April 2021

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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Introduction I.

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 use 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 Use treatment provided to the non-

Medicaid population.

There are separate coding pages for Medicaid and OBH 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. New SUD benefit

pages are formatted in orange and are applicable to both Medicad and OBH.

Purpose a.

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 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,

and which are used by HCPF and OBH, are:

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

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

Accountable Entity (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

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through March 31, 2021. Providers must implement the April 2021 edition for dates of service April 1st and thereafter, regardless of submission date.

Manual Format b.

Service categories are listed to promote clarity of understanding through the consistent use of common terms, followed by individual HCPF and/or OBH procedure code pages in numeric and alphanumeric order. Primary categories include (see Appendix C for additional details):

- Prevention/Early Intervention Services
- Crisis
- Screening
- Assessment
- **Treatment Services**

- Evaluation and Management (E&M)
- **Residential Services**
- **Respite Care Services**
- Peer Support/Recovery Services
- **Support Services**

This format assists providers to conceptualize BH services rendered in terms of 10 key data elements and ensures 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.).

Colorado Capitated Behavioral Health Benefit under the Accountable 11. **Care Collaborative**

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 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.

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.	
SUD	Substance use disorder (SUD) treatment and withdrawal management services including services along the continuum	
Residential	of care defined by the American Society of Addiction Medicine (ASAM). Services are provided to Medicaid beneficiaries	
and	with one or more diagnosed SUD(s). Services are determined according to medical necessity which include an	
Inpatient	assessment of level of clinical severity and function.	
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: BH services provided within the scope of practice of medicine	
	as defined by State law.	
	B. Rehabilitative Services: Any remedial services recommended by a physician or other licensed practitioner	
	of the healing arts, within the scope of his/her practice under State law, for maximum reduction of	
	behavioral/emotional disability and restoration of a patient to his/her best possible functional level, including:	
	1. Individual BH Therapy: Therapeutic contact with one patient.	
	2. Individual Brief BH Therapy: Therapeutic contact with one patient.	
	3. Group BH Therapy : Therapeutic contact with more than one patient.	
	4. Family BH Therapy: Therapeutic contact with a patient and family member(s), or other persons significant to	
	the patient, for improving patient-family functioning. Family BH therapy is appropriate when intervention in the family	

	Medicaid State Plan Program Service Categories		
Category	Description		
	interactions is expected to improve the patient's emotional/BH. The primary purpose of family BH therapy is treatment		
	of the patient.		
	5. Behavioral Health Assessment : Clinical assessment of a patient by a BH 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 BH 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 BH Services: BH services provided to school-aged children and adolescents on-site in their		
	schools, with the cooperation of the schools.		
	I. Drug Screening and Monitoring: Substance use disorder counseling services provided along with screening		
	results to be discussed with patient.		
	J. 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.		

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

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 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 BH diagnosis based on medical necessity.

Category	Description
Vocational	Services designed to help adult and adolescent patients who are ineligible for state vocational rehabilitation services to
Services	gain employment skills and employment. Services are skill and support development interventions, vocational assessment,
	and job coaching.
Intensive Case	Community-based services averaging more than one hour per week, provided to adults with serious BH disorders who are
Management	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</i>
	Screening, Diagnosis, and Treatment (EPSDT) program.
Prevention/Early	Proactive efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that
Intervention	promote positive BH. Services include BH screenings; educational programs promoting safe and stable families; senior
Activities	workshops related to aging disorders; and parenting skills classes.
Clubhouse and	Peer support services for people who have BH disorders, provided in a Clubhouse or Drop-In Center setting. Clubhouse
Drop-in Centers	$participants\ may\ use\ their\ skills\ for\ clerical\ work,\ data\ input,\ meal\ preparation,\ providing\ resource\ information\ and\ outreach$
to patients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, I	
supporting recovery.	
Residential	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate
Services	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 \ and \ provided \ to \ children/youth \ and \ provided \ to $
	EPSDT.
Assertive	Comprehensive, locally based, individualized treatment for adults with serious BH disorders that is available 24 hours a day,
Community	365 days a year. Services include case management, initial and ongoing BH assessment, psychiatric services, employment
Treatment (ACT) and housing assistance, family support and education, and substance use disorders services.	
Recovery	Community-based services that promote self-management of BH symptoms, relapse prevention, treatment choices, mutual
Services	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 BH issues.

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c. Telemedicine Services

Under the Colorado Capitated Behavioral Health Benefit RAEs have the flexibility to authorize the use of outpatient treatment services to be delivered via audiovisual and telephone modalities when it is clinically viable and appropriate. Services provided via telemedicine should be indicated by Place of Service "Telehealth (02)". Other standard requirements for telemedicine services provided to a member include:

- 1. All services must be synchronous.
- 2. Providers may only bill procedure codes which they are contracted with a RAE to bill.
- 3. Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.
- 4. Providers must document the member's consent, either verbal or written, to receive telemedicine services.
- 5. Members that are new to a provider must contact the provider to initiate services.
- 6. Service for established patients must be consistent with the member's treatment plan.
- 7. The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- 8. Services not otherwise covered by Health First Colorado are not covered when delivered via telemedicine.
- 9. Services may be delivered by telephone only when it is clinically appropriate, no other form of service delivery is possible, and this is documented in the clinical record.
- 10. Record-keeping and patient privacy standards should comply with normal Medicaid requirements and HIPAA.

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

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), on the other hand, is the universal authority in the United States for diagnosing psychiatric disorders. Clinicians are encouraged to base their diagnostic decisions on DSM-

5 criteria, and reference tables in the DSM-5 for ICD-10-CM insurance billing information. DSM-5 and the ICD are compatible with one another, and the DSM-5 contains a crosswalk to both ICD-9 and ICD-10 codes. The ICD-10-CM was implemented October 1, 2015.

a. Non-Covered Diagnoses

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

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

b. Covered Diagnoses

The table below lists the covered diagnoses under the Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative. OBH also covers the diagnosis codes listed below. Additionally, in an effort to provide early intervention services to the "non-targeted" children's population (ages zero to eleven), OBH will allow for BH 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 or COMPASS Rules 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 Use 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 a variety of licensed and non-licensed staff renders BH services to patients and families. This section defines the various types of providers and their scope(s) of practice. 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 is rendered, including any conditions imposed by the licensing authority (§ 12-245-101)." 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 [their] 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."

Medicaid enrolled 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.

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. Individual Providers

1. 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.

2. Certified Addiction Counselor (CAC)

A CAC is a person who has been certified by the Colorado Board of Addiction Counselor Examiners 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 OBH and under the supervision of a licensed physician; licensed

psychologist; LCSW; LMFT; LPC; or LAC. CACs may only perform services for the treatment of a primary SUD

diagnosis. Refer to CRS 12-43-804. CAC's are certified in Colorado at two levels in ascending order of

responsibility and requirements:

Certified Addiction Technician (CAT)

A CAT is an entry-level counselor who may collect biopsychosocial screening data; provide service coordination

and case management; monitor compliance with case management plans; provide skill-based education; co-

facilitate therapy groups with certified addiction specialists or licensed addiction counselors; provide client,

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family, and community addiction education; and coordinate referral and discharge resourcing and planning. Staff in the process of obtaining addiction technician credentials or certified addiction technicians must have all clinical documentation reviewed and co-signed by their clinical supervisor. CAT staff can only account for a

maximum of one quarter or 25% of the counseling staff for all licensed programs.

b. Certified Addiction Specialist (CAS)

A CAS is an addiction counselor who may independently treat substance use and co-occurring disorders; conduct

clinical assessments including diagnostic impression; provide treatment planning; coordinate referral and

discharge planning; provide service coordination and case management; provide addiction counseling for

individuals, families, and groups; and facilitate client, family, and community psycho-education. A CAS may

provide clinical supervision to individuals pursuing CAT and CAS.

3. 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).

4. 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.

5. Licensed Addiction Counselor (LAC)

A Licensed Addiction Counselor is a person who holds a master's degree or higher in a clinical behavioral health

specialization (e.g., counseling, marriage and family, social work, psychology) from an accredited college or

university. Based on education, training, knowledge, and experience, the scope of practice of a licensed

addiction counselor includes behavioral health counseling and may include the treatment of substance use

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disorders, addictive behavioral disorders, and co-occurring mental health disorders, including clinical evaluation

and diagnosis, treatment planning, service coordination, case management, clinical documentation, professional

and ethical responsibilities, education and psychotherapy with clients, family, and community, clinical

supervisory responsibilities, and intervention. Refer to CRS 12-245-801.

6. Licensed Clinical Social Worker (LCSW)

A 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.

7. Licensed Marriage and Family Therapist (LMFT)

A 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.

8. 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.

9. 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.

10. 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 BH 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 BH 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 very 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. viii Peer specialists assist patients in navigating treatment systems

for mental health and substance use disorders. Peer Specialists "promote self-determination, personal

responsibility and the empowerment inherent in self-directed recovery."

Colorado does not require a peer specialist to be certified or licensed by DORA 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).

11. Physician Assistant (PA)

A 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.

12. Professional Nurses

a. 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.

b. Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)

A LPN or 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.

c. Registered Nurse/Registered Professional Nurse (RN)

A RN or 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.

d. Advanced Practice Nurse (APN)

An 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)

e. Advanced Practice Nurse with Prescriptive Authority (RxN)

An RxN is a Professional Nurse licensed by the Colorado Board of Nursing who has been granted recognition on the 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.

13. 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.

14. Qualified Medication Administration Person (QMAP)

A 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:

- 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
- Denver Regional Diagnostic Center (DRDC)
- Regimented inmate discipline and treatment program
- Institutions for juveniles
- Assisted living residences
- Adult foster care facilities
- Alternative care facilities
- Residential child care 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 CDHS
- 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

Eye

Vaginal

Sublingual

Ear

Rectal

Inhalant Transdermal¹⁰

Topical 15. 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.

16. 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.

Revised: March 31, 2021 Effective: April 1, 2021 This provider must be supervised in the provision of services by a Licensed Provider. **LSW and Unlicensed

Psychotherapist fall in the Unlicensed Master's level category**

b. Facility/Group Providers

1. Treatment Facility

Treatment facilities are licensed by OBH based on Substance Use Disorder Treatment Rules (2015). These treatment rules govern the provision of treatment to persons with substance-related disorders.

2. Community Mental Health Center

Community Mental Health Centers are licensed according to 6 CCR 1011-1 Ch. 2. They are either a physical plant or a group of services under unified administration providing services principally for persons with behavioral or mental health disorders residing in a particular community in or near which the facility is situated. CMHCs provide inpatient services; outpatient services; day hospitalization; emergency services; and consultation and educational services.

3. General Hospital

A General Hospital is licensed according to state licensing regulation 10 CCR 2505-10 8.300 and is CMS-certified as a General Hospital that, under an organized medical staff, provides Inpatient services, emergency medical and surgical care, continuous nursing services, and necessary ancillary services. A General Hospital may also offer and provide Outpatient services, or any other supportive services for periods of less than twenty-four hours per day.

4. Free-standing Psychiatric Hospital

A Psychiatric Hospital is licensed according to state licensing regulations 6 CCR 1011-1 Ch. 2 & 18 and is CMS-certified as a Psychiatric Hospital to plan, organize, operate, and maintain facilities, beds, and treatment, including diagnostic, therapeutic and rehabilitation services, over a continuous period exceeding twenty-four (24) hours, to individuals requiring early diagnosis, intensive and continued clinical therapy for mental illness; and mental rehabilitation. A Psychiatric Hospital can qualify to be a state-owned Psychiatric Hospital if it is operated by the Colorado Department of Human Services

V. Place of Service (POS)

Below is the list of Place of Service (POS) codes maintained by CMS; these two-digit codes are required on health care professional claims to specify where a service was rendered.

Place	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.	

	Place of Service (POS) Codes			
Code	Name	Description		
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).		
05	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service (IHS), which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.		
06	Indian Health Service Provider-Based Facility	A facility or location, owned and operated by the IHS, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.		
07	Tribal 638 Free- Standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.		
08	Tribal 638 Provider- Based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.		
09	Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. Medicaid will not reimburse for services provided to a person living in a public institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control (42 CFR 435.1010). Public institutions include correctional institutions. Additional information on Medicaid and Criminal Justice Involved Populations can be located on the Department's website.		
10	Unassigned	N/A		
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.		

Effective: April 1, 2021

Place	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.		

Effective: April 1, 2021

Place	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 CPT® or 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

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) 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 BH disorders who are at risk of a more intensive 24-hour placement and who need extra support to live in the community. Services are assessment, care plan development, multi-system referrals, and assistance with wraparound and supportive living services, monitoring and follow-up.
ТМ	Assertive Community Treatment (ACT)	Comprehensive, locally-based, individualized treatment for adults with serious BH disorders that is available 24 hours a day, 365 days a year. Services include case management, initial and ongoing BH 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 BH issues.
HJ	Vocational (Voc) Services	Services designed to help adult and adolescent patients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, vocational assessment, and job coaching.
HQ*	Clubhouses & Drop-In Centers	Peer support services for people who have BH 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 BH symptoms, relapse prevention, treatment choices, mutual support, enrichment, rights protection, social supports. Services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring, consumer and family support groups, warm lines, and advocacy services.
HT*	Prevention/Early Intervention Activities (Prev/EI)	Proactive efforts to educate and empower individuals over the age of 21 to choose and maintain healthy life behaviors and lifestyles that promote positive BH. Services include BH screenings; educational programs promoting safe and stable families; senior workshops related to aging disorders; and parenting skills classes.
HF	Substance Abuse (SA) Program	Substance Abuse services, as determined by the provider. The modifier may be placed in modifier places 1-4 depending on the coding guidance for the service rendered.

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

b. Common Behavioral Health Modifiers

Common Behavioral Health CPT® Modifiers		
Modifier	Description	Definition
76	Repeat Services	Repeat procedure or service by same physician or other qualified health care professional on the same date. The modifier should be placed in modifier places 2-4.
77	Repeat Services	Repeat procedure or service by another physician or other qualified health care professional on the same date. The modifier should be placed in modifier places 2-4.

CR	Catastrophe/Disaster- Related	Indicates a service/procedure rendered to a victim of a catastrophe/disaster (e.g., Hurricane Katrina). The modifier may be placed in modifier places 2-4.
ET	Emergency Services	Indicates a rendered emergency service/procedure. Services provided through Colorado Crisis Services should include the ET modifier in places 2-4. For Medicaid, providers should refer to their RAE contracts to determine which crisis codes they can provide.
GQ	Via Asynchronous Telecommunications System	Indicates the distant site physician (MD/DO)/Mental Health Professional (MHP) certifies that the asynchronous medical file was collected and transmitted to them at their 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.
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. Services can be population-based, including proven media, written, peer, and group interventions, and are not restricted to face-to-face interventions." Prevention and Early Intervention Services include:

- Mental health (MH) screenings
- Nurturing Parent Program
- Educational programs (safe and stable families)
- Senior workshops (common aging disorders)
- "Love and Logic" (healthy parenting skills)
- CASASTART (children at high risk for substance abuse (SA), delinquency, and academic failure

i. Substance Use Prevention Services

Substance use prevention services are targeted towards individuals before they develop an alcohol and/or drug use disorder. Prevention programs promote constructive lifestyles and norms that discourage alcohol and/or drug usage.

ii. Substance Use Intervention Services

Substance use intervention services provide advice or counseling to individuals with minor or risky substance use disorders and are also used to encourage individuals with a serious dependence problem

to seek or accept a more intensive treatment regimen. Brief interventions can be provided within a

primary care setting or screeners can refer someone to a specialized alcohol and/or drug treatment

program. An intervention is an activity used to assist patients with recognizing that substance use is

putting them at risk and to encourage them to change their behavior in order to reduce or discontinue

their substance use.

b. Crisis Services

Crisis/Emergency Services are "provided during a 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 direct contact 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

BH screening is provided to address the needs of those seeking 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 MI and/or substance-related disorder, further diagnostic assessment is warranted to determine the individual's eligibility for admission to BH treatment services, as well as appropriate referrals and preliminary recommendations.

ii. Substance Use Screening

Substance use screening can consist of two separate activities, depending upon its purpose. When used as a part of treatment, screening services are often performed through specimen collection to test for the presence of alcohol and/or drugs. Results are discussed with the patient during a Substance Use 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 BH assessments evaluating a patient's medical, psychological, psychiatric, and/or social condition to determine the presence of and/or diagnose a MI and/or substance-related disorder, and to establish a treatment/service plan for all medically necessary BH treatment services.

ii. Psychological Testing/Neuropsychological Testing

Codes with the *Psychological Testing* subcategory refer to the assessment of a patient's cognitive and/or neuropsychological, intellectual, academic, behavioral, emotional and personality functioning for evaluation, diagnostic or therapeutic purposes, using standardized psychological tests and measures,

including interpretation of results and report preparation. A Licensed Psychologist, or a Technician under

the supervision of a Licensed Psychologist, administers psychological and/or neuropsychological testing.

Testing includes the use of a wide range of reliable and valid, standardized, projective and objective

measures for the assessment of personality, psychopathology, affect, behavior, intelligence, abilities and

disabilities, etc. Individuals licensed, registered or regulated by the State must meet minimum

professional preparation standards (i.e., education and experience) set forth in the Colorado Mental

Health Practice Act (§ 12-43-228, CRS) to administer, score or interpret psychometric or

electrodiagnostic testing:

Standardized personnel selection, achievement, general aptitude or proficiency tests

Tests of general intelligence, special aptitudes, temperament, values, interests and personality

inventories

Projective testing, neuropsychological testing, or a battery of three or more tests to determine

the presence, nature, causation or extent of psychosis, dementia, amnesia, cognitive impairment,

influence of deficits on competence, and ability to function adaptively; determine the etiology or

causative factors contributing to psychological dysfunction, criminal behavior, vocational disability,

neurocognitive dysfunction, or competence; or predict psychological response(s) to specific medical,

surgical and behavioral interventions

Staff performing the testing needs to meet the qualifications and training necessary to

administer and interpret the results: generally, this includes licensed or unlicensed PhD/PsyD or interns

in doctoral psychology programs.

iii. Treatment/Service Planning

Treatment/Service Planning is the formulation and implementation of an individualized, integrated,

comprehensive written treatment/service plan designed with the purpose of promoting the patient's

highest possible level of independent functioning and to reduce the likelihood of hospitalization/re-

hospitalization or restrictive confinement (2 CCR 502-1, 21.190.4).

e. Treatment Services

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 MI 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 direct 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

EX 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 direct 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.

Rehabilitation Services iv.

"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 LOF (42

CFR 440.130(d))."

a. Clubhouse/Drop-In Center

Clubhouses and Drop-In Centers provide "peer support services for people who have 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

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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.

b. Community Psychiatric Support Treatment (CPST) Services

CPST services coordinate and provide services and resources to patients and families necessary

to promote recovery, rehabilitation, and resiliency. CPST services identify and address the

barriers impeding the patient's development of the skills necessary for independent functioning

in the community, as well as the strengths, which may aid the patient and family in the

recovery/resiliency processes. CPST services address patient and family goals for independent

living.

c. Psychosocial Rehabilitation (PSR) Services

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

d. Assertive Community Treatment (ACT)

ACT is "a service-delivery model that provides comprehensive, locally-based treatment to adults

with 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 Use services (individuals with co-occurring Substance Use/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 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.

v. 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

vi. Intensive Treatment Services

a. 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 Use (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.

b. Intensive Outpatient Psychiatric (IOP) Services for BH and 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 recoveryoriented 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 LOF, and reducing the need for a more acute level of care (LOC).

c. 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 MH diagnosis, is not judged to be a danger 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 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 MHPs within their scope(s) of practice. PHP must be:

- Reasonable and necessary for the diagnosis and active treatment of a patient's MH condition (i.e., SMI/SPMI and/or co-occurring Substance-Related Disorder)
- Reasonably expected to improve or maintain the patient's condition and 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

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

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

vii. Inpatient Services

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

viii. Targeted Case Management (TCM) Services

The purpose of TCM is to assist individuals in gaining access to needed medical, social, educational, and other services. The primary goal of TCM is to optimize the functioning of recipients who have complex needs by coordinating the provision of quality treatment and support services in the most efficient and effective manner. See Appendix E for more information on TCM.

a. Behavioral Health TCM Services

BH 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. BH 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 (PA)

BH TCM services may also be provided in a licensed CMHC by practitioners working under the supervision of a qualified provider.

b. Substance Use TCM Services

Substance Use 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 Use TCM services must be provided by qualified provider that is a licensed health practitioner with a certification in addiction counseling or a licensed clinician.

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

Substance Use services may also be offered by practitioners working under the supervision of a qualified provider in facilities that have been licensed to provide SUD treatment by OBH.

ix. Other Professional Services

- a. **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' BH needs.
- b. 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 MHP and involves both assessment and treatment using biofeedback equipment.
- c. 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 BH treatment services, as well as other services and supports that are secured from, and funded by, other community agencies. The wraparound 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 BH treatment services.

d. 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 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.

f. Evaluation and Management (E/M) Services

E/M codes are covered by the RAEs when they are billed in conjunction with a psychotherapy add-on or when used for the purposes of medication management with minimal psychotherapy provided by a prescriber from the RAE network. The E/M codes were introduced in the 1992 update to the fourth edition of Physicians' CPT. These codes cover a broad range of services for patients in both inpatient and outpatient settings. They 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. In 1995, 1997, and in 2021 the Health Care Financing Administration (now 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, 1997, and 2021 versions.

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 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 collaboration of at least three (3) qualified MHPs from different

specialties/disciplines who are actively involved in the development, revision, coordination, and

implementation of 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

g. 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 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 BH issues
- Assessment of level and quality of social interactions
- Assessment of/support for motivation for treatment
- Assessment of ability to provide for daily living needs
- Observation and assessment of group interactions
- Behavioral interventions to build effective social behaviors and coping strategies
- Behavioral interventions to reduce social withdrawal and inappropriate behavior or thought processes
- Individual psychotherapy
- Group psychotherapy
- Family psychotherapy
- Medication management

OBH allows for all services identified above. In addition, OBH provides for room and board for the "indigent population." In order for room and board services to be provided, all contractual indigent criteria must be met. Residential treatment services for children and youth in the custody of the CDHS—Division of Child Welfare or the Division of Youth Services 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 BH 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 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)

An ACF is an assisted living residence (ALR) certified by HCPF to receive Medicaid reimbursement for the services provided by the facility (10 CCR 2505-10, 8.495.1).

iii. Assisted Living Residence (ALR)

An 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

A Group Home is a 24-hour facility that provides 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 CMHC, and are approved by OBH as residential treatment facilities (RTF).

v. Psychiatric Residential Treatment Center (PRTC)

A PRTC is a licensed Residential Child Care 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. PRTCs 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 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)

An RTF is an ALR for adults with 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 CMHCs and licensed by 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)

Revised: March 31, 2021 Effective: April 1, 2021 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)

An RCCF is a facility licensed by the state department to provide twenty-four-hour group care and

treatment for five or more children operated under private, public, or nonprofit sponsorship.

