11) 区 Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99)	9)								

		RESIDENTIAL	- SUPPORTED HOU	SING					
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIP	TION		USAGE		
	H0044		Supported housing	g, per mon	th		☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU	MINIMUM DOCUMENTATION REQUIREMENTS					
Behavioral health suppanother natural settin residence, either alone of development of independent living. Services successful tenancy and tengagement in commopportunity to live in a continuing to receive Bilimited amount of supeare available whenever working hours and on w	g for patients living or with others, to foste and eventually are provided as nee to support the person' nunity life. The pat less restrictive living servision. Services individually people need them, i	in a private or the patient's move to indeded to ensure so recovery and ient has the situation while support, and a vidualized and ncluding after	 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 ACTIVIT	ΓIES					
Discrete services (e.g psychotherapy, psychiat are documented, and H0044.	ric services, case man	agement, etc.)	 Teaching a patient how to cook in their own home Helping a patient with money management 						
APPLICABLE POPULATION	ON(S)		UNIT			DURATION			
	•	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	Month	☐ 15 Mins ☐ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIO	CE CATEGO	RY(IES)				
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☑ Group ☐ Family		☑ HE (SP) *for young adult o	only 🗆	U4 (ICM) TM (ACT) HM (Respite)		lubhouse) ecovery)		
STAFF REQUIREMENTS									
✓ Peer Specialist✓ Bachelor's Level (HN)✓ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CAC III	☑ LPN/LVN (T ☑ RN (TD) ☑ APN (SA) ☑ QMAP	E) RXN (S PA (PA MD/D0	.)		
PLACE OF SERVICE (POS	•								
区 CMHC (53)☑ Office (11)☑ Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99)								

		RESIDENTIAL	- SUPPORTED HOUS	SING					
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIPT	ION		USAGE		
	H0044		Supported housing	g, per mont	th		⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOCU	MINIMUM DOCUMENTATION REQUIREMENTS					
Behavioral health suppanother natural settin residence, either alone of development of independent living. Services successful tenancy and tengagement in commopportunity to live in a continuing to receive Bilimited amount of supeare available whenever working hours and on w	g for patients living or with others, to foste indence and eventually are provided as need to support the person's nunity life. The patilless restrictive living set treatment, training, servision. Services indiversely people need them, in	in a private r the patient's move to indeded to ensure recovery and tent has the ituation while support, and a ridualized and including after	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided/shift note describing services and the patient's response How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 						
NOTES			EXAMPLE ACTIVITIES						
Discrete services (e.g psychotherapy, psychiat are documented, and H0044.	ric services, case mana	agement, etc.)	 Teaching a patient how to cook in their own home Helping a patient with money management 						
APPLICABLE POPULATION	ON(S)		UNIT			DURATION			
		dult (21-64) Seriatric (65+)	☐ Encounter ☐ Day	Month	☐ 15 Mins ☐ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIO	CE CATEGO	RY(IES)				
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☑ Group ☐ Family		⊠ HE (SP) *for young adult c □ HK (Residential)	only 🗆	U4 (ICM) TM (ACT) HM (Respite)		lubhouse) ecovery)		
STAFF REQUIREMENTS									
✓ Peer Specialist✓ Bachelor's Level (HN)✓ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	☑ LPN/LVN (T ☑ RN (TD) ☑ APN (SA) ☑ QMAP	E) RXN (S PA (PA MD/De	۸) ً		
PLACE OF SERVICE (POS	•								
区 CMHC (53)☑ Office (11)☑ Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99)								

		RESPITE CA	ARE – FACILITY-BAS	ED				
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	H0045		Respite care servi	ces, not in the ho	me, per diem	Medicaid ≤		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	UIREMENTS			
Overnight services provided facility by medical profes practice. Services must maintain the condition and prevent relapse/hous assessment, supervision coordination. Respite cothe patient's daily routi	essionals within the be reasonably exp and functional leve espitalization. Servi n, structure and su are should be flexi	eir scope(s) of ected to improve/ el of the patient ces include pport, and care	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 ACTIVIT		<u> </u>	,		
Unlike respite procedur requires skilled practica the health and physical over 4 hours is reported up to 4 hours (16 units Discrete services (e.g., psychotherapy, psychia etc.) are documented, a H0045.	al/professional nur needs of the patie d as H0045 (per die maximum) is repor family, group and i tric services, case and reported/billed	sing care to meet ent. Respite care em); respite care rted as T1005. ndividual management,	(ADLs), routine Assistance wit Assistance wit Cueing and pre Prompting/cue dusting, vacuu Support to ass Assistance/sup recreational/c	e personal hygien h monitoring hea h medication and ompting for prepa eing to perform h iming, etc.) sure the safety of	e skills, dress lth status and other medic aration and e ousekeeping patient by patient to es	d physical condition al needs ating of meals activities (bed making, participate in social,		
APPLICABLE POPULATI			UNIT		DURATION			
• •	Young Adult 3-20)	✓ Adult (21-64)✓ Geriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S) OF			PROGRAM SERVI		<u> </u>			
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☑ Group ☐ Family		☐ HE (SP) ☐ HK (Residential	I) □ T№	(ICM) 1 (ACT) 1 (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)		
STAFF REQUIREMENTS								
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (PO					_			
区MHC (53)区 ACF (13)区 Grp Home (14)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)	⊠ PRTF (56) ⊠ SNF (31) ⊠ FQHC (50	•	72)				

	RESPITE CARE – FACILITY-BASED									
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE CODE	DESCRIPT	ION		US	AGE		
	H0045		Respite care service	es, not in t	he hor	ne, per diem	ı	ОВН		
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 for 4. Patient's response 5. Progress toward treatment/service plan goals and object to the patient of the patient o										
Unlike respite procedure requires skilled practica the health and physical over 4 hours is reported up to 4 hours (16 units or Discrete services (e.g., fapsychotherapy, psychiat etc.) are documented, a H0045.	care to meet Respite care respite care as T1005. idual agement,	 Assistance with (ADLs), routine Assistance with Assistance with Cueing and pro Prompting/cueidusting, vacuur Support to assu Assistance/superecreational/co 	personal had monitoring to medication in med	nygieneng heal on and orm ho ety of peded l	e skills, dress th status and other medic ration and e ousekeeping patient by patient to	sing, etc. d physical al needs ating of m activities	condition leals (bed making,			
APPLICABLE POPULATION	ON(S)		UNIT			DURATION				
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	· ·	Adult (21-64) Geriatric (65+)		☐ 15 Mini	utes	Minimum: Maximum:		S		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	E CATEGO	RY(IES)				
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☑ Group ☐ Family		☐ HE (SP) ☐ HK (Residential)		□ U4 □ TM ⊠ HM		☐ HJ (Vo ☐ HQ (C ☐ TT (Re ☐ HT (P	Clubhouse) ecovery)		
STAFF REQUIREMENTS										
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	□ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN ⊠ PA ⊠ MD			
PLACE OF SERVICE (POS)									
区 CMHC (53) 区 ACF (13) 区 Grp Home (14)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)	✓ PRTF (56✓ SNF (31)✓ FQHC (5		2)						

		TREATMENT – ALCO	HOL AND DRUG AB	USE			
CPT®/HCPCS PROCI	EDURE CODE		PROCEDURE CODI	E DESCRIPTION		USAGE	
	H0047		Alcohol and/or other drug abuse services; not otherwise specified ☑ OBH				
SERVICE DESCRIPTI	ON		MINIMUM DOCUMENTATION REQUIREMENTS				
Services provided to problems in outpati	•	hol and/or other drug sewhere classified.		p time (duratio	n) ame & credentia	als	
NOTES			EXAMPLE ACTIVIT	TES			
APPLICABLE POPUL	ATION(S)		UNIT		DURATION		
• •	☑ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)		☑ 15 Minutes ☑ 1 Hour	Minimum: 8 mi Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE	CE CATEGORY(II	ES)		
☑ Face-to-Face ☑ Video Conf ☐ Telephone	☑ Individual ☑ Group □ Family		☐ HE (SP) ☐ HK (Residential)		(ACT)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMEN	NTS						
☐ Peer Specialist☐ Bachelor's Level (F☑ Intern	HN) 区 LCSV 区 LPC 区 LMF		Master's Level (HO) EdD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	☐ LPN/LVN ☐ RN (TD) ☐ APRN (SA) ☐ QMAP		
PLACE OF SERVICE	•						
区 CMHC (53) ☐ Office (11) ☐ Telehealth (02)	☒ Home (12)☒ Shelter (04)☒ FQHC (50)☒ RHC (72)	☑ NRSATF (57) ☑ Prison/CF (09) ☑ School (03)					

		SCREENING – ALCO	HOL AND DRUG ABUS	SE			
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	H0048		Alcohol and/or other drug testing; collection of handling only, specimens other than blood				
SERVICE DESCRIPTION	ON		MINIMUM DOCUMENTATION REQUIREMENTS				
hair, saliva, or urine presence of alcohol	for the purposes o and/or other drugs sis of such specime or drug testing shal nce with applicable	s, and does not include ens. Appropriate and I be collected and state and federal	 Date of service Screening results Signed with 1st initial, last name & credentials 				
NOTES			EXAMPLE ACTIVITIE	:¢			
Staff collecting urine, breath, and blood samples shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes.			Collection of hair, sa presence of alcohol		for the purpose	of testing for the	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION		
⊠ Adol (12-17) (2	Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	4	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE			(1.1.)	
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual ☐ Group ☐ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (□ TM □ HM (Respit	(ACT)	(Voc) (Clubhouse) (Recovery) (Prev/EI)	
STAFF REQUIREMEN	ITS						
☐ Peer Specialist ☑ Bachelor's Level (Hi ☑ Intern	N) ⊠ LCSW ⊠ LPC ⊠ LMFT	□ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA) ⊠ QMAP	· · · · · · · · · · · · · · · · · · ·	
PLACE OF SERVICE (I							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33☑ Grp Home (14☑ Home (12)) ⊠ ICF-MR (54)) ⊠ NF (32) ⊠ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)☑ RSATF (55)	⊠ NRSATF (⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23)	o (21) ⊠ Priso 51) ⊠ Scho	n/CF (09)	

	ASSESSMENT - AT RISK - PRENATAL						
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE CO	DE DESCRIPTION	l	USAGE	
	H1000		Prenatal Care, A	t Risk Assessmen	t	☑ ОВН	
SERVICE DESCRIPT	ION		MINIMUM DOC	UMENTATION RI	EQUIREMENTS		
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 ACTIV	'ITIES			
			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 POPU	LATION(S)		UNIT		DURATION		
` '	☑ Young Adult	☑ Adult (21-64)	区 Encounter	☐ 15 Minutes	Minimum: N/A		
	(18-20)	☐ Geriatric (65+)	Day Day	☐ 1 Hour	Maximum: 3 ho	ours	
ALLOWED MODE(S ☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family		PROGRAM SERV ☐ HE (SP) ☐ HK (Residentia	□ U4 (al) □ TM □ HM	(ICM)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREME	NTS						
☐ Peer Specialist ☐ Bachelor's Level (I☐ Intern	HN)	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	☐ LPN/LVN ☐ RN (TD) ☐ APRN (SA ☐ QMAP	\square RXIN (SA) \square DA (DA)	
PLACE OF SERVICE							
区 CMHC (53)☑ Office (11)☑ Home (12)	☑ Shelter (04)☑ FQHC (50)☑ RHC (72)☑ NRSATF (57)	⊠ Prison/CF (09) ⊠ School (03)					

TREATMENT -	CASE MANAGEMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H1002	Care coordination prenatal/case management				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Case management means services provided by a certified drug/alcohol treatment counselor to include treatment/service planning, linkage to other service agencies and monitoring. Case management means medically necessary coordination and planning services provided with or on behalf of a client who is pregnant with a substance use disorder.	 Date of service Start and stop time (duration) Clinical notes Type of session Duration or start/stop time Progress towards treatment goals Goal Attainment Signed with 1st initial, last name & credentials 				
NOTES	EXAMPLE ACTIVITIES				
	Referring a current client to a residential treatment program (making sure she gets there) and obtaining benefits on behalf of the client. Coordinating transitions between residential and outpatient care; Linking clients to primary medical care (prenatal care) Maintaining service coordination with other systems, such as child welfare, probation and TANF				
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mi ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☐ Individual☐ Video Conf☑ Group☑ Telephone☐ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☑ HD (Preg/Parent)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS					
□ Bachelor's Level (HIN) □ LPC □ Unlicensed	Master's Level (HO) □ LAC □ LPN/LVN EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) D/PhD/PsyD (AH) □ CAC II □ APRN (SA □ CACIII □ QMAP	`			
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 INTERV	/ENTION - EDUCATION – PRENATAL	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H1003	Prenatal Care, at risk enhanced service, education	☑ ОВН
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Services facilitated by a certified drug/alcohol treatment counselor to help a client develop health and life management skills.	 Date of service Start and stop time (duration) Attendance documentation Documentation of topics covered Signed with 1st initial, last name & credential 	als
NOTES	EXAMPLE ACTIVITIES	
	HIV Prevention class delivered with the context of disorder treatment program.	a substance user
APPLICABLE POPULATION(S)	UNIT DURATION	
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: N/A☐ Day ☐ 1 Hour Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face☑ Individual☑ Video Conf☑ Group☐ Telephone☐ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☑ HD (Preg/Parent)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS		
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed Intern ☐ LMFT ☐ Licensed EdI	Master's Level (HO) Image: Lac in the properties of the	□ RXN (SA) □ PΔ (PΔ)
PLACE OF SERVICE (POS)		
☑ CMHC (53) ☑ Home (12) ☑ Other POS (99) ☑ Office (11) ☑ FQHC (50) ☑ Telehealth (02) ☑ RHC (72) ☑ NRSATF (57)		

TREATMENT – CASE	MANAGEMENT - PRENATAL	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H1004	Prenatal follow up home visit	☑ OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Prenatal Care Coordination follow-up visits provided in the home	 Date of service Start and stop time (duration) Description of service rendered Recommendations Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Use procedure code H1004 for follow-up visits provided in the home. The only valid POS (place of service) for H1004 is "12" (home).		
APPLICABLE POPULATION(S)	UNIT DURATION	
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 mi☐ Day ☐ 1 Hour ☐ Maximum: N/A	-
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☐ Face-to-Face ☐ Video Conf ☐ Group ☐ Telephone ☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☐	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS		
□ Bachelor's Level (HN) □ LPC □ Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) □ CAC I □ RN (TD) □ CAC I □ APRN (SA □ CACII □ QMAP	☐ RXN (SA) ☐ DA (DA)
PLACE OF SERVICE (POS)		
☑ Home (12) ☑ Shelter (04)		

ASSESSMENT - DIAGNOSIS								
CPT®/HCPCS PROCE	OURE CODE	PROCEDURE COD		USAGE				
*Do not submit this code until a State-defined purpose is determined.			Family assessmer professional for S	□ ОВН				
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION RE	QUIREMENTS			
A non-medical visit non-physician behav defined purpose			Technical Docum See Section X Service Content 1. Family's prese 2. Review of mediand treatment 3. Mental status 4. DSM-5 diagno 5. Disposition – I	nting concern(s), dical and medicat : history exam sis	/problem(s) ion history, psych	osocial, family,		
NOTES	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 POPULA	TION(S)		UNIT		DURATION			
` ,	□ Young Adult 18-20)	☐ Adult (21-64)☐ Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	CE CATEGORY(IE				
☑ Face-to-Face ☐ Video Conf ☐ Telephone	□ Individual □ Group ☑ Family		⊠ HE (SP) ☐ HK (Residentia	-	(ACT) □ H (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMEN	TS							
☐ Peer Specialist☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSV ⊠ LPC ⊠ LMF	Ù Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□CAC I ⊠	APN (SA)	RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (F	· ·							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ Hospice (34)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)☑ Shelter (04)	✓ SNF (31)✓ Independent C✓ Inpt Hosp (21)✓ Inpt PF (51)	⊠ Sch	(23) PHP (52) nool (03) SATF (57)	Other POS (99)		

		ASSESSM	ENT - DIAGNOSIS	;		
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CO	DE DESCRIPTION	N .	USAGE
	H2000		Comprehensive	multidisciplinary	evaluation	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOO	UMENTATION R	EQUIREMENTS	
A multidisciplinary evaluat needs and strengths for in acuity and a multidisciplina the purpose of developme community treatment/ser providers outside of the ag delivery of care, in such an psychosocial, family, recre (OT).	k and high essary for ary and/or nclude collaborative rsical,	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 3 rd parties and disposition – need for BH services, referral, etc.				
NOTES			EXAMPLE ACTIV	/ITIES		
A multidisciplinary team is significant others, service publications, and the patient, involved in the coordinated services, inclusionativities and development treatment/service plan. If agency are present, one not by writer only (usually facionativities and development as requested as a consumer does not has other involvement as requested as a consumer discipling present. All 3 do not need facilitator must be from agents.	providers representing d others deemed apple provision of integrate ding evaluation and at of an individualized multiple MHPs from thote for service written litator). If the consumers of professions must be from one agence	g 3 or more ropriate by ed and ssessment ne same and signed ily and/or er.	 Complex cas To review le 			
APPLICABLE POPULATION			UNIT		DURATION	
⊠ Child (0-11) ☐ Adol (12-17) ☐ ALLOWED MODE(S) OF DE ☐ Face-to-Face ☐ Video Conf	Ing Adult ⊠ Adu I) ⊠ Ger ELIVERY ☑ Individual ☐ Group	ılt (21-64) riatric (65+)	区 Encounter ☐ Day	ial) 🗵 TN	Minimum: N/A Maximum: N/A IES) I (ICM)	HJ (Voc) HQ (Clubhouse) IT (Recovery)
☑ Telephone	☑ Family					HT (Prev/EI)
STAFF REQUIREMENTS				Fig		
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP D/PhD/PsyD (AH)) ⊠CAC II E	≅ ADN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34☑ ICF-MR (54☑ NF (32)☑ PRTF (56)		L)		School (03) Other POS (99)

ASSESSMENT - DIAGNOSIS				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H2000	Comprehensive multidisciplinary evaluation			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
A multidisciplinary evaluation and assessment of a patient's needs and strengths for individuals with high risk and high acuity and a multidisciplinary intervention is necessary for the purpose of development of a multi-disciplinary and/or community treatment/service plan which may include providers outside of the agency for purposes of collaborative delivery of care, in such areas as psychiatric, physical, psychosocial, family, recreational and occupational therapy (OT).	Technical Documentation Requirements See 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 3 rd parties and disposition – need for BH services, referral, etc.			
NOTES	EXAMPLE ACTIVITIES			
A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the patient, involved in the provision of integrated and coordinated services, including evaluation and assessment activities and development of an individualized treatment/service plan. If multiple MHPs from the same agency are present, one note for service written and signed by writer only (usually facilitator). The consumer does not have to be present. Family and/or other involvement as requested by the consumer. At least 3 or more disciplines or professions must be present. All 3 do not need to be from one agency. The facilitator must be from agency.	Complex case reviews To review level of care			
APPLICABLE POPULATION(S)	UNIT DURATION			
⊠ Child (0-11) ⊠ Young Adult	☑ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☒ HE (SP) ☒ U4 (ICM) ☐ HJ (Voc) ☒ HK (Residential) ☒ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery)			
☑ Telephone ☑ Family	☐ HT (Prev/EI)			
STAFF REQUIREMENTS	LPN/LVN (TE)			
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ CAC II □ QMAP □ QMAP □ QMAP □ QMAP □ QMAP			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (3) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (5 ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56)	4) ☑ SNF (31) ☑ ER (23) ☑ Other POS (99) ☑ FQHC (50) ☑ PF-PHP (52)			

TREATMENT - REHABILITATION- REHABILITATION PROGRAM				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2001	Rehabilitation program, per ½ day	☑ 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 3 rd parties			
	6. Daily attendance log showing number of hours reporting/billing purposes	in attenuance for		
NOTES	EXAMPLE ACTIVITIES Household management, nutrition, hygiene, mone			
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.	 parenting skills, etc. Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments Interventions address co-occurring disabilities mental health and substance abuse Promotion of self-directed engagement in leisure, recreational and community social activities Engaging patient to have input into service delivery programming Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment 			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: ½ D	ay (4 Hrs.)		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face ☑ Individual ☐ Video Conf ☑ Group ☐ Telephone ☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	EdD/ PhD/PsyD (HP)	⊠ 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				
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 3 rd parties				
	6. Daily attendance log showing number of hours reporting/billing purposes	in attendance for			
NOTES	EXAMPLE ACTIVITIES				
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2001. Services are available at least 20 – 25 hours/week, at least 4 days/week.	 Household management, nutrition, hygiene, money management, parenting skills, etc. Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments Interventions address co-occurring disabilities mental health and substance abuse Promotion of self-directed engagement in leisure, recreational and community social activities Engaging patient to have input into service delivery programming Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: ½ D	ay (4 Hrs.)			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☐ Video Conf☑ Group☐ Telephone☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	EdD/ PhD/PsyD (HP)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Outp Hospital (22)					

	CRISIS – BEHAVIORAL HEALTH					
CPT®/HCPCS PRO	CEDURE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE
	H2011		Crisis intervention service, per 15 minutes			
SERVICE DESCRIPTION			MINIMUM DOO	CUMENTATION	REQUIREME	NTS
Unanticipated services rendered in the process of resolving a client crisis, requiring immediate attention, that without intervention, could result in the client requiring a higher LOC., Services include: immediate crisis intervention to de-escalate the individual or family in crisis, assess dangerousness of situation, determine risk of suicide or danger to others, assess access to or ability to utilize support, triage, assess for and facilitate admission to higher level care or additional forms of treatment if needed to stabilize the immediate situation, . When possible, if the client has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is followed with the client's permission.			 Service Content The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s) Behavioral health history Treatment needs (immediate, short-term, long-term) linked with 			
			needed with 3 rd parties EXAMPLE ACTIVITIES			
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other provider as appropriate. May be provided by more than one direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified and documented. H2011 or 90839/90840 are used in lieu of individual psychotherapy procedure codes when the session is unscheduled (e.g., client walk-in), focused on a client crisis, and involves immediate and/or special interventions in response.			term crisis-specific assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family member. • Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff. • Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement.			
APPLICABLE POPU	JLATION(S)		UNIT	·	DURATION	
☑ Child (0-11) ☑ Adol (12-17)	☑ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 Maximum: 4	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SER	VICE CATEGOR ☑ U4 (ICM)	T(IES)	☐ HJ (Voc)
☑ Face-to-Face☑ Video Conf☑ Telephone	☑ Individual □ Group ☑ Family		⊠,HK (Residential)	⊠ TM (ACT) ☐ HM (Respite	<u>=</u>)	☐ HQ (Clubhouse☐ TT (Recovery)☐ HT (Prev/EI)
STAFF REQUIREM	ENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed I		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE	(POS)					
☑ 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)	☑ Independe ☑ ER (23) ☑ PF-PHP (52 ☑Telehealth	2)	区 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	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 The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s) Behavioral health history Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available Other problems identified (mental health, substance abuse, medical, etc.) Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
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 ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: 4 hrs. 7 mins			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf☑ Group☑ Telephone☑ Family	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☑ HK ☑ TM (ACT) ☐ HQ (Clubhouse) (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	Master's Level (HO) □CAC I □ RN (TD) □ RXN (SA) EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) □ PA (PA) ID/PhD/PsyD (AH) □CAC II □ QMAP □ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital (22) ☒ Home (12) ☒ PRTF (56)	☑ Shelter (04) ☑ Independent Clinic (49) ☑ School (03) ☑ SNF (31) ☑ ER (23) ☑ NRSATF (57) ☑ FQHC (50) ☑ PF-PHP (52) ☑ Other POS (99) ☑ RHC (72) ☑ Telehealth (02)			

Т	TENSIVE - DAY	TREATMENT _ CHI	LD AND ADOLES	CENT		
CPT®/HCPCS PROCEDURE CODI	=		PROCEDURE CODE DESCRIPTION USAGE			
H20	12		Behavioral health day treatment, per hour			
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Services rendered by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children and/or adolescents and their families. A range of professional expertise and individualized treatment services are provided and integrated with an accredited education program.			agenda? Ho plan? 2. Description 3. The therape response to 4. How did the goals/objec 5. Plan for nex	for the visit. Whow does the service eutic intervention the intervention e service impact tives?	at was the intendice relate to the sind of	reatment/service
NOTES Services provide a minimum of	d/adolescent	EXAMPLE ACTIVI	IIES			
transitioning back to a traditional classroom setting; 4 hours (preschool – 5 th grade) to 5 hours (6 th – 12 th grade) of structured programming per day, 2 – 5 days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family.						
APPLICABLE POPULATION(S)			UNIT		DURATION	
☑ Child (0-11)☑ Young A☑ Adol (12-17)☑ (18-20)	□ Ge	ult (21-64) riatric (65+)	□ Day	□ 15 Minutes ☑ 1 Hour	Minimum: ≥3 Maximum: N/	
ALLOWED MODE(S) OF DELIVER	RY		PROGRAM SERVI			
☑ Face-to-Face☑ Video Conf☑ Telephone☑ Far	•		☑ HE (SP) ☐ HK (Residentia	I) 🗆 :	TM (ACT) HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed B	EdD/PhD/PsyD (AH)		⊠ PA (PA)	
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Outp Hospital (22) ☑ Grp Home (14)	⊠ PF-PHP ⊠ ICF-MR ⊠ PRTF (5	(54)	区 School 区Other F			

TREATMENT - INTENSIVE - DA			TREATMENT – CHI	LD AND ADOLES	CENT	
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COD	USAGE		
	H2012		Behavioral health day treatment, per hour			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
Services rendered by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children and/or adolescents and their families. A range of professional expertise and individualized treatment services are provided and integrated with an accredited education program.			agenda? Hoplan? 2. Description 3. The theraporesponse to 4. How did the goals/object 5. Plan for new needed with	for the visit. Whow does the service eutic intervention the intervention e service impact extives?	at was the intendice relate to the finds, and finds, and finds, the individual's p	reatment/service
NOTES			EXAMPLE ACTIVI	TIES		
Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5^{th} grade) to 5 hours (6^{th} – 12^{th} grade) of structured programming per day, 2 – 5 days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family.						
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	
⊠ Adol (12-17) (18-		☐ Adult (21-64) ☐ Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes 区 1 Hour	Minimum: ≥3 Maximum: N/	
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SERVI		•	
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual☑ Group☑ Family		☑ HE (SP) ☐ HK (Residentia	i) 🗆	TM (ACT) HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSV ⊠ LPC ⊠ LMF	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ ⊠CAC II ⊠	ADNI (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Outp Hospital (22) ☑ Grp Home (14)	☑ PF-PHP (5 ☑ ICF-MR (5 ☑ PRTF (56)	•	•			

TREATMENT - INTEN	NSIVE - DAY TREATMENT - ADULT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2012	Behavioral health day treatment, per hour	☑ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	MINIMUM DOCUMENTATION REQUIREMENTS			
Therapeutic contact with a member in a structured program of therapeutic activities lasting more than four (4) hours but less than 24 hours per day. When provided in an outpatient hospital program, may be called partial hospitalization.	See Section X	ent/service plan? Ind the individual's Inspire of the individual's			
NOTES	EXAMPLE ACTIVITIES				
Services include: a. Assessment and monitoring b. Individual/group/family therapy c. Psychological testing d. Medical/nursing support e. Psychosocial education f. Skill development and socialization training focused on improving functional and behavioral deficits g. Medication management h. Expressive and activity therapies.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: \geq 31	mins			
□Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	□ Day □ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES)				
⊠ Face-to-Face □ Video Conf □ Telephone □ Telephone □ Telephone □ Telephone	☐ HE (SP) ☐ U4 (ICM) ☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicense	ed EdD/ PhD/PsyD (HP)	☑ Rxn (SA) ☑ PA (PA) ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)					
 ☑ CMHC (53) ☑ Outp Hospital (22) ☑ PF-PHP ☑ Grp Home (14) ☑ SNF (31) ☑ ICF-MR (54) ☑ PRTF (56) 	99)				