"Residential child care facility" includes community-based residential child care facilities, qualified

residential treatment programs (QRTPs), as defined in section 26-5.4-102 (2), shelter facilities, ...and

psychiatric residential treatment facilities (identified as Place of Service "[56] PRTC" by CMS) as defined

in section 25.5-4-103 (19.5). A residential child care facility may be eligible for designation by the

executive director of the state department pursuant to article 65 of title 27.

viii. Acute Treatment Unit (ATU)

An ATU provides 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 CDPHE, Health Facilities and Emergency Medical Services Division,

and granted a "27-65" designation by CDHS, OBH (§ 25-1.5-103(1)(a), CRS; § 27-10-101, et seq and 2 CCR

502-1).

ix. Residential Substance Abuse Treatment Facility (RSATF)

A RSATF is a facility licensed by OBH based on the American Society of Addiction Medicine (ASAM)

Criteria which provides treatment for substance (alcohol and drug) abuse to live-in residents. Services

rendered at these facilities are reimbursed with a per diem rate. The per diem rate is intended to cover

all services provided. There may be unique situations in which additional services are offered and could

be billed separately. These allowances are at the discretion of the member's RAE. Room and board is

not included in the per diem rate in RSATFs and should be billed to OBH or their designee. When

inpatient substance use disorder services are rendered in a hospital and billed using a revenue code,

room and board is included in reimbursement. For more details please see the coding pages that reflect

the covered residential benefit effective Jan 1, 2021. The following ASAM levels of care are Medicaid

covered services:

Treatment Services:

Level 1 - Outpatient Services

Level 2.1 - Intensive Outpatient Services

Level 3.1 - Clinically Managed Low-Intensity Residential Services

Level 3.3 - Clinically Managed Population-Specific High-Intensity Residential Services

Level 3.5 - Clinically Managed High-Intensity Residential Services

Level 3.7 - Medically Monitored Intensive Inpatient Services

Withdrawal Management Services:

Level 3.2 WM - Clinically Managed Residential Withdrawal Management

Level 3.7 WM – Medically Monitored Inpatient Withdrawal Management

More information about each ASAM Level of Care can be found at the following link:

https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care.

x. Room and Board

Room and Board Services are provided to patients residing in a facility. Patients must reside in the facility for at least 24 hours while they are provided with lodging and meals.

h. 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

i. Peer Support/Recovery Services

Peer Support/Recovery Services are "designed to provide choices and opportunities for adults with SMIs, youth with SEDs, or individuals with SUDs. 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 BH peers or family members, whose qualifications are having a diagnosis of MI or substance use or being a family member of a person with 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

j. Support Services

Support Services are not clinical but help facilitate a psychotherapy encounter and include such supports as child care for a member receiving clinical care, Non-Emergent Medical Transportation (NEMT), and sign language services.

VIII. Procedure Code Page Outline

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 CPT® or alphanumeric 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* ¹⁹ and/or the CMS. ²⁰
- 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 code pages and under the below section titled Technical Documentation Requirements.²¹
- 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.²²

• 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 with the patient.

• Duration – The minimum and maximum time allowed for the service or procedure, as applicable.²³ 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.

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.²⁴

Staff Requirements – The staff credentials allowed to render the service or procedure, unless specifically

restricted by the procedure code description.²⁵ 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). ²⁶ The appropriate POS codes are identified in parentheses. *PLEASE*

NOTE: effective 1/1/2021 POS Telehealth (02) was removed from all coding pages to align with our expanded

benefit detailed in Section II.c. This code should always be used when a service is provided via telemedicine even

though it is not listed on the coding page.

IX. Time Documentation Rules/Standards

When documenting, reporting and/or billing CPT® or 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 time increment in the procedure code description. The direct

time component is only that time spent with the patient and/or family in a billable activity. Non-direct time (i.e.,

pre- and post-encounter time, drive time with the member to an encounter, etc.) 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).²⁷

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- "Untimed" procedure codes do not include specific direct 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), ²⁸ regardless of the number of minutes spent rendering the service. Examples of "untimed" services are psychiatric diagnostic interview exam, medication management, and outreach.
- A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes). A second hour is attained when a total of 91 minutes have elapsed.

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

Some CPT® and HCPCS procedure codes specify that the direct 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 and H0006) 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 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.²⁹

One-Hour Time-Based Procedure Codes b.

Some CPT and HCPCS procedure codes specify that the direct 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				

Time-Based Encounter Procedure Codes C.

Some CPT® and HCPCS procedure codes are reported as encounters (1 unit), but also specify an approximate amount of direct time in the procedure code description. For example, the CPT® procedure codes 90832 – 90838 for individual psychotherapy state "approximately 'x' minutes direct contact 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.³⁰ 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. 31

d. **Consultation Services**

Consultation Services are distinguished from other 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 direct consultant-patient encounter.³² (Refer to Section

IV.C.)

e. Missed Appointments

There are no procedure codes for Missed Appointments (i.e., cancellations and/or "no shows"). A Missed Appointment is a "non-service" and is not reimbursable or reportable. Per state and federal guidelines, Medicaid patients **cannot** be charged for missed appointments. From a risk management perspective, however, Missed

Appointments should be documented in the clinical record.³³

X. Procedure Coding and Documentation

a. Coding

Coding consistency is a major initiative in the quest to improve quality reporting and accurate claims submission for 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

BH practitioners.

b. Responsibility for Code Assignments

The ultimate responsibility for procedure code assignment lies with the rendering 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.

c. 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 direct contact time with patient)

3. Session setting/place of service

4. Mode of treatment

5. Provider's dated signature and relevant qualifying credential. A title should be included where no credential is held.

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.

HCPF contracts with 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)³⁴

Providers bill the appropriate RAE for the Medicaid BH services rendered. For detailed instructions on completing the UB-04, refer to the Colorado MAP Billing Manuals;³⁵ 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 BH services rendered. For detailed instructions on completing the CMS-1500, refer to the Colorado MAP Billing Manuals; the National Uniform Claim Committee (NUCC) 1500 Claim Form Map to the X12 837 Health Care Claim: Professional; the 837P Transaction Data Guide; the 837P Implementation Guide or the Web Portal User Guide; and/or the appropriate RAE provider manual.

Medicaid allows the use of the revenue codes listed in Appendix I (in addition to those represented in Appendix Q-Revenue Codes in the Appendices section under Billing Manuals on the HCPF website) under the Capitated Behavioral Health Benefit Administered Under The Accountable Care Collaborative.

b. Colorado HCPF Procedure Code Revisions

Submit any suggestions to add, delete or change the Colorado Capitated Behavioral Health Benefit administered under the Accountable Care Collaborative to your RAE(s).

Coding Pages

SCREENING							
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION					USAGE
80305		Drug screen, presumptive, optical observation ☑ OBH					☑ OBH
SERVICE DESCRIPTION		MINIMUM DO	CUMEN	ITATION R	EQUIREMENT	ΓS	
Drug test(s), presumptive, any number of drug classes, an number of devices or procedures (e.g., immunoassay); capable of being read by direct optical observation only (dipsticks, cups, cards, cartridges) includes sample validati when performed, per date of service.	 Date of service Patient consent Screening results Patient's identified treatment/service plan (if applicable) Referral for treatment (if applicable) Signed with 1st initial, last name & credentials 						
NOTES		EXAMPLE ACTIV	VITIES				
Use code H0048 for collection specimens. Modifier HG or applies for opioid testing.	Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.						
APPLICABLE POPULATION(S)		UNIT			DURATION		
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)			□ 15	Minutes	Minimum: I	NA	
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)		☐ Day	□1	Hour	Maximum:	NA	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
□ Individual □ Group □ Family		□ HE □ HK □ U4		□ TM □ HM □ HJ		□ H(□ T1 □ H ⁻	Γ
STAFF REQUIREMENTS							
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ LCSW (AJ) □ Unlicensed Master □ Unlicensed EdD/P □ Unlicensed EdD/Ph □ Licensed EdD/Ph	hD/Psy	D (HP) ⊠CAT		<u>[</u>	⊠ LPN/LVN (TE ⊠ RN (TD) ⊠ APN (SA) ⊐ QMAP)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (POS)							
☑ School (03) ☒ Office (11) ☒ NRSATF (☒ Shelter (04) ☒ Home (12) ☒ Other PO ☒ Prison/CF (09) ☒ FQHC (50) ☒ CMHC (53) ☒ RHC (72)	,						

SCREENING						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
80306	Drug screen, presumptive, read by instrument ☑ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); read by instrument assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	 Date of service Patient consent Screening results Patient's identified treatment/service plan (if applicable) Referral for treatment (if applicable) Signed with 1st initial, last name & credentials 					
NOTES	EXAMPLE ACTIVITIES					
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.	Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.					
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: NA☐ Day ☐ 1 Hour ☐ Maximum: NA☐ Maximum: NA☐ ☐ Day ☐ 1 Hour ☐ Maximum: NA☐ ☐ Day ☐ 1 Hour ☐ Maximum: NA☐ ☐ Day ☐ 1 Hour ☐ Maximum: NA☐ ☐ Day ☐					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
□ Individual □ Group □ Family	□ HE □ U4 □ HJ □ HK □ TM □ HQ □ HM □ TT □ HT	Į.				
STAFF REQUIREMENTS						
□ Bachelor's Level (HIN) □ Unlicensed E	Master's Level (HO) ☑LAC ☑ LPN/LVN (TE) dD/ PhD/PsyD (HP) ☑CAT ☑ RN (TD) D/PhD/PsyD (AH) ☑CAS ☑ APN (SA) ☐ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ Shelter (04) ☒ NRSATF (57) ☒ Office (11) ☒ FQHC (50) ☒ Prison/CF (09) ☒ Home (12) ☒ RHC (72) ☒ School (03)	☑ Other POS (99)					

	SCREENING						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION			USAGE	
	82075		Alcohol (ethanol); breath				
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	ENTATION RI	EQUIREMENTS		
Alcohol breathalyzer administered to test for evidence or the degree of alcohol intoxication of an individual.			 Date of service Client consent Screening result Signed with 1st 	ılts	ame & credentia	ıls	
NOTES			EXAMPLE ACTIVITIE	:S			
sample viability for e	recording and storing videntiary and thera	g procedures assuring	Breathalyzer admining intoxication	stered to tes		ot alconol	
APPLICABLE POPULA			UNIT		DURATION		
⊠ Adol (12-17) (1	8-20)	Adult (21-64) Geriatric (65+)		15 Minutes 1 Hour	Minimum: NA Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	•	•		
☐ Individual ☐ Gro	up 🛘 Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (□ TM □ HM	(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (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 ⊠ CAT ⊠ CAS	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA ⊠ QMAP	X RXN (SA)	
PLACE OF SERVICE (P							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Out Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ Hospice (34) 	☑ NF (32)☑ PRTC (56)☑ Shelter (04)	☑ FQHC (50)☑ RHC (72)☑ RSATF (55)☑ NRSATF (57)☑ Inpt Hosp (21)	☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5 ☑ School (0) ☑ Other PO	52) 3)		

TREATMENT							
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE I		USAGE		
	90785* ADD-ON		Interactive complex to the code for the p	•	☑ Medicaid		
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	ENTATION RE	QUIREMENTS		
Code 90785 is an add complexity. Interacti communication facto psychiatric procedure difficult communicati members and engage undeveloped or impaservice are those who guardians, other famil translators, agencies, their psychiatric care	ve complexity refers ors that complicate the e. Some common fac on with discordant of ement of young and or patients. Patien or have third parties s ily members, interpro- court officers, or sol	 Primary Service n met Means of interac 		·			
NOTES			EXAMPLE ACTIVITIE	S			
This code is to be rep diagnostic psychiatric psychotherapy (9083 performed with an ev (90833, 90836, 90838 99350), and group ps	evaluation (90791, 2-90834-90837), psy valuation and manag 3, 99202-99255, 9930	90792), chotherapy when ement service 04-99337, 99341-					
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
	☑ Young Adult 18-20)	✓ Adult (21-64)✓ Geriatric (65+)		15 Minutes 1 Hour	Minimum: NA Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☑ Gro	up □ Family		□ HE (SP) □ HK (Residential)	⊠ U4 (⊠ TM □ HM (Respit	(ACT)	(Voc) (Clubhouse) (Recovery) (Prev/EI)	
STAFF REQUIREMENT	TS						
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐	⊠ LCSW ⊠ LPC ⊠ LMFT	⊠Unlicensed	d Master's Level (HO) I EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠LAC	□ LPN/LVN ([†] □ RN (TD) ☑ APN (SA) □ QMAP	RXN (SA) RXN (PA) MD/DO(AF)	
PLACE OF SERVICE (P	OS)						
区MHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54) ☑ NF (32)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Othe	ol (03) r POS (99)	

TREATMENT							
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	90785* ADD-ON		Interactive comple to the code for the	☑ ОВН			
SERVICE DESCRIPTION	N		MINIMUM DOCUM	MENTATION RE	QUIREMENTS		
Code 90785 is an add complexity. Interact communication factor psychiatric procedur difficult communicat members and engag undeveloped or imposervice are those whe guardians, other fam translators, agencies their psychiatric care	ive complexity refers ors that complicate t e. Some common fac- ion with discordant of ement of young and aired patients. Patier o have third parties s illy members, interpa , court officers, or so	Primary Service met Means of intera	active complexit	·			
NOTES			EXAMPLE ACTIVIT	IES			
This code is to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832-90834-90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838, 99202-99255, 99304-99337, 99341-99350), and group psychotherapy (90853).							
APPLICABLE POPULA	ATION(S)		UNIT		DURATION		
⊠ Adol (12-17)	⊻ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	□ Day □	□ 15 Minutes □ 1 Hour	Minimum: NA Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIC	E CATEGORY(IE	S)		
☑ Individual ☑ Group ☐ Family		☑ HE (SP) ☑ HK (Residential)	☑ U4 (☑ TM □ HM (Respit	(ACT)	(Voc) (Clubhouse) (Recovery) (Prev/EI)		
STAFF REQUIREMEN	TS						
☐ Peer Specialist☐ Bachelor's Level (HN☐ Intern☐ Bachelor's Level (HN☐ Intern☐ Int) ELCSW 区 LPC 区 LMFT	⊠Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) ddD/PhD/PsyD (AH)	⊠LAC	□ LPN/LVN (1 □ RN (TD) ☑ APN (SA) □ QMAP	E) RXN (SA) PA (PA) MD/DO(AF)	
PLACE OF SERVICE (F	POS)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTC (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						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DE	SCRIPTION		USAGE
	90791		Psychiatric diagnost	ic evaluation		☑ Medicaid
SERVICE DESCRIPTION	N		MINIMUM DOCUMEN	NTATION REQUIREM	ENTS	
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. NOTES In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. Codes 90791 may be reported more than once, but not on the same day, for the patient, when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90791 may be reported once per day but not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction 90791. 90791 are used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services, may not be reported on the same day. Psychotherapy provided to a			Chief complai 2. Referral sourc 3. Psychiatric dia 4. Review of psy 5. Mental status 6. Diagnostic for 7. Plan for next of	r the visit. What want/presenting conce agnostic interview chosocial, family, exam ramulation contact(s) including parties and disposecial history, paseline level of functions.	vas the intended potential control of the control o	ments story or coordination s, determine appropriate level of
day as 90791						
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
区 Child (0-11) 区 Adol (12-17)	☑ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☐ Family			PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENT	3				□ LDN /13 /21 /753	
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	✓ E LPC	☑ Unlicer	nsed Master's Level (HO nsed EdD/ PhD/PsyD (HI ed EdD/PhD/PsyD (AH)	΄ ΙΧΙΙ Δ(☐ 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 (21)☑ Inpt PF (51)☑ ER (23)☑ PF-PHP (52)	⊠ Scho ⊠ Othe	ol (03) er POS (99)

ASSESSMENT							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
90791	Psychiatric diagnostic evaluation	☑ ОВН					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Psychiatric diagnostic evaluation is an integrated biophysical assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies. The MHP interviews the patient in a culturally and developmentally appropriate initial diagnostic examination, which includes taking the patient's history and assessing his/her mental status, as well as disposition. The MHP may spend time communicating with family, friends, co-workers, or other sources as part of this examination, * BA-level MHPs use procedure code H0031. * Prescribers use procedure code 90792. NOTES In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. Codes 90791 may be reported more than once, but not on the same day, for the patient, when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90791 may be reported once per day but not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction 90791. 90791 are used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy 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	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Psychiatric diagnostic interview examination elements 4. Review of psychosocial, family, and treatment history 5. Mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition EXAMPLE ACTIVITIES Evaluation to gather psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.						
ADDUCADUE DODUMATION/C	LIMIT	DATION					
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes Min ☐ Day ☐ 1 Hour Max	RATION nimum: N/A ximum: N/A					
ALLOWED MODE(S) OF DELIVERY ☐ Individual ☐ Group ☐ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)						
STAFF REQUIREMENTS Poor Specialist VICSW (A1) VILIBIES	need Master's Lavel (HO) VIAC U	LIDNI/LVNI/TE)					
□ Bachelor's Level (HN) □ LPC □ Unlice □ Intern □ LMFT □ License							
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34)	Shelter (04)	✓ School (03)					
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)	☑ Shetter (04) ☑ Inpt Hosp (21) ☑ SNF (31) ☑ Inpt PF (51) ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP (52)	⊠ Other POS (99)					

ASSESSMENT							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION	ON		USAGE	
	90792		Psychiatric diagnostic evaluation	on with me	edical services	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION				
Psychiatric diagnostic ever medical assessment, incl physical examination ele recommendations. The with family or other sour review and ordering of later in certain circumstances members, guardians, or the patient. * This code is for Prescritorial examination of the patient. * This code is for Prescritorial examination of the same day by the diagnostic evaluations are informants. Report service the informant or othe 90792 may be reported an evaluation and manager provider for the same patient add-on code) when factor psychiatric procedure. Services. Psychotherapy day. Psychotherapy day. Psychotherapy provider or the appropriate crising 90840 cannot be billed on the same of the propriate crising services.	uding history, mental aments as indicated, an evaluation may include rees, prescription of meaboratory or other diagone one or more other infesignificant others) may bers (or prescriber interactive conducted with the rees as being provided the er party in such circum once per day and not conce per day and not concept the concept of the concept	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Psychiatric diagnostic interview examination elements 4. Review of medical and medication history, psychosocial, family, and treatment history 5. mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition EXAMPLE ACTIVITIES Prescriber evaluation to gather medical and medication history, psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.					
APPLICABLE POPULATIO			UNIT		DURATION		
⊠ Adol (12-17) (1	8-20)	✓ Adult (21-64)✓ Geriatric (65+)	☑ Encounter☐ 15 Mir☐ Day☐ 1 Hour	·	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVICE CATEGOR				
☑ Individual □ Group □ Family			 ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HT (Recovery) ☐ HT (Prev/EI) 				
STAFF REQUIREMENTS							
☐ 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)	AC	□ LPN/LVN □ RN (TD) □ APN (SA) □ QMAP	X PΔ (PΔ)	
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 (34)☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Independent Clinic (49)	☑ Inpt I ☑ ER (2	3)	 ✓ Shelter (04) ✓ School (03) ✓ NRSATF (57) ✓ Other POS (99) 	

ASSESSMENT							
CPT®/HCPCS PROCEE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	90792		Psychiatric diagnostic e	valuation with m	nedical services	☑ ОВН	
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENT	TATION REQUIRE	EMENTS		
Psychiatric diagnostic evaluation is an integrated biophysical and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. * This code is for Prescribers (or prescriber interns) only. NOTES Codes 90792 may be reported more than once for the patient, but not on the same day by the same provider when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90792 may be reported once per day and not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services (90785 – add-on code) when factors exist that complicate the delivery of the psychiatric procedure. 90792 is used for assessment(s) and reassessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services may not be reported on the same day. Psychotherapy provided to a patient in crisis state is reported			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Psychiatric diagnostic interview examination elements 4. Review of medical and medication history, psychosocial, family, and treatment history 5. mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition EXAMPLE ACTIVITIES Prescriber evaluation to gather medical and medication history, psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.				
APPLICABLE POPULA			UNIT		DURATION		
区 Child (0-11) ☑ Adol (12-17)	⊠ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)		15 Minutes 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CA		() =		
☑ Individual □ Group □ Family			☑ HE (SP) ☑ HK (Residential)		(ACT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENT	TS						
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	IN) □ LCSW □ LPC □ LMFT	☐ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC	□ LPN/LVN (TI □ RN (TD) □ APN (SA) □ QMAP	E) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)	
PLACE OF SERVICE (P		□ NE (CC)	E 210 (22)		-0)		
☑ 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) ☑ PRTC (56) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	 ☒ RHC (72) ☒ Independent Clinic (4 ☒ Inpt Hosp (21) ☒ Inpt PF (51) ☒ ER (23) 	☑ PF-PHP (! 9) ☑ School (0 ☑ NRSATF (☑ Other PO	3) 57)		

	TREATMENT					
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	90832		Psychotherapy, 30	0 minutes with th	e patient	☑ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION REC	QUIREMENTS	
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.			See Section X Service Content 1. The reason How does th 2. Description 3. The therape response to 4. How did the goals/object	for the visit. Whathe service relate to of the service eutic intervention the intervention e service impact to tives?	t was the intend to the treatment (s) utilized and t (s) he 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 respectively. Psychotherapy provided the appropriate crisis cocannot be billed in additionare professional on the Use add-on code 90785	ided by a prescriber wi ise the appropriate psy ised or unlicensed, are nin their areas of comp ules and regulations. I to a patient in crisis st ide (H2011, 90839-908 ion 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)	区 Adult (21-64) 区 Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 16 Maximum: 37	
ALLOWED MODE(S) (☐ STOU	up □ Family		PROGRAM SERVIO ☑ HE (SP) ☑ HK (Residential	⊠ U4 (I I) ⊠ TM (CM)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENT	rs					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Intern☐ ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	⊠ LCS ⊠ LPC ⊠ LMI	⊠ Uı	nlicensed Master's Lev nlicensed EdD/ PhD/Ps censed EdD/PhD/PsyD	syD (HP)	□ LPN/LVN (□ RN (TD) ☑ APN (SA) □ QMAP	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)☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hos ☑ Inpt PF (! ☑ ER (23) ☑ PF-PHP (!	51) 🗵 Oth	ool (03) er POS (99)

	TREATMENT					
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE			USAGE
	90832		Psychotherapy, 30	O minutes with the	e patient	☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	UIREMENTS	
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 therape response to How did the goals/objec	for the visit. What he service relate to of the service eutic intervention the intervention e service impact the tives? tt 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	ΓIES		
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 POPULATI	ION(S)		UNIT		DURATION	
	•	☑ Adult (21-64)	☑ Encounter	☐ 15 Minutes	Minimum: 16 I	Minutes
		☑ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 37	Minutes
ALLOWED MODE(S) OF			PROGRAM SERVI ☑ HE (SP) ☑ HK (Residential	⊠ U4 (I	CM) ACT)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	≥ LCS ≥ LPC ≥ LMF	⊠Ur	nlicensed Master's Lev nlicensed EdD/ PhD/P: censed EdD/PhD/Psy[syD (HP)	□ LPN/LVN (□ RN (TD) ☑ APN (SA) □ QMAP	TE) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (PO	S)					
☑ Office (11) ☑ Mobile Unit (15) ☐	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	' '	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	51) 🗵 Oth	ool (03) er POS (99)

EVALUATION AND MANAGEMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	U	JSAGE	
90833* ADD-ON	Psychotherapy, 30 minutes with the patient when performed with an evaluation and management service (list separately in addition to the code for primary service)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUI	IREMENTS		
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 we how does the service relate to the service 2. Description of the service 3. The therapeutic intervention(s) response to the intervention(s) 4. How did the service impact the goals/objectives? 5. Plan for next contact(s) including needed with 3rd parties	vas the intended go the treatment/serv utilized and the in- individual's progre	vice plan? dividual's ess towards	
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 N	Minimum: 16 Minut Maximum: 37 Minu		
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☐ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (IC ☑ HK (Residential) ☑ TM (A	.cT) □ HQ (C	Clubhouse) ecovery)	
STAFF REQUIREMENTS				
□ LPC □ Ur □ LMFT □ Lice	nlicensed Master's Level (HO) nlicensed EdD/ PhD/PsyD (HP) ensed EdD/PhD/PsyD (AH)	□ KIN (TD) ☑ ADN (SA)	区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)	
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTC (56)	☑ Shelter (04) ☑ Inpt Hos ☑ SNF (31) ☑ Inpt PF ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP	(51) 🗵 Othe	ol (03) er POS (99)	

EVALUATION AND MANAGEMENT					
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 REQUIREMEN	TS			
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 i How does the service relate to the treat 2. Description of the service 3. The therapeutic intervention(s) utilized response to the intervention(s) 4. How did the service impact the individud goals/objectives? 5. Plan for next contact(s) including any for needed with 3 rd parties	ntended goal or agenda? tment/service plan? and the individual's ual's progress towards			
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 DURATIO	N			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximur	n: 16 Minutes m: 37 Minutes			
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☐ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☑ HK (Residential) ☑ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)			
STAFF REQUIREMENTS					
□ LPC □ Ur □ LMFT □ Lic	nlicensed Master's Level (HO)	PN (SA) MD/DO(AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTC (56)	 ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ SNF (31) ☑ Inpt PF (51) ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP (52) 	✓ School (03)✓ Other POS (99)			

	TREATMENT					
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE	E DESCRIPTION		USAGE
	90834		Psychotherapy, 45	minutes with a p	patient	✓ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION REC	UIREMENTS	
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.			See Section X Service Content 1. The reason f How does th 2. Description of The therape response to	or the visit. Wha ne service relate to of the service utic intervention the intervention	ments t was the intended to the treatment/s (s) utilized and the	ervice plan? · individual's
			goals/object			
					ding any follow-up	or coordination
NOTES			needed with			
Incidental telephone correportable as psychother if psychotherapy is provided. All providers, licer psychotherapy only with accordance with State respectively. Psychotherapy provided the appropriate crisis conducted to be billed in additionable to the same health care provided the same health care provide	erapy. ided by a prescriber wase the appropriate psecond or unlicensed, are nin their areas of compules and regulations. If to a patient in crisis so de (H2011, 90839-908 cion to psychotherapy of essional.	eith an evaluation and ychotherapy add-on e required to practice betency, in tate is reported with 840). 90839-90840 on the same day by		16.3		
APPLICABLE POPULA			UNIT		DURATION	
	Young Adult	☑ Adult (21-64)		☐ 15 Minutes	Minimum: 38 Mi	
	18-20)	☑ Geriatric (65+)		1 Hour	Maximum: 52 M	inutes
ALLOWED MODE(S) (☐ ☑ Individual ☐ Grou			PROGRAM SERVICE ☑ HE (SP) ☑ HK (Residential)	⊠ U4 () ⊠ TM	(ICM) ☐ H (ACT) ☐ H (Respite) ☐ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)
STAFF REQUIREMENT	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LC: ⊠ LP0 ⊠ LM	C ∑ Ur	nlicensed Master's Lev nlicensed EdD/ PhD/Ps censed EdD/PhD/PsyD	syD (HP)	□ 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)☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	区 Inpt I 区 Inpt I 区 ER (2 区 PF-PI	PF (51) ⊠ Ot 3)	hool (03) her POS (99)

	TREATMENT					
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	90834		Psychotherapy, 45	5 minutes with a	patient	☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS	
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 Docum See Section X Service Content 1. The reason How does to 2. Description 3. The therape response to 4. How did the goals/object	for the visit. Whathe service relate of the service equic intervention the intervention e service impact tives?	ements It was the intender to the treatment/s I(s) utilized and the	ervice plan? e individual's gress towards
NOTES			EXAMPLE ACTIVIT	•		
Incidental telephone conver reportable as psychotherap If psychotherapy is provided management services, use t code. All providers, licensed psychotherapy only within t accordance with State rules Psychotherapy provided to the appropriate crisis code of cannot be billed in addition the same health care profest						
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	
	oung Adult 20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter☐ DayPROGRAM SERVI	☐ 15 Minutes ☐ 1 Hour	Minimum: 38 M Maximum: 52 M	
☑ Individual ☐ Group			□ HE (SP) □ HK (Residential)	⊠ U4 I) ⊠ TM	(ICM) □ (ACT) □ I (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCS ¹ ⊠ LPC ⊠ LMF	⊠Un	nlicensed Master's Lev nlicensed EdD/ PhD/P: ensed EdD/PhD/PsyD	syD (HP)	□ LPN/LVN (TE □ RN (TD) ⊠ APN (SA) □ QMAP) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (POS)						
☑ Office (11) ☑ ☑ ☑ Mobile Unit (15) ☑	ACF (13) Cust Care (33) Grp Home (14) Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt ☑ Inpt ☑ ER (2 ☑ PF-P	PF (51) 🗵 O	theol (03) ther POS (99)

EVALUATION AND MANAGEMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90836* ADD-ON	Psychotherapy, 45 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)	☑ Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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 treplan? 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 progoals/objectives? 5. Plan for next contact(s) including any follow-up needed with 3 rd parties	atment/service e individual's gress towards		
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) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	 ☑ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour ☐ Maximum: 38 Min ☐ Maximum: 52 Min PROGRAM SERVICE CATEGORY(IES) 			
☑ Individual ☐ Group ☐ Family	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (☑ HK (Residential) ☑ TM (ACT) ☐ HQ ☐ HM (Respite) ☐ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)		
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Unli ☑ Intern □ LMFT □ Lice	icensed Master's Level (HO) ☐ LAC ☐ RN (TD) ☐ LAC ☐ RN (TD) ☐ LAC ☐ RN (SA) ☐ CMAP) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTC (56)	, , , , , , , , , , , , , , , , , , , ,	hool (03) :her POS (99)		

EVALUATION AND MANAGEMENT					
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)	☑ ОВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
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 treplan? 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 progoals/objectives? 5. Plan for next contact(s) including any follow-up needed with 3 rd parties	atment/service e individual's gress towards			
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) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY 	 ☑ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour ☐ Maximum: 52 Minutes ☐ PROGRAM SERVICE CATEGORY(IES) 				
☑ Individual ☐ Group ☐ Family	 ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (☑ TM (ACT) ☐ HQ ☐ HM (Respite) ☐ TT ((Voc) (Clubhouse) (Recovery) (Prev/El)			
STAFF REQUIREMENTS					
□ LPC □ Unli □ Intern □ LMFT □ Lice	icensed Master's Level (HO) □LAC □ RN (TD) icensed EdD/ PhD/PsyD (HP) □ APN (SA) nsed EdD/PhD/PsyD (AH) □ QMAP	⁾ ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)			
PLACE OF SERVICE (POS)		1 (00)			
☑ 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) ☒ PRTC (56)	(-)	thool (03) ther POS (99)			

	TREATMENT					
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COD	E DESCRIPTION		USAGE
9083	7		Psychotherapy, 6	0 minutes with a	patient	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
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.			agenda? Ho plan? 2. Description 3. The therapo	for the visit. Whow does the service	at was the intended ce relate to the trea n(s) utilized and the	etment/service
					the individual's prog	ress towards
			goals/objec		iding any follow up	or coordination
				h 3 rd parties	iding any follow-up	or coordination
NOTES			EXAMPLE ACTIVI			
Incidental telephone conversations a reportable as psychotherapy.	nd consultations are r	not				
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.						
ADDUCADUS DODUU ATIOM/C)			LIAUT		DUDATION	
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Add	ult 🗵 Adult (2	21.64\	UNIT ☑ Encounter	☐ 15 Minutes	DURATION Minimum: 53 Mir	urtos
⊠ Adol (12-17) (18-20)	unt ⊠ Addit (2 ⊠ Geriatr	-		☐ 1 Hour	Maximum: no max	
ALLOWED MODE(S) OF DELIVER		()	PROGRAM SERVI			
☑ Individual ☐ Group ☐ Fami			⊠ HE (SP) ⊠ HK (Residentia	⊠ U4 (ICM) ☐ HJ (V (ACT) ☐ HQ ((☐ TT (R	Clubhouse) ecovery)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LPC	☑ Unlicense	ed Master's Level (HC ed EdD/ PhD/PsyD (H EdD/PhD/PsyD (AH)		 □ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP 	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (POS)						
区 CMHC (53)	re (33) 🗵 ICF-M me (14) 🗵 NF (32	R (54) 2)	☑Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	Other P	

	TREATMENT					
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	90837		Psychotherapy, 60 r	minutes with a	patient	☑ OBH
SERVICE DESCRIPTION	N		MINIMUM DOCUM	ENTATION REC	QUIREMENTS	
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			EXAMPLE ACTIVITIE	S		
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	
⊠ Adol (12-17) (1	Young Adult 18-20)	✓ Adult (21-64)✓ Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: 53 Mir Maximum: no max	
ALLOWED MODE(S) C ☑ Individual ☐ Gro			PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubhouse)		Clubhouse)	
				☐ HM (Respite		ecovery) rev/EI)
STAFF REQUIREMENT	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	□ 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)	☑ ICF-MR (54)☑ NF (32)	☑Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Other P	

EVALUATION AND MANAGEMENT				
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			
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			
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) (18-20) ☑ Geriatric (65+)	Encounter ☐ 15 Minutes ☐ Minimum: 53 Minutes ☐ Day ☐ 1 Hour ☐ Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☐ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HM ☐ TT (Recovery) (Respite) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Un	licensed Master's Level (HO) licensed EdD/ PhD/PsyD (HP) ensed EdD/PhD/PsyD (AH) □ LPN/LVN (TE) □ RN (TD) □ RN (TD) □ RN (SA) □ QMAP □ QMAP	F)		
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) ☑ PRTC (56) 	☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School (03) ☑ SNF (31) ☑ Inpt PF (51) ☑ Other POS (99) ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP (52)			

EVALUATION AND MANAGEMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
	Psychotherapy, 60 minutes with a patient when	1		
90838* ADD-ON	performed with an evaluation and management	☑ OBH		
	service (list separately in addition to the code for			
	primary service)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Psychotherapy with a patient provided on the same day as	Technical Documentation Requirements			
an Evaluation and Management service by the same	See Section X			
prescriber. The two services must be significant and	Service Content	d and an		
separately identifiable. If a family member is present, the	 The reason for the visit. What was the intende agenda? How does the service relate to the tre 			
focus of the session is still on the patient and not on the	plan?	atment/service		
family unit.	2. Description of the service			
	The therapeutic intervention(s) utilized and the	e individual's		
	response to the intervention(s)	e individual 5		
	4. How did the service impact the individual's pro	gress towards		
	goals/objectives?	8. 555 55 115.		
	5. Plan for next contact(s) including any follow-up	o or		
	coordination needed with 3 rd parties			
NOTES	EXAMPLE ACTIVITIES			
Incidental telephone conversations and consultations are				
not reportable as psychotherapy. If psychotherapy is				
provided by a prescriber with an evaluation and				
management services, use the appropriate psychotherapy				
add-on code. All providers, licensed or unlicensed, are				
required to practice psychotherapy only within their areas of				
competency, in accordance with State rules and regulations.				
Psychotherapy provided to a patient in crisis state is				
reported with 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)	☑ Encounter ☐ 15 Minutes Minimum: 53 Min	nutes		
☑ 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 (Y)	Voc)		
☑ Individual ☐ Group ☐ Family		(Clubhouse)		
E marriada		Recovery)		
	(Respite) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS				
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ LCSW (AJ) ☐ Unlin	censed Master's Level (HO) □ LAC □ RN (TD)	E) 🗵 RxN (SA)		
☑ Intern ☐ LPC ☐ Unli	censed EdD/ PhD/PsyD (HP)	ĭ PA (PA)		
□ LMFT □ Licer	nsed EdD/PhD/PsyD (AH) ☐ QMAP	☑ MD/DO(AF)		
PLACE OF SERVICE (POS)				
	☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School	ol (03)		
	☑ SNF (31) ☑ Inpt PF (51) ☑ Other	r POS (99)		
	☑ FQHC (50)			
☑ Outp Hospital (22) ☑ Home (12) ☑ PRTC (56)	☑ RHC (72)			

CRISIS							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION				USAGE
	90839		Psychotherapy for	r Crisis, first 60 mi	n		☑ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENTATION REQUIREMENTS				
Urgent assessment and relevant BEHAVIORAL HEALTH history of a crisis state mental status exam, and disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. Use 90840 for each additional 30 minutes of service.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. Relevant BEHAVIORAL HEALTH history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, Substance Use, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES			EXAMPLE ACTIVIT	TIES			
Please note that this code cannot be used with CPT codes 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785-90899 if services are on the same day. This code should be used only once per date even if the time spent by the physician or other healthcare provider is not continuous on that date.			 Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to precrisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors. 				
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
, ,	☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes	Minimum: Maximum: *Less than 3 billed as 908	74 Min 0 minute	utes es should be
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIO	CE CATEGORY(IES)		
☑ Individual ☐ Group ☑ Family			☑ HE (SP) ☑ HK (Residential) 🗵 TM	☑ U4 (ICM) ☐ HJ (Voc) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)		Clubhouse) Recovery)
STAFF REQUIREMEN	TS						
□ Bachelor's Level (HN) □ LPC □ Unlicensed □ LMFT □ Licensed			nsed EdD/ PhD/PsyD (HP)		⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)		
PLACE OF SERVICE (F	<u> </u>						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Cli	⊠ Inpt ⊠ ER (⊠ PF-F	Hosp (21) : PF (51) 23) PHP (52)	≥ NR	nool (03) SATF (57) ner POS (99)

CRISIS							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION				USAGE
90839			Psychotherapy for Crisis, first 60 min				☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENTATION REQUIREMENTS				
Urgent assessment and relevant BEHAVIORAL HEALTH history of a crisis state mental status exam, and disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. Use 90840 for each additional 30 minutes of service.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, 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 Use, 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 POPULATION(S)			UNIT DURATION			V	
, ,	☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)		.5 Minutes . Hour	Minimum: 30 Minutes* Maximum: 74 Minutes *Less than 30 minutes should be billed as 90832 or 90833		nutes es should be
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CA	ATEGORY(IES)		
☑ Individual ☐ Group ☑ Family			☑ HE (SP) ☑ HK (Residential) ☑ U4 (ICM)	☑ TM (ACT ☐ HM (Res ☐ HJ (Voc)	(Respite)		Recovery)
STAFF REQUIREMEN	TS						
☐ Bachelor's Level (HN) ☐ Intern ☐ Unlicens		sed Master's Level (HO) sed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH)		□ LPN/L¹ □ RN (TE ☑ APN (S □ QMAP	D) SA)	区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)	
PLACE OF SERVICE (P							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Clinic (- 	⊠ Inpt ⊠ ER (⊠ PF-F	Hosp (21) PF (51) 23) PHP (52)	⊠ NR	hool (03) RSATF (57) her POS (99)

CRISIS						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
	Psychotherapy for Crisis, each additional 30	☑ Medicaid				
90840* ADD-ON	minutes (List separately in addition to code					
	90839 for primary service)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 75	Technical Documentation Requirements See Section X					
minutes.	Service Content					
minutes.	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 Use,					
	medical, etc.)					
	6. Plan for next contact(s) including any follow-up	or coordination				
NOTEC	needed with 3 rd parties					
NOTES	EXAMPLE ACTIVITIES	ssion) to provide				
*90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 74	 Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from 					
minutes. 90840 can only be used if 90839 is also reported and the		needing higher level of care services or further assess and/or coordinate				
entire crisis session (including time reported using 90839) is over 74	placement for higher level of care.Therapy to reinforce and/or practice psychotherape.	ıtic skills on crisis				
minutes.	plan or treatment/service plan to increase functioning					
	crisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). • Utilizing specific therapy/counseling or assessment tools to screen or					
	gather more information about the crisis situation, p event(s), or contributing factors.	recipitating				
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ 5 Minutes Minimum: 75+ N	Minutes, in 30 min				
区 Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 1 Hour increments					
△ Addi (12-17) (16-20) △ Geriatric (03+)	☑ 30 Minutes Maximum: none	2				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
		HJ (Voc)				
☑ Individual ☐ Group ☑ Family		HQ (Clubhouse) TT (Recovery)				
		HT (Prev/EI)				
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ LCSW (AJ) ☑ Unlicens	sed Master's Level (HO)	E) 🗵 RxN (SA)				
I I Bachelor's Level (HIVI)	sed EdD/ PhD/PsyD (HP) Sed Sed/ Sed/ Sed/ Sed/ Sed/ Sed/ Sed/ S	⊠ PA (PA)				
☑ LMFT ☑ Licensed	d EdD/PhD/PsyD (AH) □ QMAP	MD/DO(AF)				
PLACE OF SERVICE (POS)						
	(- /	School (03)				
		Other POS (99)				
	☑ FQHC (50)					
☑ Outp Hospital (22) ☑ Home (12) ☑ PRTC (56)	☑ RHC (72)					

			CRISIS				
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
			Psychotherapy for	Crisis, each ad	ditional 30		
	90840* ADD-ON		minutes (List separ	-	on to code	☑ OBH	
			90839 for primary service)				
SERVICE DESCRIPTIO			MINIMUM DOCUM Technical Docume				
90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 75 minutes.			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 Use,				
			medical, etc.) 6. Plan for next coneeded with 3 rd	medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination			
NOTES			EXAMPLE ACTIVITI				
*90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 74 minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes.			 Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to 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 				
APPLICABLE POPULA	TION(S)		event(s), or contr	ibuting factors.	DURATION		
⊠ Child (0-11) ⊠	Young Adult	⊠ Adult (21-64) ⊠ Geriatric (65+)	☐ Encounter☐☐ Day☐	15 Minutes 1 Hour 30 Minutes	Minimum: 75+ Nincrements Maximum: none	Ainutes, in 30 min	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIC	E CATEGORY(I	ES)		
☑ Individual ☐ Gro	up 🗵 Family		☑ HE (SP) ☑ HK (Residential)	ĭ ⊠	M (ACT) □ M (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENT	TS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	` ✓ Unlicens	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E) RxN (SA) PA (PA) MD/DO(AF)	
PLACE OF SERVICE (P							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	✓ ICF-MR (54)✓ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp☑ Inpt PF (5☑ ER (23)☑ PF-PHP (5	1)	School (03) Other POS (99)	

	TREATMENT							
CPT®/HCPCS PROCEDURE C	ODE		PROCEDURE COD		USAGE			
	90846		Family psychotherapy (without the patient present)					
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS			
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See 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 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.			 a patient's inte Assessing confassisting, throughtent 	eraction(s) with filicts/impedimenugh psychothera	ugh psychotherap family members its within family sy py, family membe back and strategie	ystem and ers in managing		
APPLICABLE POPULATION((2)		UNIT		DURATION*			
		ult (21-64)		☐ 15 Minutes	Minimum: 26 mi	inutes		
☑ Adol (12-17) (18-20)		riatric (65+)		☐ 1 Hour	Maximum: N/A			
ALLOWED MODE(S) OF DEL			PROGRAM SERVI	区 U4 (I) 区 TM	ICM) □ HJ ((ACT) □ HQ	(Clubhouse)		
Li maividuai Li Group	i i anniy			☐ HM (Respit		(Recovery) (Prev/EI)		
STAFF REQUIREMENTS								
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Intern☐ ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	区 LCSW (AJ) 区 LPC 区 LMFT	☑ Unlicense	ed Master's Level (HO ed EdD/ PhD/PsyD (HF EdD/PhD/PsyD (AH)		□ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)		
PLACE OF SERVICE (POS)								
☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) ☑ Independent Clinic (49)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34☑ ICF-MR (54☑ NF (32)☑ PRTC (56)) ⊠ Inpt (0) ⊠ ER (2	PF (51) \(\sum_{\text{\subset}}\)	CMHC (53) School (03) NRSATF (57) Other POS (99)		

		TR	REATMENT				
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	90846		Family psychotherapy (without the patient present)				
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	MENTATION RE	QUIREMENTS		
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See 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 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.			Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient Providing payouts specific feedback and strategies for managing				
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				
☐ Individual ☐ Gro	up 🗵 Family		⊠ HE (SP) ⊠ HK (Residential)	☑ U4 (☑ TM □ HM (Respit	(ACT) □ HQ	(Voc) (Clubhouse) (Recovery) (Prev/EI)	
STAFF REQUIREME	NTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)		□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP	E) 区 RXN (SA) 区 PA (PA) 区 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) ⋈ PRTC (56) 	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Clini	⊠ Inpt ⊠ ER (i ⊠ PF-P	72) PF (51)	School (03) NRSATF (57) Other POS (99)	

TREATMENT							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION		US	SAGE
	90847		Family psychotherage (with patient preser		sychotherapy)	V	Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES			EXAMPLE ACTIVITIE				
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 				s symptoms n is gradually on treatment ic techniques, m and
APPLICABLE POPULAT	ION(S)		UNIT		DURATION*	k	
		Adult (21-64)	☑ Encounter ☐ 1	15 Minutes	Minimum: 2	6 minute	es
⊠ Adol (12-17) (18-		Geriatric (65+)		l Hour	Maximum: N	V/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	•	•		
☐ Individual ☐ Grou	⊋ 区 Family		☑ HE (SP) ☑ HK (Residential)	⊠ U4 (⊠ TM □ HM	(ACT) [(Respite) [□ HJ (Vo □ HQ (Cl □ TT (Re □ HT (Pr	lubhouse) covery)
STAFF REQUIREMENTS							
☐ 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	□ LPN/L\ □ RN (TC ☑ APN (S □ QMAP	D) SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/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)	☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)	Shelter (04) SNF (31) FQHC (50) RHC (72) Independent Clinic (

	TREATMENT						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE D	DESCRIPTION		USAGE	
	90847		Family psychotherap (with patient presen		osychotherapy)	☑ OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES			EXAMPLE ACTIVITIES	-			
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90847. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.			 Conjoint psychotherapy in the office with a married 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☑ Adol (12-17)☑ (18-	oung Adult ⊠ -20) ⊠	Adult (21-64) Geriatric (65+)	□ Day □ 1	5 Minutes Hour	Minimum: 26 mi Maximum: N/A	nutes	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE			(), (
☐ Individual ☐ Grou	p 🗵 Family		☑ HE (SP) ☑ HK (Residential)	⊠ U4 (⊠ TM (□ HM	ACT) \square HC (Respite) \square TT	(Voc) Q (Clubhouse) (Recovery) - (Prev/EI)	
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	□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)	
PLACE OF SERVICE (PC		[F] 11: (2.4)	[V] Ch - k / (2.4)		DUD (52)	Out BOC (00)	
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)☑ PRTC (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Clinic	⊠ Sch ⊠ NR	PHP (52) nool (03) SATF (57)	Other POS (99)	

	TREATMENT					
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DES	SCRIPTION	l	USAGE
	90849		Multiple-family group therapy ☑ Medicaid			
SERVICE DESCRIPTION			MINIMUM DOCUMEN	TATION 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	13 11000330	ily for the covered	r diagnosis.
90849 is reported once for each family group present. 90849 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document as family therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention services use code H0025.			An example would be a is not present in the th			where the child
APPLICABLE POPULAT	ION(S)		UNIT		DURATION*	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	oung Adult 🗵 Adu 20) 🗵 Ger	ult (21-64) riatric (65+)	☑ Encounter ☐ 15 I☐ Day ☐ 1 H		Minimum: 30 mi Maximum: N/A	nutes
□ Individual □ Group □ Family			PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC	□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E)
PLACE OF SERVICE (PO						
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)☑ PRTC (56)☑ Shelter (04)	区 FQHC (50) 区 RHC (72)	⊠ Scho ⊠ Othe	ool (03) er POS (99)	