	TR	EATMENT - INTENSI	VE - DAY TREATME	NT - ADULT		
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H2012		Behavioral health	day treatment,	per hour	⊠ OBH
SERVICE DESCRIPT	ION		MINIMUM DOCUMENTATION REQUIREMENTS			
Therapeutic contact with a member in a structured program of therapeutic activities lasting more than four (4) hours but less than 24 hours per day. When provided in an outpatient hospital program, may be called partial hospitalization			agenda? How doe 2. Descript 3. The ther response to t 4. How dic towards goal: 5. Plan for coordination need	n for the visit. We service relion of the service apeutic intervention of the service imps/objectives? next contact(s) led with 3rd part	/hat was the int ate to the treatr e ntion(s) utilized (s) pact the individu	ment/service plan? and the individual's al's progress
NOTES			EXAMPLE ACTIVIT	TIES		
Services include: a. b. c. d. e. f.	Assessment and monit Individual/group/famili Psychological testing Medical/nursing support Psychosocial education Skill development and training focused on impand behavioral deficits Medication management Expressive and activity	y therapy ort socialization proving functional				
APPLICABLE POPU			UNIT		DURATION	
□Child (0-11)		☐ Adult (21-64)		☐ 15 Minutes	Minimum: > 3	
☐ Adol (12-17)		☐ Geriatric (65+)		☑ 1 Hour	Maximum: N _i	/A
ALLOWED MODE(S □ Face-to-Face □ Video Conf □ Telephone	区 Individual 区 Group 区 Fam	nily	PROGRAM SERVICE ☐ HE (SP) ☐ HK (Residential)) -	U4 (ICM) TM (ACT) HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREME	NTS					
☐ Peer Specialist ☑ Bachelor's Level (F ☑ Intern	⊠ LCSW IN) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE	(POS)					
☑ CMHC (53)☑ Outp Hospital (2☑ Grp Home (14)☑ SNF (31)	☑ NF (32)② PF-PHP (52)☑ ICF-MR (54)☑ PRTF (56)		OS (99)			

	TREATMENT- REHABILITATION - OTHER							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE	CODE DESCR	RIPTION		ι	JSAGE
*This code is not to be u	H2014	nder age 6.	Skills training and development, per 15 minutes					☑ Medicaid
SERVICE DESCRIPTION			MINIMUM D	OCUMENTA	TION RE	QUIREMENTS		
Therapeutic activities de barriers and improve so establishing and maintain home, peer group, we specific needs of the pat and training, which reductions are community integration as	cial functioning in ning a patient in th ork/school). Activ tient by promoting uces symptomatol	areas essential to be community (e.g., vities address the g skill development	Technical Do See Section X Service Conte 1. The rea agenda plan? 2. Descrip increas 3. The the 4. How di goals/c 5. Plan fo	ent son for the v ? How does tion of the s e functioning crapeutic act d the service bjectives?	n Require visit/call. the servi ervice ar g in the c ivities ut impact t	What was the ce relate to the downservice ommunity ilized and the the individual	e intend ne treat e is desi individ s progr	ment/service igned to ual's response
				EXAMPLE ACTIVITIES				
			daily living nutrition, maintena Developm diminish to Developm to function	g skills (i.e., g health and I nce of living tent of appro endencies to tent of basic n independe	grooming MH educt environr opriate p owards is language ently	ersonal suppo olation and w	giene, comanage ort networithdrave ary to e	cooking, ement and vorks to
APPLICABLE POPULATIO	N(S)		UNIT			DURATION		
⊠ Adol (12-17) (18-	20)	⊠ Adult (21-64) ⊠Geriatric (65+)	☐ Encounter ☐ Day	⊠ 15 M □ 1 Ho		Minimum: 8 Maximum: 8		;
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM S	RVICE CATE				
☑ Face-to-Face☐ Video Conf☑ Telephone	☑ Individual ☑ Group ☐ Family		⊠ HE (SP) ⊠ HK (Reside	ntial)	⊠ TI	4 (ICM) M (ACT) M (Respite)	⊠ TT	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicensed B	Master's Level (F EdD/ PhD/PsyD (D/PhD/PsyD (AH	HP) DCAC	ı x	LPN/LVN (TE) RN (TD) APN (SA) QMAP	× P/	xN (SA) A (PA) 1D/DO (AF)
PLACE OF SERVICE (POS)								
☑ CMHC (53)☑ Office (11)☑ Outp Hospital (22)	✓ ACF (13)✓ Cust Care (3)✓ Grp Home		(54)	Shelter (04) SNF (31) FQHC (50)	✓ Scho			

	TREATMENT- REHABILITATION - OTHER							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
*This and in making he was	H2014	6	Skills training and	Skills training and development, per 15 minutes				
*This code is not to be us SERVICE DESCRIPTION	sea for children under	age 6.	MINIMUM DOCU	NACNITATION D	COLUDENAENTS			
Therapeutic activities de	signed to reduce/resol	ve identified	Technical Docume					
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.			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			.,		
NOTES			EXAMPLE ACTIVIT	ΓIES				
			nutrition, heal maintenance of Development diminish tende	Is (i.e., groomir th and MH edu of living enviror of appropriate encies towards of basic langua dependently	ng, personal hygication, money manent) personal supporisolation and wirge skills necessal	ene, cooking, nanagement and t networks to thdrawal ry to enable patient		
APPLICABLE POPULATIO	N(S)		UNIT	·	DURATION			
☑ Child (0-11)☑ You☑ Adol (12-17)☑ (18-2)	-	ult (21-64) iatric (65+)		☑ 15 Minutes □ 1 Hour	Minimum: 8 i Maximum: 8			
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVI					
☑ Face-to-Face☐ Video Conf☑ Telephone	☑ Individual ☑ Group ☐ Family		⊠ HE (SP) ⊠ HK (Residential) 🗶	U4 (ICM) TM (ACT) HM (Respite)	☑ HJ (Voc)☐ HQ (Clubhouse)☑ TT (Recovery)☐ HT (Prev/EI)		
STAFF REQUIREMENTS								
区 Peer Specialist区 Bachelor's Level (HN)区 Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	I LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (POS)								
☑ CMHC (53)☑ Office (11)☑ Outp Hospital (22)☑ ACF (13)	区 Cust Care (33) 区 Grp Home (14) 区 Home (12) 区 ICF-MR (54)	☑ NF (32)☑ Shelter (☑ SNF (31)☑ FQHC (5	☑ Other					

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2015		Comprehensive co	ommunity :	support services, pe	r 🗵 Medicaid	
	п2015		15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
	dered to community-bas		Technical Docume	entation R	equirements		
	llaterals by trained beha		See Section X				
	n an approved treatmen		Service Content				
	iring the young person's	-			all. What was the in	-	
, .	olacement. Monitoring a	, ,	· ·	does the se	ervice relate to the t	treatment/service	
	erventions to assist him		plan?				
, ,	of his/her mental illness		2. Description of				
	situation, including acco	_	•		tion(s) utilized and t	the individual's	
meet basic human need	onal and other services	necessary to	response to th		` '	rograss tawards	
meet basic numan need	us.		goals/objective		ict the individual's p	iogress towards	
			•		ncluding any follow-	un or coordination	
			needed with 3		iciduling arry rollow-	ap or coordination	
NOTES			EXAMPLE ACTIVIT				
110120					isting natural suppo	rts for developing a	
			natural suppor		g		
			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				
ADDITION DE DODITION	ON/C)		negatively impacted by patient's MI				
APPLICABLE POPULATION		hult (21 C4)	UNIT ☐ Encounter ☐	× 15 Minu	tes Minimum: 8 r	mine	
	-	dult (21-64) eriatric (65+)		⊠ 15 Minu □ 1 Hour	Maximum: 4	-	
ALLOWED MODE(S) OF		eriatric (65+)	□ Day □ PROGRAM SERVIO			1115. / 1111115	
			⊠ HE (SP)			☐ HJ (Voc)	
	Individual □		☐ HK (Residential		` '	☐ HQ (Clubhouse)	
	⊠ Group		(-		☐ TT (Recovery)	
☑ Telephone	☑ Family					☐ HT (Prev/EI)	
STAFF REQUIREMENTS							
☑ Peer Specialist	⊠ LCSW (AJ)	☑ Unlicensed N	Master's Level (HO)	⊠LAC	☑ LPN/LVN (TE)	⊠ RxN (SA)	
☑ Bachelor's Level (HN)	∠ LPC		EdD/ PhD/PsyD (HP)	□CAC I	⊠ RN (TD)	☑ PA (PA)	
✓ Intern	∠ LMFT		D/PhD/PsyD (AH)	□CAC II □CACIII	⊠ APN (SA) ⊠ QMAP	⊠ MD/DO (AF)	
PLACE OF SERVICE (POS	S)				L. QITIM		
☑ CMHC (53)	⊠ ACF (13)	☑ ICF-MR (54)	✓ SNF (31)	×	Inpt PF (51)	☑ Other POS (99)	
☑ Office (11)	☑ Cust Care (33)	☑ NF (32)	⊠ FQHC (50			☑ Telehealth (02)	
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ PRTF (56)	⊠ RHC (72)	•	PF-PHP (52)	, ,	
☑ Outp Hospital (22)	⊠ Home (12)	☑ Shelter (04)	☑ Inpt Hosp		School (03)		

	PEER SUPPORT/RECOVERY SERVICES - COMMUNITY						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2015		Comprehensive co	ommunity	support services, pe	er 🗵 OBH	
	п2015		15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
	dered to community-ba		Technical Docume	entation Re	equirements		
	llaterals by trained beha		See Section X				
	n an approved treatmen		Service Content				
	iring the young person's	-			all. What was the in	_	
, .	placement. Monitoring a	, ,	· ·	does the se	rvice relate to the t	reatment/service	
	erventions to assist him, of his/her mental illness		plan? 2. Description of	the convice			
, ,	situation, including acce		•		: tion(s) utilized and [:]	the individual's	
	onal and other services	_	response to th		` '	tile ilitalvitatai s	
meet basic human need		necessary to	•		ct the individual's p	progress towards	
eet sasie naman neet			goals/objective		ot	7. og. coo to 11a. ao	
			•		ncluding any follow-	-up or coordination	
			needed with 3		0 ,	•	
NOTES			EXAMPLE ACTIVIT	ΓIES			
			Assist with ide	ntifying exi	sting natural suppo	orts for developing a	
			natural support team				
			Assist with identifying individual strengths, resources,				
			preferences and choices				
			Assist in development and coordination of recovery/resiliency The princip recognized the second recovery resiliency				
			plan, crisis management plan.				
			Skill building to assist patient in developing functional, interpersonal family coping and community living skills that are				
			interpersonal, family, coping and community living skills that are negatively impacted by patient's MI				
APPLICABLE POPULATI	ON(S)		UNIT DURATION				
		dult (21-64)		× 15 Minut		mins	
• •		eriatric (65+)		□ 1 Hour	Maximum: 4	-	
ALLOWED MODE(S) OF		, i	PROGRAM SERVIO	CE CATEGO	RY(IES)		
V 5 to 5	V localitation		⊠ HE (SP)		□ U4 (ICM)	☐ HJ (Voc)	
	☑ Individual☑ Group		☐ HK (Residential)	□ TM (ACT)	☐ HQ (Clubhouse)	
	✓ Group ✓ Family				☐ HM (Respite)	☐ TT (Recovery)	
•	<u> </u>					☐ HT (Prev/EI)	
STAFF REQUIREMENTS				W	[]		
▼ Peer Specialist	⋉ LCSW (AJ)	☑ Unlicensed I	Master's Level (HO)	⊠LAC □CAC I	☑ LPN/LVN (TE) ☑ RN (TD)	☑ RxN (SA)	
☑ Bachelor's Level (HN)	☑ LPC		EdD/ PhD/PsyD (HP)	□CAC II	⊠ APN (SA)	⊠ PA (PA)	
✓ Intern	∠ LMFT	∠ Licensed Ed□	D/PhD/PsyD (AH)	□CACIII	⊠ QMAP	☑ MD/DO (AF)	
PLACE OF SERVICE (PO	S)						
☑ CMHC (53)	△ ACF (13)	☑ ICF-MR (54)	✓ SNF (31)		Inpt PF (51)	☑ Other POS (99)	
☑ Office (11)	区ust 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)		Shelter (04)	☑ Inpt Hosp	o (21) 🗵	School (03)		

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H2016		Comprehensive of diem	ommunity suppo	ort services, per	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Treatment services rendered to community-based children and adolescents and collaterals by trained behavioral health staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist him/her to manage the symptoms of his/her mental illness and deal with his/her overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.			Technical Documentation Requirements See 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 3 rd parties			
NOTES			EXAMPLE ACTIVI			
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	N(S)		UNIT	, ,	DURATION	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	-	ult(21-64) riatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hr: Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)	
☑ Face-to-Face ☑ Video Conf ☑ Telephone	区 Individual 区 Group 区 Family		⊠ HE (SP) □ HK (Residentia	I) □ TN	/I (ACT) □ I	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	d Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □CAC I ☑ RN (TD) □CAC I ☑ APN (SA) □CAC II ☑ APN (SA) ☑ MD/DO (AF)			
PLACE OF SERVICE (POS			- (- 1)	()		
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ ICF-MR ☑ NF (32) ☑ PRTF (5 ☑ Shelter) ⊠ FQH(56) ⊠ RHC	C (50) ⊠ EI (72) ⊠ PI		Other POS (99) Felehealth (02)

	PEER S	UPPORT/RECO	VERY SERVICES - CO	OMMUNITY	Y		
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2016		Comprehensive co	ommunity s	suppo	rt services, p	er 🗵 OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	N RE	QUIREMENT	S
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.		 See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				e treatment/service the individual's progress towards	
NOTES		EXAMPLE ACTIVIT					
CCSS up to 4 hours (16 units) is reported/billed as H2015; CCSS over 4 hours is reported/billed as H2016 (per diem).		 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 				resources, recovery/resiliency nce directives (i.e.,	
APPLICABLE POPULATION	N(S)		UNIT	acted by p	aciciic	DURATION	
	oung Adult 🔲 Ad	ult(21-64) riatric (65+)	☐ Encounter	□ 15 Minu □ 1 Hour	ıtes		4 hrs. 8 mins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGO	RY(IE	S)	
☑ Face-to-Face☑ Video Conf☑ Telephone	区 Individual 区 Group 区 Family		☑ HE (SP) ☐ HK (Residential	1)		(ICM) (ACT) I (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) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS							
⊠ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MF ☑ NF (32) ☑ PRTF (9 ☑ Shelter) ⊠ FQHC 56) ⊠ RHC ((50)	⊠ ER ⊠ PF	ot PF (51) (23) -PHP (52) hool (03)	☑ Other POS (99) ☑ Telehealth (02)

		HABILITATION-	I– PSYCHOSOCIAL REHABILITATION (PSR)				
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2017		Psychosocial reha	abilitation servic	es, per 15	☑ Medicaid	
			minutes				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
An array of services, rend	· ·	_	Technical Docum	ientation Requi	rements		
designed to help patients develop coping strategie		_	See Section X Service Content				
to develop a supportive				for the visit Wh	at was the intende	d goal or agenda?	
independently as possibl		o ranction as			to the treatment/s		
					nd how the service	•	
PSR differs from counseling			increase fun	ctioning			
focuses less on symptom restoring functional capa	-		The therape	utic interventio	n(s) utilized and the	e individual's	
teaching, practicing/coac			-	the intervention			
community living compe					the individual's pro	gress towards	
money management, pe			goals/object 5. Plan for nex		uding any follow-up	or coordination	
living environment)			needed with		ading any ronow-up	or coordination	
			necaea witi	15 parties			
NOTES			EXAMPLE ACTIVI				
Social and interpersonal abi developing and/or maintain					ce/coaching and sk	_	
ability to maintain positive r		regaining the		_	(Activities of Daily	Living skills),	
			_	_	nt, interpersonal	-:/-l:	
Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and				communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building.			
school/work/volunteer sche	_	sure time, and	 Gaining competence in understanding the role medication plays 				
	•	tod activities to	in the stabilization of the individual's well-being				
Cognitive and adult role con develop and maintain cogni			Development of a crisis plan				
functioning such as increase			Identification of existing natural supports and resources for				
better memory, enhancing t	the ability to learn)		addressing personal needs (e.g., families, employers, and				
			friends)				
PSR up to 4 hours (16 un	its) is reported/hilled a	s H2∩17· DSR	Identification and development of organizational support,				
over 4 hours is reported/			including such areas as sustaining personal entitlements,				
,		,.	locating and using community resources or other supportive				
ADDUCADUS DODUU ATIO	N/C)		programs		DUDATION		
APPLICABLE POPULATIO ☐ Child (0-11) ☐ You		lult (21-64)	UNIT ☐ Encounter	✓ 15 Minutes	DURATION Minimum: 8 mins	<u> </u>	
☑ Adol (12-17) (18-2	_	eriatric (65+)		□ 1 Hour	Maximum: 4 hrs.		
ALLOWED MODE(S) OF I	,	triatric (051)	PROGRAM SERV			7 111113	
_	⊠ Individual		⊠ HE (SP)	•		HJ (Voc)	
☑ Face-to-Face	☑ Group		☐ HK (Residentia			HQ (Clubhouse)	
□ Video Conf ☑ Telephone	☑ Family (HR)				l HM ⊠	TT (Recovery)	
△ Telephone	☑ Family			(R	espite)	HT (Prev/EI)	
STAFF REQUIREMENTS							
☑ Peer Specialist	∠ LCSW (AJ)	☑ Unlicensed I	Master's Level (HO)		IPN/LVN (TE)	RxN (SA)	
☑ Bachelor's Level (HN)	☑ LPC		nsed EdD/ PhD/PsyD (HP)				
☑ Intern ☑ LMFT ☑ Licensed Ed			D/PhD/PsyD (AH)] QMAP	MD/DO (AF)	
PLACE OF SERVICE (POS)							
区MHC (53)	⊠ ACF (13)	⊠ ICF-MR (54	1) ⊠ FQHC (50)			
☑ Office (11)	☑ Cust Care (33)	⊠ NF (32)	⊠ RHC (7:	•			
☑ Mobile Unit (15)	☑ Grp Home (14)	⊠ Shelter (04	•	· ·			
X Outn Hospital (22)	X Home (12)	▼ SNE (31)	X Other I	2015 (99)			

	TREATMENT - REHABILITATION— PSYCHOSOCIAL REHABILITATION (PSR)						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2017		Psychosocial rehaminutes	abilitation servi	ces, per 15	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION R	EQUIREMENTS		
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)			How does th Description increase fun The therape response to How did the goals/object	For the visit. When the service related of the service actioning utic intervention the intervention service impactives?	nat was the intende to the treatment/ nd how the service on(s) utilized and th	/service plan? e is designed to ne individual's ogress towards	
NOTES			EXAMPLE ACTIVI	TIES			
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).			activities: se scheduling/t communicat skills, money of Gaining com in the stabili Developmer Identificatio addressing priends) Identificatio including sur locating and programs	If-management time management, y management, petence in und zation of the in at of a crisis pla n of existing na personal needs in and development areas as sust	tural supports and (e.g., families, emponent of organization caining personal entity resources or ot	r Living skills), eping/cleaning snal skills building. e medication plays ng resources for eloyers, and nal support, titlements,	
APPLICABLE POPULATIO		ult (24, 64)	UNIT	W 45 Minutes	DURATION		
☐ Child (0-11) ☑ Yo ☑ Adol (12-17) (18-2	-	ult (21-64) riatric (65+)		✓ 15 Minutes☐ 1 Hour	Minimum: 8 min Maximum: 4 hrs		
ALLOWED MODE(S) OF I		riacric (03+)	PROGRAM SERVI			, , , , , , , , , , , , , , , , , , , ,	
☑ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual ☑ Group ☑ Family		☑ HE (SP) ☐ HK (Residentia ☑ HF (2 nd modifie	I) Eer-SUD) E	U4 (ICM)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)	
STAFF REQUIREMENTS							
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I [X ADN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	ICF-MR (54NF (32)Shelter (04SNF (31)	⊠ RHC (72	2) (03)			

		REHABILITATION	- PSYCHOSOCIAL RE		(PSR)	T	
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2018		Psychosocial reha	oilitation service	s, per diem	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS		
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 on How does the service relate to the treatment/service in the service of the intervention of the service of the intervention of the service intervention of the service of the treatment/service of the visit. What was the intended goal of the wide of the visit. What was the intended goal of the visit of the visit. What was the intended goal of the visit of the visit. What was the intended goal of the visit of the visit. What was the intended goal of the visit of the v				service plan? e individual's ogress towards			
NOTES			EXAMPLE ACTIVIT	TES			
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).			activities: sel- scheduling/ti communicati skills, money Gaining comp in the stabiliz Development Identification addressing po friends) Identification including suc	i-management (,, me managemen on/assertivenes: management/brotenee in under ation of the indict of a crisis plan of existing natuersonal needs (e and developmen areas as sustain	s skills, housekee udgeting, vocatio	ping/cleaning shalls building. e medication plays ng resources for sloyers, and nal support, titlements,	
APPLICABLE POPULATION Child (0-11) ☑ Y		Adult (21-64)		☐ 15 Minutes	Minimum: 4 hrs	s 9 mins	
	-	Geriatric (65+)		☐ 13 Millutes	Maximum: N/A		
ALLOWED MODE(S) OF			PROGRAM SERVICE				
☑ Face-to-Face ☐ Video Conf ☑ Telephone	⊠ Individual ⊠ Group ⊠ Family		☑ HE (SP) ☐ HK (Residential	□ U4 (□ TM (ICM) (ACT) (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)	
STAFF REQUIREMENTS							
区 Peer Specialist区 Bachelor's Level (HN)区 Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	ADN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS	5)						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outo Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	☑ ICF-MR (54) ☑ NF (32) ☑ Shelter (04) ☑ SNF (31)	☑ FQHC (50) ☑ RHC (72) ☑ School (03) ☑ Other POS (99)			

	TREATMENT	- REHABILITATION	- PSYCHOSOCIAL RE	HABILITATION ((PSR)	
CPT®/HCPCS PROCEDU			PROCEDURE CODE		,	USAGE
	H2018		Psychosocial rehab	oilitation service	s, per diem	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REG	QUIREMENTS	
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 The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES			EXAMPLE ACTIVIT	TES		
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).			activities: self scheduling/tir communicatic skills, money Gaining comp in the stabilized Development Identification addressing perfriends) Identification including such	i-management (,, me managemen on/assertivenes: management/brotence in under ation of the indict of a crisis plan of existing natuersonal needs (e and developmen areas as sustain	s skills, housekeer udgeting, vocation	Living skills), ping/cleaning nal skills building. medication plays ng resources for oyers, and nal support, itlements,
APPLICABLE POPULATION Child (0-11) ⊠ \		Adult (21-64)		☐ 15 Minutes	Minimum: 4 hrs	8 mins
	-	Geriatric (65+)		□ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF		, <i>,</i>	PROGRAM SERVIC	E CATEGORY(IE	S)	
☑ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual ☑ Group ☑ Family		☑ HE (SP) ☐ HK (Residential)		(ACT) □ (Respite) ☑	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (⊠ LPC ⊠ LMFT	✓ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	ΔPN (SΔ)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outh 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 (9)	99)		

	TREATMENT - OT	HER PROFESSIONAL SE	ERVICES - COMMU	NITY-BASED WRA	AP-AROUND		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H2021		Community-based wrap-around services, per 15 minutes				
SERVICE DESCRIPTION	ON		MINIMUM DOCUMENTATION REQUIREMENTS				
delivered as an alter Services may include resources provided members to promo- community living. Somanners/places base	rnative/adjunct to tra e informal, natural su to a child/adolescent te, maintain/restore s ervices are delivered sed on a collaborative ed to help stabilize an	scent and family 1. The reason for the visit. What was the intended goal or				eatment/service designed to e individual's ogress towards	
NOTES			EXAMPLE ACTIVIT				
Discrete therapy ser psychotherapy, psychotherapy	wrap-around services rvices (e.g., family, gr chiatric services) are o eparately from H2021	oup and individual documented, and					
APPLICABLE POPUL	ATION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	⊠ Young Adult (18-20)	☐ Adult (21-64) ☐ Geriatric (65+)	☐ Encounter ☐ Day	✓ 15 Minutes☐ 1 Hour	Minimum: 8 min Maximum: 4 hrs		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)		
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual □ Group ☑ Family		☑ HE (SP) ☐ HK (Residentia		ACT) \square (Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMEN	NTS						
☑ Peer Specialist☑ Bachelor's Level (HI☑ Intern	⊠ LCS\ N) ⊠ LPC ⊠ LMF	∑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	KN (ID) ΔPN (SΔ)	Rxn (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (•						
区 CMHC (53) ☐ Office (11) ☑ Mobile Unit (15)	☑ Home (12)☑ Shelter (04)☑ FQHC (50)	☑ RHC (72)☑ Independent Clinic☑ School (03)		• •			

	TREATMENT - OT	HER PROFESSIONAL SE	RVICES - COMMU	NITY-BASED WRA	AP-AROUND	
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COD	DE DESCRIPTION		USAGE
	H2021		Community-based wrap-around services, per 15 minutes			
SERVICE DESCRIPTION	ON		MINIMUM DOCU	JMENTATION REC	QUIREMENTS	
Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent. Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended go agenda? How does the service relate to the treatment plan? 2. Description of the service and how activity is design increase functioning in the community 3. The therapeutic intervention(s) utilized and the increase for the visit. What was the intended go agenda? How does the service relate to the treatment plan? 2. Description of the service and how activity is design increase functioning in the community 3. The therapeutic intervention(s) utilized and the increase function of the service impact the individual's progress goals/objectives? 5. Plan for next contact(s) including any follow-up or needed with 3rd parties					eatment/service designed to e individual's ogress towards	
NOTES			EXAMPLE ACTIVI			
Discrete therapy ser psychotherapy, psychotherapy	vrap-around services rvices (e.g., family, gr chiatric services) are eparately from H202:	oup and individual documented, and				
APPLICABLE POPUL	ATION(S)		UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)	⊠ Young Adult (18-20)	☐ Adult (21-64) ☐ Geriatric (65+)	☐ Encounter ☐ Day	✓ 15 Minutes☐ 1 Hour	Minimum: 8 min Maximum: 4 hrs	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)	
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual □ Group ☑ Family		☑ HE (SP) ☐ HK (Residentia		ACT) \square (Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMEN	NTS					
☑ Peer Specialist☑ Bachelor's Level (HI☑ Intern	⊠ LCS ^I N) ⊠ LPC ⊠ LMF	` ✓ ☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	APN (ID)	Rxn (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (<u> </u>					
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15)	⊠ Shelter (04)	区 RHC (72) 区 Independent Clinic (区 School (03)	☑ NRSATF 49) ☑ Other PC			