	TREATMENT						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE	
	90849		Multiple-family ខ្	group therapy		☑ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Meeting with several patients' families together to address similar issues of the patients' treatment. Attention is also given to the impact the patients' conditions have on the families.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided including number members present. 3. The therapeutic intervention(s) utilized and response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties 6. If the identified patient is not present for the group the progress note for the group session needs to describe why the patient was not present. The explanation should include the clinical reasoning as to why the patient was not part of the group and				
					ry for the covere		
NOTES			EXAMPLE ACTIV				
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.			is not present in			p where the child	
APPLICABLE POPULAT	ION(S)		UNIT		DURATION*		
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	_	ult (21-64) riatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: 30 m Maximum: N/A		
ALLOWED MODE(S) OF	•	(- ,	PROGRAM SERV				
☐ Individual 区 Grou			⊠ HE (SP) ⊠ HK (Residentia	⊠ U4 (I al) ⊠ TM (ICM)	J (Voc) Q (Clubhouse) T (Recovery) T (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 (H EdD/PhD/PsyD (AH)	΄ Χ ΙΔ(□ 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)☑ PRTC (56)☑ Shelter (04)	⊠ SNF (31) ⊠ FQHC (50 ⊠ RHC (72) ⊠ PF-PHP (5		ool (03) er POS (99)		

	TREATMENT						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPT	ION	USAGE	
	90853		Group psychothera family group)	py (other tha	n of a multiple-	☑ Medicaid	
SERVICE DESCRIPTION	ON		MINIMUM DOCU	MENTATIO	N REQUIREMEN	rs	
Facilitating emotional and rational cognitive interactions in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchanges. The group may include patients with separate, distinct, maladaptive disorders, or share some facet of a disorder with other people in the group (e.g., drug abuse, victims of violence). Goals relate to BH treatment, including the development of insight/affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality/any combination thereof to provide therapeutic change.			 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number of patients present. The therapeutic intervention(s) utilized and the response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES			EXAMPLE ACTIVIT		5 · parties		
90853 is used for group psychotherapy involving patients other than the patients' families. 90853 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one group member is present, document as individual therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Recommended minimum is 45 minutes for adults and 30 minutes for children/youth. Document and report 90853 for each identified patient within the group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.			esteem, poor im cognitive behav therapy, trauma offender (SO) tr • Personal dynam	ressing a speci npulse controlioral therapy a counseling, a eatment ics of a patier up may be ex	cific problem, such l, depression, etc., (CBT), motivationa anger managemen nt may be discusse plored at same tin	as low self- through all enhancement t, and/or sexual d by group and ne	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION		
☑ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	oung Adult ≥ /-20) ≥ (Adult(21-64) Geriatric (65+)	⊠ Encounter □	15 Minutes 1 Hour	Minimum: 45 mi min. (children) Maximum: N/A	n. (adult); 30	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI		• •		
☐ Individual 区 Grou	p 🗆 Family		⊠ HE (SP) ⊠ HK (Residential)	ĭ TM	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 PLACE OF SERVICE (⊠ LCSW (AJ ⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E) ⊠ RxN (SA) ⊠PA (PA) ⊠ MD/DO(AF)	
✓ CMHC (53)	POS) ☑ ACF (13)	☑ ICF-MR (54)	☑ Shelter (04)	⊠ RHC (72)	X Other	POS (99)	
✓ Office (11) ✓ Outpt Hospital (22)	✓ ACF (13) ✓ Cust Care (33) ✓ Grp Home (14)	☑ NF (32) ☑ PRTC (56)	⊠ SNF (31) ☑ FQHC (50)	☑ PF-PHP (5 ☑ School (03	2)	1 03 (99)	

Revised: March 31, 2021 Effective: April 1, 2021

	TREATMENT						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPT	ION	USAGE	
	90853		Group psychothera family group)	py (other thai	n of a multiple-	☑ OBH	
SERVICE DESCRIPTION	N		MINIMUM DOCU	IMENTATIO	N REQUIREMEN	ΓS	
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 ACTIVIT		·		
90853 is used for group psychotherapy involving patients other than the patients' families. 90853 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one group member is present, document as individual therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Recommended minimum is 45 minutes for adults and 30 minutes for children/youth. Document and report 90853 for each identified patient within the group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.			esteem, poor im cognitive behav therapy, trauma offender (SO) tre Personal dynam	ressing a specingulse control ioral therapy a counseling, a catment ics of a patier up may be ex	cific problem, such l, depression, etc., (CBT), motivationa anger managemen nt may be discusse plored at same tin	as low self- through al enhancement t, and/or sexual ad by group and ne	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION		
☑ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	oung Adult 🗵 A 20) 🗵 G	dult(21-64) Seriatric (65+)	⊠ Encounter □	15 Minutes 1 Hour	Minimum: 45 mi min. (children) Maximum: N/A	n. (adult); 30	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI				
□ Individual 🗵 Grou	p □ Family		☑ HE (SP)☑ HK (Residential)	⊠ TI □ H	M (ACT) ☐ H M ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E) RXN (SA) EPA (PA) MD/DO(AF)	
PLACE OF SERVICE (I			[a 1			7.00 (00)	
☑ CMHC (53) ☑ Office (11) ☑Outpt Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)	ICF-MR (54)NF (32)PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	⋈ RHC (72)⋈ PF-PHP (5⋈ School (03)	2)	POS (99)	

	TRE	ATMENT			
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTI	ON	USAGE	
90870*		Electroconvulsive The	☑ Medicaid		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION	REQUIREMENTS		
**Electroconvulsive therapy (ECT) is most commonly used in patients with bipolar disorder that have not respon- treatments, such as, medications or p involves a brief electrical stimulation patient is under anesthesia. It is typic team of trained medical professional psychiatrist, an anesthesiologist, and assistant.	n severe depression or nded to other osychotherapy. ECT of the brain while the cally administered by a s that includes a	 Date of service Start and end time/duration of session Session setting/place of service Mode of treatment Provider's dated signature, degree/title/position 			
NOTES		EXAMPLE ACTIVITIES			
* Anesthesia for this procedure (001 code. Do not bill separately.	04) is included in this				
APPLICABLE POPULATION(S)		UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adol (12-17) (18-20)	☑ Adult (21-64)☑ Geriatric (65+)	☑ ☐ 15 MinutesEncounter ☐ 1 Hour☐ Day	Minimum: 1 unit Maximum: 2 uni		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
☑ Individual ☐ Group ☐ 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) ☐ L	PC Unlicensed	d Master's Level (HO)	□ LPN/LVN (T ☑ CRNA □ APN (SA) □ QMAP	E)	
PLACE OF SERVICE (POS)					
 ☑ Office (11) ☑ ALF (13) ☑ Inpt Hospital (21) ☑ ER (23) ☑ SNF (31) 	⊠ IPF (51)	☑ PRTC (56)			

	TREATMENT								
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CO	DDE DESCRIPT	ION		USAGE			
90870*		Electroconvulsive Therapy (ECT)				⊠ OBH			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS							
**Electroconvulsive therapy (ECT) is a m most commonly used in patients with se bipolar disorder that have not responded treatments, such as, medications or psycinvolves a brief electrical stimulation of t patient is under anesthesia. It is typically team of trained medical professionals the psychiatrist, an anesthesiologist, and a n assistant.	 Date of service Start and end time/duration of session Session setting/place of service Mode of treatment Provider's dated signature, degree/title/position 								
NOTES		EXAMPLE ACTIV	VITIES						
* Anesthesia for this procedure (00104) code. Do not bill separately.	is included in this								
APPLICABLE POPULATION(S)		UNIT DURATION							
☑ Child (0-11) ☑ Young Adult ☑ Adol (12-17) (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ Day	□ 15 Minu □ 1 Hour	tes		m: 1 unit per day um: 2 units per			
ALLOWED MODE(S) OF DELIVERY		Program Service	e Category						
☑ Individual ☐ Group ☐ Family		☑ HE (SP) ☐ U4 (ICM) ☐ HJ ☐ HK (Residential) ☐ TM (ACT) ☐ HC ☐ HM (Respite) ☐ TT			□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)				
STAFF REQUIREMENTS									
☐ Peer Specialist ☐ LCS\☐ Bachelor's Level (HN) ☐ LPC ☑ Intern ☐ LMF	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP D/PhD/PsyD (AH)		□ LPN/LVN ☑ CRNA □APN (SA) □ QMAP		□ RxN (SA) □ PA (PA) ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)									
☑ Outp ☑ Office (11) Hospital (2: ☑ ALF (13) ☑ ER (23) ☑ Inpt Hospital (21) ☑ SNF (31)	☑ PHP (52)								

		TR	EATMENT				
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION			U	ISAGE
*Cannot be bi	00104 *	th 90870	Anesthesia for Electroconvulsive Therapy				☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMEN	TATION RI	EQUIREMENT	S	
Anesthesia administered to patient undergoing Electroconvulsive therapy (90870).			 Date of service Start and end time/duration of session Session setting/place of service Mode of treatment Provider's dated signature, degree/title/position 				ion
NOTES			EXAMPLE ACTIVITIES				
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		DURATION		
, ,	•	dult (21-64) Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A				
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☐ Grou	p 🗆 Family		☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)			(Clubhouse) Recovery)	
STAFF REQUIREMENT	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	□ LPN/L ⊠ CRNA □ APN (S □ QMAP	SA)	□ RxN (SA) □ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (PC	OS)						
☑ Office (11)☑ ALF (13)☑ Inpt Hospital (21)	☑ Outp Hospital (22) ☑ ER (23) ☑ SNF (31)	⋈ NF (32)⋈ IPF (51)⋈ PHP (52)⋈ PRTC (56)					

TREATMENT								
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION				USAGE	
00104 * *Cannot be billed in conjunction with 90870		Anesthesia for Electroconvulsive Therapy			⊠ OBH			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS						
Anesthesia administered to patient undergoing Electroconvulsive therapy (90870).		 Date of service Start and end time/duration of session Session setting/place of service Mode of treatment Provider's dated signature, degree/title/position 						
NOTES			EXAMPLE	ACTIV	TIES			
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				DURAT	TION	
⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+)		⊠Encount □ Day	□ Day □ 1 Hour Minimum: N/A □ Day □ 1 Hour Maximum: N/A		•			
ALLOWED MODE(S) OF DELI	VERY		Program S	ervice	Category			
☑ Individual ☐ Group ☐ F	amily		⊠ HE (SP) □ HK (Res		ıl)	☐ U4 (ICM ☐ TM (ACT ☐ HM (Res	Γ)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	□Unlicensed I □Unlicensed I □Licensed EdI	EdD/ PhD/Psy	D (HP)	□LAC	□ LPN/LVN ☑ CRNA □ APN (SA) □ QMAP	` ,	□RxN (SA) □ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)								
☑ Office (11) ☑ ALF (13) ☑ Inpt Hospital (21)	(22)	⊠ NF (32) ⊠ IPF (51) ⊠ PHP (52) ⊠ PRTC (56)						

TREATMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 30 minutes	☑ Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or			
NOTES	coordination needed with 3 rd parties EXAMPLE ACTIVITIES			
Biofeedback training may not be suitable for some patients, including those with a pacemaker/other implantable electrical devices; those who wish to gain insight into their symptoms (biofeedback focuses on behavioral change); those with cognitive impairments (e.g., organic brain disease/TBI), depending on levels of functioning; those with specific pain symptoms of unknown origin.				
APPLICABLE POPULATION(S)	UNIT DURATION			
□ Child (0-11) □ Young Adult □ Adult (21-64) □ Adol (12-17) (18-20) □ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY □ Individual □ Group □ Family	□ Day □ 1 Hour □ Maximum: 37 □ PROGRAM SERVICE CATEGORY(IES) □ HK (Residential) □ HM (Respite) □ HM (Respite)			
STAFF REQUIREMENTS		(, = - ,		
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Unlicense ☐ LCSW (AJ) ☐ Unlicense ☐ LPC ☑ Unlicense	ed Master's Level (HO)	KXN (SA)		
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ FQHC (50) ☑ Office (11) ☑ RHC (72) ☑ Outp Hospital (22)				

TREATMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90875	Individual psychophysiological the incorporating biofeedback training modality, with psychotherapy (e.goriented, behavior modifying or spsychotherapy); approximately 30	ng by any g., insight- ☑ OBH supportive		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION RE			
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or			
NOTES	coordination needed with 3 EXAMPLE ACTIVITIES	s - parties		
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) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY 	☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour PROGRAM SERVICE CATEGORY(I ☐ HE (SP) ☐ U4	•		
☑ Individual ☐ Group ☐ Family		(ACT) ☐ HQ (Clubhouse) I (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS				
☑ LPC ☑ Unlicensed ☐ LMFT ☑ Licensed ☐	d Master's Level (HO) Ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□ LPN/LVN (TE)		
PLACE OF SERVICE (POS)				
CMHC (53) ☒ FQHC (50) Office (11) ☒ RHC (72) Outp Hospital (22)				

TREATMENT						
CPT®/HCPCS PROCEDU	RE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	90876	Individual psychophysiological therapy incorporating biofeedback training by a modality, with psychotherapy (e.g., ins oriented, behavior modifying or suppo psychotherapy); approximately 45 min	any sight- ☑ Medicaid rrtive			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIR				
utilizing biofeedback tra (i.e., supportive interact	dual psychophysiological therapy by ining combined with psychotherap ions, suggestion, persuasion, realition, behavior modification technique dify behavior.	See Section X Service Content 1. The reason for the visit. What wa agenda? How does the service replan? 2. Description of the service provide 3. The therapeutic intervention(s) uresponse to the interventions 4. How did the service impact the ingoals/objectives?	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or			
NOTES		EXAMPLE ACTIVITIES				
including those with a p electrical devices; those symptoms (biofeedback those with cognitive im	y not be suitable for some patients acemaker/other implantable who wish to gain insight into their focuses on behavioral change); pairments (e.g., organic brain on levels of functioning; those with of unknown origin.					
APPLICABLE POPULATION	ON(S)	UNIT DUR	ATION			
⊠ Adol (12-17) (18-2	, , ,	☐ Day ☐ 1 Hour Max	imum: 38 Minutes imum: N/A			
ALLOWED MODE(S) OF	DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☐ Group ☐ Family		□ HE (SP) □ U4 (ICM) □ HK (Residential) □ TM (ACT □ HM (Respite)	, ,			
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LPC	ensed Master's Level (HO) Ensed EdD/ PhD/PsyD (HP) End EdD/PhD/PsyD (AH)	□ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) □ QMAP □ QMAP			
PLACE OF SERVICE (POS						
. ,	[⊠] Outp Hospital (22) 図 RHC (72) ☑ FQHC (50)					

TREATMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy (e.g., insightoriented, behavior modifying or supportive psychotherapy); approximately 45 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 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
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: 38 Minimum: N/A	nutes		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	() ()		
☑ Individual □ Group □ Family	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM ☐ TT (Recovery) (Respite) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Unlicense □ LMFT □ Licensed	ed Master's Level (HO)	E)		
PLACE OF SERVICE (POS)				
☑ CMHC (53)☑ Office (11)☑ RHC (72)☑ FQHC (50)				

ASSESSMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	☑ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The treatment of the patient requires explanation(s) to the family, employer(s), or other involved persons to obtain their support and/or participation in the therapy/treatment process. The provider interprets the results of any psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the patient's condition. Advice is also given as to how the family and other involved persons can best assist the patient.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service provided and patient response 3. Summary of test results, interpretation of test results, discussion with individual about results 4. Treatment recommendations				
NOTES	Interpretation of results of exam or testing				
If interpretation or explanation of psychological testing results are performed by an intern, they must be supervised by a licensed psychologist. The interpretation or explanation of results is under the licensed psychologist's direction, but his/her presence is not required during the actual service. The services provided for procedure code 90887 are considered separate and distinct from the work involved in psychotherapy (see psychotherapy procedure codes) as they have to do with explaining results of testing or an exam to family or other responsible person	 Interpretation of results of exam or testing Discussion regarding results of exam or testing Di253 Discussion of assistance family members can give patient 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY □Individual □ Group ☑Family/collateral	□ нм □ тт (і	Voc) (Clubhouse) Recovery) (Prev/El)			
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) □ LPN/LVN (TE) □ RN (TD) □ RN (TD) □ PA EdD/ PhD/PsyD (HP) □ LAC □ APN (SA) □ PA ID/PhD/PsyD (AH) □ QMAP □ QMAP				
PLACE OF SERVICE (POS)					
 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) 	☑ Shelter (04)				

ASSESSMENT					
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	Interpretation of results of exam or testing				
If interpretation or explanation of psychological testing results are performed by an intern, they must be supervised by a licensed psychologist. The interpretation or explanation of results is under the licensed psychologist's direction, but his/her presence is not required during the actual service. The services provided for procedure code 90887 are considered separate and distinct from the work involved in psychotherapy (see psychotherapy procedure codes) as they have to do with explaining results of testing or an exam to family or other responsible person	 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) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 HourMinimum: N/AMaximum: N/A				
□ Individual □ Group ☑ Family/collateral	PROGRAM SERVICE CATEGORY(IES) ☐ HE (SP) ☐ U4 (ICM) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM ☐ TT (Recovery) ☐ (Respite) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed E	Master's Level (HO) □ LPN/LVN (TE) □ RXN (SA) EdD/ PhD/PsyD (HP) □ LAC ☑ APN (SA) ☑ PA (PA) D/PhD/PsyD (AH) □ QMAP ☑ 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) RHC (72) ☑ PF-PHP (52)				

ASSESSMENT					
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 direct contact 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)				
☑ Individual ☐ Group ☐ Family	☐ HM (Respite) ☐ TT (I	Voc) (Clubhouse) Recovery) Prev/EI)			
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) □ LAC □ RN (TD) □ PAD(PsyD (AH) □ QMAP □ 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) ☑ PRTC (56) 		ool (03) er POS (99)			

ASSESSMENT				
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 direct contact 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 invoclinical assessment for impairments in acquired knowled attention, language, learning, memory, problem solving, visual-spatial abilities. Observe behavior and record responses. Develop clinical impression.	olves See Section X Ige, Service Content			
NOTES	EXAMPLE ACTIVITIES			
If neurobehavioral status exam services are performed be intern, they must be supervised by a licensed psycholog. The exam includes an initial clinical assessment and evaluation of the patient's mental status. In this regard, neurobehavioral status exam is similar to the psychiatric diagnostic interview exam (90791, 90792). Although the descriptor does not specify use of standardized instrume both standardized interview instruments and expanded interviews with the patient and family/significant other appropriate, are used.	st. syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders ents,			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11)☑ Young Adult☑ Adult (21-6☑ Adol (12-17)☑ (18-20)☑ Geriatric (6				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Individual ☐ Group ☐ Family	□ HE (SP) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlice	ensed Master's Level (HO) ensed EdD/ PhD/PsyD (HP) sed EdD/PhD/PsyD (AH) □ LAC □ RN (TD) □ RN (TD) □ APN (SA) □ PA (PA) □ QMAP □ QMAP			
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)☑ PRTC (5	(54) ☑ SNF (31) ☑ Inpt PF (51) ☑ Other POS (99) ☑ FQHC (50) ☑ ER (23)			

PROCEDURE CODE DESCRIPTION USAGE 96121 *ADD-ON Each additional hour of a neurobehavioral status exam (list separately in addition to code for primary procedure) *Use in conjunction with 96116
exam (list separately in addition to code for primary
*Use in conjunction with 96116 nrocedure)
See in conjunction with Solid
SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS
Meet with patient, and, if appropriate, significant others. Technical Documentation Requirements
Perform neurobehavioral status examination, which involves See Section X Service Content
clinical assessment for impairments in acquired knowledge, attention, language, learning, memory, problem solving, and 1. The reason for the visit.
visual-spatial abilities. Observe behavior and record 2. What was the intended goal or agenda?
responses. Develop clinical impression. 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 ACTIVITIES
If neurobehavioral status exam services are performed by an • Differential diagnosis between psychogenic and neurogenic
intern, they must be supervised by a licensed psychologist. syndromes
The exam includes an initial clinical assessment and • Delineation of neurocognitive effects of central nervous system
evaluation of the patient's mental status. In this regard, the (CNS) disorders
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.
APPLICABLE POPULATION(S) UNIT DURATION
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☐ Encounter ☐ 15 Minutes Minimum:
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ☐ Day ☑ 1 Hour Maximum:
ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES)
☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)
☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse)
☐ HM (Respite) ☐ IT (Recovery)
☐ HT (Prev/EI)
STAFF REQUIREMENTS Discovering the property of the property o
TRN (TD)
□ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/ PhD/PsyD (HP) □ LAC □ APN (SA) ☑ PA (PA)
☐ LMFT ☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐ QMAP ☐ MD/DO (AF)
PLACE OF SERVICE (POS)
 ⊠ CMHC (53) □ ACF (13) □ Hospice (34) □ Shelter (04) □ Inpt Hosp (21) □ School (03) □ Shelter (04) □ Shelter (04) □ Inpt Hosp (21) □ Inpt
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ SNF (31) ☑ Inpt PF (51) ☑ Other POS (99)
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ FQHC (50) ☑ ER (23) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTC (56) ☑ RHC (72) ☑ PF-PHP (52)

ASSESSMENT							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION				USAGE
96121 *ADD-ON *Use in conjunction with 96116			Each additional hour of a neurobehavioral status exam (list separately in addition to code for primary procedure)				 ОВН
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REC	QUIREMENT	S	
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 7. Treatment recommendations				
NOTES If neurobehavioral statu	ıs avam sarvicas ara	nerformed by an	 Differential diag 		nsychogenic	and no	urogenic
intern, they must be supervised by a licensed psychologist. The exam includes an initial clinical assessment and evaluation of the patient's mental status. In this regard, the neurobehavioral status exam is similar to the psychiatric diagnostic interview exam (90791, 90792). Although the descriptor does not specify use of standardized instruments, both standardized interview instruments and expanded interviews with the patient and family/significant other(s), if		 syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 					
appropriate, are used. APPLICABLE POPULATION	ON(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)☑ (18)	Young Adult ×	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ ☐ Day	15 Minutes 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE HE (SP)	E CATEGORY(IE: ☐ U4 (I		☐ HJ (V	(oc)
☑ Individual ☐ Group ☐ Family			☐ HK (Residential)	□ TM (ACT) (Respite)	□ HQ (□ TT (F	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)	□ RN	PN (SA)	⊠ RxN (⊠ PA (P ⊠ MD/0	A)
PLACE OF SERVICE (POS	S)						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Ho ☑ Inpt PF ☑ ER (23) ☑ PF-PHP	(51)	⊠ Scho ⊠ Othe	ool (03) er POS (99)

ASSESSMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to patient, family member(s) or caregiver(s), when performed; first hour			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Interpret tests; integrate patient data; make clinical decision; diagnosis and/or create treatment planning: provide interactive feedback, when performed; and create report.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. 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 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)			
☑ Individual ☐ Group ☐ Family	☐ HM (Respite) ☐ TT (Voc) (Clubhouse) (Recovery) (Prev/El)		
STAFF REQUIREMENTS				
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) □ LPN/LVN (TE) □ RXN EdD/ PhD/PsyD (HP) □ LAC □ RN (TD) ☑ PA (D/PhD/PsyD (AH) □ QMAP ☑ MD,	, ,		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ PRTC (56) ☒ Outp Hospital (22) ☒ Home (12) ☒ Shelter (04)	 ☑ SNF (31) ☑ School (03) ☑ ER (23) ☑ FQHC (50) ☑ Other POS (99) ☑ RHC (72) ☑ Inpt PF (51) ☑ Inpt Hosp (21) ☑ PF-PHP (52) 	(34)		

AS	SSESSMENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to patient, family member(s) or caregiver(s), when performed; first hour	☑ ОВН
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	6
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)adminis 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations	stered)
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 treatm interventions are ineffective and there is a need about a patient's level of functioning, personality cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and strengths and weaknesses to target through treatment 	to learn more r, emotional or d relative
APPLICABLE POPULATION(S)	UNIT DURATION	V
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes Minimum: ☐ Day ☑ 1 Hour Maximum:	-
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Individual ☐ Group ☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HC ☐ HM (Respite) ☐ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS		
□ Bachelor's Level (HN) □ LPC □ Unlicensed □ Intern □ LMFT ☑ Licensed Ed	Master's Level (HO) □ LPN/LVN (TE) □ RN (TD) ☑ RXI EdD/ PhD/PsyD (HP) □ LAC ☑ APN (SA) ☑ PA D/PhD/PsyD (AH) □ QMAP ☑ ME	· ·
PLACE OF SERVICE (POS)		
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTC (56) ☑ Outp Hospital (22) ☑ Home (12) ☑ Shelter (04)	 ☑ SNF (31) ☑ School (03) ☑ FQHC (50) ☑ Other POS (99) ☑ Hospic ☑ RHC (72) ☑ Inpt PF (51) ☑ Inpt Hosp (21) ☑ PF-PHP (52) 	

ASSESSMENT						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
96131 *ADD-ON *Use in conjunction with 96130			Each additional he evaluation service health care profes to code for prima	es by physician or ssional (list separ	other qualified	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS	
Interpret tests; integrate patient data; make clinical decision; diagnosis and/or create treatment planning: provide interactive feedback, when performed; and create report. NOTES 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			Technical Docum See Section X Service Content 1. The reason for 2. What was the 3. What is the cli 4. Description of 5. Mental Status 6. Summary of to 7. Treatment rec EXAMPLE ACTIVI Psychologic intervention about a pat cognitive ab Psychologic diagnosis/d	r the visit. intended goal or inical need for sport the service (specification) in the servic	ements agenda? ecific testing?	tment learn more lity, emotional or s and relative
APPLICABLE POPULAT	sts under their scope of TION(S)		UNIT		DURATION	
⊠ Adol (12-17) (1	8-20) 🗵 G	dult (21-64) Geriatric (65+)	□ Day	☐ 15 Minutes ☑ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI			
☑ Individual □ Group	o 🗆 Family		☑ HE (SP) ☐ HK (Residentia		(ACT) □ H I (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□ RI	PN/LVN (TE) N (TD) PN (SA) MAP	
PLACE OF SERVICE (PC						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	区 Cust Care (33)区 Grp Home (14)	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5: ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Other	I (03) POS (99)

		AS	SESSMENT			
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	96131 *ADD-ON *Use in conjunction with 96130			our for psychologes by physician or ssional (list separ ry procedure.)	other qualified	☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION 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	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 neuropsychological tests under their scope of practice.			intervention about a pat cognitive al Psychologic diagnosis/d	ns are ineffective ient's level of fur pilities. al testing can he iagnoses, interpe	helpful when trea, and you want to netioning, personal p clarify a patient' ersonal dynamics, a target through tr	learn more lity, emotional or s and relative
APPLICABLE POPULAT			UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ (1	Young Adult Section 8-20)	Adult (21-64) Geriatric (65+)		□ 15 Minutes ☑ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI			
☑ Individual ☐ Grou	p 🗆 Family		⊠ HE (SP) □ HK (Residentia	I) □ TIV	I (ACT) ☐ H I (Respite) ☐ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)
STAFF REQUIREMENT	S					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ Peer Specialist☐ □	☐ LCSW (AJ ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ R	PN/LVN (TE) N (TD) PN (SA) MAP	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)☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) ⊠ Other	I (03) POS (99)

		AS	SESSMENT			
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE
96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.			
SERVICE DESCRIPTION			MINIMUM DO		REQUIREMEN ³	rs
Interprets tests; integra decision; diagnose and/ provide interactive feed report.	or create treatment	planning;	Technical Docum See Section X Service Content: 1. The reason 2. What was t 3. What is the 4. Description 5. Mental Stat 6. Summary o	for the visit. he intended goal clinical need for of the service (s	or agenda? specific testing? pecific test(s) adr	
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	agnosis between f neurocognitive rs		
APPLICABLE POPULA			UNIT		DURATION	
⊠ Adol (12-17) (18	-20) ×	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes ☑ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER			111 () (
☑ Individual ☐ Group	□ Family		⊠ HE (SP) □ HK (Residentia		(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENT	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (A ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ R	N (ID) .PN (SΔ) 区 P.	xN (SA) A (PA) 1D/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)☑ PRTC (56)	☑ Shelter (04☑ SNF (31)☑ FQHC (50)☑ RHC (72)) 国 Inpt Hos 国 Inpt PF。 国 ER (23) 国 PF-PHP	(51) ⊠ C	chool (03) Other POS (99)

		ASSESSMENT			
CPT®/HCPCS PROCE	DURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour. □ OBH			
SERVICE DESCRIPTION	ON .	MINIMUM DOCUMENTATION REQUIREMENT	rs		
decision; diagnose and	ate 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) adr 5. Mental Status Exam 6. Summary of test results 7. Treatment recommendations	ninistered)		
NOTES		EXAMPLE ACTIVITIES			
intern, they must be su licensed psychologist e required during intern psychologist ensures th adequate privacy and o examinee's performant An NP, CNS or PA may		 Differential diagnosis between psychogenic and syndromes Delineation of neurocognitive effects of central (CNS) disorders 	-		
APPLICABLE POPULA	ATION(S)	UNIT DURATION			
⊠ Adol (12-17) (18	Young Adult ☐ Adult (21-64) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: ☐ Day ☑ 1 Hour Maximum:			
ALLOWED MODE(S)	OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Individual ☐ Grou	p 🗆 Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)		
STAFF REQUIREMEN	TS				
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Intern☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ LPC ☐ Unlicense	ed EdD/ PhD/PsyD (HP) □LAC □ RN (TD) ☑ P,	kN (SA) A (PA) ID/DO (AF)		
PLACE OF SERVICE (F	POS)				
☑ CMHC (53) ☑ Office (11) ☑Mobile Unit (15) ☑ Outp Hospital (22)	 ✓ ACF (13) ✓ Cust Care (33) ✓ ICF-MR (54) ✓ Grp Home (14) ✓ NF (32) ✓ PRTC (56) 		chool (03) ither POS (99)		

ASSESSMENT								
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE		
96133 *ADD-ON *Use in conjunction with 96132			Each additional hour of neuropsychological testing evaluation services by physician or other qualified health care professional (List separately in addition to code for primary procedure).					
SERVICE DESCRIPTION			MINIMUM DOO	CUMENTATION	REQUIREMENT	rs		
Interprets tests; integra decision; diagnose and/provide interactive feed report.	or create treatment	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			syndromes	neurocognitive of	psychogenic and effects of central			
neuropsychological test APPLICABLE POPULA		or practice.	UNIT		DURATION			
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-17)	oung Adult ⊠ -20) ⊠	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes ☑ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER		GORY(IES) 1 U4 (ICM)			
☑ Individual ☐ Group	☐ Family		⊠ HE (SP) ☐ HK (Residentia	I) □ TM .	(ACT) \square (Respite) \square	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)	□LAC □ R	PN (SA)	kN (SA) A (PA) ID/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)☑ PRTC (56)	☑ Shelter (04☑ SNF (31)☑ FQHC (50)☑ RHC (72)) ⊠ Inpt Hos ⊠ Inpt PF (⊠ ER (23) ⊠ PF-PHP	(51) × O	chool (03) ther POS (99)		

ASSESSMENT							
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CO	DE DESCRIPTIO	ON	USAGE	
961 *Use in conjunction wi	133 *ADD-ON th 96132		Each additional hour of neuropsychological testing evaluation services by physician or other qualified health care professional (List separately in addition to code for primary procedure).				
SERVICE DESCRIPTIO	N		MINIMUM DOC	UMENTATION	REQUIREMEN	ITS	
Interprets tests; integral decision; diagnose and, provide interactive feed report.	or create treatment	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 dia syndromes Delineation of (CNS) disorder 	neurocognitive o		d neurogenic al nervous system	
APPLICABLE POPULA	·	or producer	UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)☑ (18	Young Adult	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Minutes ☑ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV			1()	
☑ Individual ☐ Group) □ Family		☑ HE (SP) □ HK (Residential		(ACT) □ (Respite) □	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (A☐ LPC☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ RI	N (TD) 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)☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	Inpt HosInpt PF (ER (23)PF-PHP	[51) × (School (03) Other POS (99)	

ASSESSMENT							
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE	
	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				
SERVICE DESCRIPTIO	N		MINIMUM DOC				
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 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	neurocognitive		ntral nervous system	
APPLICABLE POPULA		·	UNIT		DURATIO	N	
	Young Adult -20)	☑ Adult (21-64) ☑ Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	VICE CATEGOR	Y(IES)		
☑ Individual ☐ Group	o □ Family		☑ HE (SP) ☐ HK (Residential	•	,	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ R		⊠ 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)	<u> </u>	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	Inpt Ho ☑ Inpt PF ☑ ER (23) ☑ PF-PHP	(51)	✓ School (03)✓ Other POS (99)	

		AS	SESSMENT			
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CO	DDE DESCRIPTION	ON	USAGE
	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			
SERVICE DESCRIPTIO	N		MINIMUM DO	·		MENTS
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 Docum See Section X Service Content: 1. The reason 2. What was 1 3. What is the 4. Description 5. Mental Sta 6. Summary C	for the visit. the intended goal clinical need for of the service (s tus Exam of test results recommendation	or agenda? specific test pecific test(s	ing?
	esting services are r	performed by an			psvchogenio	c 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 • Delineation o (CNS) disorde	ū	effects of ce	ntral nervous system
APPLICABLE POPULA	·	·	UNIT		DURATIO	N
·	-	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER	VICE CATEGOR	Y(IES)	
☑ Individual ☐ Group	o □ 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)	□LAC □ 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)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)	☑ Shelter (04 ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	I) ⊠ Inpt Ho: ⊠ Inpt PF ⊠ ER (23) ⊠ PF-PHP	(51)	☑ School (03) ☑ Other POS (99)

		AS	SESSMENT					
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE		
90 *Use in conjunction wit	6137 *ADD-ON h 96136		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 DESCRIPTION			MINIMUM DOC	UMENTATION	REQUIREMENT	rs		
Administer a series of te and/or projective). Recoduring testing. Score test 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			syndromes	neurocognitive of	psychogenic and effects of central			
neuropsychological test APPLICABLE POPULA		or practice.	UNIT		DURATION			
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	oung Adult ⊠ -20) ⊠	Adult (21-64) Geriatric (65+)	☐ Encounter	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S) (OF DELIVERY		PROGRAM SERV	VICE CATEGOR	• •			
☑ Individual ☐ Group	☐ Family		☑ HE (SP) ☐ HK (Residentia		(ACT) \square (Respite) \square	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)	□LAC □ R	PN (SA)	kN (SA) A (PA) ID/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)☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	Inpt HosInpt PF (ER (23)PF-PHP	[51) 🗵 O	chool (03) ther POS (99)		

ASSESSMENT								
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE		
9 *Use in conjunction with	6137 *ADD-ON th 96136		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	N		MINIMUM DOC	UMENTATION	REQUIREMENT	S		
Administer a series of to and/or projective). Reco during testing. Score te methods for each test.	ord behavioral obser	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		<u> </u>			
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 o	psychogenic and effects of central i			
APPLICABLE POPULA			UNIT		DURATION	ATION		
⊠ Adol (12-17) (18	-20) 🗵	Adult (21-64) Geriatric (65+)	□ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV					
☑ Individual ☐ Group	□ Family		☑ HE (SP) ☐ HK (Residential		(ACT) □ H (Respite) □ T	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)		
STAFF REQUIREMENT	TS							
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐	☐ LCSW (A ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ RI	N (TD) PN (SΔ) 区 PA	N (SA) (PA) D/DO (AF)		
PLACE OF SERVICE (P								
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	☑ Inpt Hos ☑ Inpt PF (☑ ER (23) ☑ PF-PHP	[51) ⊠ Ot	hool (03) :her POS (99)		

		AS	SESSMENT			
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
	96138		Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method; first 30 minutes ✓ Medicaid			
SERVICE DESCRIPTION			Psychological or neuropsychological test administration and scoring by a technician, two or ✓ Medicaid			
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.			See Section X Service Content 1. The rea 2. What w 3. What is 4. Descrip 5. Mentta 6. Summa	ison for the visit. It was the intended good the clinical need to tion of the servical Status Examing of test results	goal or agenda? for specific testing e (specific test(s)a	-
NOTES			EXAMPLE ACTIVI	TIES		
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice.			interventio about a pat cognitive al Psychologic diagnosis/o	ns are ineffective cient's level of fun bilities. cal testing can hel liagnoses, interpe	, and you want to ctioning, personal p clarify a patient' rsonal dynamics, a	learn more ity, emotional or s and relative
APPLICABLE POPULAT	·		UNIT DURATION			
⊠ Adol (12-17) (1	8-20)	Adult (21-64) Geriatric (65+)	□ Day	☐ 1 Hour	Maximum:	
ALLOWED MODE(S) O	F DELIVERY			ICE CATEGORY(IE	S)	
☑ Individual ☐ Grou	p 🗆 Family		☑ HE (SP) ☐ HK (Residentia		(ACT) □ H I (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (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)	□ RI	PN/LVN (TE) N (TD) PN (SA) MAP	
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)☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	⊠ Inpt Hosp ☑ Inpt PF (5: ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Other	

		AS	SESSMENT			
CPT®/HCPCS PROCEDI	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	96138		Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method; first 30 minutes			
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION 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 ACTIVI	TIES		
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
neuropsychological tes APPLICABLE POPULAT		i practice.	UNIT		DURATION	
☑ Child (0-11) ☑ ☑ Adol (12-17) (1	Young Adult Section 8-20)	Adult (21-64) Geriatric (65+)	☐ Encounter	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI		<u> </u>	
⊠ Individual □ Grou	p 🗆 Family		⊠ HE (SP) □ HK (Residentia	•	(ACT) ☐ H I (Respite) ☐ T	J (Voc) Q (Clubhouse) T (Recovery) T (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)	□ RI	PN/LVN (TE) N (TD) PN (SA) MAP	
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)⋈ PRTC (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	l (03) POS (99)

ASSESSMENT						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COL	E 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 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 ACTIVI	TIES		
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			 Psychological testing can be helpful when treatment interventions are ineffective, and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
neuropsychological tes APPLICABLE POPULAT		, p	UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ (1	Young Adult 🗵 8-20) 🗵	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	•	•	
☑ Individual ☐ Grou	p 🗆 Family		⊠ HE (SP) □ HK (Residentia	•	(ACT)	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)	□LAC □ RI	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)☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	区 Inpt Hosp 区 Inpt PF (5 区 ER (23) 区 PF-PHP (5	1) 🗵 Other	ol (03) POS (99)

ASSESSMENT						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
*Use in conjunction w	96139 *ADD-ON ith 96138		Each additional 3 neuropsychologic scoring by a techi to code for prima	cal test administra nician (List separa	ation and	☑ ОВН
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION REG	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 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 neuropsychological tests under their scope of practice.			intervention about a pat cognitive al Psychologic diagnosis/d	ns are ineffective ient's level of fur bilities. al testing can hel iagnoses, interpe	helpful when trea, and you want to nctioning, personal p clarify a patient' ersonal dynamics, as target through tr	learn more lity, emotional or s and relative
APPLICABLE POPULAT	TON(S)		UNIT		DURATION	
⊠ Adol (12-17) (1	8-20)	Adult (21-64) Geriatric (65+)	□ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI			
☑ Individual ☐ Grou			☑ HE (SP) ☐ HK (Residentia	I) □ TM	I (ACT) ☐ H I (Respite) ☐ T	J (Voc) Q (Clubhouse) T (Recovery) T (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)	□LAC □ RI	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)☑ PRTC (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)

		AS	SESSMENT				
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	96146		Psychological or neuropsychological test administration with single automated, standardized instrument via electronic platform, with automated result only				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION R	EQUIREMENT	rs	
	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	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.			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,				
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
· ·	-	Adult (21-64) Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGORY(IES)		
☑ Individual ☐ Grou	p □ Family		☑ HE (SP) ☐ HK (Residentia	ıl) 🗆 TN	4 (ICM) И (ACT) И (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENTS	3						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (<i>I</i> □ LPC □ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ 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 Ho ⊠ Inpt PF ⊠ ER (23) ⊠ PF-PHP	(51)	School (03) Other POS (99)	

		AS	SESSMENT				
CPT®/HCPCS PROCEDU	JRE CODE		PROCE	DURE CODE DES	CRIPTION	USAGE	
	96146		Psychological or neuropsychological test administration with single automated, standardized instrument via electronic platform, with automated result only				
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 ACTIV	'ITIES			
*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.			neurocogniti Testing whe	ve abilities.	a child/adolescent rventions are ineffore e expected.		
APPLICABLE POPULATI	ION(S)		UNIT		DURATION		
⊠ Adol (12-17) (18	8-20)	Adult (21-64) Geriatric (65+)	☐ Encounter ☐Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) OF	F DELIVERY			/ICE CATEGORY(IES)		
☑ Individual ☐ Grou	ρ □ Family		⊠ HE (SP) □ HK (Residenti	al) □ TM	I (ACT) I (Respite)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ □ LPC □ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC ☑	APN (SA)	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)☑ PRTC (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)✓ RHC (72)) ☑ Inpt Hos ☑ Inpt PF (☑ ER (23) ☑ PF-PHP (51) ⊠ Othe	ol (03) r POS (99)	

		TF	REATMENT				
CPT®/HCPCS PROCE	EDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	96372		Therapeutic, prop (specify substance intramuscular	•	-	on ☑ Medicaid	
SERVICE DESCRIPTION	ON		MINIMUM DOCU	IMENTATION R	EQUIREMENTS	5	
A therapeutic, prophylactic/diagnostic injection for the administration of medications. Written physician order (required) Actual injectable medication reported/billed separately.			Technical Documentation Requirements See Section X Service Content 1. Documentation supports injection of medication ordered 2. Injection site 3. Medication administered 4. Patient response to medication, e.g. is the patient tolerating medication well or are there complaints of side effects. If not tolerating medication actions taken				
NOTES			EXAMPLE ACTIVI	TIES			
This code may be used in a clinic/CMHC, even if patient brings in the medication to be administered. Pharmacies cannot bill for the administration of drugs in a practitioner's office/clinic. Injectable drugs intended for self-administration/use in the patient's home/ administration for a patient in a LTC facility may be billed by a pharmacy. A certified medical assistant may administer an injection under a physician's/APN's order, but billing and service must be under the signature of the MD/APN. The service code is used when an individual sees a nurse or other trained nurse's aide or medical technician for services that do not require the physician to perform the service, in this case, an injection. Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211 instead. (AMA CPT 2016) 96372 should not be reported with a 99211 E&M code as this is considered to be							
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: I Maximum:	•	
ALLOWED MODE(S)) OF DELIVERY		PROGRAM SERVI				
⊠ Individual □ Gr	roup □ Family		☐ HE (SP) ☐ U4 (ICM) ☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☐		☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)		
STAFF REQUIREMEN	NTS						
☐ Peer Specialist ☐ Bachelor's Level (HI ☑ Intern	□ LCSW (AJ) N) □ LPC □ LMFT	□ Unlicensed Master' □ Unlicensed EdD/ Ph □ Licensed EdD/PhD/ ☑ Certified/Registere	nD/PsyD (HP) PsyD (AH)	□LAC 🕱	NN (TD) ΔPN (SΔ)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (•						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Independent☑ PF-PHP (52)☑ School (03)☑ NRSATF (57)	Clinic (49)	☑ Other POS (99)	

		TF	REATMENT			
CPT®/HCPCS PROCED	URE CODE		PROCED	URE CODE DE	SCRIPTION	USAGE
	96372		Therapeutic, prop (specify substance intramuscular		-	on ☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCU	JMENTATION	REQUIREMENT	S
A therapeutic, prophy administration of me Written physician or Actual injectable med NOTES This code may be used the medication to be a	See Section X Service Content 1. Documentatic 2. Injection site 3. Medication ac 4. Patient response	entation Req on supports in dministered nse to medica ell or are ther dication actio	uirements jection of medic tion, e.g. is the lessentes of			
the administration of of Injectable drugs intending patient's home/ admir be billed by a pharmac A certified medical assis a physician's/APN's on the signature of the Mindividual sees a nurse technician for services perform the service, in Do not report 96372 for physician or other qua To report, use 99211 in be reported with a 992 an included service.	drugs in a practitioner ded for self-administration for a patient by. istant may administer der, but billing and self D/APN. The service color other trained nurs that do not require the this case, an injection or injections given with lifted health care profestead. (AMA CPT 201 E&M code as this index of the code as the co	s's office/clinic. ation/use in the t in a LTC facility may an injection under rvice must be under ode is used when an se's aide or medical ne physician to n. hout direct ressional supervision. 16) 96372 should not				
APPLICABLE POPULA	• •		UNIT		DURATION	
· ·	•	☑ Adult (21-64)	⊠ Encounter	☐ 15 Minute		
	18-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum:	IN/A
ALLOWED MODE(S) (☑ Individual ☐ Gro			PROGRAM SERVI ☑ HE (SP) ☐ HK (Residentia		J4 (ICM) TM (ACT) HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENT	rs					
☐ Peer Specialist☐ Bachelor's Level (HN) ☑ Intern	☐ LMFT	□ Unlicensed Master' □ Unlicensed EdD/ Ph □ Licensed EdD/PhD/f ☑ Certified/Registered	nD/PsyD (HP) PsyD (AH)	□LAC [⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) □ QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (P		W Harris (24)	W Challes (CA)		- L Cli - i - (40)	W Out BOC (CC)
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)