T	REATMENT - OTH	ER PROFESSIONAL SERVIC	ES - COMM	UNITY-BASED	WRAP-AROUND	
CPT®/HCPCS PRO	CEDURE CODE		PROCEDU	RE CODE DESC	RIPTION	USAGE
	H2022		Community diem	y-based wrap-ard	ound services, per	☑ Medicaid
SERVICE DESCRIP	TION		MINIMUN	I DOCUMENT	ATION REQUIRE	MENTS
Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.			See Section Service Cor 1. The read agendar treatme 2. Description increase 3. The the respons 4. How did towards 5. Plan for	son for the visit. How does the sent/service planation of the service functioning in trapeutic intervent to the intervent defends.	What was the interservice relate to the community intion(s) utilized an intion(s) intion(s) including any follo	e v is designed to d the individual's s progress
NOTES				ation needed wi	th 3 rd parties	
reported/billed as H (per diem). Discrete psychotherapy, psychotherapy, psychotherapy	12021; over 4 hours services (e.g., famil chiatric services, cas	is up to 4 hours (16 units) is is reported/billed as H2022 ly, group and individual se management, etc.) are parately from H2022.				
APPLICABLE POPU	JLATION(S)		UNIT		DURATION	
区 Child (0-11) ☑ Adol (12-17)	⊠ Young Adult (18-20)	☐ Adult (21-64) ☐ Geriatric (65+)	□ Encount er ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hrs Maximum: N/A	. 8 mins
ALLOWED MODE	(S) OF DELIVERY		PROGRAM	I SERVICE CAT		
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual □ Group ☑ Family		☑ HE (SP) ☐ HK (Resi	dential)	TM (ACT) [HM (Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREM	ENTS					
☑ Peer Specialist ☑ Bachelor's Level (HI ☑ Intern	N) 🗵 LP4	- · · · · · · · · · · · · · · · · · · ·	hD/PsyD (HP)	□CAC I ⊠	RN (ID)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVIC	<u> </u>					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)	☑ Home (12)☑ Shelter (04)☑ FQHC (50)☑ RHC (72)	✓ Independent Clinic (49)✓ School (03)✓ NRSATF (57)	☑ Other POS	5 (99)		

TI	REATMENT - OTHE	R PROFESSIONAL SERVICE	S - COMM	UNITY-BASED	WRAP-AROUN	D
CPT®/HCPCS PRO	CEDURE CODE		PROCEDI	URE CODE DE	SCRIPTION	USAGE
	H2022		Communit per diem	ty-based wrap-a	around services,	⊠ OBH
SERVICE DESCRIP	TION		MINIMU	M DOCUMEN	TATION REQUIR	REMENTS
Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.			See Section Service Co The read agendate treatm Description increase The the individe How description of the treatment of the	on X content ason for the visit a? How does the ent/service pla ption of the ser se functioning i erapeutic intervicul's response id the service in ds goals/objecti	vice and how active the community vention(s) utilized to the intervention mpact the individuces?	the vity is designed to and the n(s) ial's progress
NOTES				E ACTIVITIES	with 5 parties	
reported/billed as H (per diem). Discrete psychotherapy, psyc	12021; over 4 hours is services (e.g., family	up to 4 hours (16 units) is s reported/billed as H2022 r, group and individual e management, etc.) are arately from H2022.				
APPLICABLE POPU	JLATION(S)		UNIT		DURATION	
区 Child (0-11) ☑ Adol (12-17)	☑ Young Adult (18-20)	☐ Adult (21-64) ☐ Geriatric (65+)	Encoun ter Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 h Maximum: N/	
ALLOWED MODE	(S) OF DELIVERY		PROGRA	M SERVICE CA	ATEGORY(IES)	
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual □ Group ☑ Family		⊠ HE (SP) □ HK (Res	sidential) \Box	U4 (ICM) TM (ACT) HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREM	ENTS					
☑ Peer Specialist ☑ Bachelor's Level (HI ☑ Intern	⊠ LCS' N) ⊠ LPC ⊠ LMF	☑ Unlicensed EdD/ Ph	D/PsyD (HP)	□CAC I [⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) ⊐ QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15)	☑ Home (12)☑ Shelter (04)☑ FQHC (50)☑ RHC (72)	☑ Independent Clinic (49)☑ School (03)☑ NRSATF (57)	凶 Other PC	OS (99)		

Revised: September 30, 2019 Effective: October 1, 2019

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE				USAGE
	H2023		Supported employment, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATI	ION RE	QUIREMENTS	
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 intensity 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		-1	EXAMPLE ACTIV			1.02	
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 				
APPLICABLE POPULAT	ION(S)		UNIT	, peop.e e.		in their jobs DURATION	
☐ Child (0-11) ☑ \ ☑ Adol (12-17) (18	/oung Adult ⊠ A -20) ⊠ G	dult (21-64) eriatric (65+)		⊠ 15 Min □ 1 Hour		Minimum: 8 m Maximum: 4 h	-
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SERV	ICE CATEG			
☐ Video Conf	⊠ Individual □ Group □ Family		☐ HE (SP) ☐ HK (Residentia	al)		· (ICM) И (ACT) И (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CAC II	<u> </u>	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) ☑ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PO							
☑ CMHC (53)☑ Office (11)☑ Outp Hospital (22)	☑ACF (13) ☑ Grp Home (14) ☑ Home (12)	✓ Shelter (04)✓ FQHC (50)✓ RHC (72)	⊠ Scho ⊠ Otho	ool (03) er POS (99))		

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COI	PROCEDURE CODE DESCRIPTION USAGE			USAGE
	H2023		Supported employment, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCI	JMENTATI	ON RE	QUIREMENTS	
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 intensity 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			Assessing page Assessing page			1.11	
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).			 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs 				
APPLICABLE POPULAT	ION(S)		UNIT	1000		DURATION	
☐ Child (0-11) ☑ \ ☑ Adol (12-17) (18	/oung Adult ⊠ A -20) ⊠ G	dult (21-64) eriatric (65+)	☐ Encounter ☐ Day	⊠ 15 Min □ 1 Hour		Minimum: 8 m Maximum: 4 h	-
ALLOWED MODE(S) OI	F DELIVERY		PROGRAM SERV	ICE CATEG			
☐ Video Conf	⊠ Individual □ Group □ Family		☐ HE (SP) ☐ HK (Residentia	al)		I (ICM) И (ACT) И (Respite)	☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed Eco	H Master's Level (HO) EdD/ PhD/PsyD (HP) EDD/ PhD/PsyD (AH) EDD/ EDD/ EDD/ EDD/ EDD/ EDD/ EDD/ EDD				⊠ PA (PA)
PLACE OF SERVICE (PO							
区 CMHC (53) ☑ Office (11) ☑ Outp Hospital (22)	☑ACF (13) ☑ Grp Home (14) ☑ Home (12)	✓ Shelter (04)✓ FQHC (50)✓ RHC (72)	区 School (区 Other Po				

TREATMENT - VOCATIONAL SERVICES				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H2024	Supported employment, per diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Employment services, provided by an employment specialist, to assist patients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. 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 intensity 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 a personal career goals to help match the person with a suita job Providing patient with information regarding how employmaffects disability income and benefits Preparation skills (i.e., resume development, interview skill Working with individuals and their employers to identify ne 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 to help people succeed in their jobs 	nent s) eded		
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 4 hrs. 8 mins ☐ Day ☐ 1 Hour ☐ Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf☑ Group☑ Telephone☑ Family	☐ HE (SP) ☐ U4 (ICM) ☑ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubho ☐ HM (Respite) ☐ TT (Recove	ery)		
STAFF REQUIREMENTS				
☑ Bachelor's Level (HN)	Master's Level (HO) ⊠CAC I ⊠ RN (TD) ⊠ RXN (SA) EdD/ PhD/PsyD (HP) ⊠CAC II ⊠ APN (SA) ☑ PA (PA) D/PhD/PsyD (AH) ☑ CACIII ☑ QMAP ☑ MD/DO (A	F)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Shelter (04) ☑ Office (11) ☑ Grp Home (14) ☑ FQHC (50) ☑ Outp Hospital (22) ☑ Home (12) ☑ RHC (72)	区 School (03) ☑ Other POS (99)			

TREATMENT - VOCATIONAL SERVICES					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2024	Supported employment, per diem				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Employment services, provided by an employment specialist, to assist patients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. When appropriate, services may be provided without the patient being present. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensive-intensity of support may change over time, based on the needs of the patient.	 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES	EXAMPLE ACTIVITIES				
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).	 Assessing patient's work history, skills, training, personal career goals to help match the person job Providing patient with information regarding ho affects disability income and benefits Preparation skills (i.e., resume development, int Working with individuals and their employers to accommodations Helping individuals to conduct an individualized Providing on-the-job assistance (including, for excounseling and interpersonal skills training) on a to help people succeed in their jobs 	with a suitable ow employment terview skills) o identify needed job search xample,			
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 4 hrs. ☐ Day ☐ 1 Hour ☐ Maximum: N/A	8 mins			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Group☑ Telephone☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☐] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed I	EdD/ PhD/PsyD (HP)	볼 RxN (SA) 볼 PA (PA) 볼 MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Shelter (04) ☑ Office (11) ☑ Grp Home (14) ☑ FQHC (50) ☑ Outp Hospital (22) ☑ Home (12) ☑ RHC (72)	区 School (03) ☑ Other POS (99)				

	TREATMENT - VOCATIONAL SERVICES					
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE CO	DE DESCRIPTIO	N	USAGE
	H2025		Ongoing suppor minutes	t to maintain en	nployment, per 15	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION F	REQUIREMENTS	
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in noncompetitive 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 ACTIV			
This service is a more gestructure and approach H2024) and may involve employment with job sk Ongoing support to mai units) is reported/billed reported/billed as H202	to supported empershort-term non-calls assessment anntain employment as H2025; over 4	oloyment (H2023 – ompetitive d job skills training. t up to 4 hours (16	changes and avoid crises ng. • Teaching patient pre-vocational skills			gies that improve lacement in a ess issues or/employer to trategies, ways to e job performance
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
⊠ Adol (12-17) (18	Young Adult -20)	✓ Adult (21-64)✓ Geriatric (65+)	☐ Encounter ☐ Day	■ 15 Minutes □ 1 Hour	Minimum: 8 mir Maximum: 4 hr	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV			
☑ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual ☑ Group □ Family		☐ HE (SP) ☐ HK (Residenti	al) 🗆 🗆 🗆	TM (ACT) HM (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	□ LOSW (AU) □ Unlicensed EdD/ PhD/PsyD (HP) □ LANT. □ Unlicensed EdD/ PhD/PsyD (HP) □ CA □ CA			⊠LAC ⊠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)	☑ Grp Home (14☑ Home (12)☑ PRTF (56)) ⊠ Shelter (04) ⊠ FQHC (50) ⊠ RHC (72)	School (03) Other POS ■			

TREATMENT - VOCATIONAL SERVICES						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H2025		Ongoing support to maintain employment, per 15 minutes			
SERVICE DESCRIPTION			MINIMUM DOO	UMENTATION F	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 3 rd parties			
NOTES			EXAMPLE ACTIV			
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).			environme changes an Teaching p Helping par job perform non-compe Visiting pat pertinent t Working w establish er make reaso Contacting	nt/personal envid avoid crises atient pre-vocat tient identify and nance/relations etitive employmetient at job site to job retention ith patient and fective supervisonable accommond.	d implement strate at work including pent position o identify and addinis/her job supervision and feedback sodations to enhance/significant other t	ry needed support regies that improve placement in a ress issues sor/employer to
APPLICABLE POPULATION	ON(S)		UNIT	·	DURATION	
⊠ Adol (12-17) (18	Young Adult -20)	✓ Adult (21-64)✓ Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 mir Maximum: 4 hr	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV			
☑ Face-to-Face☐ Video Conf☑ Telephone	☑ Individual ☑ Group ☐ Family		☐ HE (SP) ☐ HK (Residenti	ial) □ 1	TM (ACT) E HM (Respite) E	☑ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) ☑ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS						
☑ CMHC (53) ☑ Office (11) ☑ ACF (13)	☑ Grp Home (14☑ Home (12)☑ PRTF (56)) ⊠ Shelter (04) ⊠ FQHC (50) ⊠ RHC (72)	⊠ School (0 ⊠ Other PO	-		

TREATMENT - VOCATIONAL SERVICES						
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H2026		Ongoing support diem	to maintain e	employment, per	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION	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 ACTIVI	TIES		
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).			environmen changes and Teaching pati job perform non-compet Visiting pati pertinent to Working wit establish eff make reason Contacting p	t/personal er d avoid crises tient pre-voca ent identify a ance/relation citive employrent at job site job retention th patient and fective superval	nd implement strate is at work including ment position it to identify and add it lis/her job supervi- ision and feedback so modations to enhance ly/significant other t	egies that improve placement in a ress issues sor/employer to strategies, ways to be job performance
APPLICABLE POPULATION	ON(S)		UNIT	,	DURATION	
☐ Child (0-11) ☑ Yo ☑ Adol (12-17) (18-2	oung Adult 🗵 Ac 20) 🗵 Ge	dult (21-64) eriatric (65+)	□ Encounter ☑ Day	☐ 15 Minute ☐ 1 Hour	Maximum: N/	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV			
☐ Video Conf	☑ Individual ☑ Group □ Family		☐ HE (SP) ☐ HK (Residentia	ıl)	l U4 (ICM) l TM (ACT) l HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS						
区 CMHC (53) ☑ Office (11) ☑ ACF (13)	☑ Grp Home (14)☑ Home (12)☑ PRTF (56)	☑ Shelter (0☑ FQHC (50)☑ RHC (72)		ol (03) · POS (99)		

TREATMENT - VOCATIONAL SERVICES								
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE					
	H2026		Ongoing support to maintain employment, per diem				⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATI	ON REC	UIREMENTS		
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.			 Description patient's res How did the goals/object 	for the visiof the service imcives?	t/call. Wrice proving the prov	/hat was the in vide, interventi e individual's p	tended goal? on utilized, and the rogress towards or coordination	
NOTES			EXAMPLE ACTIVI	TIES				
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).			environmen changes and Teaching pati job perform non-compet Visiting patii pertinent to Working with establish effi make reason	t/personal davoid cris tient pre-vent identif ance/relat ditive emploent at jobs job retent h patient a fective sup nable acco	enviroles cocation y and ir ions at oyment site to id ion and his/ ervision mmoda mily/sig	al skills nplement strat work including position dentify and add her job supervi and feedback tions to enhan- gnificant other	ify needed support egies that improve placement in a	
APPLICABLE POPULAT	ION(S)		UNIT			DURATION		
⊠ Adol (12-17) (18	-20) 🗵 Ge	dult (21-64) eriatric (65+)	□ Encounter ☑ Day	☐ 15 Min		Minimum: 4 h Maximum: N		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	ICE CATEG		•	E ()	
☑ Face-to-Face☐ Video Conf☑ Telephone	☑ Individual ☑ Group ☐ Family		□ HE (SP) □ HK (Residentia	ıl)	□ U4 □ TM □ HM		☑ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS	5							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (PO	•							
☑ CMHC (53) ☑ Office (11) ☑ ACF (13)	☑ Grp Home (14)☑ Home (12)☑ PRTF (56)	✓ Shelter (0✓ FQHC (50)✓ RHC (72)		ol (03) POS (99)				

TREATMENT - OTHER PROFESSIONAL SERVICES - PSYCHOEDUCATION								
CPT®/HCPCS PROCEDUR	RE CODE		PROCED	PROCEDURE CODE DESCRIPTION USAGE				
	H2027		Psychoeducation	al service, per 15	minutes	☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS			
Activities rendered by a trained MHP to provide information and education to patients, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the patients.			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 ACTIVIT	TIES				
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.			and significa symptoms, con actions and increasing kratest resear functioning) Understanding treatment/seesing information, and significa first responding advocacy grows information, and significa managemen	nt others in man risis "triggers," of nteractions) nowledge of MI ach on causes and importance of ervice plans education and to thers in accelers with crisis in oups) education and to deducation and to education and to enters with crisis in oups)	aging psychiatri lecompensation and patient-spect treatments, br f patients' indiv raining to assist ssing communit tervention train raining to assist nedication mana	cific diagnoses (e.g., rain chemistry and idualized patients, families ty resources (e.g., ling [CIT], patient patients, families agement, symptom		
APPLICABLE POPULATION	DN(S)		UNIT		DURATION			
⊠ Adol (12-17) (18-	20) 🗵 Ge	ult (21-64) riatric (65+)	☐ Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 M Maximum: N/			
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVI					
☑ Face-to-Face☐ Video Conf☑ Telephone	☑ Individual ☑ Group ☑ Family		⊠ HE (SP) ⊠ HK (Residentia		(ACT) (Respite)	☑ HJ (Voc) ☐ HQ (Clubhouse) ☑ TT (Recovery) ☑ HT (Prev/El)		
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	ed Master's Level (HO) □CAC I ☑ RN (TD) □CAC I ☑ RN (TD) □CAC I ☑ APN (SA) □CAC I ☑ APN (SA) □CAC II ☑ APN (SA) ☑ MD/DO (AF)					
PLACE OF SERVICE (POS)								
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ Hospice (34)	☑ ICF-MR (5☑ NF (32)☑ PRTF (56)☑ Shelter (0	⊠ FQH ⊠ RHC	IC (50)	her POS (99)			

Revised: September 30, 2019 Effective: October 1, 2019

TREATMENT - OTHER PROFESSIONAL SERVICES - PSYCHOEDUCATION						
CPT®/HCPCS PROCEDUR	RE CODE		PROCED	URE CODE DESC	RIPTION	USAGE
	H2027		Psychoeducationa	l service, per 15	minutes	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS	
Activities rendered by a trained MHP to provide information and education to patients, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the patients.			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 ACTIVIT			
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.			and significate symptoms, contactions and increasing know the latest research functioning) Understanding treatment/se Information, and significate first responding advocacy group information, and significate management	nt others in man- risis "triggers," d interactions) owledge of MI a ch on causes and ing importance of ervice plans education and to tothers in acce- ers with crisis infups) education and to tothers with m	raining to assist paraging psychiatric of ecompensation, in and patient-specific treatments, brain patients' individuation from the	conditions (e.g., nedication c diagnoses (e.g., n chemistry and nalized attents, families resources (e.g., g [CIT], patient attents, families rement, symptom
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	
☑ Adol (12-17) (18-	20) 🗵 Ge	ult (21-64) riatric (65+)	□ Day	■ 15 Minutes □ 1 Hour □ 1	Minimum: 8 Mir Maximum: N/A	utes
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVI		<u> </u>	
☑ Face-to-Face ☐ Video Conf ☑ Telephone	☑ Individual ☑ Group ☑ Family		☑ HE (SP) ☑ HK (Residential		ACT) □ (Respite) 区	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Sed Master's Level (HO) Sed EdD/ PhD/PsyD (HP) □CAC I			PA (PA)
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ Hospice (34)	☑ ICF-MR (5☑ NF (32)☑ PRTF (56)☑ Shelter (0	⊠ FQH ⊠ RHC	C (50)	er POS (99)	

		TRE	ATMENT- REHA	ABILITATION - CLU	BHOUSE		
CPT®/HCPCS PROC	EDURE CODE			PROCEDURE CODE DESCRIPTION USAGE			
	H2030			Mental health clubhouse services, per 15 minutes ☑ Medicaid			
SERVICE DESCRIPTI	ON			MINIMUM DOCU	JMENTATION F	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).			to one or mor work unit or f 2. A daily note in a description activities (can any individual 3. Bi-weekly or r progress towa	ne treatment/sore goals and obtactlitator reconcluding name of the type and be a checklist) I interventions; monthly progreards the goals to signed or written.	ervice plan as an in jectives. Sign in/ou	t of each group or group, time in/out; ion in the day's raordinary events; raluation of day. description of clubhouse. This	
Clinical consultation by a master's level person should be available during hours of operation.							
NOTES			EXAMPLE ACTIVITIES				
 Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are curriculum-based. The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. Should have recent assessment and current treatment/service plan or access through an EHR. 			 Leisure activit Peer support empowermer Self-help and interpersonal Outreach & E 	ties to promote & Recovery gro nt, hope skills training: o skills, etc.	services; resume are social skills buildir bups: increasing encollaborative meal entify and resolve becomes.	gg gagement, prep,	
APPLICABLE POPUL	ATION(S)			UNIT		DURATION	
☐ Child (0-11) ☑ Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (⊠ Geriatr	•	□ Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 min Maximum: 4 hrs	
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERV			
☑ Face-to-Face☐ Video Conf☐ Telephone	⊠ Indi ⊠ Gro □ Far	up		☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) *for adol/young adult only ☐ TM (ACT) ☒ HQ (Clubhor ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recover			□ HJ (Voc) ☑ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREME	NTS						
☑ Peer Specialist ☑ Bachelor's Level (H ☑ Intern	N)	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	ed Master's Level (HO) □CAC I ☑ RN (TD) □ RxN (SA) ed EdD/ PhD/PsyD (HP) □CAC I ☑ APN (SA) □ PA (PA) EdD/PhD/PsyD (AH) □CAC II □ QMAP □ MD/DO (AF)			
PLACE OF SERVICE	(POS)						
区 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	MINIMUM DOCUMENTATION REQUIREMENTS				
Structured, community-based services designed to strengthen and/or regain the patient's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the patient thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are provided with staff and members working as teams to address patient's life goals and to perform the tasks necessary for clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The clubhouse must be open to a CMHC or independent Provider Network (IPN).	 Technical Documentation Requirements See Section X Service Content Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor's degree. 				
Clinical consultation by a master's level person should be available during hours of operation.					
NOTES	EXAMPLE ACTIVITIES				
 Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are curriculum-based. The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. Should have recent assessment and current treatment/service plan or access through an EHR. The Clubhouse may develop a program-specific plan 	 Vocational and educational services; resume and interview skills Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagement, empowerment, hope Self-help and skills training: collaborative meal prep, interpersonal skills, etc. Outreach & Engagement: identify and resolve barriers to seeking care, relationship building exercises. 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11)	☐ Encounter ☑ 15 Minutes ☐ Day ☐ 1 Hour ☐ Maximum: 4 hrs. 7 mins PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf ☑ Group ☐ Telephone ☐ Family 	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) *for adol/young adult only ☐ TM (ACT) ☒ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed Education ☑ LMFT ☑ Licensed Education	ed Master's Level (HO) □ CAC I □ RN (TD) □ RXN (SA) ed EdD/ PhD/PsyD (HP) □ CAC I □ APN (SA) □ PA (PA) EdD/PhD/PsyD (AH) □ CACII □ QMAP □ MD/DO (AF)				
PLACE OF SERVICE (POS)					
区 CMHC (53) ☑ Other POS (99)					

TREATMENT- REH	ABILITATION- CLUBHOUSE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2031	Mental health clubhouse services, per diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Structured, community-based services designed to strengthen and/or regain the patient's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the patient thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are provided with staff and members working as teams to address patient's life goals and to perform the tasks necessary for clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The clubhouse must be open to a CMHC or independent Provider Network (IPN). Clinical consultation by a master's level person should be	 Technical Documentation Requirements See Section X Service Content Must be on the treatment/service plan as an int to one or more goals and objectives. Sign in/ou work unit or facilitator records. A daily note including name of group, focus of g a description of the type and level of participatic activities (can be a checklist); description of extrany individual interventions; individual's self-evals. Bi-weekly or monthly progress note: includes a progress towards the goals that are a focus of classification. 	t of each group or roup, time in/out; on in the day's raordinary events; aluation of day. description of lubhouse. This		
available during hours of operation.				
NOTES	Vocational and educational services; resume and interview skills			
 Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are curriculum-based. The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. Should have recent assessment and current treatment/service plan or access through an EHR The Clubhouse may develop a program- specific plan 	 Vocational and educational services; resume and Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagempowerment, hope Self-help and skills training: collaborative meal proskills, etc. Outreach & Engagement: identify and resolve bacare, relationship building exercises. 	rep, interpersonal		
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11)	☐ Encounter ☐ 15 Minutes Minimum: 4 hr. ☐ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	7 III (\(\(\alpha\))		
☑ Face-to-Face ☑ Individual ☐ Video Conf ☑ Group ☐ Telephone ☐ Family	*for adol/young adult only ☐ TM (ACT) ☐ HK (Residential) ☐ HM ☐	□ HJ (Voc) ☑ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	EdD/ PhD/PsyD (HP)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53)☑ Other POS (99)				

TRFATMENT-	REHABILITATION- CLUBHOUSE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION					
H2031	Mental health clubhouse services,	, per diem 🗵 OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION RE	QUIREMENTS				
Structured, community-based services designed to strengthen and/or regain the patient's interpersonal skills, provide psychosocial support toward rehabilitation, develor environmental supports to help the patient thrive in the community and meet employment and other life goals, an 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 word data input, meal preparation, and providing resource information or reaching out to fellow members). The clubhouse must be open to a CMHC or independent Providing Network (IPN).	See Section X Service Content 1. Must be on the treatment/service to one or more goals and object work unit or facilitator records 2. A daily note including name of a description of the type and lead activities (can be a checklist); cany individual interventions; in 3. Bi-weekly or monthly progress progress towards the goals that	 Service Content Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a 				
Clinical consultation by a master's level person should be available during hours of operation.						
NOTES	EXAMPLE ACTIVITIES					
 Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to lessocial, vocational, and other skills and gain expertise. Skill building and psycho-education groups are curriculum-base. 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 	Leisure activities to promote so Peer support & Recovery group empowerment, hope Self hold and skills training coll	cial skills building s: increasing engagement, laborative meal prep, interpersonal ify and resolve barriers to seeking				
APPLICABLE POPULATION(S)	UNIT	DURATION				
☐ Child (0-11)	☐ Encounter ☐ 15 Minutes -) ☑ Day ☐ 1 Hour	Minimum: 4 hrs. 8 mins Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IE					
 ☑ Face-to-Face ☑ Individual ☐ Video Conf ☑ Group ☐ Telephone ☐ Family 	□ HE (SP) *for adol/young adult only □ HK (Residential)	□ U4 (ICM) □ HJ (Voc) □ TM (ACT) ☑ HQ (Clubhouse) □ HM □ TT (Recovery) (Respite) □ HT (Prev/EI)				
STAFF REQUIREMENTS						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicer	ed Master's Level (HO)					
PLACE OF SERVICE (POS) SE CMHC (53)						
X Other POS (99)						

TREATMENT - REHABILITATION - OTHER						
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H2032		Activity therapy, p	er 15 minutes		☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION R	EQUIREMENTS	
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. NOTES "Structured setting" does not preclude community POS.		Technical Docume See Section X Service Content 1. Reason for the does the servic 2. Description of 3. How did the se goals/objective 4. Plan for next co needed with 3r EXAMPLE ACTIVIT Playing baskett behavior and p Hiking in comm	visit. What was the relate to the activity ervice impact the es? contact(s) included parties TIES coall with group assing/taking to activity to help a connection between the actild to ide	rements Is the intended go treatment/service The individual's produce individual's produce of adolescents to the urns. In patient with depresentify feelings and the individual's produce in the individual's produce in the individual's produce in the individual in	facilitate prosocial ressive symptoms d and body with	
APPLICABLE POPULATION	(S)		UNIT DURATION			
	· ·	dult (21-64)		¥ 15 Minutes	Minimum: 8 m	ins
☑ Adol (12-17) (18-20) ⊠Ge	riatric (65+)	□ Day □	□ 1 Hour	Maximum: N/A	1
ALLOWED MODE(S) OF DE	LIVERY		PROGRAM SERVIC	•		
☐ Video Conf	☑ Individual ☑ Group ☑ Family		☑ HE (SP) ☑ HK (Residential)) 🗷	TM (ACT) HM (Respite)	☑ HJ (Voc) ☐HQ (Clubhouse) ☑ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	S ADN (ID)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ Office (11) ☑ Cu	ust Care (33)	Home (12) ICF-MR (54) NF (32)	区 Shelter (04 区 SNF (31) 区 FQHC (50)	⊠ Sch	C (72) 100l (03) ner POS (99)	