		TR	EATMENT				
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		MINIMUM DOO	UMENTATIO	N REQUIREME	NTS	
Direct one-on-one con and trains a patient in and home management function in the communication and the specific necessity of the specific necessity of training for impairment procedures, and use of devices/adaptive equi	the performance of extra activities related to unity. Activities are desireds of the patient, incoming (ADLs) and the paration, fassistive technology	ssential self-care his/her ability to signed to cluding but not dompensatory	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/pensatory plan?				
NOTES			EXAMPLE ACTIV	/ITIFS			
Patient requires supervised training to help perform his/her normal Activities of Daily Living (ADLs), due to impairment resulting from Intellectual or Developmental Disability (IDD), or BEHAVIORAL HEALTH illness. There is reasonable expectation that the patient's functional level will improve as a result of this service.			Develop/implement reminder tools or calendars for housekeeping needs, medications, appointments, or other activities. Step-by-step problem solving interventions: develop shopping list to obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; cook foods following recipes for basic meal preparation skills. Develop and reconcile budget for personal needs/bills.				
APPLICABLE POPUL	ATION(S)		UNIT		DURATION		
☐ Adol (12-17) (18-	-20) ⊠G	dult (21-64) eriatric (65+)	□ Day □	☑ 15 Minutes ☑ 1 Hour	Minimum: 8 n Maximum: 8 h	-	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV			_	
☑ Individual ☐ Grou	p 🗆 Family		⊠ HE (SP) ⊠ HK (Residentia	I) ⊠ TN	(ICM) 1 (ACT) 1 (Respite)	☒ HJ (Voc)☐ HQ (Clubhouse)☐ TT (Recovery)☒ HT (Prev/EI)	
STAFF REQUIREMEN	ITS						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	×LAC ×	RN (TD)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ Shelter (04)	✓ SNF (31)✓ FQHC (50)✓ RHC (72)✓ School (03)	☑ Other PO	S (99)		

		TR	EATMENT					
CPT®/HCPCS PROCE	DURE CODE		PROCEDU	RE COD	E DESC	CRIPTION		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					⊠ ОВН
SERVICE DESCRIPTION)N		MINIMUM DOC				/ENTS	
and trains a patient in and home management function in the commuthe specific needs of the Activities of Daily Living impairments, meal pre	tact in which the provider in the performance of essenting activities related to his/homity. Activities are designed the patient, including but not g (ADLs) and compensatory paration, safety procedured devices/adaptive equipme	al self-care er ability to d to address t limited to training for s, and use	Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/se plan?				eases ADLs and t response to pals/objectives?	
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.			Develop/implement reminder tools or calendars for housekeeping needs, medications, appointments, or other activities. Step-by-step problem solving interventions: develop shopping list to obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; cook foods following recipes for basic meal preparation skills. Develop and reconcile budget for personal needs/bills.					
APPLICABLE POPULA	ATION(S)		UNIT			DURATION		
☐ Child (0-11) ☑ Y ☐ Adol (12-17) (18-	oung Adult ☑ Adult -20) ☑Geriati		□ Day □	☑ 15 Minı ☑ 1 Hour		Minimum: 8 Maximum:		S
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	VICE CAT	EGOR	Y(IES)		
☑ Individual ☐ Grou	p 🗆 Family		☑ HE (SP) ☑ HK (Residential	1)		(ICM) (ACT) I (Respite)	□ H □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMEN	ITS							
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LPC ` ′	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC	X X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	🗷 PA	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (I	POS)							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	✓ Cust Care (33)✓ Grp Home (14)✓ N	Hospice (34) CF-MR (54) JF (32) Helter (04)	✓ SNF (31)✓ FQHC (50)✓ RHC (72)✓ School (03)	⊠ Oth	er POS	5 (99)		

TF	REATMENT				
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				
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 I stop times, scheduling transportation service rides, to and from work site. Resume, interview, and job coaching skills to obtain and ensure success. Review and address hygiene, proper dress attire, in and expectations for workplace environment.	practicing route			
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 hou PROGRAM SERVICE CATEGORY(IES)	ırs			
☑ Individual □ Group □ Family	☑ HK (Residential) ☑ TM (ACT) ☐ H ☐ HM (Respite) ☐ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)			
STAFF REQUIREMENTS	V LDN/(LVAL/TE)				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	EdD/ PhD/PsyD (HP)	kn (SA) A (PA) ID/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Cust Care (33) ☑ NF (32) ☑ Office (11) ☑ Grp Home (14) ☑ Shelter (04) ☑ Mobile Unit (15) ☑ Home (12) ☑ SNF (31) ☑ ACF (13) ☑ ICF-MR (54) ☑ FQHC (50)	☑ RHC (72) ☑ School (03) ☑ Other POS (99)				

TF	REATMENT				
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. **NOTES** NOTES** NOTES** 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** 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/sc plan? 2. Description of the service and how the service is designe increase community/work functioning and patient respondences are community/work functioning and patient respondences. How did the service impact the individual's progress tow goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties. EXAMPLE ACTIVITIES Applying for transportation service rides, practicing too times, scheduling transportation service rides, practicing and patient respondences. Resume, interview, and job coaching skills to obtain employment and ensure success. Review and address hygiene, proper dress attire, interpersonal activities.					
expectation that the patient's functional level will improve as a result of this service.	and expectations for workplace environment.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: 8 hours				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc)				
☑ Individual ☐ Group ☐ Family	☑ HE (3F) ☑ U4 (ICM) ☑ H3 (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) □ LAC □ MRN (TD) □ PA (PA) □ QMAP □ QMAP				
PLACE OF SERVICE (POS)					
☑ Office (11) ☑ Grp Home (14) ☑ Shelter (04)	区 RHC (72) ☑ School (03) ☑ Other POS (99)				

		AS	SESSMENT					
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE		
This code has very sporequirements. Follow		nd documentation	Telephone assessment and management provided by qualified non-physician health care professional. ✓ Medicaid					
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5 - 10 minutes of medical discussion.			Technical Documentation Requirements See Section X Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. Disposition – need for BEHAVIORAL HEALTH services, referral, etc.					
NOTES			EXAMPLE ACTIV	ITIES				
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 					
APPLICABLE POPULAT			UNIT		DURATION			
⊠ Adol (12-17) (1	8-20)	✓ Adult (21-64)✓ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 5 mi Maximum: 10 r	-		
ALLOWED MODE(S) O	F DELIVERY			ICE CATEGORY(IE	<u> </u>			
☑ Individual ☐ Grou	p □ Family		⊠ HE (SP) □ HK (Residentia		(ACT) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMENTS	S							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	▼ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □ A	N (TD) PN (SA) PA	N (SA) (PA) D/DO (AF)		
PLACE OF SERVICE (PC	-							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	区 PRTC (56) Shelter (04)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	☑ ER (23)☑ PF-PHP (5☑ School (03)☑ Other POS	3)			

ASSESSMENT							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
This code has very sp requirements. Follow		documentation	Telephone assessment and management provided by qualified non-physician health care professional. ✓ OBI				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION 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; 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 BEHAVIORAL HEALTH services, referral, etc.				
NOTES			EXAMPLE ACTIVIT				
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULAT	TON(S)		UNIT		DURATION		
⊠ Adol (12-17) (1	8-20)	Adult (21-64) Geriatric (65+)	☑ Encounter □ Day	□15 Minutes □ 1 Hour	Minimum: 5 mi Maximum: 10 n	-	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	<u> </u>	•		
☑ Individual ☐ Grou	,		⊠ 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 (A ⊠ LPC ⊠ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□IAC ⊠ RI	PN (SA)	N (SA) (PA) D/DO (AF)	
PLACE OF SERVICE (PC							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54) 	区 PRTC (56) Shelter (04)	☑ FQHC (50) ☑ RHC (72) ☑ Inpt Hosp (21) ☑ Inpt PF (51)	区 ER (23) □ PF-PHP (5 □ School (03 □ Other POS	3)		

		AS	SESSMENT				
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
98967 This code has very specific timeframes and documentation requirements. Follow CPT guidelines.			Telephone assessment and management provided by qualified non-physician health care professional. ✓ Medicaid				
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION RE	QUIREMENTS		
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.			Technical Documentation Requirements See Section X Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. 3. Disposition – need for BEHAVIORAL HEALTH services, referral, etc.				
NOTES			EXAMPLE ACTIVI				
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULA			UNIT		DURATION		
⊠ Adol (12-17) (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 13 Maximum: 2		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	•			
☑ Individual ☐ Gro	up □ Family		☑ HE (SP) ☐ HK (Residentia	I) ⊠ TM	1 (ACT) [1 (Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENT	ΓS						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □ A	PN (SA)	RxN (SA) PA (PA) MD/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)	☑ NF (32) ☑ PRTC (56) ☑ Shelter (04) ☑ SNF (31)	☑ FQHC (50) ☑ RHC (72) ☑ Inpt Hosp (21 ☑ Inpt PF (51)	☑ ER (23) ☑ PF-PHP (5 ☑ School (0 ☑ Other PO	3)		

ASSESSMENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
98967 This code has very specific timeframes and documentation requirements. Follow CPT guidelines.	Telephone assessment and management provided by qualified non-physician health care professional.					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.	Technical Documentation Requirements See Section X Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. 3. Disposition – need for BEHAVIORAL HEALTH services, referral, etc.					
NOTES	EXAMPLE ACTIVITIES					
	 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 					
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Matter (18-20) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: 20 m					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Individual ☐ Group ☐ Family	☐ HK (Residential)	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)				
STAFF REQUIREMENTS						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	Master's Level (HO) □ LPN/LVN (TE) EdD/ PhD/PsyD (HP) □ LRC D/PhD/PsyD (AH) □ APN (SA) □ PA □ QMAP □ ME	` '				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Cust Care (33) ☑ NF (32) ☑ Office (11) ☑ Grp Home (14) ☑ PRTC (56) ☑ Mobile Unit (15) ☑ Home (12) ☑ Shelter (04) ☑ ACF (13) ☑ ICF-MR (54) ☑ SNF (31)	 ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP (52) ☑ Inpt Hosp (21) ☑ School (03) ☑ Inpt PF (51) ☑ Other POS (99) 					

		ASS	SESSMENT				
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
This code has very sp requirements. Follow		d documentation	Telephone assessment and management provided by qualified non-physician health care professional.				
SERVICE DESCRIPTION	V		MINIMUM DOCUM	MENTATION REC	QUIREMENTS		
Telephone assessmer a qualified non-physestablished patient, parelated assessmen within the previous 7 management service or soonest available a discussion.	sician health care parent, or guardian not and management days not leading to our procedure within	orofessional to an obtoriginating from service provided an assessment and the next 24 hours	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 ACTIVITI	IES			
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
⊠ Adol (12-17) (18	3-20) ×	Adult (21-64) Geriatric (65+)	□ Day □] 15 Minutes] 1 Hour	Minimum: 21 r Maximum: 30	-	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIC	•	<u> </u>		
☑ Individual ☐ Gro	up 🗆 Family		⊠ HE (SP) ☐ HK (Residential)	•	ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENT	'S						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠IAC ⊠ RN	PN (SA)	kn (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (P							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	✓ PRTC (56)✓ Shelter (04)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	☑ ER (23) ☑ PF-PHP (52) ☑ School (03) ☑ Other POS (

		,	ASSESSMENT				
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
This code has very sp			Telephone assessment and management provided by qualified non-physician health care professional.				
SERVICE DESCRIPTIO	N		MINIMUM DOCUME	NTATION REQUI	REMENTS		
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 medi and treatment	cern(s)/problem(sical and medication	s) on history, psych		
NOTES			EXAMPLE ACTIVITIES	S			
			 Phone assessmen Phone assessmen social history info With the patient' members, collate (educational, med 	nt with the patien ormation s permission, pho ral sources to col	t/patient's fami one contact with lect pertinent in	ly to collect family	
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
☑ Child (0-11)	Young Adult 🗵	Adult (21-64) Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: 21 m Maximum: 30	-	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	CATEGORY(IES)			
☑ Individual ☐ Gro	up □ Family		☑ HE (SP) ☐ HK (Residential)	⊠ U4 (I ⊠ TM (, □ HM (ACT) □ Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENT	TS						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicense			ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠IAC ⊠ RN	PN (SA)	kn (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (P	<u> </u>						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	☑ NF (32)☑ PRTC (56)☑ Shelter (04)☑ SNF (31)	 ✓ FQHC (50) ✓ RHC (72) ✓ Inpt Hosp (21) ✓ Inpt PF (51) 	区 ER (23) ☑ PF-PHP (52) ☑ School (03) ☑ Other POS (99)		

EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDU	JRE CODE			_	CRIPTI	RE CODE ON	USAGE
New Patient 99202, 99203, 99204, 9 Established patient 99211, 99212, 99213, 9					ce or C patien	Other t Services.	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATIO	ON REG	QUIREMENTS	
These codes are used for services in an office or other outpatient setting for the evaluation and management of an individual with presenting problem(s) of varying severity. A patient is considered outpatient until inpatient admission to a hospital occurs.			Technical Docu See Section X				
NOTES			EXAMPLE ACTIV	VITIES			
APPLICABLE POPULAT	ION(S)		UNIT			DURATION	
☑ Child (0-11)☑ Adol (12-17)	☑ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minut	tes		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SER	VICE CATEGO	ORY(IE	S)	
☑ Individual ☐ Group ☑ Family			⊠ HE (SP) □ HK (Resident	ial) 🗆] U4 (I] TM (<i>I</i>] HM (ACT) \square Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Mast☐ Unlicensed EdD/ ☐ Licensed EdD/Ph	PhD/PsyD (HP)	□LAC 🔀	l LPN/L' l RN (TI l APN (: l QMAP	SA) 🗵 PA (
PLACE OF SERVICE (PO	<u> </u>						
될 CMHC (53) 될Office (11) ☑Mobile Unit (15)	☑ FQHC (50) ☑ RHC (72) ☑Outpt Hospital(22)	☑ Independent Clin ☑ School (03) ☑ NRSATF (57)	nic (49) 🗵 Othe	er (99)			

		EVALUATION ANI	D MANAGEMEN	IT				
CPT®/HCPCS PROCEDUR	RE CODE				PROCEDU			USAGE
,					DESCRIPT			00/102
New Patient 99202, 99203, 99204, 99	9205				Office or (Outpatier		i.	☑ OBH
Established patient 99211, 99212, 99213, 99	9214, 99215							
SERVICE DESCRIPTION			MINIMUM DO	CUMENT	TATION RE	QUIREME	NTS	
These codes are used for setting for the evaluation presenting problem(s) or A patient is considered chospital occurs.	n and management of a f varying severity.	an individual with	Technical Docu See Section X	umentati	on Requir	ements		
NOTES			EXAMPLE ACT	IVITIES				
APPLICABLE POPULATIO			UNIT			DURATIO	ON	
☑ Child (0-11)☑ Adol (12-17)		✓ Adult (21-64)✓ Geriatric (65+)	☑ Encounter ☐ Day	☐ 1 Ho	/linutes our			
ALLOWED MODE(S) OF		, ,	PROGRAM SEF	RVICE CA	TEGORY(IE	ES)		
☑ Individual ☐ Group	☑ Family		⊠ HE (SP) □ HK (Residen	ntial)	□ U4 (□ TM (□ HM	•		HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS					□ I DNI /I	\/NI /TE\		
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed Mast☐ Unlicensed EdD/ ☐ Licensed EdD/Ph	PhD/PsyD (HP)	□LAC	□ LPN/L □ RN (T ☑ APN (□ QMAI	D) [[SA] [⊠ RxN ⊠ PA (I ⊠ MD/	
PLACE OF SERVICE (POS								
☑ CMHC (53) ☑Office (11) ☑Mobile Unit (15)	☑Outpt Hospital(22)☑ FQHC (50)☑ RHC (72)	⊠ Sc	ndependent Clini Rhool (03) RSATF (57)	ic (49)				

EVALUATION AND MANAGEMENT					
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.				
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.				
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) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Typical time spent: 5 minutes or ☐ Day ☐ 1 Hour ☐ less				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☐ Group ☑ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM ☐ TT (Recovery) (Respite) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
□ Peer Specialist	/ PhD/PsyD (HP) □LAC ☑ ARN (TD) ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)					
図CMHC (53) 図 Outp Hospital (22) 図Office (11) 図 FQHC (50) 図Mobile Unit (15) 図 RHC (72)	☑ Independent Clinic (49)☑ NRSATF (57)				

EVALUATION AND MANAGEMENT								
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CO	ODE DES	CRIPTION			USAGE
			Office or other o	utpatient	office visit	that may no	t	
	99211		require the presence of a physician. Usually					
			presenting problems are minimal.					
SERVICE DESCRIPTION	ON		MINIMUM DO	CUMENT	TATION RE	QUIREMEN	NTS	
This service is an "incid	dent to" service an	d can only be	Technical Docum	nentation	Requirem	ents		
provided if the patient	is an established p	patient and the	See Section X					
physician or qualified		suite and available	The service does					required by
to provide direct supe	rvision.		other E&M servi	ces. It is n	ot billed ba	ased on time	spent.	
The service code is use	ed when an individ	ual sees a nurse or	The progress not					
other trained nurse's a			the reason for th				d any re	elevant
that do not require the			history, physical	assessme	nt and plar	n of care.		
blood pressure or weig	-	tion counseling,						
follow-up on side effec								
The code is generally r								
Typically 5 minutes or	less, presenting pr	oblems are minimal						
NOTES			EXAMPLE ACTI					
The service must be m			An individual is seen by the nurse for a blood pressure check and to					
If another E&M service			discuss any concerns about medications.					
codes) is provided on t	·		An individual appears requesting a blood pressure check because they					
providers is combined	for one higher cod	le that is billed	were in the area. No symptoms are reported. This would not meet					
under the prescriber.			medical necessity and should not be billed.					
If another service code	•		An individual follows-up with the nurse post a TB test for reading					
service provided it sho		ce of the 99211, for	results.					
example, injection cod								
APPLICABLE POPUL	• •		UNIT	_		DURATION		-
	Young Adult	☑ Adult (21-64)	⊠ Encounter	☐ 15 Mi			e spent	: 5 minutes or
	8-20)	☑ Geriatric (65+)	□ Day	☐ 1 Hou		less		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER	VICE CA		•		
			⊠ HE (SP)		□ U4 (ICN		□ H1 (/	-
☑ Individual ☐ Group	∑ Family		☐ HK (Residentia	al)	☐ TM (AC			Clubhouse)
	,				☐ HM (Re			Recovery)
							⊔ HT (Prev/EI)
STAFF REQUIREMEN	ITS							
□ D C		V (AI) Unliconcod N	Master's Level (HO)		⊠ LPN,	LVIN (IE)	RxN (SA	
☐ Peer Specialist☐ Bachelor's Level (HN)	□ LCSV □ LPC		EdD/ PhD/PsyD (HP)	□LAC	⊠ RN (ID) 🖂	PA (PA) MD/DO	
☑ Intern			D/PhD/PsyD (AH)	шис	⊠ APN	(SA)		d/Registered
□ QMAP Medical Assistant					_			
PLACE OF SERVICE (POS)							
☑CMHC (53)	☑ Outp Hospital ((22)	☑ Independent C	linic (49)				
⊠Office (11)	☑ FQHC (50)		☑ NRSATF (57)	. ,				
⊠Mobile Unit (15)	⊠ RHC (72)		, ,					

EVALUATION AND MANAGEMENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURI	PROCEDURE CODE DESCRIPTION USAGE				
99217		Observation Care discharge day management when provided on a day other than day of admission.				
SERVICE DESCRIPTION	MINIMUM	OCUMENTATION RE	QUIREMENTS			
This code is to be utilized to report all services provided patient on discharge from Observation status if discharg on a day other than the initial date of Observation statu To report services to a patient designated as Observatio status or inpatient status admitted and discharged on the same date use code range 99234-99236.	sed See Section The final exa instructions	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.				
NOTES	EXAMPLE A	CTIVITIES				
APPLICABLE POPULATION(S)	UNIT		DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64 ☑ Adol (12-17) (18-20) ☑ Geriatric (65	,	r □ 15 Minutes □ 1 Hour				
ALLOWED MODE(S) OF DELIVERY		SERVICE CATEGORY(I	ES)			
☑ Individual ☐ Group ☐ Family	⊠ HE (SP) □ HK (Resid	ential) 🗆 🎞 Ti	И (ACT) И (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlice	ensed Master's Level (ensed EdD/ PhD/PsyD ed EdD/PhD/PsyD (AF	HO) (HP) □LAC ⊠	APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (POS)						
 ✓ Off Campus Outpt Hosp (19) ✓ On Campus Outpt Hospital (22) ✓ Inpt PF (51 ✓ Inpt Hosp ✓ ER (23) 	•	(53) ⊠ CIRF	(61)	☑ ESRDTF (65)		

	EVALUATIO	N AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DES	USAGE				
99217			Observation Care discharge day management when provided on a day other than day of admission				
SERVICE DESCRIPTION		MINIMUM DOCUMENT	TATION REC	UIREMENTS	s		
This code is to be utilized to report patient on discharge from Observat on a day other than the initial date To report services to a patient desig status or inpatient status admitted same date use code range 99234-99	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.						
NOTES		EXAMPLE ACTIVITIES					
APPLICABLE POPULATION(S)		UNIT		DURATION			
☑ Child (0-11)☑ Young Adult☑ Adol (12-17)☑ (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	区 Encounter □ 15 Minutes □ Day □ 1 Hour					
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
☑ Individual ☐ Group ☐ Family		□ HE (SP) □ HK (Residential)	□ U4 (□ TM □ HM	,	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS							
☐ Bachelor's Level (HN) ☐	LPC ☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) □LA D/PhD/PsyD (AH)	□ RN	N (TD) PN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (POS)	☑ Inpt PF (51)						
 ☑ Off Campus Outpt Hosp (19) ☑ Urgent Care facility (20) ☑ Ambulatory Surgical center (24) ☑ On Campus Outpt Hospital (22) 	☑ PF-PHP (52) ☑ CMHC (53) ☑ RSATF (55)	⊠ PRTC (5 ⊠ CIRF (6: ⊠ CORF (6: ⊠ ESRDTF	1) 62)				

EVALUATI	ON AND MANAGEMENT
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 3 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	
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
NOTES	EXAMPLE ACTIVITIES
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
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☑ Individual ☐ Group ☑ 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 ☐ Unlicens	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □ LPN/LVN (TE) □ RN (TD) □ RN (TD) □ APN (SA) □ QMAP □ QMAP □ QMAP
PLACE OF SERVICE (POS)	
 ☑ Off Campus ☑ Inpt Hosp (21) ☑ Ambulatory ☑ On Campus ☑ Urgent Care facility (20) ☑ ER (23) ☑ Ambulatory ☑ Surgical cente ☑ Inpt PF (51) 	r (24) 🗵 CMHC (53) 🗵 CIRF (61)

EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COD	DE DESCRIPT	ION		USAGE
99218 requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes 99219 requires comprehensive history, comprehensive			Initial observation and management			or the evaluation	n ☑ OBH
exam, and moderate comp making, Typical time is 50	olexity medical						
99220 requires comprehensive h exam, high complexity me							
Typical time is 70 minutes							
SERVICE DESCRIPTION			MINIMUM DOCU			-	
The following codes are used to r			Technical Docum See Section X	entation Re	quire	ements	
the supervising physician or othe professional with the patient who			See Section X				
"observation status." This refers	-						
observation status, supervision o							
observation and performance of							
This code is used for all services p							
physician or NPP (qualified Non-F							
provides the inpatient hospital ca	re, regardless	of the					
number of days since admission.							
The physician who is the admittir	ıg physician mu	ıst append					
modifier AI to all claims.							
	-0						
The physician/NPP may only bill f							
Services provided in multiple loca should be included in the single of	_	or office					
NOTES	ouc.		EXAMPLE ACTIVI	TIES			
APPLICABLE POPULATION(S)			UNIT			DURATION	
☑ Child (0-11) ☑ Young Add		ult (21-64)		☐ 15 Minut	tes		
⊠ Adol (12-17) (18-20)		riatric (65+)		☐ 1 Hour			
ALLOWED MODE(S) OF DELIVERY	<u> </u>		PROGRAM SERVI	ICE CATEGO	_	•	—
			⊠ HE (SP)			U4 (ICM)	☐ HJ (Voc)
☑ Individual ☐ Group ☒ Family			☐ HK (Residentia	1)		TM (ACT)	☐ HQ (Clubhouse)
					ш	HM (Respite)	☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS							LITT (FIEV/LI)
						PN/LVN (TE)	1
☐ Peer Specialist ☐ Bachelor's Level (HN)	□ LCSW (AJ) □ LPC		Master's Level (HO) EdD/ PhD/PsyD (HP)	□LAC		N (1D)	RxN (SA) PA (PA)
☑ Bachelor's Level (HIV)	□ LMFT		D/PhD/PsyD (AH)	LIAC		اکا (SA)	MD/DO (AF)
			. , , , ,		Цα	MAP	, = = (: /
PLACE OF SERVICE (POS)			V In at DE (E4)	₩ DDT/	C /F C	<u> </u>	
☑ Inpt Hosp (21) ☑ On Campus Outpt Hospital (22)	١		☑ Inpt PF (51)	⊠ PRT(٠,	1	
On Campus Outpt Hospital (22Ambulatory Surgical center (24	•		☑ PF-PHP (52)☑ CMHC (53)	⊠ CIRF ⊠ COR		١	
⊠ ER (23)	†		☑ RSATF (55)	⊠ ESRE			
				E LJNL			