TREATMENT - REHABILITATION - OTHER						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H2032		Activity therapy, p	per 15 minute	es	⊠ OBH
SERVICE DESCRIPTION	N		MINIMUM DOCU	MENTATION	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. NOTES "Structured setting" does not preclude community POS.		 Technical Documentation Requirements See Section X Service Content 1. Reason for the visit. What was the intended goal or agenda? 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 EXAMPLE ACTIVITIES 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 activ	vities to impr	ove self-esteem, o	concentration, etc.
APPLICABLE POPULA	TION(S)		UNIT DURATION			
	☑ Young Adult	⊠ Adult (21-64)	☐ Encounter	■ 15 Minute	s Minimum: 8	mins
	18-20)	⊠Geriatric (65+)	☐ Day	□ 1 Hour	Maximum: N	I/A
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI		<u> </u>	
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual ☑ Group ☐ Family		⊠ HE (SP) ⊠ HK (Residential	l) 🛚	☑ U4 (ICM) ☑ TM (ACT) ☑ HM (Respite)	☑ HJ (Voc)☐ HQ (Clubhouse)☑ TT (Recovery)☐ HT (Prev/EI)
STAFF REQUIREMEN	TS					
☐ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	⊠ LCSW) ⊠ LPC ⊠ LMF	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	☑ LAC □CAC I □CAC II □CACIII	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15)	✓ ACF (13)✓ Cust Care (33)✓ Grp Home (14)	☑ ICF-MR (54) ☑ NF (32) ☑ Home (12)	✓ Shelter (04✓ SNF (31)✓ FQHC (50)	X S	RHC (72) school (03) Other POS (99)	

TREATMENT- OTHER PROFESSIO	TREATMENT- OTHER PROFESSIONAL SERVICES -MULTI-SYSTEMIC THERAPY (MST)							
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COD	E DESCRIPTION	ı	USAGE			
H2033		Multi-systemic th	erapy for juven	iles, per	☑ Medicaid			
		15 minutes						
SERVICE DESCRIPTION		MINIMUM DOCU		-	ENTS			
An intensive, home-, family- and community-based focusing on factors in an adolescent's environment that contise his/her anti-social behavior, including adolescent characteristics, peer relations, and school performance.	ontribute to	agenda? Hotel treatment/s 2. Description 3. The therape individual's 4. How did the progress to 5. Plan for nex	for the visit. Whow does the service plan? of the service peutic intervention of service impacts are service impacts are service impacts are service impacts are service impacts.	hat was th vice relate provided pn(s) utilizense to the t the indivities? luding any	ed and the intervention(s) idual's/family's			
NOTES		coordinatio	n needed with	3 rd parties				
Usual duration of MST treatment is approximately 4 mont	hs MST is							
provided using a home-based model of service delivery.		Structural family therapy						
Providers of MST must meet the specific training and supe	ervision	Behavioral parent training						
requirements.		Cognitive behavior therapies						
APPLICABLE POPULATION(S)		UNIT DURATION						
\square Child (0-11) \square Young Adult \square Adult (21-64)			■ 15 Minutes		m: 8 mins			
☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	-)		□ 1 Hour	Maximu	m: N/A			
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI	•					
☑ Face-to-Face☑ Individual☐ Group☐ Telephone☑ Family		☑ HE (SP) ☐ HK (Residentia	☑ U4 (ICM) I) ☐ TM (ACT) [pite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)			
STAFF REQUIREMENTS								
□ Peer Specialist □ LCSW (AJ) (HO) □ Bachelor's Level (HN) □ LPC □ Unlie □ Intern □ LMFT (HP) □ Licer	censed Master's censed EdD/ Ph nsed EdD/PhD/P	D/PsyD □CAC	I □ APN (SA	, <u> </u>	□ RxN (SA) □ PA (PA) □ MD/DO (AF)			
PLACE OF SERVICE (POS)								
☑ Office (11) ☑ Shelter (04) ☑ NRS	ool (03) SATF (57) er POS (99)							

TREATMENT- OTHER PROFESSIONAL SERVICES -MULTI-SYSTEMIC THERAPY (MST)						
CPT®/HCPCS PROCEDURE CODE		PROC	EDURE CODE	DESCRIPTION		USAGE
H2033		Multi- 15 mi	•	rapy for juveni	les, per	⊠ 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 3 rd parties			
NOTES			IPLE ACTIVITI		parties	
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			DURATI	ON
\Box Child (0-11) \Box Young Adult \Box Adult (2 \boxtimes Adol (12-17) (18-20) \Box Geriatri	•	□ End		15 Minutes 1 Hour		m: 8 mins ım: N/A
ALLOWED MODE(S) OF DELIVERY				E CATEGORY(I	ES)	
☑ Face-to-Face☑ Video Conf☑ Group☑ Telephone☑ Family		⊠ HE	(SP) (Residential)	☑ U4 (ICM ☐ TM (ACT ☐ HM (Res	pite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS	_					
□ Peer Specialist □ LCSW (AJ) (□ Bachelor's Level (HN) □ LPC □ □ Intern □ LMFT (□	☑ Unlicensed Master' (HO) ☑ Unlicensed EdD/ Pł (HP) ☑ Licensed EdD/PhD/	nD/PsyD		□ LPN/LVN □ RN (TD) □ APN (SA) □ QMAP	·	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ Office (11) ☑ Shelter (04)	区 School (03) 区 NRSATF (57) 区 Other POS (99)					

RESIDENTIAL – ALCOHOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2034	Halfway house	☑ OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
In-home behavioral health support for clients living in a halfway house to foster the client's development of independence and eventually move to independent living. The client has the opportunity to live in a less restrictive living situation while continuing to receive BH treatment, training, support, and a limited amount of supervision.	 Date of service Start and stop time (duration) Client demographic information Shift notes Consent for emergency medical treatment Client program orientation form Sign with 1st initial, last name & credentials 			
NOTES	EXAMPLE ACTIVITIES			
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2034.				
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: 4hr ☑ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☐ Face-to-Face ☐ Video Conf ☐ Group ☐ Telephone ☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ F	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)		
STAFF REQUIREMENTS				
Intern Image: Second of S	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN I EdD/ PhD/PsyD (HP) ⊠ CAC I ⊠ RN (TD) D/PhD/PsyD (AH) ⊠ CAC II ⊠ APRN (SA □ CACIII ☑ QMAP	X RXN (SA)		
PLACE OF SERVICE (POS)				
区 Grp Home (14) 区 RSATF (55)				

TREATMENT – ALCOHOL AND D	RUG ABUSE – TREATMENT PROGRAM	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2036	Alcohol and/or drug treatment program diem	, per ☑ OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIRE	MENTS
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.	 Date of service Clinical notes Type of session Start and stop time (duration) Progress towards treatment go Goal Attainment Treatment/service plan goals and of the standard stream of the st	objectives
NOTES	EXAMPLE ACTIVITIES	
This code is reserved for use with the Special Connections Program.		
APPLICABLE POPULATION(S)	UNIT DURA	ATION
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☑ Day ☐ 1 Hour Maxir	num: N/A mum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face☑ Video Conf☐ Group☐ Telephone☐ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respit ☑ HD (Preg/P	
STAFF REQUIREMENTS		
□ Intern □ LPC □ Unlicensed EdD	Waster's Level (HO) EdD/ PhD/PsyD (HP) CAC I CAC II	RN (TD) RxN (SA) APRN (SA) PA (PA) QMAP MD/DO(AF)
PLACE OF SERVICE (POS)		
☑ Office (11) ☑ RSATF (55)		

AND DRUG ABUSE - SOCIAL DETOX				
PROCEDURE CODE DESCRIPTION	USAGE			
Performance measurement, evaluation of patient self-assessment, depression				
MINIMUM DOCUMENTATION REQUIREMENTS				
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				
EXAMPLE ACTIVITIES				
Checking in with patient to ask about safety level to assess for danger to self or others.				
UNIT DURATIC)N			
☑Encounter ☐ 15 Minutes Minimum ☐ Day ☐ 1 Hour Maximum	•			
	,			
☑ HE (SP)☐ U4 (ICM)☐ TM (ACT)☐ HM (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
	· · ·			
EdD/ PhD/PsyD (HP) 図CAC 図 RN (TD) 区 APN (SA)	RxN (SA) PA (PA) MD/DO (AF)			
	Performance measurement, evaluation of patient self-assessment, depression MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content: 1. Result(s) of patient self-assessment(s) or screen suicidal ideation or homicidal ideation and other health issues 2. Plan for interventions and monitoring based on assessment results EXAMPLE ACTIVITIES Checking in with patient to ask about safety level to danger to self or others. DURATION WE Encounter			

	RESIDENTIA	AL - ALCOHOL A	AND DRUG ABUSE -	SOCIAL D	ETOX		
CPT®/HCPCS PROCEDURE CO	ODE		PROCEDURE CODE	USAGE			
S3005			Performance measurement, evaluation of patient self-assessment, depression				⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATI	ON REQUIREM	IENTS	
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 ACTIVIT	TES			
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider. Only one encounter per day should be billed, per CMS regulations.		Checking in with patient to ask about safety level to assess for danger to self or others.					
APPLICABLE POPULATION(S)			UNIT			DURATI	ON
☐ Child (0-11) ☑ Youn ☑ Adol (12-17) (18-20)	-	ult (21-64) riatric (65+)	☑Encounter ☐ Day	☐ 15 N ☐ 1 Ho		Minimui Maximu	•
ALLOWED MODE(S) OF DELI	VERY		Program Service C	Category			
☑ Face-to-Face ☐ Video Conference (GT) ☐ Telephone	☑ Individual ☐ Group ☐ Family		⊠ HE (SP) ☐ HK (Residential))	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respi	te)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA □ QMAP	, , [≚ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49)							

RESPITE CARE - FACILITY/COMMUNITY						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
\$5150	Unskilled respite care, not hospice; per 15 minutes 🗵 Medicaid					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	S				
Services rendered in the patient's home, community or	Technical Documentation Requirements					
other place of service as a temporary relief from stressful	See Section X					
situation/environment or to provide additional support in	Service Content					
home environment in order to maintain the patient in an outpatient setting. Services include observation, support,	Purpose of contact Respite services/activities rendered					
direct assistance with, or monitoring of the physical,	Special instructions and that those instructions v	vere followed				
emotional, social and behavioral health needs of the patient	4. Patient's response					
by someone other than the primary caregivers. Respite care	5. Progress toward treatment/service plan goals ar	nd objectives				
should be flexible to ensure that the patient's daily routine is						
maintained.	EVANABLE A CTIVITIES					
NOTES	EXAMPLE ACTIVITIES	i				
S5150 does not include skilled practical/professional nursing services; clients who need that level of monitoring should	Support to assure the safety of client (e.g. developments) dentifying triggers and resources, WRAP plan detections.					
receive respite care under H0045/T1005. Unskilled respite	Referral to and establishing a stronger connection					
care up to 4 hours (16 units maximum) is reported as S5150;	resources	,				
respite care over 4 hours is reported as S5151 (per diem).	Relationship building with natural environmenta	I support system				
Discrete services (e.g., family, group and individual	 Assistance with/monitoring/prompting of activit 					
psychotherapy, psychiatric services, case management, etc.)	(ADLs), routine personal hygiene skills, self-care					
are documented, and reported/billed separately from	regular meals/healthy diet options, housekeeping habits, etc.					
\$5150.	Assistance implementing health status and physical condition					
	instructions Assistance with implementing medication remin	Assistance with implementing medication reminders and				
*When Home POS is used this refers to either the Respite	practically addressing medical needs					
Worker's home or the client's home, for this procedure	 Assistance/supervision needed by patient to participate in social, 					
code.	recreational/community activities	,				
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	UNIT DURATION □ Encounter ☑ 15 Minutes Minimum: 8 Min	ıtos.				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: 4 Hrs.					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	(2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
☑ Face-to-Face ☑ Individual] HJ (Voc)				
☐ Video Conf		HQ (Clubhouse)				
☐ Telephone ☐ Family	` ' '	TT (Recovery)				
		☐ HT (Prev/EI)				
STAFF REQUIREMENTS	MLAC ⊠ LPN/LVN (TE)					
	Master's Level (HO)	RxN (SA)				
	ID/PhD/PovD (AH) LICAC II LAPIN (SA)	PA (PA) MD/DO (AF)				
	D/FID/FSyD (ATI) □CACIII ☑ QMAP	IND/DO (AI)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Home (12)* ☑ RHC (72) ☑ ACF (13) ☑ PRTF (56) ☑ Other POS	(00)					
☑ Grp Home (14) ☑ FQHC (50) ☑ Other POS	(22)					

RESPITE CARE - FACILITY/COMMUNITY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
\$5150	Unskilled respite care, not hospice; per 15 minutes ☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Services rendered in the patient's home, community or other place of service as a temporary relief from stressful situation/environment or to provide additional support in home environment in order to maintain the patient in an outpatient setting. Services include observation, support, direct assistance with, or monitoring of the physical, emotional, social and behavioral health needs of the patient by someone other than the primary caregivers. Respite care should be flexible to ensure that the patient's daily routine is maintained. NOTES S5150 does not include skilled practical/professional nursing	Technical Documentation Requirements See Section X Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives EXAMPLE ACTIVITIES • Support to assure the safety of client (e.g. developing safety plan,				
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.	 Support to assure the safety of client (e.g. developing safety plan, identifying triggers and resources, WRAP plan development, etc.). Referral to and establishing a stronger connection to community resources Relationship building with natural environmental support system Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, self-care by obtaining regular meals/healthy diet options, housekeeping habits, etc. Assistance implementing health status and physical condition instructions Assistance with implementing medication reminders and practically addressing medical needs Assistance/supervision needed by patient to participate in social, recreational/community activities 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 Minutes ☐ Day ☐ 1 Hour Maximum: 4 Hrs. (16 Units)				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf☑ Group☐ Telephone☐ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☑ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	Master's Level (HO)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Home (12)* ☑ RHC (72) ☑ ACF (13) ☑ PRTF (56) ☑ Other POS ☑ Grp Home (14) ☑ FQHC (50)	(99)				

RESPITE CARE	- FACILITY/COMMUNITY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
S5151	Unskilled respite care, not hospice; per diem	☑ Medicaid				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	MINIMUM DOCUMENTATION REQUIREMENTS				
Services rendered in the patient's home, community or other	er Technical Documentation Requirements	Technical Documentation Requirements				
place of service as a temporary relief from stressf						
situation/environment or to provide additional support						
home environment in order to maintain the patient in a	•					
outpatient setting. Services include observation, suppor		ana fallannad				
direct assistance with, or monitoring of the physical emotional, social and behavioral; health needs of the patient		ere followed				
by someone other than the primary caregivers. Respite car		Lahiactivas				
should be flexible to ensure that the patient's daily routine		iobjectives				
maintained.	13					
NOTES	EXAMPLE ACTIVITIES					
S5151 does not include skilled practical or profession	Support to assure the safety of client (e.g. developed)	oing safety plan,				
nursing services; patients who need that level of monitoring						
should receive respite care under H0045/T1005. Unskille						
respite care up to 4 hours (16 units maximum) is reported a	resources					
S5150; respite care over 4 hours is reported as S5151 (pe		Relationship building with natural environmental support system				
diem). Discrete services (e.g., family, group and individu		 Assistance with/monitoring/prompting of activities of daily living 				
psychotherapy, psychiatric services, case management, etc	(ADLs), routine personal hygiene skills, self-care by obtaining					
are documented, and reported/billed separately from S515	regular meals/healthy diet options, housekeeping habits, ,etc.					
	Assistance implementing health status and physical condition					
*When POS Home (12) is used this refers to either the	instructions					
Respite Worker's home or the client's home, for this		 Assistance with implementing medication reminders and practically addressing medical needs 				
procedure code.	 Assistance/supervision needed by patient to participate in social, 					
	recreational/community activities	cipate ili sociai,				
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: 4 7 min	n				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: 24 Hou	urs				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☑ Individual		IJ (Voc)				
□ Video Conf ☑ Group		IQ (Clubhouse)				
☐ Telephone ☐ Family	• • •	T (Recovery)				
STAFF REQUIREMENTS	LI H	IT (Prev/EI)				
	≥LAC □ LPN/LVN (TE)					
	ed Master's Level (HO)	RxN (SA)				
= Buchelor 3 Level (Till)	EdD/DPD/DOVD (AH) LICAC II LI APIN (SA)	PA (PA) MD/DO (AF)				
	CACIII ☑ QMAP ☐	IVID/DO (AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Home (12)* ☑ RHC (72)						
☑ ACF (13) ☑ PRTF (56) ☑ Other PC	(פב) כי					
☑ Grp Home (14)						

RESPITE CARE –	FACILITY/COMMUNITY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
S5151	Unskilled respite care, not hospice; per diem	⊠ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Services rendered in the patient's home, community or other	Technical Documentation Requirements				
place of service as a temporary relief from stressful	See Section X				
situation/environment or to provide additional support in	Service Content				
home environment in order to maintain the patient in an	1. Purpose of contact				
outpatient setting. Services include observation, support,	Respite services/activities rendered				
direct assistance with, or monitoring of the physical,	3. Special instructions and that those instructions v	were followed			
emotional, social and behavioral; health needs of the patient	4. Patient's response	and a later setting a			
by someone other than the primary caregivers. Respite care should be flexible to ensure that the patient's daily routine is	5. Progress toward treatment/service plan goals an	nd objectives			
maintained.					
NOTES	EXAMPLE ACTIVITIES				
S5151 does not include skilled practical or professional	Support to assure the safety of client (e.g. development)	oning safety nlan			
nursing services; patients who need that level of monitoring	identifying triggers and resources, WRAP plan de				
should receive respite care under H0045/T1005. Unskilled	Referral to and establishing a stronger connection				
respite care up to 4 hours (16 units maximum) is reported as	resources	· · · · · · · · · · · · · · · · · · ·			
S5150; respite care over 4 hours is reported as S5151 (per	 Relationship building with natural environmenta 	al support system			
diem). Discrete services (e.g., family, group and individual	 Assistance with/monitoring/prompting of activities of daily living 				
psychotherapy, psychiatric services, case management, etc.)	(ADLs), routine personal hygiene skills, self-care by obtaining				
are documented, and reported/billed separately from S5151.	regular meals/healthy diet options, housekeeping habits, ,etc.				
	Assistance implementing health status and physical condition				
*When POS Home (12) is used this refers to either the	instructions				
Respite Worker's home or the client's home, for this	Assistance with implementing medication reminders and				
procedure code.	practically addressing medical needs Assistance (supervision peeded by patient to participate in social				
	Assistance/supervision needed by patient to par	ticipate in social,			
APPLICABLE POPULATION(S)	recreational/community activities UNIT DURATION				
☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: 4 7 m	nin			
⊠ Adol (12-17) (18-20)	☑ Day ☐ 1 Hour Maximum: 24 Ho				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
		HJ (Voc)			
☐ Face-to-Face ☐ Individual		HQ (Clubhouse)			
☐ Video Conf ☑ Group	☑ HM (Respite) □	TT (Recovery)			
☐ Telephone ☐ Family		HT (Prev/EI)			
STAFF REQUIREMENTS					
	Master's Level (HO) □ LAC □ LPN/LVN (TE) □	□ RxN (SA)			
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	I I (A(I I I RN (II))	□ PA (PA)			
☑ Intern ☑ LMFT ☑ Licensed Ed	D/PhD/PsyD (AH) □CACIII ☒ QMAP □	□ MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Home (12)* ☑ RHC (72)					
☑ ACF (13) ☑ PRTF (56) ☑ Other POS (99)				
☑ Grp Home (14) ☑ FQHC (50)					

TREATMENT - ALCOHOL AND DRUG ABUSE - EDUCATION							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESC	CRIPTION		USAGE	
	S9445		Patient education, not o		lassified, non-	☑ Medicaid	
			physician provider, individual				
SERVICE DESCRIPTION			MINIMUM DOCUMENT				
A brief one-on-one			Technical Documentation	on Require	ments		
patient's AOD (Alcoh	O,	•	See Section X				
recommendations regarding behavior change are given. The			Service Content:				
intervention should fo	•	•	1. The reason for the			-	
has been screened for		_	agenda? How doe	s the servic	e relate to the tre	eatment/service	
on AOD use patterns.		•	plan?				
motivation for behav		-	2. Description of the	•			
include education, brie	_	_	screening, the edu		_	ised, and the	
referral to more in	tensive substance	abuse treatment	individual's respor				
services.			3. How did the service	ce impact ti	ne individual s pro	ogress towards	
This procedure code co			goals/objectives?	+/-\ :l	d: f=11		
analysis) in conjunction			4. Plan for next conta		uing any follow-u	or coordination	
results. If the counse			needed with 3 rd pa	arties			
procedure code canno separately to fee-for-s		•					
no separate code solel		•					
NOTES	y for sample conce	tion.	EXAMPLE ACTIVITIES				
Substance abuse counseling/education services shall be		services shall be	Collection of specimen and counseling of the results.				
provided along with sc			, , , , , , , , , , , , , , , , , , ,				
The laboratory analysis							
should be submitted a	as a claim to FFS b	y the laboratory, if					
covered by Medicaio	d. This counseling	/education service					
should occur only once		g.					
APPLICABLE POPULAT	TON(S)		UNIT		DURATION		
	Young Adult	□ Adult (21-64)	☑ Encounter ☐ 15	Minutes	Minimum: N/A		
, ,	8-20)	☑ Geriatric (65+)	□ Day □1H		Maximum: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE CAT		•	<u> </u>	
☑ Face-to-Face	☑ Individual		⊠ HE (SP)			□ HJ (Voc)	
✓ Video Conf	☐ Group		☐ HK (Residential)		•	☐ HQ (Clubhouse)	
⊠Telephone	☐ Family			⊔Hr		☐ TT (Recovery)	
<u> </u>	· · · · · · · · · · · · · · · · · · ·					☐ HT (Prev/EI)	
STAFF REQUIREMENTS		_	×LA	C X	LPN/LVN (TE)		
☐ Peer Specialist	⊠ LCSV		Master's Level (HO)		RN (TD)	RxN (SA)	
☒ Bachelor's Level (HN)☒ Intern	⊠ LPC ⊠ LMF	_	EdD/ PhD/PsyD (HP)		APN (SA)	PA (PA)	
		△ Licenseu Eui	D/PhD/PsyD (AH)	CIII 🗆 (QMAP	MD/DO (AF)	
PLACE OF SERVICE (PC	•						
☑ CMHC (53)	☑ Cust Care (33)	☑ NF (32)	⊠ RHC (72)		IRSATF (57)		
☑ Office (11)	☑ Grp Home (14)	☑ PRTF (56)	☑ Independent clinic		other POS (99)		
⊠Outp Hospital (22)	⊠ Home (12)	SNF (31) SNF (50) 区 PF-PHP (52)	X T	elehealth (02)			
☑ ACF (13)	☑ ICF-MR (54)	☑ FQHC (50)	✓ School (03)				

TREATMENT - ALCOHOL AND DRUG ABUSE - EDUCATION							
CPT®/HCPCS PROCEDU			PROCEDURE CODE			USAGE	
	S9445		Patient education,	not otherwise	classified, non-	⊠ OBH	
			physician provider, individual				
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION R	EQUIREMENTS		
A brief one-on-one session in which concerns about a patient's AOD (Alcohol or drug) use are expressed, and recommendations regarding behavior change are given. The intervention should follow as soon as possible after a patient has been screened for the presence of AOD. Feedback is given on AOD use patterns. The intervention focuses on increasing motivation for behavior change. Intervention strategies include education, brief counseling, continued monitoring, or referral to more intensive substance abuse treatment services. This procedure code covers the collection of a specimen (for analysis) in conjunction with the counseling of the screening results. If the counseling/education doesn't occur then the procedure code cannot be billed. The urine analysis is billed separately to fee-for-service (FFS) by the laboratory. There is no separate code solely for sample collection. NOTES Substance abuse counseling/education services shall be			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 EXAMPLE ACTIVITIES Collection of specimen and counseling of the results.				
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.							
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
• •	Young Adult 8-20)	✓ Adult (21-64)✓ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: N/		
ALLOWED MODE(S) OF	,	⊡ Geriatric (UJ+)	PROGRAM SERVICE		<u> </u>	Δ	
☑ Face-to-Face☑ Video Conf☑ Telephone	☑ Individual ☐ Group ☐ Family		□ HK (Residential)	 □ U □ T	4 (ICM) M (ACT) M (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS	5						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) ☑ QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (PO							
区 CMHC (53) ☐ Office (11) ☐Outp Hospital (22) ☐ ACF (13)	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54) 	⋈ NF (32)⋈ PRTF (56)⋈ SNF (31)⋈ FQHC (50)	☑ RHC (72)☑ Independent☑ PF-PHP (52)☑ School (03)	clinic (49)	NRSATF (57) Telehealth (02) Other POS (99)		

PREVENTION/EARLY INTERVENTION - EDUCATION - SMOKING CESSATION					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
S9453	Smoking cessation classes, non-physician provider,				
	per session				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Structured classes rendered for the treatment of tobacco	Technical Documentation Requirements				
dependence.	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 ☑ 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 ☑ Group	*for adol/young adult only				
☐ Telephone ☐ Family	☐ HK (Residential) ☐ HM ☐ TT (Recovery	')			
· ·	(Respite) 🗵 HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed	Master's Level (HO) Scale PN/LVN (TE) RxN (SA)				
	EdD/ PhD/PsyD (HP)				
☑ Intern ☑ LMFT ☑ Licensed Ed	ID/PhD/PsyD (AH) ⊠CACIII □ QMAP □ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53)) ☑ Shelter (04) ☑ RHC (72) ☑ Other POS (9	9)			
☑ Office (11) ☑ Cust Care (33) ☑ NF (32)					
☑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,				
33433	per session				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Structured classes rendered for the treatment of tobacco					
dependence.	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 ☑ 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 ☑ Group	*for adol/young adult only				
☐ Telephone ☐ Family	☐ HK (Residential) ☐ HM ☐ TT (Recovery)				
· ·	(Respite) 🗵 HT (Prev/EI)				
STAFF REQUIREMENTS					
▼ Peer Specialist ▼ LCSW (AJ) ▼ Unlicense	ed Master's Level (HO)				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicense	d ddD/ PhD/PsyD (HP) □CAC I ☑ RN (TD) □ PA (PA) □CAC II ☑ APN (SA) □ PA (PA)				
☑ Intern ☑ LMFT ☑ Licensed I	EdD/PhD/PsyD (AH) SCACIII QMAP MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53)	4) ☑ Shelter (04) ☑ RHC (72) ☑ Other POS (99)				
☑ Office (11)					
☑Outp Hospital (22) ☑ Grp Home (14) ☑ PRTF (56)					

	PREVENTION/EARLY INTERVENTION- EDUCATION - STRESS MANAGEMENT						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	USAGE			
	S9454		Stress manageme provider, per sess		on-physician	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION	N REQUIREMENT	S	
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 ACTIVI				
			-	-			
APPLICABLE POPULATION(S)			UNIT DURATION				
☑ Child (0-11) ☒ Y	oung Adult ⊠ A	dult (21-64)	☑ Encounter	☐ Encounter ☐ 15 Minutes Minimum: N/A		N/A	
⊠ Adol (12-17) (18-	-20) 🗵 G	eriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A			N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGOR	RY(IES)		
☑ Face-to-Face ☐ Video Conf ☐ Telephone	□ Individual ☑ Group □ Family		⊠ HE (SP) *child/adol/youn □ HK (Residentia	O	□ U4 (ICM) □ TM (ACT) □ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☑ HT (Prev/El)	
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠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	5)						
☑ CMHC (53) ☑ Office (11) ☑Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14)	☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	⊠ Shelter ⊠ SNF (31 ⊠ FQHC (.) 🗵	RHC (72) PF-PHP (52) School (03)	☑ Other POS (99)	

	PREVENTION/EARLY INTERVENTION- EDUCATION - STRESS MANAGEMENT						
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE COD	USAGE			
	S9454		Stress manageme provider, per sess		on-physician	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION	N REQUIREMENT	S	
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 ACTIVI	•	Class		
NOTES			LAAMIF LE ACTIVI	TILJ			
APPLICABLE POPULATION	ON(S)		UNIT		DURATION		
	oung Adult 🗵 A	dult (21-64) eriatric (65+)		☐ 15 Minut		N/A	
ALLOWED MODE(S) OF	DELIVERY	, ,	PROGRAM SERVI	CE CATEGOR	RY(IES)	•	
☑ Face-to-Face ☐ Video Conf ☐ Telephone	□ Individual ☑ Group □ Family		区 HE (SP) *child/adol/youn ☐ HK (Residentia	U	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☑ HT (Prev/EI)	
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) □ QMAP	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO (AF)	
PLACE OF SERVICE (POS	5)						
☑ CMHC (53) ☑ Office (11) ☑Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	⊠ Shelter ⊠ SNF (31 ⊠ FQHC (!	.) 🗵	RHC (72) PF-PHP (52) School (03)	☑ Other POS (99)	

TREATMENT -INTENSIVE — INTENSIVE OUTPATIENT PROGRAM (IOP — MH)							
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE CODI	E DESCRIPTI	ON	USAGE	
	S9480		Intensive outpatient psychiatric (IOP) services, per				
			diem			- Wiediedid	
SERVICE DESCRIPTION							
Services focus on maintabilities for a patient at hospitalization. Services coordinated individualiz treatment/service plan, and treatment modalitie treatment team.	risk of/with a history are based on a comp ed and recovery-orie utilizing multiple con	of psychiatric prehensive and nted current services	nd Service Content 1. The reason for the visit. What was the intended goal or a How does the service relate to the treatment/service plant.				
requirements)							
NOTES			EXAMPLE ACTIVIT	TES			
While services are available 3 hours per day, 3 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			UNIT		DURATION		
		Adult (21-64) Geriatric (65+)		□ 15 Minut □ 1 Hour		ogram operates at ay and at least 3	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	CE CATEGOR	RY(IES)		
☒ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual ☑ Group ☑ Family		☑ 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 (AI ☑ LPC ☑ LMFT	✓ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS	•						
区 CMHC (53) 区 Office (11) 区Outp Hospital (22)	区 ICF-MR (54) 区 PRTF (56) 区 PF-PHP (52)	☑ Other PO	S (99)				

TREATMENT -INTENSIVE - INTENSIVE OUTPATIENT PROGRAM (IOP - MH)					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
S9480	Intensive outpatient psychiatric (IOP) services, per	⊠ OBH			
	diem				
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 ag				
	requirements)				
NOTES	EXAMPLE ACTIVITIES				
While services are available 3 hours per day, 3 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 ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ 15 Minimum: Progr ☐ Day ☐ 1 Hour ☐ least 3 hrs./day ☐ days/week ☐ Maximum: NA	•			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf☑ Group☑ Telephone☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	EdD/ PhD/PsyD (HP)	☑ Rxn (SA) ☑ PA (PA) ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ICF-MR (54) ☑ Other PC ☑ Office (11) ☑ PRTF (56) ☑ Outp Hospital (22) ☑ PF-PHP (52)	S (99)				

CRISIS – BEHAVIORAL HEALTH							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD		TION	USAGE	
·	50405		Crisis intervention mental health services per				
	S9485		diem		•	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIC	ON REQUIREMENTS		
Unanticipated services	rendered in the process	of resolving a	Technical Docume	entation R	equirements		
	nmediate attention, that		See Section X				
	ılt in the client requiring	-	Service Content				
	mmediate crisis interver	ntion to de-			/call. What was the ir		
	or family in crisis, assess tion, determine risk of su	vicido or			the crisis/need for cr		
-	s access to or ability to u		•		ention(s) utilized (asse chniques, consultatio		
	or and facilitate admissi				onse to the intervent		
	forms of treatment if ne	-	3. BH history	illiy s resp	onse to the intervent	1011(3)	
	situation, . When possik			eeds (imme	ediate, short-term, lo	ng-term) linked	
	Wellness Recovery Actio				lan (WRAP, advance o		
(WRAP) and/or psychiat	tric advance directive, th	is plan is	available				
followed with the client	s permission.				ed (mental health, su	ıbstance abuse,	
			medical, etc.	•			
					including any follow-	-up or coordination	
NOTES			needed with				
	ed at any time, day or n	ight and by a	Face-to-face/telephone contact to provide immediate, short-term				
	ogram in a facility/cli	-	crisis-specific assessment and intervention/counseling with client				
	. May be provided by m		and, as necessary, with client's caretakers/ family members				
	led to address the situa		Referral to other applicable BH services, including pre-inpatient				
	d and their activities are i		screening; activities include telephone contacts/ meeting with				
	r 90839/90840 are us		receiving provider staff				
	by procedure codes whe		Face-to-face/telephone consultation with physician/ hospital				
	ent walk-in), focused on		staff, regarding need for psychiatric consultation or placement Face-to-face/telephone contact with another provider to help				
	te and/or special inte	erventions in			specific client's crisis		
response.					own provider staff to		
APPLICABLE POPULATION	ON(S)		UNIT	VICII ONE 3 C	DURATION	dadress the chisis	
		ult (21-64)	☐ Encounter	□ 15 Minu	ites Minimum: 4 h	rs. 8 mins	
		riatric (65+)	☑ Day	□ 1 Hour	Maximum: N/	'A	
ALLOWED MODE(S) OF			PROGRAM SERVIO				
☑ Face-to-Face	☑ Individual		⊠ HE (SP)		☑ U4 (ICM)	☐ HJ (Voc)	
✓ Video Conf	☐ Group		☑ HK (Residential)	-	⊠ TM (ACT)	☐ HQ (Clubhouse)	
☑ Telephone	☑ Family (HR) ☑ Family				☐ HM (Respite)	☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS	E Failily					LITT (FIEV/LI)	
•	☑ LCSW (AJ)	V Unliconcod I	Master's Level (HO)	⊠LAC	☑ LPN/LVN (TE)	V D.A. (CA)	
☐ Peer Specialist ☑ Bachelor's Level (HN)	⊠ LPC		EdD/ PhD/PsyD (HP)	□CAC I	⊠ RN (TD)	⊠ RxN (SA) ⊠ PA (PA)	
☑ Intern	☑ LMFT		D/PhD/PsyD (AH)	□CAC II □CACIII	⊠ APN (SA) □ QMAP	⊠ MD/DO (AF)	
PLACE OF SERVICE (POS	5)			<u> </u>	LI QIVIAF		
☑ CMHC (53)	✓ ACF (13)	⊠ Hospice (3	4) 🗵 Shelter	(04)	⊠ ER (23)	☑ Telehealth (02)	
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR (54			☑ PF-PHP (52)	(- 1)	
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ NF (32) `	✓ FQHC (5		☑ School (03)		
⊠Outp Hospital (22)	⊠ Home (12)	☑ PRTF (56)	⊠ RHC (72	1	X Other POS (99)		

		CRISIS – BE	HAVIORAL HEALTI	H		
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COL	DE DESCRIPTI	ON	USAGE
	S9485		Crisis interventio diem	n mental hea	lth services, per	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION	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 deescalate 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			
NOTES			needed with			
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other provider as appropriate. May be provided by more than one direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified and documented. H2011 or 90839/90840 are used in lieu of individual psychotherapy procedure codes when the session is unscheduled (e.g., client walk-in), focused on a client crisis, and involves immediate and/or special interventions in response.			 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 			
APPLICABLE POPULATION	ON(S)		UNIT	With one 5 ov	DURATION	o address the chais
☑ Child (0-11)☑ Adol (12-17)☑ (18	Young Adult 🗵 Adu 3-20) 🗵 Ger	ult (21-64) riatric (65+)	□ Encounter ☑ Day	☐ 15 Minute	es Minimum: 4 Maximum: I	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV			
図 Face-to-Face 図 Video Conf 図 Telephone	図 Individual □ Group 図 Family		☑ HE (SP) ☑ HK (Residentia	ıl) 🗵	U4 (ICM) TM (ACT) HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	censed EdD/ PhD/PsyD (HP) \square CAC II \bowtie APN (SA) \bowtie PA (PA)			☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (3☑ ICF-MR (54☑ NF (32)☑ PRTF (56)		L) [50)	☑ ER (23) ☑ PF-PHP (52) ☑ School (03) ☑ Other POS (99)	⊠ Telehealth (02)

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	 Date of service Start and stop time (duration) Sign with 1st initial, last name & credentials 				
NOTES	EXAMPLE ACTIVITIES				
	Room and board provided to client.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☐ Face-to-Face ☐ Video Conf ☐ Group ☐ Telephone ☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ H☐ HM (Respite) ☐ TM (Respite) ☐	HJ (Voc) HQ (Clubhouse) FT (Recovery) HT (Prev/EI)			
STAFF REQUIREMENTS		(==)			
Bachelor's Level (HN)	Master's Level (HO) ⊠ LAC ☐ LPN/LVN ☐ CAC I☐ RN (TD) EdD/ PhD/PsyD (HP) ☑ CAC II☐ APRN (SA ☐ CACIII☐ QMAP	` ' ∐ RxN (SA) □ pa (pa)			
PLACE OF SERVICE (POS)					
☑ Home (12) ☑ RSATF (55)					

RESPITE CARE – FACILITY-BASED								
CPT®/HCPCS PROCEDU	RE CODE			PROCEDURE CODE DESCRIPTION USAG			USAGE	
	T1005			Respite care serv	vices, up to	15 mir	utes	☑ Medicaid
SERVICE DESCRIPTION				MINIMUM DOCU	JMENTATIO	ON RE	QUIREMENTS	S
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 ACTIVI		3116/361	vice plan go	als and objectives
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				UNIT			DURATION	
☑ Child (0-11)☑ Adol (12-17)ALLOWED MODE(S) OF	X Young Adult (18-20)	☑ Adult (21-0 ☑ Geriatric (0	•	☐ Encounter ☐ Day PROGRAM SERV	I 15 Min ☐ 1 Hour			8 Minutes 4 hrs. 7 min (16 Units)
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☑ Group ☐ Family			☐ HE (SP) ☐ HK (Residentia		□ U4		☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSV □ LPC □ LMF	Unli	censed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	x	LPN/LVN (TE) RN (TD) APN (SA) QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)
PLACE OF SERVICE (POS								
区 CMHC (53)区 ACF (13)区 Grp Home (14)	☑ Home (12)*☑ PRTF (56)☑ FQHC (50)	⊠ RHC (⊠ Other	•	9)				

RESPITE CARE – FACILITY-BASED							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			USAGE	
	T1005		Respite care serv	Respite care services, up to 15 minutes			
SERVICE DESCRIPTION			MINIMUM DOC	JMENTATION RE	QUIREMENTS		
Services to temporarily substitute for primary caregivers to maintain patients in outpatient setting. Services include assistance with/monitoring of personal hygiene, nutritional support, safety, and environmental maintenance. Respite care should be flexible to ensure that the patient's daily routine is maintained.			Technical Documentation 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 ACTIV				
Unlike respite procedure codes S5150 – S5151, T1005 requires skilled practical or professional nursing care to meet the health and physical needs of the patient. Respite care up to 4 hours and 7 minutes (16 units maximum) is reported as T1005; respite care over 4 hours is reported as H0045 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from T1005. *POS Home (12): Refers to 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	ON(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	⊠ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	☐ Encounter ☐ Day	■ 15 Minutes □ 1 Hour □ 1		3 Minutes 4 hrs. 7 min (16 Units)	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV ☐ HE (SP)	•	(ICM)	☐ HJ (Voc)	
☑ Face-to-Face☐ Video Conf☐ Telephone	☑ Individual ☑ Group □ Family		☐ HK (Residentia	al) 🗆 TM	1 (ACT) 1 (Respite)	☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/Ei)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSV □ LPC □ LMF	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS							
☑ CMHC (53)☑ ACF (13)☑ Grp Home (14)	☑ Home (12)*☑ PRTF (56)☑ FQHC (50)	☑ RHC (72) ☑ Other POS (9	9)				

TREATMENT – FAMILY/COUPLE COUNSELING - ALCOHOL AND DRUG ABUSE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
T1006	Alcohol and/or substance abuse services, family/couple counseling	☑ ОВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Utilization of special skills in sessions with individuals and their family members and/or significant others under the guidance of a counselor to address family and relationship issues related to alcohol and other drug abuse and/or dependence for the purpose of promoting recovery from addiction.	 Date of service Start and stop time (duration) Focus of session Progress toward treatment/service plan goa Intervention strategies utilized Client response Outcome/plan Signed with 1st initial, last name & credential 	·			
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION □ Encounter □ 15 Minutes Minimum: N/A				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☐ HE (SP) ☐ U4 (ICM) ☐ B	HJ (Voc)			
☑ Face-to-Face☑ Individual☐ Video Conf☐ Group☐ Telephone☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ H ☐ HM (Respite) ☐ T	HQ (Clubhouse) FT (Recovery) HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed For Intern ☐ LMFT ☐ Licensed EdD	Master's Level (HO)				
PLACE OF SERVICE (POS)					
☒ CMHC (53) ☒ Shelter (04) ☒ NRSATF (57) ☒ Office (11) ☒ FQHC (50) ☒ Prison/CF (09) ☒ Home (12) ☒ RHC (72) ☒ School (03)	⊠ Other POS (99)				

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
	Alcohol and/or substance abuse services,				
T1007	treatment/service plan development and/o				
	modification, including vital sign monitoring				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREME	NTS			
Initial detox plan for member may be more generally	Technical Documentation Requirements				
focused on assessment of detox progression, maintaining	See Section X				
member safety. As member progresses in detox and is able	Service Content:				
to participate in planning, a more specific treatment/service	Assessment of detox progression				
plan, focused on aftercare and treatment, as needed, may be developed. This may be the initial plan for a patient	Degree of Alcohol or Drug intoxicat				
beginning treatment or the modification of a plan for a	evidenced by breathalyzer, UA, self	-report, observation or			
patient already in treatment. It is typically a scheduled	other accepted means				
service that is not necessarily delivered in conjunction with	Initial vital signs				
another treatment. This service may require the	Need for emergency medical and/o				
participation of clinicians and specialists in addition to those	Substance use disorder history and				
usually providing treatment.	social dysfunction, as soon as clinica	ally reasible			
	 Pregnancy screen 				
	Clinical Institute Withdrawal Assess				
	Revised (CIWA-AR) or comparable i	nstrument			
	2. Detox monitoring				
	All monitoring activities Vital signs taken at least even 2 ha	urs until romaining in			
	 Vital signs taken at least every 2 ho normal range for at least 4 hours; tl 				
	discharge	nen every o nours until			
	 Routine monitoring of physical and 	mental status			
	Referral for medical interventions based				
	monitoring	on assessment and			
	4. Detox plan modification or, as appropria	ate development of a			
	treatment/service plan for aftercare based on assessment and				
	monitoring				
NOTES	EXAMPLE ACTIVITIES				
Facility must be licensed by the Colorado Department of	Monitoring vital signs, administering and re	viewing CIWA			
Human Services, Office of Behavioral Health as an OBH					
Provider. Detox plan must be provided in accordance with					
OBH licensure					
APPLICABLE POPULATION(S)	-	DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)		Minimum: 8 minutes Maximum: N/A			
	☐ Day ☐ 1 Hour ☐ 1 Program Service Category	Maximum. N/A			
ALLOWED MODE(3) OF DELIVERY	□ HE (SP) □ U4 (ICM)	☐ HJ (Voc)			
☑ Face-to-Face	\square HK (Residential) \square TM (ACT)	☐ HQ (Clubhouse)			
☐ Video Conference (GT) ☐ Group	☐ HM (Respit	•			
☐ Telephone ☐ Family	= Tim (nespit	☐ HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed	Master's Level (HO)	TE)			
	EdD/ PhD/PcvD (HP)	RxN (SA) ☑ PA (PA)			
	D/DPD/DOVD (VAI) SCACII SANN (SA)	⊠ MD/DO (AF)			
**	©CACIII ☐ QMAP	, - v j			
PLACE OF SERVICE (POS)					
☑ CMHC (53)					
☑ Outp Hospital (22) ☑ Independent clinic (49)					
— macpenacht chine (+5)					

RESIDENTIAL - ALCOHOL A	RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Alcohol and/or substance abuse services,				
T1007	treatment/service plan development and/or				
	modification, including vital sign monitoring				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMEN	NTS			
Initial detox plan for member may be more generally	Technical Documentation Requirements				
focused on assessment of detox progression, maintaining	See Section X				
member safety. As member progresses in detox and is able	Service Content:				
to participate in planning, a more specific treatment/service plan, focused on aftercare and treatment, as needed, may	1. Assessment of detox progression	17 21 1			
be developed. This may be the initial plan for a patient	 Degree of Alcohol or Drug intoxication evidenced by breathalyzer, UA, self- 				
beginning treatment or the modification of a plan for a	other accepted means	report, observation of			
patient already in treatment. It is typically a scheduled	-				
service that is not necessarily delivered in conjunction with	Initial vital signs				
another treatment. This service may require the	Need for emergency medical and/or				
participation of clinicians and specialists in addition to those	Substance use disorder history and discrete disorder history and discrete disorder history and discrete discrete disorder history and disorder				
usually providing treatment.	social dysfunction, as soon as clinica	illy reasible			
	Pregnancy screen				
	Clinical Institute Withdrawal Assessr				
	Revised (CIWA-AR) or comparable in	nstrument			
	Detox monitoringAll monitoring activities				
	Vital signs taken at least every 2 hours.	ire until romaining in			
	normal range for at least 4 hours; th				
	discharge	ien every o nours until			
	Routine monitoring of physical and mental status				
	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 Manitoring vital sings administering and reviewing CIMA				
Facility must be licensed by the Colorado Department of	Monitoring vital signs, administering and reviewing CIWA				
Human Services, Office of Behavioral Health as an OBH					
Provider. Detox plan must be provided in accordance with OBH licensure					
APPLICABLE POPULATION(S)	UNIT	DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	_	Minimum: 8 minutes			
 ✓ Adol (12-17) ✓ Isology Radit ✓ Fladit (21-04) ✓ Geriatric (65+) 		Лахітит: N/A			
ALLOWED MODE(S) OF DELIVERY	Program Service Category	<u>, </u>			
	☑ HE (SP) ☐ U4 (ICM)	☐ HJ (Voc)			
☐ Face-to-Face ☐ Individual	☐ HK (Residential) ☐ TM (ACT)	☐ HQ (Clubhouse)			
☐ Video Conference (GT) ☐ Group	☐ HM (Respit	te) 🗆 TT (Recovery)			
☐ Telephone ☐ Family		☐ HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed	Master's Level (HO)	E) 🗵 RxN (SA)			
	EdD/ PhD/PsyD (HP) EdD/ PhD/PsyD (HP) CAC I APN (SA)				
☑ Intern ☑ LMFT ☑ Licensed Ed	D/PhD/PsyD (AH) ⊠CACIII □ QMAP	☑ MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53)					
☑ Outp Hospital (22)					
☑ Independent clinic (49)					

SUPPORT SERVICES – CHILDCARE – ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE I	DESCRIPTION	l	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		 Date of service Start and stop Signed with 1st 	time (duratio	on) ame & credentia	ıls	
NOTES		EXAMPLE ACTIVITIE	S			
APPLICABLE POPULATION(S)		UNIT		DURATION		
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 			15 Minutes 1 Hour	Minimum: 8 m Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE	CATEGORY(I	ES)		
☑ Face-to-Face☑ Individual☑ Video Conf☑ Group☑ Telephone☑ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (□ TM □ HM	(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS						
⊠ Bachelor's Level (HN) ⊠ LPC ⊠ Un	nlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA ⊠ QMAP	⊠ KXIN (SA)	
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ FQHC (50) ☑ Other PC ☑ Office (11) ☑ RHC (72) ☑ Home (12) ☑ NRSATF (57)	OS (99)					

TREATMENT – REHABILITATION – ALCOHOL AND DRUG ABUSE								
CPT®/HCPCS PROCE	DURE CODE		PROCEDU	JRE CODE I	DESCRIPTION		US	AGE
	T1012		Alcohol a developm	•	tance abuse s	services, skills	V	ОВН
SERVICE DESCRIPTION	N		MINIMUM DOCUMENTATION REQUIREMENTS					
For those involved in component helps fac activities. The skills of sufficiency and indep	cilitate their manago levelopment is aim		 Start Descr Record 	ription of some		•	ials	
NOTES			EXAMPLE	ACTIVITIE	S			
			 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 				cooking, gement and tworks to awal	
APPLICABLE POPULA	ATION(S)		UNIT			DURATION		
, ,	U	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encou		15 Minutes 1 Hour	Minimum: 8 Maximum: N		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM	M SERVICE	CATEGORY(I			
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual ☐ Group ☐ Family		☐ HE (SP)		□ U4 (□ TM □ HM	(ACT) (Respite)		Clubhouse) ecovery)
STAFF REQUIREMEN	ITS							
☑ Peer Specialist☑ Bachelor's Level (HI☑ Intern	N) ⊠ LCS\ ⊠ LPC ⊠ LMF		EdD/ PhD/Ps	yD (HP)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/L ⊠ RN (TI ⊠ APRN ⊠ QMAF	D) (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (F	•							
区 CMHC (53) ☑ Office (11) ☑ Grp Home (14)	☑ Home (12)☑ PRTF (56)☑ Shelter (04)	⊠ FQHC (50) ⊠ RHC (72) ⊠ RSATF (55)	✓ NRSAT✓ Prison,✓ School	/CF (09)	⊠ Other PO	S (99)		

	SUPPO	ORT SERVICES – LANGUAG	E – ALCOHOL AND DE	RUG ABUSE		
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	T1013		Sign language or ora and/or substance ab		for alcohol	☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCUM	ENTATION RE	QUIREMENTS	
An additional service to a health clients is understood sign language or oral into services required by the	ood or received fo	r clients who require ding but limited to those	 Date of service Start and stop t Signed with 1st 		n) ame & credentia	ls
NOTES			EXAMPLE ACTIVITIE	S		
			Sign language or ora they understand the in relation to alcoho	treatment o	r services being _l	
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
区 Child (0-11)☑ Yo☑ Adol (12-17)☑ (18-2)	-	Adult (21-64) Geriatric (65+)		15 Minutes 1 Hour	Minimum: 8 mi Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	CATEGORY(I	ES)	
☑ Video Conf	☑ Individual ☑ Group ☑ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (□ TM □ HM	(ACT) □ H (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	☐ LCSW (☐ LPC ☐ LMFT	AJ) Unlicensed Mas Unlicensed EdD Licensed EdD/Ph MOH Interpre	/ PhD/PsyD (HP) D/PsyD (AH)	□ LAC □ CAC I □ CAC II □ CACIII	☐ LPN/LVN ☐ RN (TD) ☐ APRN (SA ☐ QMAP	☐ RXN (SA) ☐ PA (PA)
PLACE OF SERVICE (POS)	•					
☑ Office (11) ☑ Mobile Unit (15) ☑	ACF (13) Cust Care (33) Grp Home (14) Home (12)	⊠ICF-MR (54) ⊠NF (32) ⊠PRTF (56)	☑ Shelter (04) ☑SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑RSATF (55)	☑ NRSATF (☑Inpt Hosp ☑Inpt PF (5 ☑ER (23) ☑PF-PHP (5	(21) ⊠School 1) ⊠Othe ⊠ Tele	n/CF (09) ol (03) r POS (99) nealth (02)

TREATMENT - CASE MANAGEMENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
T1016	Case management, each 15 minutes	⊠ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	TS .				
 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 securaccess to services, including contacting agencies for appointments/services after initial referral process; and Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon treatment/service plan and monitoring progress and impact of plan. 	 Technical Documentation Requirements See 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) The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES	EXAMPLE ACTIVITIES					
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up.	 available resources, explaining options to papplication process Contact with patient's family members for patient access services Care Coordination between other services 	patient and assisting in assistance helping				
APPLICABLE POPULATION(S)	UNIT DURATION	V				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	☐ Encounter ☑ 15 Minutes Minimum:	8 mins				
 ✓ Face-to-Face ✓ Individual ✓ Video Conf ✓ Group ✓ Telephone ✓ Family 	□ HK (Residential) □ TM (ACT) □ HM (Respite)	⊠ HJ (Voc) ⊠ HQ (Clubhouse) ⊠ TT (Recovery) ⊠ HT (Prev/El)				
STAFF REQUIREMENTS		, ,				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicens	sed Master's Level (HO)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☑ Hospice ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56	(54)	区 School (03) ☑ Other POS (99) ☑ Telehealth (02)				

Uniform Service Coding Standards Manual October 2019 Revised: September 30, 2019

	Targeted Case Management- Behavioral Health TCM Services						
CPT®/HCPCS PROCEDURE CO	DE		PROCEDURE	CODE DES	SCRIPTION		USAGE
	T1017		Targeted case	e manage	ment, each 15	minutes	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Services designed to assist and being assessed for a mental if medical, social, educational, coordination and care transit. • Assessing service needs – gatheeds; • Service plan development – service plan development. • Referral and related activities appointments for patient with and/providing contact information patient/collaterals to secure a for appointments/services after the Monitoring and follow-up – confollowing the agreed upon services and impact of plan.	 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the service plan? Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) The services utilized and the individual's response to the services (includes assessing service needs, service plan development, referral, and monitoring/follow-up, which includes care coordination) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or 						
See Appendix E: Targeted Ca	se Management		Coordii	iation nee	eded with 3 rd p	ai ties	
NOTES			EXAMPLE AC	TIVITIES			
Case management involves links services, but is not itself the dire been referred. Case management patient to required services/time scheduled appointment. However appointment with the patient for follow-up. T1017* may be used, when approved detox. However, it may not approved for use when several commentation must support).	hich the patient has nt transporting the tient attends a ticipating in an r monitoring and an individual in ent (i.e. it is only	 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. 				cing in application ance helping patient by, healthcare com the hospital to comes, multiple case collaterals, etc.) to	
APPLICABLE POPULATION(S)			UNIT			DURATIO	N
☑ Child (0-11) ☑ Young ☑ Adol (12-17) (18-20) ALLOWED MODE(S) OF DELI'	☑ Geriatr		☐ Encounter☐ Day PROGRAM SI		15 Minutes 1 Hour ATEGORY(IES)	Minimum Maximum	
☑ Face-to-Face ☑ In ☑ Video Conf ☐ G ☑ Telephone ☑ Fa	dividual roup amily		⊠ HE (SP) □ HK (Reside		☑ U4 (ICN ☑ TM (AC ☑ HM (Respite)	T) 🗆 :	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☒ Unlicensed Master's Level (HO) ☒ LAC ☒ LPN/LVN (TE) ☒ RxN (SA) ☒ LPC ☒ Unlicensed EdD/ PhD/PsyD (HP) ☒ CAC I ☒ RN (TD) ☒ PA (PA) ☒ LMFT ☒ Licensed EdD/PhD/PsyD (AH) ☒ CAC II ☒ APN (SA) ☒ MD/DO (
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)☑ RRTE (56)	✓ Shelter (✓ SNF (31)✓ FQHC (5✓ RHC (72)) 60)	✓ Inpt Hosp (✓ Inpt PF (51✓ ER (23)✓ PF-PHP (53)) 🗴	School (03) Other POS (99) Telehealth (02)