	EVALUATION AND MANAGEMENT						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE					
9922		Initial hospital ca			✓ Medicaid		
		and management of a patient (low severity)					
SERVICE DESCRIPTION		MINIMUM DOCL		•			
Initial inpatient/partial hospital epatient by the admitting MD/D requiring admission are low severare required: • Detailed/comprehensive his • Detailed/comprehensive ex • Medical decision-making the complexity When counseling and/or coord (more than 50%) the MD/DO-pati (face-to-face time on the floconsidered the key/controlling face 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		EXAMPLE ACTIVI	TIES				
This procedure code represents DOS. Only one 99221 should b MD/DO typically spends 30 minu	e rendered per admission.						
APPLICABLE POPULATION(S)		UNIT		DURATION			
☑ Child (0-11)☑ Young Adu☑ Adol (12-17)☑ (18-20)	☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour				
ALLOWED MODE(S) OF DELIVERY	1	PROGRAM SERV	ICE CATEGORY(IE	S)			
☑ Individual ☐ Group ☑ Family		□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhou) □ HM (Respite) □ TT (Recover) □ HT (Prev/EI)			HQ (Clubhouse) TT (Recovery)		
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LPC □ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ R	PN/LVN (TE) N (TD) ⊠RXN PN (SA) □ PA MAP ☑ MI	• •		
PLACE OF SERVICE (POS)							
☑ Inpt Hosp (21) ☑ Inpt PF	(51) × PF-PHP (52)						

EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE					
99221		Initial hospital care, per d		 ОВН			
	-	and management of a patient (low severity)					
SERVICE DESCRIPTION		MINIMUM DOCUMENTA		S			
Initial inpatient/partial hospital ed patient by the admitting MD/D requiring admission are low sever are required: • Detailed/comprehensive his • Detailed/comprehensive ex • Medical decision-making the complexity When counseling and/or coord (more than 50%) the MD/DO-pati (face-to-face time on the floconsidered the key/controlling face of service.	O. Usually, the problem(s) rity. Three key components story amination at is straightforward/of low ination of care dominates ent and/or family encounter por/unit/hospital), time is	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		EXAMPLE ACTIVITIES					
This procedure code represents a DOS. Only one 99221 should b MD/DO typically spends 30 minur	e rendered per admission.						
APPLICABLE POPULATION(S)		UNIT	DURATION				
☑ Child (0-11) ☑ Young Adu ☑ Adol (12-17) (18-20)	☑ Geriatric (65+)	☑ Encounter☐ Day☐ 15 M☐ 1 Ho	our				
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATE					
☑ Individual ☐ Group ☑ Family		☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubled ☐ TT (Recover) ☐ HT (Prev/					
STAFF REQUIREMENTS							
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern	☐ LPC ☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) □LAC D/PhD/PsyD (AH)	□ KN (TD) ☑ APN (SA)	☑ RxN (SA) □ PA (PA) ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)							
☑ Inpt Hosp (21) ☑ Inpt PF	(51) × PF-PHP (52)						

EVALUATION AND MANAGEMENT								
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAGE					
9922)		Initial hospital ca		-		☑ Medicaid	
			ŭ	and management of a patient (moderate severity)				
SERVICE DESCRIPTION								
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")					
NOTES			EXAMPLE ACTIVI	ITIES				
This procedure code represents DOS. Only one 99222 should b MD/DO typically spends 50 minu	e rendered pe	er admission.	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		DI	JRATION		
☑ Child (0-11)☑ Young Add☑ Adol (12-17)☑ (18-20)	⊠ Ge	ult (21-64) riatric (65+)	区 Encounter ☐ Day	☐ 15 Mi ☐ 1 Hou				
ALLOWED MODE(S) OF DELIVER	/		PROGRAM SERV	ICE CATE				
☑ Individual ☐ Group ☑ Family			⊠ HE (SP) □ HK (Residentia	al)	□ U4 (ICM □ TM (AC ⁻ □ HM (Re:	Γ) 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	□ LPN/L □ RN (T ⊠ APN □ QMAI	D) □ P (SA) □ P	xN (SA) A (PA) MD/DO (AF)	
PLACE OF SERVICE (POS)								
☑ Inpt Hosp (21) ☑ Inpt F	F (51)	PF-PHP (52)						

EVALUATION AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99222	Initial hospital care, per day, for the evaluation	☑ OBH			
	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) requiring admission are moderate severity. Three key	See Section X Service Content				
components are required:	Documentation for each patient encounter includes:				
Comprehensive history	Reason for encounter and relevant history, physic				
Comprehensive examination	findings and prior diagnostic tests				
 Medical decision-making of moderate complexity 	2. Assessment, clinical impression and diagnosis				
When counseling and/or coordination of care dominates	3. Plan for care				
(more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is	4. Date and identity of provider5. 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 tr	eatment, and			
	revision in diagnosis if applicable				
	8. Counseling and/or activities performed to coordi	nate patient			
	care				
	 Where time is significant to encounter, docum more than 50% of time spent with patient was 				
	and coordinating care is required	used counselling			
	Time spent must also be documented (e.g., "30 minutes of the				
	50 minute encounter was used counseling/ coordinating care")				
	CVARADI E A CTIVITIC				
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				
7 - 77	depression.				
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				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □] HJ (Voc)			
	` ,	HQ (Clubhouse)			
☑ Individual ☐ Group ☑ Family		TT (Recovery)			
] HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed N	Master's Level (HO) ☐ LPN/LVN (TE) ☐ RXN	۱ (SA)			
,	EdD/ PhD/PsyD (HP) LILAC APN (SA) LI PA	· ,			
☑ Intern ☐ LMFT ☐ Licensed EdC	D/PhD/PsyD (AH) ☐ QMAP ☑ MC	D/DO (AF)			
PLACE OF SERVICE (POS)					
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)					

EVALUATION	AND MANAGEMENT					
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☐ Day☐ 15 Minutes☐ Day☐ 1 Hour					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Individual ☐ Group ☑ 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) □ LPN/LVN (TE) ☑ RxN (SA) EdD/ PhD/PsyD (HP) □ LAC ☑ RN (TD) □ PA (PA) D/PhD/PsyD (AH) ☑ QMAP ☒ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)						

EVALUATION	N AND MANAGEMENT					
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	5				
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) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Individual □ Group ☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ H ☐ HM (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)				
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO)					
PLACE OF SERVICE (POS)						
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)						

EVALUATION	EVALUATION AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
99224 requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes. 99225 expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes. 99226 requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 35 minutes. SERVICE DESCRIPTION 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)	PROCEDURE CODE DESCRIPTION Subsequent hospital care, per day, for the evaluation and management of a patient MINIMUM DOCUMENTATION REQUIRED Technical Documentation Requirements See Section X	e ☑ Medicaid				
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	ATION				
☑ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	区 Encounter □ 15 Minutes □ Day □ 1 Hour					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Individual ☐ Group ☑ Family	□ HE (SP) □ U4 (ICM) □ TM (ACT) □ HM (Resp					
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO)	× RxN (SA)				
PLACE OF SERVICE (POS) ☑ Outpt Hospital(22)						
Δ Outpt 110spital(22)						

	EVALUATION	AND MANAGEMENT			
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE D	DESCRIPTION		USAGE
medical decision making. 99225 expanded problem focuse problem focused exam, ar medical decision making. 99226 requires detailed interval l	t forward or low complexity Typical time is 15 minutes. d interval history, expanded and moderate complexity Typical time is 25 minutes.	Subsequent hospital evaluation and mana			☑ ОВН
SERVICE DESCRIPTION		MINIMUM DOCUME	ENTATION REC	OUIREMENTS	
All levels of subsequent observat the medical record and reviewing studies and changes in the patien history, physical condition, and resince the last assessment. This code is used for all services physician or NPP (qualified Non-provides the Observation care, redays since admission. The physician who is the admittin modifier Al to all claims. The physician/NPP may only bill for Services provided in multiple local should be included in the single of Services provided subsequent to should be billed using one of the Choose the code based on the whor subsequent care and by the legistration.	Technical Documentation Requirements See Section X				
NOTES		EXAMPLE ACTIVITIES	S		
APPLICABLE POPULATION(S)	II	UNIT	45.84	DURATION	
☑ Child (0-11)☑ Young Adu☑ Adol (12-17)☑ (18-20)	☑ Geriatric (65+)	□ Day □	15 Minutes 1 Hour	c)	
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☑ Family		PROGRAM SERVICE ☑ HE (SP) ☐ HK (Residential)	□ U4 □ TM	_	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LPC ☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□ RI □ LAC 区 A	N (TD) PN (SA)	≚ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS) ☑ Outpt Hospital(22)					

	AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
99231	Subsequent hospital care, per day (stable,	☑ Medicaid				
	recovering or improving patient)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Subsequent hospital care includes medical record review,	Technical Documentation Requirements					
diagnostic studies review, along with a review of changes in	See 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	n)				
	Condition being followed					
 A problem-focused interval history 	3. 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 tro	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 coordi	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/ coordinating care")					
		,				
NOTES	EXAMPLE ACTIVITIES					
Usually, the patient is stable, recovering/improving. The	Subsequent hospital visit for 14-year-old female i	in middle phase				
MD/DO typically spends 15 minutes at the patient's bedside.	of inpatient treatment; now behaviorally stable a					
	satisfactory progress in treatment.	-				
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					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
		l HJ (Voc)				
☑ Individual ☐ Group ☑ Family	\square HK (Residential) \square TM (ACT) \square	l HQ (Clubhouse)				
E marviadar E Group E ranniy	☐ HM (Respite) ☐	l TT (Recovery)				
		l HT (Prev/EI)				
STAFF REQUIREMENTS						
□ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LPN/LVN (TE) □ RXN (SA)						
and the state of t	EdD/ PhD/PsyD (HP) DLAC LI RN (TD)	, ,				
	O/PhD/PsyD (AH))/DO (AF)				
DIAGE OF CERTIFICE (DOC)	□ QMAP	. ,				
PLACE OF SERVICE (POS)						
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)						

EVALUATION AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99231	Subsequent hospital care, per day (stable,	☑ ОВН			
	recovering or improving patient)	□ OBIT			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: • A problem-focused interval history • A problem-focused examination • Medical decision-making that is straightforward/of low complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	Technical Documentation Requirements See Section X Service Content Documentation for each patient encounter includes: 1. Reason for encounter (i.e., follow-up on condition) 2. Condition being followed 3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis 5. Plan for care 6. Date and identity of provider 7. Past and present diagnoses 8. Appropriate health risk factors 9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 10. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • Time spent must also be documented (e.g., "10 minutes of the 15 minute encounter was used counseling/ coordinating care")				
NOTES	EXAMPLE ACTIVITIES				
Usually, the patient is stable, recovering/improving. The MD/DO typically spends 15 minutes at the patient's bedside.	Subsequent hospital visit for 14-year-old female in middle phase of inpatient treatment; now behaviorally stable and making satisfactory progress in treatment.				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual □ Group 図 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	Master's Level (HO)	, ,			
PLACE OF SERVICE (POS)					
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)					

EVALUATION AND MANAGEMENT									
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAGE						
9923.	2		Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)						
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATI	ON REC	QUIREMENT	ΓS		
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 ACTIV			16		ala a a a sa sa la ta a	
Usually, the patient is responding therapy/has developed a minor of typically spends 25 minutes at the	complication. T	he MD/DO	 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	N		
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)☑ (18-20)	⊠ Ge	ult (21-64) riatric (65+)	☑ Encounter ☐ Day	☐ 15 Min ☐ 1 Hour					
ALLOWED MODE(S) OF DELIVER	Υ		PROGRAM SERV	ICE CATEG	ORY(IE	S)			
☑ Individual ☐ Group ☑ Family		☐ HM (Respite) ☐ TT (Recove			HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
STAFF REQUIREMENTS									
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □ LAC □ RN (TD) □ RN (TD) □ PA (PA) □ APN (SA) □ QMAP				(PA)		
PLACE OF SERVICE (POS)	, ,								
✓ Innt Hosp (21) ✓ Innt PF	(51) 🗵	PF-PHP (52)							

	E	VALUATION	AND MANAGEME	ENT				
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COI		PTION			USAGE
99232	2		Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)					
SERVICE DESCRIPTION						QUIREMEN	TS	
Subsequent hospital care including diagnostic studies review, along patient's status (i.e., changes in and response to management) s MD/DO. Requires at least 2 of the An expanded problem-focuse. • An expanded problem-focuse Medical decision-making of When counseling and/or coord (more than 50%) the physic encounter (face-to-face time on time is considered the key or conthe level of service.	with a review of a history, physical since the last asse ese 3 component ased interval history and are completed in the floor/unit or the story and the stor	changes in condition issment by s: cry dexity dominates or family hospital),	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 find 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					eatment, and nate patient care entation that used counseling 5 minutes of the
NOTES			Subsequent hospital visit for a 46-year-old male who complains					
Usually, the patient is responding therapy/has developed a minor of typically spends 25 minutes at the	complication. The		 Subsequent h of symptoms medications. 			-		
APPLICABLE POPULATION(S)			UNIT			DURATIO	N	
☑ Child (0-11)☑ Young Add☑ Adol (12-17)(18-20)	ult ⊠ Adult ⊠ Geriat		☑ Encounter ☐ Day	☐ 15 Min ☐ 1 Hour				
ALLOWED MODE(S) OF DELIVERY	Υ		PROGRAM SERV	ICE CATEG	ORY(IE	S)		
☑ Individual ☐ Group ☑ Family	,		☑ HE (SP) ☐ HK (Residentia	al)	□ U4 □ TM □ HW			HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LPC □	Unlicensed E	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □ LPN/LVN (TE) □ RN (TD) □ RN (TD) □ PA (PA) □ QMAP □ QMAP					PA)
PLACE OF SERVICE (POS) ☑ Inpt Hosp (21) ☑ Inpt PF ((E1)	-PHP (52)						
스 HIDT LOZD (ST) 더 IUDI 5년 (ᄓᄓ	-۲/17 (34)						

		EVALUATION	AND MANAGEM	ENT					
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CO	DE DESCRII	PTION			USAGE	
99233	3		Subsequent hospital care, per day (unstable patient or the development of significant complications or problems) ✓ Medicaid						
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATI	ON REC	QUIREMENT	ΓS		
Subsequent hospital care including diagnostic studies review, along patient's status (i.e., changes in and response to management) status (i.e., changes in and interval history • A detailed interval history • A detailed examination • Medical decision-making of When counseling and/or coord (more than 50%) the MD/DO-patition (face-to-face time on the floor considered the key/controlling for service.	with a review history, physicince the last a lese 3 component of high complexicination of carent and/or famoor/unit/hospit	of changes in cal condition ssessment by ents: ity re dominates ally encounter cal), time is	Technical Docum See Section X Service Content Documentation 1. Reason for et 2. Condition be 3. Any changes and/or prior 4. Assessment, 5. Plan for care 6. Date and ide 7. Past and pres 8. Appropriate 9. Patient's proprevision in dia 10. Counseling a care • Where time more than and coordi • Time spens 35 minute	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					
NOTES	has dovoloped	a significant	 Subsequent hospital visit for an adolescent patient who is violent, 						
Usually, the patient is unstable/ complication/new problem. The minutes at the patient's bedside.	MD/DO typica	-	unsafe, and r	noncomplia	nt with	multiple ex	pectat	ions for	
APPLICABLE POPULATION(S)			UNIT			DURATION	V		
☑ Child (0-11)☑ Young Add☑ Adol (12-17)(18-20)	⊠ Ge	ult (21-64) riatric (65+)	区 Encounter ☐ Day	☐ 15 Min ☐ 1 Hour					
ALLOWED MODE(S) OF DELIVER	Y		PROGRAM SERV	ICE CATEG					
☑ Individual ☐ Group ☑ Family			☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)					HQ (Clubhouse) TT (Recovery)	
STAFF REQUIREMENTS									
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed E	d Master's Level (HO) d EdD/ PhD/PsyD (HP) □ LAC □ LPN/LVN (TE) □ RN (TD) □ RN (TD) □ PA (PA) □ APN (SA) □ QMAP □ QMAP					PA)	
PLACE OF SERVICE (POS)	(= 4)								
☑ Inpt Hosp (21) ☑ Inpt PF ([51] 🗵	PF-PHP (52)							

	EVALUATION	AND MANAGEME	NT					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COI	DE DESCRIPTION		USAGE			
99233		Subsequent hosp patient or the de complications or	velopment of sig		⊠ OBH			
SERVICE DESCRIPTION		MINIMUM DOCI	JMENTATION RI	QUIREMENTS				
Subsequent hospital care included diagnostic studies review, along we patient's status (i.e., changes in and response to management) sime MD/DO. Requires at least 2 of them are a detailed interval history. • A detailed interval history. • A detailed examination. • Medical decision-making of I. When counseling and/or coording (more than 50%) the MD/DO-patied (face-to-face time on the flood considered the key/controlling factors of service.	with a review of changes in history, physical condition note the last assessment by see 3 components: high complexity nation of care dominates nt and/or family encounter or/unit/hospital), time is	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")						
NOTES	as developed a significant	 Subsequent hospital visit for an adolescent patient who is violent, 						
Usually, the patient is unstable/h complication/new problem. The M minutes at the patient's bedside.		unsafe, and n	oncompliant wit	h multiple exp				
APPLICABLE POPULATION(S)		UNIT		DURATION				
☑ Child (0-11)☑ Young Adul☑ Adol (12-17)☑ (18-20)	t ⊠ Adult (21-64) ⊠ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour					
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV	•	ES) 4 (ICM)				
☑ Individual ☐ Group ☑ Family		⊠ HE (SP) □ HK (Residentia	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS								
☐ Bachelor's Level (HN)	☐ LPC ☐ Unlicensed E	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) □ LAC □ RN (TD) □ PA (PA) □ APN (SA) □ QMAP □ QMAP						
PLACE OF SERVICE (POS)								
☑ Inpt Hosp (21) ☑ Inpt PF (5	1) 🗵 PF-PHP (52)							

EVALUATION AND MANAGEMENT						
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRI	PTION		USAGE
99234 requires detailed or compre- comprehensive exam, straigh complexity med decision ma minutes	nt forward or lo	ow	Same day admit/discharge Evaluation and Managemer			☑ Medicaid
99235 requires comprehensive histo	orv. comprehe	ensive exam.				
moderate complexity med de						
time 50 minutes		, ,,,				
99236 requires comprehensive histo						
minutes	3, 71					
SERVICE DESCRIPTION			MINIMUM DOCUMENTATI	ION REQUI	REMENTS	
The following codes are used to rep management services provided to h Hospital inpatient services include t patients in a "partial hospital" settir used to report these partial hospita psychiatry notes in the full text of the following codes are used to rep inpatient hospital care services provand discharged on the same date of	nospital inpatie those services p ng. These code lization service ne CPT code se port observatio vided to patien	nt patients. provided to s are to be es. See also t. n or	Technical Documentation I See Section X	Requireme	ents	
This code is used for all services prophysician or NPP (qualified Non-Phyprovides the inpatient hospital care of days since admission.	sician Practitio	oner) first				
The physician who is the admitting modifier AI to all claims.	physician must	append				
The physician/NPP may only bill for Services provided in multiple location should be included in the single code.	ons (e.g. ER or					
Services provided subsequent to the should be billed using one of the su codes.						
NOTES			EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)		1: (2.2.2.2)	UNIT		URATION	
☑ Child (0-11)☑ Young Adul☑ Adol (12-17)☑ (18-20)		lt (21-64)	⊠ Encounter ☐ 15 Mir			
Adol (12-17) (18-20) ALLOWED MODE(S) OF DELIVERY	≥ Ger	iatric (65+)	□ Day □ 1 Hour PROGRAM SERVICE CATEG			
☑ Individual ☐ Group ☐ Family			⊠ HE (SP) □ HK (Residential)	☐ U4 (IC ☐ TM (A ☐ HM (R	CT) \square espite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS					<u>L</u>	III (FIEV/EI)
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) □LAC D/PhD/PsyD (AH)	□ LPN/□ RN (T □ RN (T ☑ APN □ QMA	(SA) × P	xxN (SA) A (PA) MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ Outpt Hospital(22)☑ PF-PHF☑ Inpt Hosp (21)☑ Inpt PF (51)	P (52)					

EVALUATION A	AND MANAGEMENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99234 requires detailed or comprehensive history, detailed or comprehensive exam, straight forward or low complexity med decision making, Typical time 40 minutes 99235 requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes 99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55	Same day admit/discharge observation/inpatient Evaluation and Management services.	☑ OBH
minutes		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The following codes are used to report evaluation and management services provided to hospital inpatient patients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services. See also psychiatry notes in the full text of the CPT code set. The following codes are used to report observation or inpatient hospital care services provided to patients admitted and discharged on the same date of service. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier AI to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations (e.g. ER or office) should be included in the single code.	Technical Documentation Requirements See Section X	
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) ☑ Adult (12-64)	☑ Encounter ☐ 15 Minutes	
	□ Day □ 1 Hour PROGRAM SERVICE CATEGORY(IES)	
☑ Individual ☐ Group ☑ Family	☑ HE (SP) ☐ U4 (ICM) ☐ H ☐ HK (Residential) ☐ TM (ACT) ☐ H ☐ HM (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS		
□ Bachelor's Level (HN) □ LPC □ Unlicensed	EdD/ PhD/PsyD (HP) □ RN (TD) ☑ PA	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (POS)		
☑ Outpt Hospital (22) ☑ PF-PHP (52) ☑ Inpt PF (51)	☑Inpt Hosp (21)	

	EVALUATION AND MANAGEMENT								
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USA					USAGE	
99238			Discharge day management; 30 minutes or less					☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATI	ON RE	QUIREMEN	TS		
The total duration of MD/DO time may or may not be continuous and contact with the patient) for hospi including as appropriate, final exar discussion of the hospital stay, inst to all relevant caregivers, and preprecords, prescriptions and referral	Technical Documentation Requirements See Section X Service Content 1. Final examination of patient 2. Continuing care instructions 3. Prescriptions 4. Referrals								
NOTES			EXAMPLE ACTIV	ITIES					
APPLICABLE POPULATION(S)			UNIT			DURATIO			
☑ Child (0-11) ☑ Young Add		ult (21-64)	区ncounter	☐ 15 Min		Minimum	•		
☑ Adol (12-17) (18-20)	⊠ Ge	riatric (65+)	☐ Day	☐ 1 Hour		Maximum	n: 30 Mi	nutes	
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)						
☑ Individual ☐ Group ☑ Family			☐ HK (Residential) ☐ TM (ACT) ☐ HC					(Voc) (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMENTS									
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP)				` '		
PLACE OF SERVICE (POS)									
Inpt Hosp (21)Inpt PF (51)PF-PHP (52)									