	Targeted Case Management- Behavioral Health TCM Services							
CPT®/HCPCS PROCEDURE CODE				PROCEDURE CODE DESCRIPTION USAGE				USAGE
	T1017			Targeted case management, each 15 minutes ☑ OBH				⊠ OBH
SERVICE DESCRIPTION				MINIMUM D	OCUMEN	NTATION REQU	IREMEN	TS
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 Section X Service Conto 1. The real agenda treatment 2. Descrip address medica medica 3. The ser service treatment monito 4. How di toward	ent ason for the service of the sed (adultion, eduction,	pes the service ce plan? he service provious to living skills, facational, housi vocational, othized and the incest assessing serce plan developow-up, which invice impact the bjectives?	hat was to relate to ded (spe mily, inco ng, interper basic dividual's vice need oment, re cludes ca individu	cify issues ome/ support, legal, personal, resources) s response to the ds, eferral, and are coordination) al's progress
See Appendix E: <u>Targeted Case N</u>	// Management					ntact(s) includir eded with 3 rd p		llow-up or
NOTES				EXAMPLE AC		eded with 5 p	ai ties	
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).				resources, process Contact wi access serv Care Coord providers Developme outpatient Social Detox ex To link patient management s	explaining th patient' vices lination be ent and fol services kample: from social services are	s options to patie s family member etween other services llow-up of a trans al detox to outpa e offered (calls, n	nt and assistice agences sition plantitient servine servine servine etings v	from the hospital to ces, multiple case vith collaterals, etc.) to
APPLICABLE POPULATION(S)				schedule an intake, obtain records and information and make referrals. UNIT DURATION				
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)☑ (18-20)	☑ Geriati		855	☐ Encounter ☐ Day	□ 1	5 Minutes Hour	Minimu	um: 8 mins um: N/A
ALLOWED MODE(S) OF DELIVER	Y			DGRAM SERVI HE (SP)	CE CATEO	ORY(IES) ☑ U4 (ICM)	F	☑ HJ (Voc)
☑ Face-to-Face☑ Video Conf☑ Grou☑ Telephone☑ Fami	р			HK (Residential	1)	☑ 04 (ICM) ☑ TM (ACT) ☑ HM (Respite	e) [I HQ (Clubhouse) I HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed N ☑ Unlicensed E ☑ Licensed EdD	EdD/ F	PhD/PsyD (HP)	☑ LAC □CAC II □CAC II	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA □ QMAP	١	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)								
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ Hospice (34 ☑ ICF-MR (54 ☑ NF (32) ☑ PRTF (56)		⊠ Shelter ⊠ SNF (31) ⊠ FQHC (5 ⊠ RHC (72) 50)	☑ Inpt Hosp ☑ Inpt PF (51 ☑ ER (23) ☑ PF-PHP (52	.) [☑ School (03) ☑ Other POS (99) ☑ Telehealth (02)

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	RESIDENTIAL -	– ALCOHOL AN	D DRUG ABUSE - SO	CIAL DETOX				
CPT®/HCPCS PROCEDURE CO	DE		PROCEDURE CODE	DESCRIPTIO	N		USAGE	
	Personal care service inpatient or residen ICF/MR or IMD, par treatment (code ma services provided by	⊠ Medicaid						
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION F	REQUIREM	ENTS		
Provision of daily living needs including hydration, nutrition, cleanliness and toiletries for patient. Services designed to maintain the safety and health of the patient, which will generally be similar for all patients.			Technical Documentation Requirements See Section X					
NOTES	EXAMPLE ACTIVITIE			·				
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				ION	
☐ Child (0-11) ☑ Young (☑ Adol (12-17) 20)		t (21-64) atric (65+)	☐ Encounter ☐ Day				num: 8 mins num: N/A	
ALLOWED MODE(S) OF DELIV	ERY		Program Service Ca	tegory				
☑ Face-to-Face ☐ Video Conference (GT) ☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residential)		4 (ICM) M (ACT) M (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	H Master's Level (HO) H EdD/ PhD/PsyD (HP) HD/PhD/PsyD (AH)	` ,	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)								
区MHC (53)☑ Outp Hospital (22)☑Independent clinic (49)								

	RESIDENTIA	L - – ALCOHO	L AND DRUG ABUSE	- SOCIAL DE	TOX		
CPT®/HCPCS PROCEDURE C	ODE		PROCEDURE CODE	DESCRIPTION	ON		USAGE
1		Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualize plan of treatment (code may not be used to identify services provided by home health aide or CNA)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Provision of daily living need nutrition, cleanliness and to designed to maintain the sa which will generally be simi	Technical Documer See Section X Service Content: 1. Patient's identifitreatment/servi 2. Outcome/plan, in needed, based of	ntation Req ied persona ce plan ndicating ar	uirements Il care servic	e needs, a			
NOTES	EXAMPLE ACTIVITIES						
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.			Hydration, nutrition	1			
APPLICABLE POPULATION(S)		UNIT			DURATION	ON
☐ Child (0-11)	-	lult (21-64) eriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour		Minimum: 8 mins Maximum: N/A	
ALLOWED MODE(S) OF DEL	.IVERY		Program Service Ca	itegory			
☑ Face-to-Face☐ Video Conference (GT)☐ Telephone	☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ HK (Residential)		U4 (ICM) FM (ACT) HM (Respite)]] (□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CAC II	☑ LPN/LVN ☑ RN (TD) ☑ APN (SA □ QMAP) E	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)							
区MHC (53)☑ Outp Hospital (22)☑ Independent clinic (49)							

RESIDENTIAL - ALCOH	RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREM	MINIMUM DOCUMENTATION REQUIREMENTS					
A screening procedure limited in nature and intended to merely indicate whether there is a probability that a ment 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.	Service Content: 1. Screening addresses, at minimum:	on for change					
	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 respor	nse to discharge plan					
APPLICABLE POPULATION(S)	UNIT DU	URATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+		1inimum: N/A aximum: N/A					
ALLOWED MODE(S) OF DELIVERY	Program Service Category						
 ☑ Face-to-Face ☑ Video Conference (GT) ☐ Telephone ☑ Family 	□ HE (SP) □ U4 (ICM) □ HK (Residential) □ TM (ACT) □ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS							
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlice	nsed Master's Level (HO) nsed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH) CAC II APN (SA) CACIII QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)					
PLACE OF SERVICE (POS)							
区 CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49)							

	RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX							
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COL	DE DESC	RIPTION		USAGE	
T1023			Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter					
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
A screening procedure limited in nature and intended to merely indicate whether there is a probability that a mental health and/or substance use related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age relevant. Considers patient's motivation and need for further treatment and notes steps taken to connect them to appropriate services upon discharge. Technical Documentation Requirements See 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					change			
NOTES			EXAMPLE ACTIVITI					
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.			Discharge planning	g, referral	plans, client res	sponse to	discharge plan	
APPLICABLE POPULATION(S)			UNIT DURATION				ON	
☐ Child (0-11) ☑ Young ☑ Adol (12-17) (18-20)	⊠ Gei	ult (21-64) riatric (65+)	☑ Encounter ☐ Day	□ 15 I □ 1 H	Minutes our	Minimu Maximu		
ALLOWED MODE(S) OF DELIV	/ERY		Program Service C	ategory				
☑ Face-to-Face☐ Video Conference (GT)☐ Telephone	☑ Individual ☐ Group ☐ Family		⊠ HE (SP) □ HK (Residential)	ı	☐ U4 (ICM)☐ TM (ACT)☐ HM (Respite	e)	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)	
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed	EdD/PhD/PsyD (AH)	· · · · · · · · · · · · · · · · · · ·	RxN (SA) PA (PA) MD/DO (AF)			
PLACE OF SERVICE (POS)								
☑ CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49)								

SUPPORT SERVICES – TRANSPO			ATION – ALCOHOL AI	ND DRUG ABI	JSE		
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	T2001		Non-emergency transportation				
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION RE	QUIREMENTS		
Providing transportation reach their destination in issues, age of patient, or destination.	ndependently, be it fo	r competency	 Date of service Start and stop Description of Reason for tra Origin of pick Purpose of tra 	e time (duratio service rende insportation up and destina insportation to	on) ered ation		
NOTES			EXAMPLE ACTIVITIE	ES			
APPLICABLE POPULATION			UNIT		DURATION		
⊠ Adol (12-17) (18-2	0) 🗵 Geri	lt (21-64) atric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: N _i Maximum: N		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE			<u> </u>	
☑ Face-to-Face ☐ Video Conf ☐ Telephone	☑ Individual☐ Group☑ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (□ TM □ HM	(ACT) [(Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS							
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LV ⊠ RN (TD ⊠ APRN (⊠ QMAP) × XI RXN (SA)	
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).³⁰
- "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), 31 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.

i. 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.³²

j. 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		

k. 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.³³

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.³⁴

l. 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.³⁵ (Refer to Section IV.C.)

m. 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.36

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)³⁷

Providers bill the appropriate RAE for the Medicaid behavioral health services rendered. For detailed instructions on completing the UB-04, refer to the <u>Colorado MAP Billing Manuals</u>;³⁸ 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;³⁹ the National Uniform Claim Committee (NUCC) 1500 Claim Form Map to the X12 837 Health Care Claim: Professional;⁴⁰ the 837P Transaction Data Guide; the 837P Implementation Guide or the Web Portal User Guide; and/or the appropriate RAE provider manual.

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

b. Colorado HCPF Procedure Code Revisions

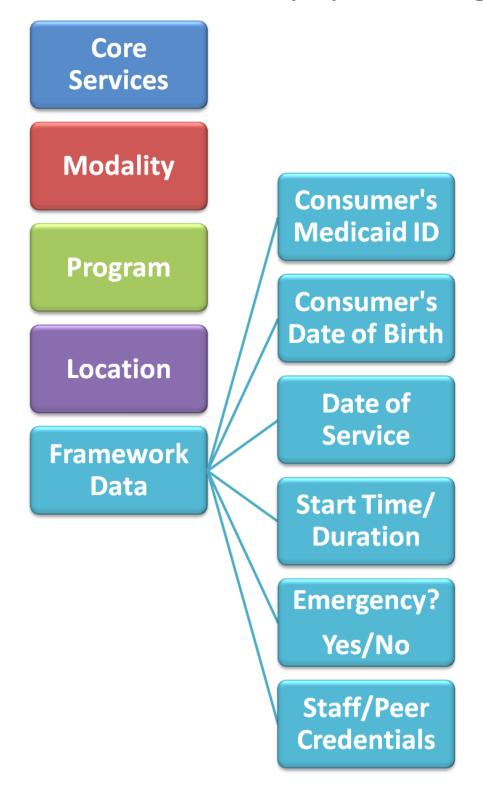
To submit a suggestion to add, delete or change the Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative approved procedure code list (<u>Appendix C</u>) submit the following information to the Colorado Department of Health Care Policy and Financing (HCPF):

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

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

\boxtimes	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.
_	
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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:

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

Procedure Code: H2025, Ongoing support to maintain employment

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

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

Procedure Code: 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				
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				

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

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List				
CPT/HCPCS Procedure Code	Description				
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				
99238	Discharge day management; 30 minutes or less				

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

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

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

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

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List					
CPT/HCPCS Procedure Code	Description					
H0023	Debouierel health authorah aswine (alaumad annusash ta usash a nagulation) (Duor In Contag					
H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge					
H0024	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					
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					

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

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

CDHS – OBH Approved Behavioral Health (BH) Procedure Code List						
CPT/HCPCS Procedure Code	Description					
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter					
T2001	Non-emergency transportation					

Appendix C: Colorado Community Behavioral Health Program Procedure Code Categorization

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

		Primary	Secondary		SP		
Code	Description	Category	Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Interactive complexity (list separately in addition to the code			Interactive			
90785	for the primary service)	Treatment	Psychotherapy	Complexity	Χ		E
90791	Psychiatric diagnostic evaluation	Assessment	Diagnosis	n/a	Χ	Χ	E
90792	Psychiatric diagnostic evaluation with medical services	Assessment	Diagnosis	n/a	Χ	Χ	E
•	Psychotherapy, 30 minutes with the patient and/or family			Individual			
90832	member	Treatment	Psychotherapy	Psychotherapy	Χ	Χ	E
	Psychotherapy, 30 minutes with the patient and/or family						
	member when performed with an evaluation and						
	management service (list separately in addition to the code			Individual			_
90833	for primary service)	E&M	Psychotherapy	Psychotherapy	Х	Х	Е
	Psychotherapy, 45 minutes with the patient and/or family			Individual			
90834	member	Treatment	Psychotherapy	Psychotherapy	Х	Х	E
	Psychotherapy, 45 minutes with the patient and/or family						
	member when performed with an evaluation and						
	management service (list separately in addition to the code			Individual			
90836	for primary service)	E&M	Psychotherapy	Psychotherapy	Х	Х	E
	Psychotherapy, 60 minutes with the patient and/or family			Individual			
90837	member	Treatment	Psychotherapy	Psychotherapy	Χ		E
	Psychotherapy, 60 minutes with the patient and/or family member when performed with an evaluation and						
	management service (list separately in addition to the code			Individual			
90838	for primary service)	E&M	Psychotherapy	Psychotherapy	Χ	Х	E
				Psychotherapy			
90839	Psychotherapy for Crisis, first 60 min	Crisis	Psychotherapy	for Crisis	Χ	Χ	E
	Psychotherapy for Crisis, each additional 30 minutes (List			Psychotherapy			
90840	separately in addition to code 90839 for primary service)	Crisis	Psychotherapy	for Crisis	Х	Χ	30 M
				Family			
90846	Family psychotherapy (without the patient present)	Treatment	Psychotherapy	Psychotherapy	Χ	Χ	E

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		Primary	Secondary		SP		
Code	Description	Category	Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Family psychotherapy (conjoint psychotherapy) (with patient			Family			
90847	present)	Treatment	Psychotherapy	Psychotherapy	Χ	Χ	E
				Group			
90849	Multiple-family group therapy	Treatment	Psychotherapy	Psychotherapy	Χ	Χ	Е
				Group			
90853	Group psychotherapy (other than of a multiple-family group)	Treatment	Psychotherapy	Psychotherapy	Х	Х	Е
	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		Other Professional				
90875	minutes	Treatment	Services	Biofeedback	Χ	Χ	E
	Individual psychophysiological therapy incorporating						
	biofeedback training by any modality (face-to-face with the						
	patient), with psychotherapy (e.g., insight-oriented, behavior						
	modifying or supportive psychotherapy); approximately 45		Other Professional				
90876	minutes	Treatment	Services	Biofeedback	Χ		E
	Interpretation or explanation of results of psychiatric, other						
	medical examinations and procedures, or other accumulated						
	data to family or other responsible persons, or advising them		Psychological				
90887	how to assist patient	Assessment	Testing	n/a	Χ		E

		Primary			SP		
Code	Description	Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Neurobehavioral status exam (clinical assessment of thinking,						
	reasoning, and judgment, e.g., acquired knowledge, attention,						
	language, memory, planning and problem solving, and visual						
	spatial abilities), by physician or other qualified health care						
	professional, both face-to-face time with patient and time		Psychological				
96116	interpreting test results and preparing the report; first hour	Assessment	Testing	n/a	Χ		1 H

		Primary			SP		
Code	Description	Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Add on to 96116. Each additional hour (List separately in		Psychological				
96121	addition to code for primary procedure)	Assessment	Testing	n/a	Χ		1 H
	Psychological testing evaluation services by physician or other						
	qualified health care professional, including integration of						
	patient data, interpretation of standardized test results and						
	clinical data, clinical decision making, treatment planning and						
	report and interactive feedback to family member(s) or		Psychological				
96130	caregiver(s), when performed first hour	Assessment	Testing	n/a	Χ		1 H
	Add on to 96130. Each additional hour (List separately in		Psychological				
96131	addition to code for primary procedure)	Assessment	Testing	n/a	Χ		1 H
	Neuropsychological testing evaluation services by physician or						
	other qualified health care professional, including integration						
	of patient data, interpretation of standardized test results and						
	clinical data, clinical decision making, treatment planning and						
	report and interactive feedback to family member(s) or		Psychological				
96132	caregiver(s), when performed; first hour	Assessment	Testing	n/a	Χ		1 H
	Add on to 96132. Each additional hour (List separately in		Psychological				
96133	addition to code for primary procedure)	Assessment	Testing	n/a	Χ		1 H
	Psychological or neuropsychological test administration and						
	scoring by physician or other qualified health care		Psychological				
96136	professional, two or more tests, any method, first 30 minutes	Assessment	Testing	n/a	Χ		30 M
	Add on to 96136. Each additional 30 minutes (List separately		Psychological				
96137	in addition to code for primary procedure)	Assessment	Testing	n/a	Χ		30 M
	Psychological or neuropsychological test administration and						
	scoring by technician, two or more tests, any method, first 30		Psychological				
96138	minutes	Assessment	Testing	n/a	Χ		30 M
	Add on to 96138. Each additional 30 minutes (List separately		Psychological				
96139	in addition to code for primary procedure)	Assessment	Testing	n/a	Χ		30 M
	Psychological or neuropsychological test administration, with						
	single automated instrument via electronic platform, with		Psychological				
96146	automated result only	Assessment	Testing				
	Therapeutic, prophylactic, or diagnostic injection (specify		Medication				
96372	substance or drug) subcutaneous or intramuscular	Treatment	Management	n/a	Χ		E

		Primary			SP		
Code	Description	Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Self-care/home management training (e.g., activities of daily						
	living (ADLs) and compensatory training, meal preparation,						
	safety procedures, and instructions in use of assistive						
	technology devices/adaptive equipment) direct one-on-one						
97535	contact by provider, each 15 minutes	Treatment	Rehabilitation	n/a	Х		15 M
	Community/work reintegration training (e.g., shopping,						
	transportation, money management, avocational activities						
	and/or work environment/modification analysis, work task						
	analysis, use of assistive technology device/adaptive						
97537	equipment), direct one-on-one contact by provider, each 15 minutes	Treatment	Rehabilitation	n/a	Х	Χ	15 M
97337	Illitutes	Treatment	Reliabilitation	Phone	^	^	13 101
	Telephone assessment and management provided by qualified			Assessment and			
98966	non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Х	Х	15 M
30300	non physician neuron care professionali	7.555551116116	Tron ruce to ruce	Phone			13
	Telephone assessment and management provided by qualified			Assessment and			
98967	non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Х	Х	15 M
	·			Phone			
	Telephone assessment and management provided by qualified			Assessment and			
98968	non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Χ	Χ	15 M
	Office or Other Outpatient Services: requires problem focused						
	history, problem focused examination, and straight forward		Office or Other				
99201	medical decision making. Typical time spent is 10 minutes.	E&M	Outpatient	New Patient	Х	Х	E
	Office or Other Outpatient Services: requires expanded						
	problem focused history, expanded problem focused						
00005	examination, and straightforward medical decision making.	50.4	Office or Other		\ \ \		_
99202	Typical time spent is 20 minutes.	E&M	Outpatient	New Patient	Х		E
	Office or Other Outpatient Services: requires detailed history,		Office on Other				
00202	detailed examination, and low complexity medical decision	F0.N4	Office or Other	Now Dationt	_		E
99203	making. Typical time spent is 30 minutes.	E&M	Outpatient	New Patient	Χ		<u> </u>

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*

	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and moderate						
	complexity medical decision making. Typical time spent is 45		Office or Other				
99204	minutes.	E&M	Outpatient	New Patient	Х		Е
33201	Office or Other Outpatient Services: requires comprehensive	Laivi	Gutputient	Trew rations			_
	history, comprehensive examination, and high complexity		Office or Other				
99205	medical decision making. Typical time spent is 60 minutes.	E&M	Outpatient	New Patient	Х		Е
	Office or Other Outpatient Services: Office or other						
	outpatient office visit that may not require the presence of a		Office or Other	Established			
99211	physician. Usually presenting problems are minimal.	E&M	Outpatient	Patient	Х		Е
	Office or Other Outpatient Services: requires problem		'				
	focused history, problem focused examination, and						
	straightforward medical decision making. Typical time spent		Office or Other	Established			
99212	is 10 minutes.	E&M	Outpatient	Patient	Х		Е
	Office or Other Outpatient Services: requires expanded		·				
	problem focused history, expanded problem focused						
	examination, and low complexity medical decision making.		Office or Other	Established			
99213	Typical time spent is 15 minutes.	E&M	Outpatient	Patient	Х		E
	Office or Other Outpatient Services: requires detailed history,						
	detailed examination, and moderate complexity medical		Office or Other	Established			
99214	decision making. Typical time spent is 25 minutes.	E&M	Outpatient	Patient	Χ		E
	Office or Other Outpatient Services: requires comprehensive						
	history, comprehensive examination, and high complexity		Office or Other	Established			
99215	medical decision making. Typical time spent is 40 minutes.	E&M	Outpatient	Patient	Χ		E
	Observation Care discharge day management when provided		Hospital	Observation Care			
99217	on a day other than day of admission.	E&M	Observation	Discharge	Х		E
	Initial observation care, per day, for the evaluation and						
	management of a patient: requires detailed or						
	comprehensive history, detailed or comprehensive exam,						
	and straight forward or low complexity medical decision	_	Hospital	Initial Observation	.,		_
99218	making, Typical time is 30 minutes	E&M	Observation	Care	Х		Е
					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Initial observation care, per day, for the evaluation and		Hospital	Initial Observation			
99219	management of a patient: requires comprehensive history,	E&M	Observation	Care	Χ		E

99232	inadequately to therapy or has developed a minor complication)	E&M	Hospital Inpatient	Subsequent Hospital Care	Х		E
Code	Subsequent hospital care, per day (patient responding	Primary Category	Secondary Category	Tertiary Category	(HE)	(0)(3)	Ollit
Code	Description	Brimary Catagory	Socondary Category	Tortiony Catogory	SP (HE)	(b)(3)	Unit*
99231	Subsequent hospital care, per day (stable, recovering or improving patient)	E&M	Hospital Inpatient	Subsequent Hospital Care	Х		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	Х		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	х		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	х		E
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity)	E&M	Hospital Inpatient	Initial Hospital Care	Х		E
99221	management of a patient (low severity) Initial hospital care, per day, for the evaluation and management of a patient (moderate severity)	E&M E&M	Hospital Inpatient Hospital Inpatient	Care Initial Hospital Care	x		E E
99220	comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes 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 Initial hospital care, per day, for the evaluation and	E&M	Hospital Observation	Initial Observation Care Initial Hospital	X		E

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

						SP		
Coc	de	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
		Office or other Outpatient Consultations Evaluation and			Office or Other			
992	244	Management Services: requires comprehensive history,	E&M	Consultations	Outpatient	Χ		E

		I		1		
	comprehensive exam moderate complexity med decision					
	making, Typical time 60 minutes					
	Office or other Outpatient Consultations Evaluation and					
	Management Services: requires comprehensive history,					
	comprehensive exam high complexity med decision making,			Office or Other		
99245	Typical time 80 minutes	E&M	Consultations	Outpatient	Χ	E
	Inpatient consultation for a new or established patient; the					
99251	presenting problem(s) are self-limited or minor	E&M	Consultations	Inpatient	Х	E
	Inpatient consultation for a new or established patient; the					
99252	presenting problem(s) are of low severity	E&M	Consultations	Inpatient	Χ	E
	Inpatient consultation for a new or established patient; the					
99253	presenting problem(s) are of moderate severity	E&M	Consultations	Inpatient	Χ	E
	Inpatient consultation for a new or established patient; the					
99254	presenting problem(s) are of moderate to high severity.	E&M	Consultations	Inpatient	Χ	E
	Inpatient consultation for a new or established patient; the					
99255	presenting problem(s) are of moderate to high severity.	E&M	Consultations	Inpatient	Χ	E
	Emergency Department Services: requires problem focused					
	history, problem focused examination straight forward		Emergency			
99281	medical decision making	E&M	Department	n/a	Χ	E
	Emergency Department Services: requires expanded problem					
	focused history, expanded problem focused examination low		Emergency			
99282	complexity medical decision making	E&M	Department	n/a	Х	E
	Emergency Department Services: requires expanded problem					
	focused history, expanded problem focused examination		Emergency			
99283	moderate complexity medical decision making	E&M	Department	n/a	Х	E
	Emergency Department Services: requires detailed history,					
	detailed examination moderate complexity medical decision		Emergency			
99284	making	E&M	Department	n/a	X	E

Codo	Description	Drimon, Cotogon,	Sacandam, Catagom,	Toutions Cotogons	SP (HE)	(b)(3)	Unit*
Code	Description Emergency Department Services: requires comprehensive	Primary Category	Secondary Category	Tertiary Category	(IIL)	(0)(3)	Offic
	history, comprehensive examination high complexity medical		Emergency				
99285	decision making.	E&M	Department	n/a	Х		Е
33203	Initial Nursing Facility Care Services: requires detailed or	LOW	Department	11/ 0			_
	comprehensive history, detailed or comprehensive						
	examination straight forward or low complexity medical						
99304	decision making, Typical time is 25 minutes	E&M	Nursing Facility	Initial Services	x		Е
33304	Initial Nursing Facility Care Services: requires comprehensive	Law	rear sing raciney	miliai services			1
	history, comprehensive examination moderate complexity						
99305	medical decision making, Typical time is 35 minutes	E&M	Nursing Facility	Initial Services	Χ		E
33303	Initial Nursing Facility Care Services: requires comprehensive	Law	rear sing raciney	miliai services			1
	history, comprehensive examination high complexity						
99306	medical decision making Typical time is 45 minutes	E&M	Nursing Facility	Initial Services	Χ		Е
33300	Subsequent Nursing Facility Services: requires problem	20111	rear sing raciney	miliar services			_
	focused interval history, problem focused examination,						
	straight forward medical decision making, Typical time 10			Subsequent			
99307	minutes	E&M	Nursing Facility	Services	х		Е
	Subsequent Nursing Facility Services: requires expanded		l l l l l l l l l l l l l l l l l l l				
	problem focused interval history, expanded problem focused						
	examination, low complexity medical decision making,			Subsequent			
99308	Typical time 15 minutes	E&M	Nursing Facility	Services	Х		E
	Subsequent Nursing Facility Services: requires detailed						
	interval history, detailed examination moderate complexity			Subsequent			
99309	medical decision making, Typical time is 25 minutes	E&M	Nursing Facility	Services	Χ		E
	Subsequent Nursing Facility Services: requires comp interval		,				
	history, comprehensive examination high complexity medical			Subsequent			
99310	decision making, Typical time is 35 minutes	E&M	Nursing Facility	Services	Χ		E
	Nursing Facility discharge services: nursing facility discharge						
99315	day management; 30 minutes or less	E&M	Nursing Facility	Discharge Services	Х		E
	Nursing Facility discharge services: nursing facility discharge			_			
99316	day management; more than 30 minutes	E&M	Nursing Facility	Discharge Services	Х		E
					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
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
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	х		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	Х		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	х		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	Х		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	х		E
99318	minutes Domiciliary, rest home, custodial care services: requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes	E&M E&M	Nursing Facility Domiciliary, Rest Home, Custodial Care	Other New Patient	X		E E
	Annual Nursing Facility Assessment: require detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30						-

Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
					SP		
99349	making, average time 40 minutes	E&M	Home	Patient	Χ		Е
	detailed examination moderate complexity medical decision			Established			
	Home care services: requires detailed interval history,		-				
99348	complexity medical decision making average time 25 minutes	E&M	Home	Patient	х		Е
	interval history, expanded problem focused examination low			Established			
J3341	Home care services: requires expanded problem focused	LQIVI	HOME	ratient	 ^		_
99347	medical decision making, average time 15 minutes	E&M	Home	Patient	Х		Е
	history, problem focused examination straight forward			Established			
99345	decision making, Typical time 75 minutes Home care services: requires problem focused interval	E&M	Home	New Patient	^_		Ľ
00245	comprehensive examination high complexity medical	FONA	Homo	Now Datis at	Х		E
	Home care services: requires comprehensive history,						
99344	decision making, Typical time 60 minutes	E&M	Home	New Patient	Х		E
	comprehensive examination moderate complexity medical						_
	Home care services: requires comprehensive history,						
99343	Typical time 45 minutes	E&M	Home	New Patient	Х		E
	examination moderate complexity medical decision making,						
	Home care services: requires detailed history, detailed						
99342	complexity medical decision making Typical time 30 minutes	E&M	Home	New Patient	Х		E
	history, expanded problem focused examination low						
	Home care services: requires expanded problem focused						
99341	decision making, Typical time 20 minutes	E&M	Home	New Patient	Х		Е
	problem focused examination straight forward medical						
99331	Home care services: requires problem focused history,	LQIVI	Care	raticiit	<u> </u>		_
99337	moderate to high complexity medical decision making, Typical time 60 minutes	E&M	Home, Custodial Care	Patient	X		Е
	comprehensive interval history, comprehensive examination		Domiciliary, Rest	 Established			
	Domiciliary, rest home, custodial care services: requires						
99336	complexity medical decision making, Typical time 40 minutes	E&M	Care	Patient	Х		E
	detailed interval history, detailed examination moderate	_	Home, Custodial	Established			_
	Domiciliary, rest home, custodial care services: requires		Domiciliary, Rest				

Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
99443	appointment; 21 – 30 minutes of medical discussion	E&M	Non-Face-to-Face	Phone	Х		E
	procedure within the next 24 hours or soonest available						
	within the previous 7 days, nor leading to an E/M service or						
	guardian not originating from a related E/M service provided						
	provided by a physician to an established patient, parent, or						
	Telephone evaluation and management (E/M) service		2				
99442	appointment; 11 – 20 minutes of medical discussion	E&M	Non-Face-to-Face	Phone	Х		Е
	procedure within the next 24 hours or soonest available						
	within the previous 7 days, nor leading to an E/M service or						
	guardian not originating from a related E/M service provided						
	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or						
99441	appointment; 5 – 10 minutes of medical discussion	EQIVI	Non-Face-to-Face	Phone	^		L
00441	procedure within the next 24 hours or soonest available	E&M	Non Face to Face	Dhono	Х		E
	within the previous 7 days, nor leading to an E/M service or						
	guardian not originating from a related E/M service provided						
	provided by a physician to an established patient, parent, or						
	Telephone evaluation and management (E/M) service						
99368	by non-physician qualified health care professional	E&M	Case Management	Conference	Х		E
	and/or family not present, 30 minutes or more, participation	50.4		Medical Team	\ \ \		_
	Medical team conference with interdisciplinary team, patient						
99367	by physician	E&M	Case Management	Conference	Х		E
	and/or family not present, 30 minutes or more, participation			Medical Team			_
	Medical team conference with interdisciplinary team, patient						
99366	professional	E&M	Case Management	Conference	Х		E
	participation by a non-physician qualified health care			Medical Team			
	to-face with patient and/or family, 30 minutes or more,						
	Medical team conference with interdisciplinary team, face-						
99350	minutes	E&M	Home	Patient	Х		E
	complexity medical decision making, average time 60			Established			
	Home care services: requires comprehensive interval history, comprehensive examination moderate to high						

	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of patient's						
G0176	disabling mental health problems per session (45 minutes or more)	Treatment	Intensive	PHP	Х		E
	Training and educational services related to the care and						
	treatment of patient's disabling mental health problems per						
G0177	session (45 minutes or more)	Treatment	Intensive	PHP	X		E
			Alcohol and Drug				
H0001	Alcohol and/or Drug (AOD) Assessment	Assessment	Abuse	n/a	X		E
	Behavioral health screening to determine eligibility for						
H0002	admission to treatment program	Screening	Program Eligibility	n/a	Х		E
	Alcohol and/or drug screening; laboratory analysis of		Alcohol and Drug				
H0003	specimens for presence of alcohol and/or drugs	Screening	Abuse	n/a		X	E
				Individual			
H0004	Behavioral health counseling and therapy, per 15 minutes	Treatment	Psychotherapy	Psychotherapy	Х	X	15 M
			Alcohol and Drug	Group			
H0005	Alcohol and/or drug services; group counseling	Treatment	Abuse	Psychotherapy	Χ	Χ	1 H
			Alcohol and Drug	Case			
H0006	Alcohol and/or drug services; case management	Treatment	Abuse	Management	Χ	Χ	15 M
			Alcohol and Drug	Intensive (IOP -			
H0015	Alcohol and/or drug services; intensive outpatient program	Treatment	Abuse	SUD)			E
	Behavioral health; residential (hospital residential treatment		Acute Treatment				
H0017	program), without room and board, per diem	Residential	Unit (ATU)	n/a	Х		D
	Behavioral health; short-term residential (non-hospital						
	residential treatment program), without room and board,						
H0018	per diem	Residential	Short Term	n/a	Χ	Х	D

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Behavioral health; long-term residential (non-medical, non-						
	acute care in a residential treatment program where stay is						
	typically longer than 30 days), without room and board, per			,	V	V	_
H0019	diem	Residential	Long Term	n/a	Х	Х	D
	Alcohol and/or drug services; Methadone administration		Alcohol and Drug		V	V	_
H0020	and/or service (provisions of the drug by a licensed program)	Treatment	Abuse	Methadone	Х	Х	E
		Prevention/Early	Outreach or				
110000	Behavioral health outreach service (planned approach to	Intervention or	Rehabilitation (Drop	,	V*		15.04
H0023	reach a population) /Drop- In Center	Treatment	In)	n/a	Χ*		15 M
	Behavioral health prevention education service (delivery of	Prevention/Early		,	V		_
H0025	services to affect knowledge, attitude and/or behavior)	Intervention	Education	n/a	Х		E
H0031	Mental health assessment, by non-physician	Assessment	Diagnosis	n/a	Χ		E
			Treatment/Service				
H0032	Mental health service plan development by non-physician	Assessment	Planning	n/a	Х	Χ	E
			Medication				
H0033	Oral medication administration, direct observation	Treatment	Management	n/a	X*	Х	E
					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
			Medication				
H0034	Medication training and support, per 15 minutes	Treatment	Management	n/a	Χ	Χ	15 M
	Mental health partial hospitalization, treatment, less than 24						
H0035	hours	Treatment	Intensive	PHP	Χ	Χ	E
	Community psychiatric supportive treatment, face-to-face,						
H0036	per 15 minutes	Treatment	Rehabilitation	CPST	Χ		15 M
	Community psychiatric supportive treatment, face-to-face,						
H0037	per diem	Treatment	Rehabilitation	CPST	Χ	Χ	D
		Peer					
H0038	Self-help/peer services, per 15 minutes	Support/Recovery	Behavioral Health	n/a	X*	Χ	15 M
H0039	Assertive community treatment, face-to-face, per 15 minutes	Treatment	Rehabilitation	ACT	Χ	Х	15 M
H0040	Assertive community treatment program, per diem	Treatment	Rehabilitation	ACT	Χ	X	D
H0043	Supported housing, per diem	Residential	Supported Housing	n/a	Χ	Х	D

H0044	Supported housing, per month	Residential	Supported Housing	n/a	Х	Х	М
H0045	Respite care services, not in the home, per diem	Respite Care	Facility-Based	n/a		Х	D
H2000	Comprehensive multidisciplinary evaluation	Assessment	Diagnosis	n/a	Χ		Е
H2001	Rehabilitation program, per ½ day	Treatment	Rehabilitation	Rehabilitation Program	х	Х	E
Code	Description	Primary Category	Secondary Category	Tertiary Category	SP (HE)	(b)(3)	Unit*
H2011	·	Crisis	Behavioral Health		X	X	15 M
	Crisis intervention service, per 15 minutes			n/a	 		
H2012	Behavioral health day treatment, per hour	Treatment	Intensive	Day Treatment	X	Х	1 H
H2014	Skills training and development, per 15 minutes	Treatment	Rehabilitation	Other	Х		15 M
H2015	Comprehensive community support services, per 15 minutes	Peer Support/Recovery	Community	n/a	Х	x	15 M
112013	comprehensive community support services, per 13 minutes	Peer	Community	11/ a	, <u>, , , , , , , , , , , , , , , , , , </u>	, A	13 141
H2016	Comprehensive community support services, per diem	Support/Recovery	Community	n/a	Χ		D
H2017	Psychosocial rehabilitation services, per 15 minutes	Treatment	Rehabilitation	PSR	Χ		15 M
H2018	Psychosocial rehabilitation services, per diem	Treatment	Rehabilitation	PSR	Χ	Х	D
			Other Professional	Community-Based			
H2021	Community-based wrap-around services, per 15 minutes	Treatment	Services	Wrap-Around	Χ	Х	15 M
			Other Professional	Community-Based	ļ , ,		
H2022	Community-based wrap-around services, per diem	Treatment	Services	Wrap-Around	Х		D
H2023	Supported employment, per 15 minutes	Treatment	Vocational Services	n/a			15 M
H2024	Supported employment, per diem	Treatment	Vocational Services	n/a		Х	D
H2025	Ongoing support to maintain employment, per 15 minutes	Treatment	Vocational Services	n/a		Х	15 M
H2026	Ongoing support to maintain employment, per diem	Treatment	Vocational Services	n/a		Χ	D
			Other Professional				
H2027	Psychoeducational service, per 15 minutes	Treatment	Services	Psychoeducation	Х	Х	15 M
H2030	Mental health clubhouse services, per 15 minutes	Treatment	Rehabilitation	Clubhouse	Χ	Χ	15 M
H2031	Mental health clubhouse services, per diem	Treatment	Rehabilitation	Clubhouse	Χ	Χ	D
H2032	Activity therapy, per 15 min	Treatment	Rehabilitation	Other	Χ	Χ	15 M
H2033	Multi-systemic therapy for juveniles, per 15 minutes	Treatment	Other Professional Services	MST	Х	х	15 M

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Performance measurement, evaluation of patient self-		Alcohol and Drug				
S3005	assessment, depression	Residential	Abuse	Social Detox	Х		E
S5150	Unskilled respite care, not hospice; per 15 minutes	Respite Care	Facility/Community	n/a			15 M
S5151	Unskilled respite care, not hospice; per diem	Respite Care	Facility/Community	n/a		Х	D
	Patient education, not otherwise classified, non-physician		Alcohol and Drug				
S9445	provider, individual	Treatment	Abuse	Education	Χ	Χ	E
	Smoking cessation classes, non-physician provider, per	Prevention/Early		Smoking			
S9453	session	Intervention	Education	Cessation	Χ		E
	Stress management classes, non-physician provider, per	Prevention/Early		Stress			
S9454	session	Intervention	Education	Management	Χ	Χ	E
S9480	Intensive outpatient psychiatric (IOP) services, per diem	Treatment	Intensive	IOP – MH	Χ	X	D
S9485	Crisis intervention mental health services, per diem	Crisis	Behavioral Health	n/a	Χ		D
T1005	Respite care services, up to 15 minutes	Respite Care	Facility-Based	n/a			15 M
	Alcohol and/or substance abuse services, treatment plan						
	development and/or modification, including vital sign		Alcohol and Drug				
T1007	monitoring	Residential	Abuse	Social Detox	Χ		15 M

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
T1017	Targeted Case management, each 15 minutes	Treatment	Case Management	n/a	Χ	Х	15 M
	Personal care services, per 15 minutes, not for an inpatient						
	or resident of a hospital, nursing facility, ICF/MR or IMD, part						
	of the individualize plan of treatment (code may not be used		Alcohol and Drug				
T1019	to identify services provided by home health aide or CNA)	Residential	Abuse	Social Detox	Χ	Χ	15 M
	Screening to determine the appropriateness of consideration						
	of an individual for participation in a specified program,		Alcohol and Drug				
T1023	project or treatment protocol, per encounter	Residential	Abuse	Social Detox	Χ		E

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

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

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

Appendix D: Peer Specialist Core Competencies

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

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

Resources

- Knowledge of community resources and those specific to behavioral health and physical Health and how to navigate the benefits system
- Help individuals and families recognize their natural supports
- *Knowledge of public education and special education system and other child-serving systems

Sources of Information and Input:

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

Uniform Service Coding Standards Manual October 2019

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

Appendix E: Targeted Case Management

Examples of Case Management

Assessment of service needs:

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

Development of a specific care plan that includes:

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

Referral and related activities to obtain needed services:

- To help an individual obtain needed service including activities that link them to medical, social, or educational providers or other services capable of providing services and assisting in referral/scheduling.
- Follow-up post appointments to ensure that the person providing case management services understands any changes or recommendations to treatment or to the content of the supports that will be provided and that this information is also understood and able to be acted on effectively by the Individual/Family/ Supports.

Monitoring and follow-up:

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

Case Management does not include the following:

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

Appendix F: Interactive Complexity



Interactive Complexity Revised 11/3/12



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

Code Type

Add-on codes may be reported in conjunction with specified "primary procedure" codes. Add-on codes may never be reported alone.

Replaces

Codes for interactive diagnostic interview examination, interactive individual psychotherapy, and interactive group psychotherapy are deleted.

Use in Conjunction With

The following psychiatric "primary procedures":

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

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

May Not Report With

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

Typical Patients

Interactive complexity is often present with patients who:

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

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

Report 90785

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

- The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
- Caregiver emotions or behaviors that interfere with implementation of the treatment plan.
- Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
- 4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

Per the Center for Medicare and Medicaid Services (CMS), "90785 generally should not be billed solely for the purpose of translation or interpretation services" as that may be a violation of federal statute.

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

- Multiple participants in the visit with straightforward communication
- Patient attends visit individually with no sentinel event or language barriers
- Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors

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

a. Office or Other Outpatient Services

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

b. Home

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

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	Usage			
99304	Requires detailed or comprehensive history, detailed or comprehensive examination	Medicaid/OBH		
33304	straight forward or low complexity medical decision making, Typical time is 25 minutes	Wedicald/OBT		
99305	Requires comprehensive history, comprehensive examination moderate complexity	Medicaid/OBH		
99303	medical decision making, Typical time is 35 minutes	Medicalu/OBH		
99306	Requires comprehensive history, comprehensive examination high complexity medical	Medicaid/OBH		
33300	decision making Typical time is 45 minutes	ivicuicalu/OBH		

m. Subsequent Nursing Facility Services

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

n. Nursing Facility Discharge Services

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

o. Other Nursing Facility Services

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

e. Emergency Department Services

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

Evaluation and Management Services – Emergency Department						
Procedure Code	Procedure Code Procedure Code Description					
99281	99281 Requires problem focused history, problem focused examination straight forward medical decision making					
99282	99282 Requires expanded problem focused history, expanded problem focused examination low complexity medical decision making					
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			
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 Procedure Code Description			
99224	Requires problem focused interval history, problem focused exam, and straight forward or	Medicaid/OBH		
33224	low complexity medical decision making. Typical time is 15 minutes.	Medicald/OBH		
99225	Expanded problem focused interval history, expanded problem focused exam, and	Medicaid/OBH		
99225	moderate complexity medical decision making. Typical time is 25 minutes.			
99226	Requires detailed interval history, detailed exam, and high complexity medical decision	Medicaid/OBH		
	making Typical time is 35 minutes.	iviedicald/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				
Observation Care Discharge Day Management – provided on a day other than day of admission		Medicaid/OBH		

g. Inpatient

i. Initial Hospital Care

Treatment Services – Inpatient Services – Initial Hospital Care				
Procedure Code Procedure Code Description Usa				
99221	99221 Initial hospital care, per day, for the evaluation and management of a patient (low severity)			
99222	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) Medicaid/0		Medicaid/OBH		

ii. Subsequent Hospital Care

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

iii. Hospital Discharge Services

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

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 Procedure Code Description			
99241	Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.			
99242	Requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes			
99243	Requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes	Medicaid/OBH		
99244	Requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes			
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 Procedure Code Description					
99251	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	Medicaid/OBH				
99253	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate severity	Medicaid/OBH				
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 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.
Examinatio n	Key	4 Types: 1. Problem-focused 2. Expanded Problem-focused 3. Detailed 4. Comprehensive	Examination of the body areas or organ systems.	The 1997 guidelines outline a single system specialty exam for psychiatry at all levels of examination. The 1995 guidelines allow for a single specialty exam only at the Comprehensive level.
Medical Decision- Making	Key	4 Types: 1. Straightforward 2. Low Complexity 3. Moderate Complexity 4. High Complexity	Consideration of the number of diagnoses or management options, along with the amount and complexity of data that must be reviewed to develop the diagnosis, assessment and plan, and the risk of morbidity, mortality, and/or complications.	Providers should consider the complexity of the medical decision-making early in the encounter. The nature and severity of the presenting problem can often act as a guide. Use this guesstimate of medical decision-making complexity to guide or drive the extent of the history taking and examination.
Nature of Presenting Problem	Contributory	5 Types: 1. Minimal: likely straightforward level of medical decision-making 2. Self-limited or minor: likely straightforward level of medical decision-making 3. Low severity: likely low to moderate complexity of medical decision-making — although this depends on work-up needed to get to rule in DX 4. Moderate severity: likely moderate to high complexity of medical decision-making depending on outcome and work-up needed to get to DX. 5. High severity: likely moderate to high-risk medical decision-making.	Characteristics of the presenting problem such as numbers of problems, acuity, severity, chronicity, known or unknown, stable, unstable status, prognosis etc.	This component is built into the Risk Tables developed by both CMS and the AMA and assists in the determination of the level of medical decision-making, which is a key component for determining code choice. The level of severity of the presenting problem may change as the visit progresses and differential diagnoses are explored, ruled in or out. The thought process of the provider should be documented as a support for the medical necessity of the diagnostic or therapeutic services.

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

E/M Code Selection Chart

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

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

					1									1		1
			Initial Nursing Facility													
	ш	99304	Care. New or established patient.			Х	Х			Х	Х	Х	Х			25 MIN
	ο		*Requires 3 of 3.													
	9 1		Initial Nursing Facility													
	URSIN CARE	99305	Care. New or				х				х			х		35 MIN
	کے ک	33303	established patient.				_ ^				^			^		33 141114
	AL		*Requires 3 of 3.													
	INITIAL NURSING HOME CARE		Initial Nursing Facility Care. New or													
	_	99306	established patient.				Х				Х				Х	45 MIN
			*Requires 3 of 3.													
			Subsequent Nursing													
	щ	99307	Facility Care. New or established patient.	Χ				Х				Х				10 MIN
≥	CAR		*Requires 2 of 3.													
NURSING FACILITY	SUBSEQUENT NURSING HOME CARE		Subsequent Nursing													
FĀ	호	99308	Facility Care. New or		х				х				х			15 MIN
N.	NG	33300	established patient.		^				^				^			13 141114
URS	IRSI		*Requires 2 of 3.													
Ž	N.		Subsequent Nursing Facility Care. New or													
	E	99309	established patient.			Х				Х				Х		25 MIN
	οg		*Requires 2 of 3.													
	JBSE		Subsequent Nursing													
	รเ	99310	Facility Care. New or established patient.				Х				Х				Х	35 MIN
			*Requires 2 of 3.													
	>		Nursing Facility													30 or
	JEV JE	99315	Discharge 30 minutes													<30
	RGE RE		or less													MIN
	NURSING HOME DISCHARGE OR ANNUAL REVIEW	99316	Nursing Facility Discharge >30 minutes													>30 MIN
	IRSI DISC		Annual Nursing Facility													IVIIIV
	N A	99318	Assessment *Requires			Х					Х		Х	Х		30 MIN
	٥		3 of 3.													
\RE			Domiciliary, Rest													
רל		99324	Home, Custodial Care. New patient.	Х				Х				Х				20 MIN
DIA			*Requires 3 of 3.													
ME), CUSTODIAL CARE			Domiciliary, Rest													
S		99325	Home, Custodial Care.		х				х				х			30 MIN
ΛΕ),			New patient. *Requires 3 of 3.													
P			Domiciliary, Rest													
191		99326	Home, Custodial Care.			v				v				v		AE BAIRI
RDII		99326	New patient.			Х				Х				Х		45 MIN
OAI			*Requires 3 of 3.													
5., B			Domiciliary, Rest Home, Custodial Care.													
(e.£		99327	New patient.				Х				Х			Х		60 MIN
DOMICILIARY, REST HOME (e.g., BOARDING HO			*Requires 3 of 3.					L								
<u></u>			Domiciliary, Rest													
EST		99328	Home, Custodial Care.				х				х				х	75 MIN
Υ, Β			New patient. *Requires 3 of 3.													
IAR			Domiciliary, Rest													
		99334	Home, Custodial Care.	х				х				х				15 MIN
NO N		<i>33</i> 334	Established patient.	^				^				^				TO IVIIIN
			*Requires 3 of 3.													

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

				1	1			1								
	. CARE, ERVATION	99234	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3			х	х			х	х	х	х			40
	SUBSEQUENT HOSPITAL CARE, SAME DAY ADMIT & DC OBSERVATION	99235	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3				х				х			х		50
	SUBS SAME DAY	99236	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3				х				x				х	55
	SUBSEQUENT HOSPITAL CARE, DISCHARGE	99238	Hospital Discharge Day Management 30 minutes or less													30 or <30 MIN
	SUBSE HOSPITA DISCH	99239	Hospital Discharge Day Management >30 minutes													>30 MIN
	DIS- CHARGE	99217	N/A													
	ON CARE	99218	Initial Observation Care. New or established patient. * Requires 3 of 3			x	х			x	х	x	х			30
z	INITIAL OBSERVATION CARE	99219	Initial Observation Care. New or established patient. * Requires 3 of 3				х				x			х		50
HOSPITAL OBSERVATION	INITIAL	99220	Initial Observation Care. New or established patient. * Requires 3 of 3				х				х				х	70
HOSPITAL C	ION CARE	99224	Subsequent Observation Care. New or established patient. *Requires 2 of 3.	х				x				x	х			15
	SUBSEQUENT OBSERVATION	99225	Subsequent Observation Care. New or established patient. *Requires 2 of 3.		x				x					х		25
	SUBSEQU	99226	Subsequent Observation Care. New or established patient. *Requires 2 of 3.			x				x					x	35

			Office or Outpatient													
	TIONS	99241	Consultation Established Patient *Requires 3	х				х				Х				15
	OFFICE OR OTHER OUTPATIENT CONSULTATIONS	99242	Office or Outpatient Consultation Established Patient *Requires 3		х				х			х				30
	OUTPATIEN'	99243	Office or Outpatient Consultation Established Patient *Requires 3			х				х			х			40
SNC	OR OTHER	99244	Office or Outpatient Consultation Established Patient *Requires 3				х			x				x		60
CONSULTATIONS	OFFICE	99245	Office or Outpatient Consultation Established Patient *Requires 3				х				x				х	80
S		99251	Inpatient Consultation New or Established Patient *Requires 3	х				х				х				20
	LTATIONS	99252	Inpatient Consultation New or Established Patient *Requires 3		х				x			х				40
	T CONSU	99253	Inpatient Consultation New or Established Patient *Requires 3			х				х			х			55
	INPATIENT CONSULTATIONS	99254	Inpatient Consultation New or Established Patient *Requires 3				х				х			х		80
	ı	99255	Inpatient Consultation New or Established Patient *Requires 3				х				х				х	110

E/M Documentation

EVALUATION AND MANAGEMENT MINIMUM DOCUMENTATION REQUIREMENTS SERVICE DESCRIPTION These codes are used for face to face services for the evaluation and CMS has issued two sets of documentation guidelines for E&M Coding. management of an individual with presenting problem(s) of varying These guidelines provide detailed information on requirements and severity. level of detail expected. These guidelines should be used by all providers and billing staff to determine the level of code. See Section The physician/NPP may usually bill for one E&M code per day. In some II.G.1.C. for a chart that lists key components and average times for circumstances another E&M code for the day may be appropriate but each inpatient code. The following is a brief summary of requirements will be subject to review by the payer. only and should not be used as the sole reference for coding: Some locations for E&M services include codes for new patient and All visits must include documentation of the chief complaint or reason established patient. See Section II.G.1.B. For a decision tree on how to for visit. identify new vs. established patients. **OPTION 1**: Documenting services based on the work of the provider: • In general new patients require that the prescriber provide and document all 3 key components that meet the criteria for the code History: see chart in Section II.G.1.D. for determining level of Established patients generally require that only 2 of the 3 key Examination (this can be a single system psychiatric examination see CMS E&M Guidelines 1997 or Section II.G.1.C.) components provided and documented meet the criteria for the code selected. Medical decision-making: see chart in Section II.G.1.D. for • Emergency room E&M codes do not distinguish between new and determining level of medical decision-making. established patients. All 3 key components provided and documented Once the level of each is determined, see Chart in Section II.G.1.E. for must meet criteria for the code selected for every visit. Also time based code selection. coding which is allowed for other E&M codes is not allowed for Emergency Room visits. Outpatient and nursing facility: All 3 Key Components must be Once the location and new vs. established has been determined, choosing documented for new patients. 2 out of 3 key components must be the level of code can be done in one of two ways: documented for established patients. Emergency Room: 3 of 3 key components must be documented at **OPTION 1**: The amount of work of the physician/qualified NPP. each visit. **OPTION 2:** If more than 50% of the billing prescriber's time with the **OPTION 2**: Documenting and coding services based on time spent in individual and family is spent in counseling and coordination of care, then counseling and coordination of care. the service is coded by time spent. This Option requires specific • Document all work completed and: documentation that X minutes of the session lasting Y amount of time Total time of the service was spent on counseling/coordination of care. Time spent in counseling and coordination of care · Content of discussion and medical decision-making See chart in Section II.G.1.E. for code selection based on Average Option 2 is not available for Emergency Room services. **EXAMPLE ACTIVITIES NOTES** The services of the billing prescriber must be face to face Shared/split visit rules may apply depending on the setting and whether or not certain rules regarding supervision are met. CMS transmittal 178 or any successors. Portions of the history – the Review of Systems (ROS) and Past Family and Social History (PSFH) may be completed by the nurse, other trained medical office staff, or the individual. The billing prescriber must document that they both reviewed and agreed with the information provided. ROS and PSFH obtained at an earlier visit does not need to be re-recorded. The billing prescriber should only document changes and/or state that there have been no changes and note the date and location of the earlier ROS and PSFH information. Portions of the examination, specifically the vital signs and weight may be completed by nursing or trained medical office staff but the remainder of the examination must be completed by the prescribing physician.

Appendix H: Abbreviations & Acronyms

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

	e 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
OHS	Colorado Department of Human Services
OHS-OBH	Colorado Department of Human Services, Office of Behavioral Health
DHS-DVR	Colorado Department of Human Services, Division of Vocational Rehabilitation
OME	Durable Medical Equipment
00	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
Нер С	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
CD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
CF CF	Intermediate Care Facility
CF-MR	Intermediate Care Facility Intermediate Care Facility for the Mentally Retarded
CM	
D CIVI	Intensive Case Management Identification
<u>U</u>	Identification

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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
Р	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.

Uniform Service Coding Standards Manual October 2019 Revised: September 30, 2019

Term/Acronym	Definition
PRTF	Psychiatric Residential Treatment Facility
PS	Peer Specialist
PSA	Physician Scarcity Area
PSR	Psychosocial Rehabilitation
PRTF	Psychiatric Residential Treatment Center
QMAP	Qualified Medication Administration Person
R	Required
RCCF	Residential Child Care Facility
RAE	Regional Accountable Entity
RN	Registered Nurse or Registered Professional Nurse
RTC	Residential Treatment Center
RTF	Residential Treatment Facility
RxN	Advanced Practice Nurse with Prescriptive Authority
SA	Substance abuse
SED	Serious Emotional Disturbance(s)
SFT	Strategic/Structural Family Therapy
SI	Suicidal Ideation
SMI	Serious/Severe Mental Illness
SNF	Skilled Nursing Facility
SO	Sexual Offender
SOF	Signature on File
SP	State Plan (Medicaid)
SPMI	Serious /Severe and Persistent Mental Illness
SSA	Single State Agency
SSN	Social Security Number
SW	Social Worker
ТВ	Tuberculosis
ТВІ	Traumatic Brain Injury
TBS	Therapeutic Behavioral Services
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 <u>Appendix Q</u>) under the capitated behavioral health benefit administered under the Accountable Care Collaborative:

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

^{*} For mental health diagnoses only

^{**} For Substance Use Disorder (SUD) diagnoses only

^{***} For members under the age of 21

Appendix J: General Billing Policies under the Capitated Behavioral Health Benefit

The purpose of this appendix is to demonstrate when evaluation and management and hospital services are covered under the capitated behavioral health benefit.

For the purposes of this guidance, the following billing provider types are considered Behavioral Health Specialty Provider Types:

Provider Type (PT)	Specialty TypeProvider	Type Description
35	360	СМНС
37	520	Licensed Psychologist
38	521	Licensed Behavioral Health
		Clinician(includesLAC,LCSW, LPC,
		and LMFT)
64	477	SUD Clinics
63	399	SUD Individual

Federal Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), for the purposes of this guidance, are not defined as Behavioral HealthSpecialty Providers.

Evaluation and Management (E&M) Codes

Evaluation and management codes are covered by the capitated behavioral health benefit when they are billed by a Behavioral Health Specialty Providerfor a primary diagnosis of either a covered mental health or covered substance use disorder, with the following exceptions:

E&M Consultation Codes

The following E&M consultation codesare reimbursed under the capitated behavioral health benefitwhen the service is provided for a covered behavioral health diagnosis, regardless of the billing provider.

Start Value	End Value
99241	99245
99251	99255

E&M Emergency Department Codes

The following E&M emergency department codes are reimbursed under the capitated behavioral health benefit when the service is provided for a covered behavioral health diagnosis, regardless of the billing provider.

Start Value	End Value
99281	99285

E&M Add-on Codes

The followingE&M add-on codes are reimbursed under the capitated behavioral health benefit when they are billed with an E&M code covered under the capitated behavioral health benefit.

90833	90836	90838
30033	70030	90000

Note: E&M codes that are not covered under the capitated behavioral health benefit can be billed to amember's MCO or to FFS, if the member is not enrolled with an MCO.

Hospital Billing

837I (UB-04) Instructions

All Medicaid services associated with hospital treatmentfor a principal covered mental health diagnosisare covered under the capitated behavioral health benefit; this includesall psychiatric and associated medical and facility services, labs, x-rays, supplies, and other ancillary services, when the procedure(s) are billed on a UB-04 and ANSI 837-I X12 claim.

Intensive outpatient program (IOP) services performed in outpatient hospital setting, when the procedure is billed on a UB-04 and ANSI 837-I X12 claim form, and the principal diagnosis is a covered mental healthor substance use disorderdiagnosis covered under the capitatedbehavioral health benefit.

Provider should bill using the most appropriate Medicaid covered revenue code from the list of revenue codes located in Appendix I of this manual or in Appendix Q—Revenue Codes in the Appendices section under Billing Manuals on the Department of Health Care Policy and Financing website.

Hospital treatment not covered under the capitated behavioral health benefit can be billed to a member's MCO or to FFS, if the member is not enrolled with an MCO.

837P (CMS 1500) Instructions

Professional services provided in hospitals are covered under the capitated behavioral health benefit, when the procedure(s) is listed in the Uniform Service Coding Standards (USCS) Manual and is billed on a CMS-1500 and ANSI 837-P X12 claim form, and the principal diagnosis is a covered behavioral health diagnosis when a diagnosis is required.

Appendix K: Codes that require Medicare Processing Before Billing the Capitated Behavioral Health Benefit

When a Member is eligible for both Medicare and Medicaid, providers must process the following codes for payment through Medicare before billing the Capitated Behavioral Health Benefit.

HCPCS	DESCRIPTION
00104	Anesthesia for ECT
90785	Interactive Complexity
90791	Diagnostic Eval w/o Medical Services
90792	Diagnostic Eval with Medical Service
90832	Psychotherapy-30 minutes
90833	Psytx pt &/or family w/e&m 30 mins
90834	Psychotherapy-45 minutes
90836	Psytx pt &/or family w/e&m 45 mins
90837	Psychotherapy-60 minutes
90838	Psytx pt &/or family w/e&m 60 mins
90839	Psychotherapy for crisis-60 minutes
90840	Psychotherapy for crisis-addt'l 30 min
90846	Family psychotherapy (w/o patient)
90847	Family psychotherapy (with patient)
90849	Multiple family group psytx
90853	Group psychotherapy
90870	ECT
90887	Interp/Explain results or data
96116	Neurobehavioral status exam; first hr
96121	Neurobehavioral status exam; add'l hrs
96130	Psych testing eval services; first hr
96131	Psych testing eval services; add'l hrs
96132	Neuropsych testing eval services; first hr
96133	Neuropsych testing eval services; add'l hrs
96136	Psych or neuropsych test admin & scoring; 30 min
96137	Psych or neuropsych test admin; add'l 30 min
96138	Psych or neuropsych test admin, by tech; first 30 min
96139	Psych or neuropsych test admin, by tech; add'l 30 min
96146	Psych or neuropsych test admin w/comp
96372	Ther/proph/diag inj, sc/im
97535	Self-care management training
97537	Community/work reintegration

99201	Office or OP – New, 10m
99202	Office or OP – New, 20m
99203	Office or OP – New, 30m
99204	Office or OP – New, 45m
99205	Office or OP – New, 60m
99211	Office or OP – other
99212	Office or OP – Est, 10m
99213	Office or OP – Est, 15m
99214	Office of OP – Est, 25m
99215	Office or OP – Est, 40m
99217	Observ Care discharge day mgmt.
99218	Initial Observ Care, 30m
99219	Initial Observ Care, 50m
99220	Initial Observ Care, 70m
99221	Initial hospital care
99222	Initial hospital care
99223	Initial hospital care
99224	Subseq Hospital Care, 15m
99225	Subseq Hospital Care, 25m
99226	Subseq Hospital Care, 35m
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99234	Same day admit/DC, 40m
99235	Same day admit/DC, 50m
99236	Same day admit/DC, 55m
99238	Hospital discharge day
99239	Hospital discharge-manage
	Requires problem focused history, problem focused examination straight forward medical
99281	decision making
00202	Requires expanded problem focused history, expanded problem focused examination low
99282	complexity medical decision making Requires expanded problem focused history, expanded problem focused examination
99283	moderate complexity medical decision making
	Requires detailed history, detailed examination moderate complexity medical decision
99284	making
	Requires comprehensive history, comprehensive examination high complexity medical
99285	decision making.
99304	Initial nursing facility, 25m
99305	Initial nursing facility, 35m
99306	Initial

99307	Subseq nursing facility, 10m
99308	Subseq nursing facility, 15m
99309	Subseq nursing facility, 25m
99310	Subseq nursing facility, 35m
99315	Nursing facility discharge, 30m
99316	Nursing facility discharge, 30+m
99318	Annual nursing facility assmt
99324	Dom, Rest, Custodial – New, 20m
99325	Dom, Rest, Custodial – New, 30m
99326	Dom, Rest, Custodial – New, 45m
99327	Dom, Rest, Custodial – New, 60m
99328	Dom, Rest, Custodial – New, 75m
99334	Dom, Rest, Custodial – Est, 15m
99335	Dom, Rest, Custodial – Est, 25m
99336	Dom, Rest, Custodial – Est, 40m
99337	Dom, Rest, Custodial – Est, 60m
99341	Home care – New, 20m
99342	Home care – New, 30m
99343	Home care – New, 45m
99344	Home care – New, 60m
99345	Home care – New, 75m
99347	Home care – Est, 15m
99348	Home care – Est, 25m
99349	Home care – Est, 40m
99350	Home care – Est, 60m
99366	Team conf w/patient by hc pro
99367	Team conf w/o patient by phys.
99368	Team conf w/patient by hc pro

Health First Colorado is called the payer of last resort because Federal regulations require that all available health insurance benefits be used before Health First Colorado considers payment.

With few exceptions, claims for members with health insurance resources are denied when the claim does not show insurance payment or denial information.

In limited situations, with approval from a RAE, Medicaid practitioners not approved to provide services under Medicare may bill the RAE without processing claims through Medicare.

Appendix L- Codes that require Processing through Commercial Insurance Before Billing the Capitated Behavioral Health Benefit

When a Member has commercial insurance in addition to Medicaid, providers must process the following codes

for payment through commercial insurance before billing the Capitated Behavioral Health Benefit.

HCPCS	DESCRIPTION
00104	Anesthesia for ECT
90785	Interactive Complexity
90791	Diagnostic Eval w/o Medical Services
90832	Psychotherapy-30 minutes
90833	Psytx pt &/or family w/e&m 30 mins
90834	Psychotherapy-45 minutes
90836	Psytx pt &/or family w/e&m 45 mins
90837	Psychotherapy-60 minutes
90838	Psytx pt &/or family w/e&m 60 mins
90839	Psychotherapy for crisis-60 minutes
90840	Psychotherapy for crisis-addt'l 30 min
90846	Family psychotherapy (w/o patient)
90847	Family psychotherapy (with patient)
90849	Multiple family group psytx
90853	Group psychotherapy
90870	ECT
90875	Indv psychotherapy biofeedback 30 min
90876	Indv Psychotherapy biofeedback 45 min
96116	Neurobehavioral status exam; first hr
96121	Neurobehavioral status exam; add'l hrs
96130	Psych testing eval services; first hr
96131	Psych testing eval services; add'l hrs
96132	Neuropsych testing eval services; first hr
96133	Neuropsych testing eval services; add'l hrs
96136	Psych or neuropsych test admin & scoring; 30 min
96137	Psych or neuropsych test admin; add'l 30 min
96138	Psych or neuropsych test admin, by tech; first 30 min
96139	Psych or neuropsych test admin, by tech; add'l 30 min
96146	Psych or neuropsych test admin w/comp
96372	Ther/proph/diag inj, sc/im
97535	Self-care management training
97537	Community/work reintegration
98966	Hc pro phone call 5-10 min
98967	Hc pro phone call 11-20 min

98968	Hc pro phone call 21-30 min
99201	Office or OP – New, 10m
99202	Office or OP – New, 20m
99203	Office or OP – New, 30m
99204	Office or OP – New, 45m
99205	Office or OP – New, 60m
99211	Office or OP – other
99212	Office or OP – Est, 10m
99213	Office or OP – Est, 15m
99214	Office of OP – Est, 25m
99215	Office or OP – Est, 40m
99217	Observ Care discharge day mgmt.
99218	Initial Observ Care, 30m
99219	Initial Observ Care, 50m
99220	Initial Observ Care, 70m
99221	Initial hospital care
99222	Initial hospital care
99223	Initial hospital care
99224	Subseq Hospital Care, 15m
99225	Subseq Hospital Care, 25m
99226	Subseq Hospital Care, 35m
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99234	Same day admit/DC, 40m
99235	Same day admit/DC, 50m
99236	Same day admit/DC, 55m
99238	Hospital discharge day
99239	Hospital discharge-manage
99241	Outpatient Consultation, 15 min
99242	Outpatient Consultation, 30m
99243	Outpatient Consultation, 40m
99244	Outpatient Consultation, 60m
99245	Outpatient Consultation, 80m
99251	Inpatient Consultation
99252	Inpatient Consultation
99253	Inpatient Consultation
99254	Inpatient Consultation
99255	Inpatient Consultation

99281 decision making Requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making Requires detailed history, detailed examination moderate complexity medical decision making Requires comprehensive history, comprehensive examination high complexity medical decision making. 99285 decision making. 99301 Initial nursing facility, 25m 99302 Initial nursing facility, 35m 99303 Initial nursing facility, 10m 99303 Subseq nursing facility, 15m 99300 Subseq nursing facility, 15m 99310 Subseq nursing facility, 25m 99310 Subseq nursing facility, 35m 99311 Subseq nursing facility, 35m 99312 Nursing facility discharge, 30m 99313 Annual nursing facility discharge, 30m 99314 Onn, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 20m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 45m 99328 Dom, Rest, Custodial – New, 45m 99331 Dom, Rest, Custodial – New, 55m 99332 Dom, Rest, Custodial – New, 55m 99333 Dom, Rest, Custodial – Set, 40m 99334 Home care – New, 20m 99344 Home care – New, 20m 99345 Home care – New, 45m 99347 Home care – New, 45m 99348 Home care – New, 45m 99349 Home care – New, 45m 99349 Home care – New, 55m 99340 Home care – New, 55m 99341 Home care – New, 55m 99342 Home care – New, 55m 99343 Home care – New, 55m 99344 Home care – New, 55m 99345 Home care – New, 55m 99346 Team conf w/patient by hc pro 99366 Team conf w/patient by hc pro 99366 Team conf w/patient by hc pro		Requires problem focused history, problem focused examination straight forward medical
99282 complexity medical decision making Requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making Requires detailed history, detailed examination moderate complexity medical decision making Requires comprehensive history, comprehensive examination high complexity medical decision making. 99285 Initial nursing facility, 25m 99306 Initial nursing facility, 35m 99307 Initial nursing facility, 10m 99308 Subseq nursing facility, 15m 99309 Subseq nursing facility, 15m 99310 Subseq nursing facility, 25m 99310 Subseq nursing facility, 25m 99311 Nursing facility discharge, 30m 99312 Nursing facility discharge, 30m 99313 Annual nursing facility assmt 99314 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 20m 99326 Dom, Rest, Custodial – New, 30m 99337 Dom, Rest, Custodial – New, 50m 99338 Dom, Rest, Custodial – New, 60m 99339 Dom, Rest, Custodial – New, 75m 99331 Dom, Rest, Custodial – Est, 15m 99332 Dom, Rest, Custodial – Est, 40m 99333 Dom, Rest, Custodial – Est, 40m 99344 Home care – New, 45m 99345 Home care – New, 45m 99347 Home care – New, 45m 99348 Home care – New, 45m 99349 Home care – New, 55m 99349 Home care – New, 45m 99349 Home care – New, 55m 99349 Home care – New, 55m 99349 Home care – New, 60m 99350 Team conf w/patient by hc pro	99281	decision making
Requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making Requires detailed history, detailed examination moderate complexity medical decision making Requires comprehensive history, comprehensive examination high complexity medical decision making. 99304 Initial nursing facility, 25m 99305 Initial nursing facility, 25m 99306 Initial 99307 Subseq nursing facility, 15m 99308 Subseq nursing facility, 15m 99319 Subseq nursing facility, 25m 99310 Subseq nursing facility, 35m 99310 Nursing facility discharge, 30m 99311 Nursing facility discharge, 30m 99312 Dom, Rest, Custodial – New, 20m 99322 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 45m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 57m 99338 Dom, Rest, Custodial – Ste, 15m 99339 Dom, Rest, Custodial – Ste, 55m 99331 Dom, Rest, Custodial – Ste, 40m 99332 Home care – New, 45m 99334 Home care – New, 45m 99344 Home care – New, 45m 99345 Home care – New, 45m 99347 Home care – New, 57m 99348 Home care – New, 57m 99349 Home care – St, 15m 99349 Home care – St, 15m 99359 Possion	00202	
99283 moderate complexity medical decision making Requires detailed history, detailed examination moderate complexity medical decision making Requires comprehensive history, comprehensive examination high complexity medical decision making. 99285 decision making. 99306 Initial nursing facility, 25m 99307 Initial nursing facility, 35m 99307 Subseq nursing facility, 10m 99308 Subseq nursing facility, 15m 99309 Subseq nursing facility, 15m 99310 Subseq nursing facility, 35m 99311 Nursing facility discharge, 30m 99312 Nursing facility discharge, 30m 99313 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 20m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 45m 99328 Dom, Rest, Custodial – Est, 45m 99339 Dom, Rest, Custodial – Est, 45m 99331 Dom, Rest, Custodial – Est, 40m 99332 Dom, Rest, Custodial – Est, 40m 99333 Dom, Rest, Custodial – Est, 40m 99341 Home care – New, 20m 99342 Home care – New, 20m 99343 Home care – New, 45m 99344 Home care – New, 45m 99345 Home care – New, 55m 99346 Home care – New, 55m 99347 Home care – Set, 45m 99348 Home care – Set, 45m 99349 Home care – Est, 45m 99349 Home care – Set, 40m 99350 Team conf w/o patient by hc pro	99282	
Requires detailed history, detailed examination moderate complexity medical decision making Requires comprehensive history, comprehensive examination high complexity medical decision making. 99304 Initial nursing facility, 25m 99305 Initial nursing facility, 35m 99306 Initial pays decision making. 99307 Subseq nursing facility, 10m 99308 Subseq nursing facility, 15m 99309 Subseq nursing facility, 25m 99310 Subseq nursing facility, 25m 99311 Nursing facility discharge, 30m 99312 Nursing facility discharge, 30m 99313 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 20m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – Est, 25m 99330 Dom, Rest, Custodial – Est, 40m 99331 Dom, Rest, Custodial – Est, 40m 99332 Dom, Rest, Custodial – Est, 40m 99333 Dom, Rest, Custodial – Est, 40m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – New, 45m 99347 Home care – New, 60m 99348 Home care – New, 60m 99349 Home care – Est, 15m 99349 Home care – Est, 15m 99349 Home care – Est, 50m 99350 Home care – Est, 50m 99360 Team conf w/patient by hc pro	99283	
99284 making Requires comprehensive history, comprehensive examination high complexity medical decision making. 99304 decision making. 99305 Initial nursing facility, 25m 99306 Initial 99307 Subseq nursing facility, 10m 99308 Subseq nursing facility, 15m 99310 Subseq nursing facility, 25m 99310 Subseq nursing facility, 25m 99311 Nursing facility discharge, 30m 99312 Nursing facility discharge, 30m 99313 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – Est, 45m 99331 Dom, Rest, Custodial – Est, 40m 99332 Dom, Rest, Custodial – Est, 40m 99333 Dom, Rest, Custodial – Est, 40m 99334 Home care – New, 20m 99344 Home care – New, 30m 99345 Home care – New, 45m 99347 Home care – New, 55m 99348 Home care – New, 55m 99349 Home care – New, 55m 99349 Home care – New, 55m 99349 Home care – Set, 15m 99348 Home care – New, 55m 99349 Home care – Est, 15m 99349 Home care – Est, 55m 99340 Home care – Est, 55m 99347 Home care – Est, 50m 99358 Team conf w/patient by hc pro 700 Team conf w/patient by phys.	33203	
99285 decision making. 99304 Initial nursing facility, 25m 99305 Initial nursing facility, 35m 99307 Subseq nursing facility, 10m 99308 Subseq nursing facility, 25m 99310 Subseq nursing facility, 25m 99311 Nursing facility discharge, 30m 99315 Nursing facility discharge, 30m 99316 Nursing facility discharge, 30+m 99317 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99338 Dom, Rest, Custodial – Est, 25m 99339 Dom, Rest, Custodial – Est, 25m 99331 Dom, Rest, Custodial – Est, 40m 99332 Dom, Rest, Custodial – Est, 60m 99333 Dom, Rest, Custodial – Est, 60m 99340 Home care – New, 25m 99341 Home care – New, 45m 99342 Home care – New, 45m 99343 Home care – New, 75m 993	99284	
99304 Initial nursing facility, 25m 99305 Initial nursing facility, 35m 99306 Initial 99307 Subseq nursing facility, 15m 99308 Subseq nursing facility, 25m 99310 Subseq nursing facility, 25m 99311 Nursing facility discharge, 30m 99315 Nursing facility discharge, 30+m 99316 Nursing facility discharge, 30+m 99317 Nursing facility discharge, 30+m 99318 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 40m 99335 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99340 Home care – New, 20m 99341 Home care – New, 45m 99342 Home care – New, 45m 99343 Home care – New, 75m 99344 Home care – Est, 15m 99345 <t< td=""><td></td><td>Requires comprehensive history, comprehensive examination high complexity medical</td></t<>		Requires comprehensive history, comprehensive examination high complexity medical
99305 Initial nursing facility, 35m 99306 Initial 99307 Subseq nursing facility, 10m 99308 Subseq nursing facility, 15m 99309 Subseq nursing facility, 25m 99310 Subseq nursing facility, 35m 99315 Nursing facility discharge, 30m 99316 Nursing facility discharge, 30+m 99318 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99331 Dom, Rest, Custodial – Est, 15m 99332 Dom, Rest, Custodial – Est, 40m 99333 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 45m 99343 Home care – New, 45m 99344 Home care – New, 75m 99345 Home care – New, 75m 99347 Home care – Set, 15m 99348 Home care –	99285	decision making.
99306 Initial 99307 Subseq nursing facility, 10m 99308 Subseq nursing facility, 15m 99309 Subseq nursing facility, 25m 99310 Subseq nursing facility, 35m 99315 Nursing facility discharge, 30m 99316 Nursing facility discharge, 30+m 99317 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99330 Dom, Rest, Custodial – Est, 15m 99331 Dom, Rest, Custodial – Est, 25m 99332 Dom, Rest, Custodial – Est, 40m 99333 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 45m 99343 Home care – New, 60m 99344 Home care – New, 75m 99345 Home care – Set, 15m 99346 Home care – Est, 40m 99347 Home care	99304	Initial nursing facility, 25m
99307 Subseq nursing facility, 10m 99308 Subseq nursing facility, 15m 99309 Subseq nursing facility, 25m 99310 Subseq nursing facility, 35m 99315 Nursing facility discharge, 30m 99316 Nursing facility discharge, 30+m 99318 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 55m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 40m 99341 Home care – New, 20m 99342 Home care – New, 45m 99343 Home care – New, 45m 99344 Home care – New, 45m 99345 Home care – New, 55m 99346 Home care – St, 15m 99347 Home care – St, 15m 99348 Home care – St, 15m 99349 Home care – Est, 40m 99350 Home care – Est, 40m 99366 Team conf w/patient by hc pro 99367 Team conf w/patient by phys.	99305	Initial nursing facility, 35m
99308 Subseq nursing facility, 15m 99309 Subseq nursing facility, 25m 99310 Subseq nursing facility, 35m 99315 Nursing facility discharge, 30m 99316 Nursing facility discharge, 30+m 99318 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 40m 99341 Home care – New, 20m 99342 Home care – New, 45m 99343 Home care – New, 45m 99344 Home care – New, 75m 99345 Home care – New, 75m 99347 Home care – St, 15m 99348 Home care – St, 15m 99349 Home care – St, 40m 99350 Home care – Est, 40m 99366 Team conf w/patient by hc pro	99306	Initial
99309 Subseq nursing facility, 25m 99310 Subseq nursing facility, 35m 99315 Nursing facility discharge, 30m 99316 Nursing facility discharge, 30+m 99318 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 45m 99345 Home care – New, 75m 99347 Home care – New, 75m 99348 Home care – Set, 15m 99349 Home care – Est, 15m 99349 Home care – Est, 40m 99350 Home care – Est, 40m 99366 Team conf w/o patient by hc pro	99307	Subseq nursing facility, 10m
99310 Subseq nursing facility, 35m 99315 Nursing facility discharge, 30m 99316 Nursing facility discharge, 30+m 99318 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Set, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 45m 99345 Home care – New, 75m 99347 Home care – Set, 15m 99348 Home care – Set, 15m 99349 Home care – Est, 15m 99349 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Team conf w/o patient by hc pro 99367 Team conf w/o patient by phys.	99308	Subseq nursing facility, 15m
99315 Nursing facility discharge, 30+m 99316 Nursing facility discharge, 30+m 99318 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 60m 99350 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99309	Subseq nursing facility, 25m
99316 Nursing facility discharge, 30+m 99318 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 45m 99343 Home care – New, 45m 99344 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99310	Subseq nursing facility, 35m
99318 Annual nursing facility assmt 99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – Est, 15m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 40m 99350 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99315	Nursing facility discharge, 30m
99324 Dom, Rest, Custodial – New, 20m 99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 45m 99345 Home care – St, 15m 99347 Home care – Est, 15m 99348 Home care – Est, 40m 99349 Home care – Est, 40m 99350 Home care – Est, 40m 99350 Team conf w/patient by hc pro	99316	Nursing facility discharge, 30+m
99325 Dom, Rest, Custodial – New, 30m 99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – Est, 15m 99346 Home care – Est, 25m 99347 Home care – Est, 25m 99348 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/o patient by hc pro	99318	Annual nursing facility assmt
99326 Dom, Rest, Custodial – New, 45m 99327 Dom, Rest, Custodial – New, 60m 99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 15m 99349 Home care – Est, 40m 99350 Home care – Est, 40m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99324	Dom, Rest, Custodial – New, 20m
99327 Dom, Rest, Custodial – New, 75m 99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 45m 99343 Home care – New, 60m 99344 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99325	Dom, Rest, Custodial – New, 30m
99328 Dom, Rest, Custodial – New, 75m 99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – Est, 15m 99347 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99326	Dom, Rest, Custodial – New, 45m
99334 Dom, Rest, Custodial – Est, 15m 99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – Est, 15m 99347 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99360 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99327	Dom, Rest, Custodial – New, 60m
99335 Dom, Rest, Custodial – Est, 25m 99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99328	Dom, Rest, Custodial – New, 75m
99336 Dom, Rest, Custodial – Est, 40m 99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99334	Dom, Rest, Custodial – Est, 15m
99337 Dom, Rest, Custodial – Est, 60m 99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99335	Dom, Rest, Custodial – Est, 25m
99341 Home care – New, 20m 99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99336	Dom, Rest, Custodial – Est, 40m
99342 Home care – New, 30m 99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99337	Dom, Rest, Custodial – Est, 60m
99343 Home care – New, 45m 99344 Home care – New, 60m 99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99341	Home care – New, 20m
99344 Home care – New, 60m 99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99342	Home care – New, 30m
99344 Home care – New, 60m 99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99343	Home care – New, 45m
99345 Home care – New, 75m 99347 Home care – Est, 15m 99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99344	Home care – New, 60m
99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99345	
99348 Home care – Est, 25m 99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99347	Home care – Est, 15m
99349 Home care – Est, 40m 99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.		·
99350 Home care – Est, 60m 99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.	99349	
99366 Team conf w/patient by hc pro 99367 Team conf w/o patient by phys.		
99367 Team conf w/o patient by phys.		·

	99441	Telephone by phys 5-10 min
	99442	Telephone by phys 11-20 min
Ī	99443	Telephone by phys 21-30 min

Health First Colorado is called the payer of last resort because Federal regulations require that all available health insurance benefits be used before Health First Colorado considers payment.

With few exceptions, claims for members with health insurance resources are denied when the claim does not show insurance payment or denial information.

Commercial health insurance coverage often offers greater benefits than Health First Colorado, so it is advantageous for providers to pursue commercial health insurance payments.

Health First Colorado does not automatically pay commercial health insurance co-pays, coinsurance, or deductibles. If the commercial health insurance benefit is the same or more than the Health First Colorado benefit allowance, no additional payment will be made.

Providers cannot bill members for the difference between commercial health insurance payments and their billed charges when Health First Colorado does not make additional payment. The provider also cannot bill members for co-pay/deductibles assessed by the TPL.

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).

- 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 Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 4.
- ⁹ "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.
- ¹⁰ Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 15.
- ¹¹ § 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."
- ¹² §§ 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."
- ¹³ § 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.
- ¹⁴ 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.

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

- ¹⁵ 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.
- ¹⁶ 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.
- ¹⁷ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA), page 8.
- ¹⁸ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*, pages 27 28. Chicago, IL: American Medical Association (AMA).
- xix Ingenix (2008). 2009 Coders' Desk Reference for Procedures. Eden Prairie, MN: Ingenix.
- xx 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.
- ^{xxi} 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.
- 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.
- ^{xxiii} 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.
- wiv 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.
- ^{xxv} Medicaid.gov Delivery Systems: Telemedicine. A federal government managed website by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard Baltimore, MD 21244
- xxvi Medicaid.gov Delivery Systems: Telemedicine. A federal government managed website by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard Baltimore, MD 21244.
- rogram 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.
- ^{xxviii} 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.

- xxix 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.
- ³⁰ 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.
- ³¹ 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.
- ³² 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).
- ³³ 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).
- ³⁴ 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.
- ³⁵ 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).
- ³⁶ Straheli, W.L. (Editor) (2008). 2008 Behavioral Health Multibook. Dammeron Valley, UT: InstaCode Institute, page C.17.
- ³⁷ 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.
- ³⁸ 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.
- 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 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).