EVALUATION AND MANAGEMENT								
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAGE					USAGE
99238			Discharge day management; 30 minutes or less					☑ OBH
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATI	ON RE	QUIREMEN [*]	TS	
The total duration of MD/DO time may or may not be continuous and contact with the patient) for hospi including as appropriate, final exar discussion of the hospital stay, inst to all relevant caregivers, and preprecords, prescriptions and referral	Technical Documentation Requirements See Section X Service Content 1. Final examination of patient 2. Continuing care instructions 3. Prescriptions 4. Referrals							
NOTES			EXAMPLE ACTIV	ITIES				
APPLICABLE POPULATION(S)			UNIT	<u>_</u>		DURATIO		
☑ Child (0-11) ☑ Young Adı		ult (21-64)	⊠ Encounter	☐ 15 Min		Minimum	•	
☑ Adol (12-17) (18-20)	⊠ Ge	riatric (65+)	Day 1 Hour Maximum: 30 Minutes					
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)					
☑ Individual ☐ Group ☑ Family			□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubh □ HM (Respite) □ TT (Recoved) □ HT (Prev/tector)					Q (Clubhouse) (Recovery)
STAFF REQUIREMENTS								
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	d EdD/ PhD/PsyD (HP) □LAC ☒ APN (SA) □ PA				⊠ RxN □ PA (⊠ MD	• •
PLACE OF SERVICE (POS)								
Inpt Hosp (21)Inpt PF (51)PF-PHP (52)								

	EVALUATION AND MANAGEMENT								
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CO	USAGE					
9923	9		Discharge day m minutes	☑ Medicaid					
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS						
The total duration of MD/DO times spent may or may not be continued direct contact with the patient) of patient, including as appropriate patient, discussion of the hospital continuing care to all relevant care discharge records, prescriptions	Technical Documentation Requirements See Section X Service Content 1. Examination of patient 2. Continuing care instructions 3. Prescriptions 4. Referrals								
NOTES	EXAMPLE ACTIV	ITIES							
APPLICABLE POPULATION(S)			UNIT			DURATIO	N		
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)☑ (18-20)		ult (21-64) riatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: 30 minutes ☐ Day ☐ 1 Hour Maximum: N/A						
ALLOWED MODE(S) OF DELIVER	Y		PROGRAM SERVICE CATEGORY(IES)						
☑ Individual ☐ Group ☑ Family	y		 ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TM (ACT) ☐ HQ (Club ☐ HM (Respite) ☐ TT (Reco ☐ HT (Prev 						
STAFF REQUIREMENTS									
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC	□ R ⊠ A	PN/LVN (TE) N (TD) APN (SA) NMAP	⊠ RxN (SA) □ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (POS)									
✓ Inpt Hosp (21)✓ Inpt PF (51)✓ PF-PHP (52)									

	EVALUATION AND MANAGEMENT								
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CO	DE DESCRI	PTION		USAGE		
9923	9		Discharge day management; more than 30 minutes						
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS						
The total duration of MD/DO times spent may or may not be continued direct contact with the patient) of patient, including as appropriate patient, discussion of the hospital continuing care to all relevant care discharge records, prescriptions	Technical Documentation Requirements See Section X Service Content 1. Examination of patient 2. Continuing care instructions 3. Prescriptions 4. Referrals								
NOTES	EXAMPLE ACTIV	ITIES							
APPLICABLE POPULATION(S)			UNIT			DURATIO	N		
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)☑ (18-20)		lult (21-64) eriatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: 30 minutes ☐ Day ☐ 1 Hour Maximum: N/A						
ALLOWED MODE(S) OF DELIVER	Y		PROGRAM SERVICE CATEGORY(IES)						
☑ Individual ☐ Group ☑ Famil	у		□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubl □ HM (Respite) □ TT (Recov						
STAFF REQUIREMENTS									
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) □LAC D/PhD/PsyD (AH)			PN/LVN (TE) N (TD) APN (SA) NMAP	⊠ RxN (SA) □ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (POS)									
✓ Inpt Hosp (21)✓ Inpt PF (51)✓ PF-PHP (52)									

EVALUATION AND MANAGEMENT								
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE							
99241 This consultation code may only be utilized as telephonic prescriber-to-prescriber consultation regarding a patient.	Office or other outpatient consultation for a new or established patient. Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.							
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS							
A consultation is a service rendered by an MD/DO/prescribing Nurse whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO/prescribing Nurse consultant utilizes this code for the purposes of providing direct consultation services to another MD/DO/prescribing Nurse for the purposes of "counseling and/or coordination of care with other physicians/qualified health care professionalsconsistent with the nature of the problem(s) and the patient's and/or family's needs".	Technical Documentation Requirements, See Section X 1. Documentation of written, verbal/shared medical records request in patient record: 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultant 4. Total length of time of encounter (face-to-face or floor time, whichever is appropriate) 2. Counseling and/or activities performed to coordinate patient care • Time spent must also be documented (e.g., "15 minutes of the 20 minute encounter was used counseling/coordinating care") 3. Copy of written report sent by consultant to referring MD/DO 4. Formal report/copy of consultant's note 5. Referring MD/DO's name 6. Evidence that referring MD/DO requested both consultation and consultant's opinion							
	7. Advice and/or opinion regarding patient's condition							
NOTES	EXAMPLE ACTIVITIES							
Only one consultation is reported by the consultant for the day of service.	An RN sees a patient to follow-up on side effects per order of the physician. The patient does not see the physician on that day. BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.							
APPLICABLE POPULATION(S)	UNIT DURATION							
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☑ Encounter ☐ 15 Mins Min: 8 min ☐ Day ☐ 1 Hour Max: N/A							
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)							
☑ Individual ☐ Group ☑ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HT (Recovery) ☐ HT (Prev/EI)							
STAFF REQUIREMENTS								
□ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Le □ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/ PhD/F □ Intern □ LMFT □ Licensed EdD/PhD/Psyl	PSyD (HP) □LAC ☑ RN (TD) ☑ PA (PA)							
PLACE OF SERVICE (POS)								
☑ CMHC (53) ☑ NF (32) ☑ RHC (72) ☑ Office (11) ☑ SNF (31) ☑ Independent Clinic (49) ☑ Outpt Hospital(22) ☑ FQHC (50)	☑ ER (23)☑ NRSATF (57)							

EVALUATION AND M	ANAGEMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99241 This consultation code may only be utilized as telephonic	Office or other outpatient consultation for a new or established patient. Requires problem focused history, problem focused exam straight forward med decision				
prescriber-to-prescriber consultation regarding a patient.	making, Typical time 15 minutes.				
SERVICE DESCRIPTION A consultation is a convice randored by an MD/DO/proceribing Nurse	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements, See Section X				
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".	 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	EXAMPLE ACTIVITIES				
Only one consultation is reported by the consultant for the day of service.	An RN sees a patient to follow-up on side effects per order of the physician. The patient does not see the physician on that day. BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Mins Min: 8 min ☐ Day ☐ 1 Hour Max: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)				
☑ Individual ☐ Group ☑ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
□ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's □ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/PhD/P □ Intern □ LMFT □ Licensed EdD/PhD/P	D/PsyD (HP) □LAC □ RN (TD) □ PA (PA)				
PLACE OF SERVICE (POS)	(F) (10)				
 ☑ CMHC (53) ☑ NF (32) ☑ RHC (72) ☑ Office (11) ☑ SNF (31) ☑ Independent Clinic (49) ☑ Outpt Hospital (22) ☑ FQHC (50) 	☑ ER (23) ☑ NRSATF (57)				

			EVALUATION	AND MANAGEMEN	IT				
CPT®/HCPCS PROCED	URE CODE			PROCEDURE CODE	DESCRIPT	ION			USAGE
99242 requires expand problem focuse making, Typica 99243 requires detaile complexity men minutes 99244 requires compr moderate com time 60 minute 99245 requires compr high complexity minutes	ed exam straig I time 30 min ed history, det d decision ma ehensive hist plexity med d es ehensive hist	ght forward m utes tailed exam lov iking, Typical t ory, comprehe ecision making	ed decision w ime 40 ensive exam g, Typical ensive exam	Office or other Out and Management	☑ Medicaid				
SERVICE DESCRIPTION	ı			MINIMUM DOCUM	MENTATIO	N REQU	JIREMENT	S	
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. The services of the billing prescriber must be face-to-face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251.				Technical Documentation Requirements See Section X 1. Documentation of written, verbal/shared medical records request in patient record: 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultant 4. Total length of time (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					
NOTES				EXAMPLE ACTIVIT	IES				
				An RN sees a patie physician. The pati	ient does n	ot see	the physici	an on t	
APPLICABLE POPULAT				UNIT			DURATIO	N	
	☑ Young Adul		ilt (21-64)	☑ Encounter	☐ 15 Min				
✓ Adol (12-17) (ALLOWED MODE(S) O	18-20)	△ Ger	iatric (65+)	□ Day PROGRAM SERVICE	☐ 1 Hour				
☑ Individual ☐ Group				□ HK (Residential)		□ U4 □ TM	(ICM)		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 Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC	□ RN	N (SA)	⊠ RxN ⊠ PA (⊠ MD/	
PLACE OF SERVICE (PC	•								
区 CMHC (53) ☐ Office (11) ☐Outpt Hospital(22) ☐ NF (32)	✓ SNF (31)✓ FQHC (50)✓ RHC (72)✓ Independ) ent Clinic (49)	区 ER (23) 区 NRSATF (5	7)					

EVALUATION	EVALUATION AND MANAGEMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99242 requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes 99243 requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes 99244 requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes 99245 requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80	Office or other Outpatient Consultations Evaluation and Management Services Oe exam pical e exam				
minutes					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. The services of the billing prescriber must be face-to-face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251.	Technical Documentation Requirements See Section X 1. Documentation of written, verbal/shared medical in patient record: 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultation 4. Total length of time (face-to-face or floor time, wappropriate) 2. Counseling and/or activities performed to coordin • Time spent must be documented (e.g., "15 mins of the used counseling/coordinating care") 3. Copy of written report sent by consultant to referred. Formal report/copy of consultant's note 5. Referring MD/DO's name 6. Evidence that referring MD/DO requested both coconsultant's opinion 7. Advice and/or opinion regarding patient's conditions. Results of tests/procedures ordered/performed	sultant hichever is nate patient care 20 mins were ring MD/DO			
NOTES	EXAMPLE ACTIVITIES				
	An RN sees a patient to follow-up on side effects per of physician. The patient does not see the physician on the patient GUIDANCE FOR THIS CODE.				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour				
Adol (12-17) (18-20)	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☐ Group ☑ Family	☑ HE (SP) ☐ U4 (ICM) ☐ ☐ HK (Residential) ☐ TM (ACT) ☐ ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
□ Bachelor's Level (HN) □ LPC □ Unlicensed Education □ LMFT □ Licensed Education	Master's Level (HO) □ LPN/LVN (TE) □ RXN EdD/ PhD/PsyD (HP) □ LAC □ RN (TD) ☑ PA (Id/PhD/PsyD (AH) □ QMAP ☑ MD,				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ SNF (31) ☑ ER (23) ☑ Office (11) ☑ FQHC (50) ☑ NRSATF (57) ☑ Outpt Hospital(22 ☑ RHC (72) ☑ NF (32) ☑ Independent Clinic (49))				

Uniform Service Coding Standards Manual April 2021 Revised: March 31, 2021

FVALUATIO	N AND MANAGEMENT				
CPT®/HCPCS PROCEDURE CODE		LISAGE			
CIT / HEI COT ROCEDORE CODE		OSAGE			
99251	·	✓ Medicaid			
33231		- Wicalcala			
SERVICE DESCRIPTION	Inpatient consultation for a new or established patient; the presenting problem(s) are self-limited or minor MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content Documentation of written, verbal/shared medical records request in patient record: 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultant 4. Total length of time of encounter (face-to-face or floor time, whichever is appropriate) 5. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent must also be documented (e.g., "15 minutes of the 20 minute encounter was used counseling/coordinating care") 6. Copy of written report sent by consultant to referring MD/DO • Formal report/copy of consultant's note • Referring MD/DO's name • Evidence that referring MD/DO requested both consultation and consultant's opinion • Advice and/or opinion regarding patient's condition • Results of tests/procedures ordered/performed				
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		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/D0)			
Problem-focused history					
Problem-focused examination		or floor time,			
 Straightforward medical decision-making 					
Miles assessing and an accordination of consideration					
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	f encounter was used counseling/coordinating care")				
service.	6. Copy of written report sent by consultant to ref	erring MD/DO			
		n			
	Results of tests/procedures ordered/performed				
NOTES	EXAMPLE ACTIVITIES				
Only one consultation is reported by the consultant per	EARINI EL ACTIVITES				
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	2				
appropriate E/M procedure code is used in lieu of 99251.					
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Minimum: 20 M☐ Day☐ 1 Hour☐ Maximum:	linutes			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
ALLOWED MODE(3) OF DELIVERY	` '	HJ (Voc)			
		HQ (Clubhouse)			
☑ Individual ☐ Group ☑ Family		TT (Recovery)			
		HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicense	ed Master's Level (HO)	xN (SA)			
The second secon	` '	A (PA)			
☑ Intern ☐ LMFT ☐ Licensed B	EdD/PhD/PsyD (AH) ☐ QMAP 🗵 N	MD/DO (AF)			
PLACE OF SERVICE (POS)					
 ✓ NF (32) ✓ Inpt PF (51) 					
✓ SNF (31)✓ PF-PHP (52)					
☑ Inpt Hosp (21)					

		EVALUATION	AND MANAGEMEN	Т				
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE	DESCRIF	PTION			USAGE
99251			Inpatient consultat					_
			the presenting pro				or	☑ OBH
SERVICE DESCRIPTION		,	MINIMUM DOCUM		-			
A consultation is a service rendered by an MD/DO whose opinion/advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: • Problem-focused history • Problem-focused examination • Straightforward medical decision-making When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.			Technical Documentation Requirements See Section X Service Content Documentation of written, verbal/shared medical records request in patient record: 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultant 4. Total length of time of encounter (face-to-face or floor time, whichever is appropriate) 5. Counseling and/or activities performed to coordinate patient care • Where time is significant to encounter, documentation that more than 50% of time spent with patient was counseling and coordinating care is required • Time spent must also be documented (e.g., "15 minutes of the 20 minute encounter was used counseling/coordinating care") 6. Copy of written report sent by consultant to referring MD/DO • Formal report/copy of consultant's note • Referring MD/DO's name					
		Evidence that referring MD/DO requested both consultation and consultant's opinion Advice and/or opinion regarding patient's condition Results of tests/procedures ordered/performed						
NOTES			EXAMPLE ACTIVITI	IES				
Only one consultation is reported by the For 99251, the presenting problem(s) are The consultant typically spends 20 mins subsequent to the completion of a consultant assumes responsibility for management patient's condition(s), the appropriate E, in lieu of 99251.	e usually self-lir at the patient's ultation, the co of a portion/all	mited/minor. bedside. If nsultant I of the						
APPLICABLE POPULATION(S)			UNIT			DURATION		
☑ Child (0-11)☑ Young Adult☑ Adol (12-17)☑ 20)	•	lt (21-64) atric (65+)		□ 15 Mi □ 1 Hou		Minimum: 2 Maximum:	20 Minutes	
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVIC	E CATEG	ORY(IES)			
☑ Individual ☐ Group ☑ Family			⊠ HE (SP) □ HK (Residential)		□ U4 (I □ TM (□ HM (•	☐ HJ (Voo ☐ HQ (Clo ☐ TT (Red ☐ HT (Pre	ubhouse) covery)
STAFF REQUIREMENTS								
☐ Bachelor's Level (HN)	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) dD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC	□ R □ A	PN/LVN (TE) N (TD) PN (SA) IMAP	□ RxN (SA) □ PA (PA) ☑ MD/DO	
PLACE OF SERVICE (POS)								
 ☑ NF (32) ☑ SNF (31) ☑ PF-PHP (5) ☑ Inpt Hosp (21) 	•							

	EVALUATION AND MANAGEMENT								
CPT®/HCPCS PROCEDU	RE CODE			PROCEDURE CO	DE DESCRIP	TION			USAGE
	99252			Inpatient consul patient; the pres					☑ Medicaid
SERVICE DESCRIPTION				MINIMUM DOC					
A consultation is a service rendered by an MD/DO whose opinion/advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: • Expanded problem-focused history • Expanded problem-focused examination • Straightforward medical decision-making When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.			Technical Documentation Requirements See Section X Service Content Documentation of written, verbal/shared medical records request in patient record: 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						
Only one consultation is For 99252, the presentin The consultant typically silf subsequent to the comassumes responsibility for patient's condition(s), the in lieu of 99252.	ng problem(s) are spends 40 minut apletion of a con or management	e usually of tes at the pansultation, the of a portion	low severity. Intient's bedside. Interception of the	Initial hospital previously all management further treat	al consultations stinent alco t of gastritis;	holic,	who relapse	d and was	admitted for
APPLICABLE POPULATI	ON(S)			UNIT			DURATION		
☑ Child (0-11)☑ Adol (12-17)	☑ Young Adul (18-20)		Adult (21-64) Geriatric (65+)		☐ 15 Minu ☐ 1 Hour	ites	Minimum: 4 Maximum:	40 Minute	!S
ALLOWED MODE(S) OF	DELIVERY			PROGRAM SERV	ICE CATEGO		- /		
☑ Individual ☐ Group	y ⊠ Family			⊠ HE (SP) □ HK (Residenti	al)	□ TI	4 (ICM) M (ACT) M (Respite)	☐ TT (F	/oc) Clubhouse) Recovery) Prev/El)
STAFF REQUIREMENTS									
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern		□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC	□ R □ A	N (1D) PN (SΔ)	□ RxN (SA) □ PA (PA) ☑ MD/DO	
PLACE OF SERVICE (PO									
⊠ NF (32) ⊠ SNF (31)	⊠ Inpt Hosp 図 Inpt PF (5		⊠ PF-PHP (52)						

EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE		
00252		Inpatient consul	tation for a new o	or established			
99252		patient; the pres	senting problem(s	s) are of low severity	✓ OBH		
SERVICE DESCRIPTION			UMENTATION RE				
A consultation is a service rendered by an MD/D	O whose opinion/	Technical Docum	mentation Requir	ements			
advice regarding evaluation and/or managen	·	See Section X					
problem is requested by another MD/DO/o	ther appropriate	Service Content					
source. An MD/DO consultant may initiate	diagnostic and/or	Documentation	of written, verbal	/shared medical record	ds request in		
therapeutic services at the same/subsequen	t visit. Three key	patient record:					
components are required:		 Request for c 	consultation from	attending MD/DO			
		2. Reason for co	onsultation				
 Expanded problem-focused history 				ed/ordered by consulta			
 Expanded problem-focused examination 		4. Total length	of time of encoun	ter (face-to-face/floor	time,		
 Straightforward medical decision-making 	1	whichever is	appropriate)				
		Counseling a	nd/or activities p	erformed to coordinate	patient care		
When counseling and/or coordination of care			U	nter, documentation that			
than 50%) the physician-patient and/or family	•	· ·	with patient was use	ed counseling and coordin	ating care is		
to-face time on the floor/unit/hospital), time		required					
key/controlling factor to qualify for the level of	service.	•		ited (e.g., "30 minutes of	the 40 minute		
			s used counseling/co	consultant to referring	MD/DO		
			copy of consultant'		3 IVID/DO		
		Referring MD/		s note			
				quested both consultation	and		
		consultant's or	_	questeu botil consultation	i aliu		
		-		he patient's condition			
		Results of tests/procedures ordered/performed					
			•	ion on E/M services.			
NOTES		EXAMPLE ACTIV					
Only one consultation is reported by the consulta	nt per admission.	 Initial hospita 	al consultation fo	r a 53-year-old male pa	tient,		
For 99252, the presenting problem(s) are usually	of low severity.	previously abstinent alcoholic, who relapsed and was admitted for					
The consultant typically spends 40 minutes at the	•	management of gastritis; patient readily accepts the need for					
If subsequent to the completion of a consultation		further treat	ment.				
assumes responsibility for management of a porti							
patient's condition(s), the appropriate E/M proce	dure code is used						
in lieu of 99252.				BUBATION			
APPLICABLE POPULATION(S)	T A L II (24 CA)	UNIT	П45.N4: .	DURATION			
, ,	Adult (21-64)	⊠ Encounter	☐ 15 Minutes	Minimum: 40 Minute	es		
	Geriatric (65+)	□ Day	☐ 1 Hour	Maximum:			
ALLOWED MODE(S) OF DELIVERY			/ICE CATEGORY(II	•	()		
		⊠ HE (SP)		J4 (ICM) ☐ HJ (\	•		
☑ Individual ☐ Group ☒ Family (HR) ☒ Family	ly	☐ HK (Residenti			Clubhouse) Recovery)		
			шг	· · · ·	Prev/EI)		
STAFE DECLIDEMENTS				⊔пі (Prev/Ei)		
STAFF REQUIREMENTS				PN/LVN (TE)			
☐ Peer Specialist ☐ LCSW (•	Master's Level (HO)	□F	$_{\rm RN(TD)}$ $$ \Box RxN (SA	•		
☐ Bachelor's Level (HN) ☐ LPC		EdD/ PhD/PsyD (HP)	1 11 1 1 1	(PA) (PA)			
☑ Intern ☐ LMFT	⊔ Licensed Ed[D/PhD/PsyD (AH)		QMAP × MD/DC	(AF)		
PLACE OF SERVICE (POS)							
☑ NF (32) ☑ Inpt PF (51)							
☑ SNF (31) ☑ PF-PHP (52)							
☑ Inpt Hosp (21)							

		EVALUATION	AND MANAGEMEN	Т		
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COD			USAGE
			Inpatient consulta			
	99253		patient; the prese	enting problem(s)	are of moderate	☑ Medicaid
			severity			
SERVICE DESCRIPTION		•	MINIMUM DOCU			
A consultation is a service	· ·		Technical Docum	entation Require	ements	
	evaluation and/or manag		See Section X			
	sted by another MD/DO/o		Service Content	.	/ 1 1 1 1 1	
	D/DO consultant may init			f written, verbal/	shared medical recor	ds request in
•	eutic services at the same,	subsequent	patient record:	noultation from	attanding MD/DO	
visit. Three key componer	nts are required:		Request for co Reason for co		attending MD/DO	
- Dotailed history					d/ordered by consult	ant
Detailed historyDetailed examination	nn				ed/ordered by consult ter (face-to-face/floor	
	nking of low complexity		whichever is a		ter (race-to-race/rioor	time,
• Wealcal decision-inc	iking of low complexity				rformed to coordinate	nationt care
When counseling and/or	coordination of care domi	nates (more			ounter, documentation t	
than 50%) the physician-p				-	was used counseling an	
to-face time on the floor/			care is required			_
	qualify for the level of serv		-		ented (e.g., "40 minutes	
,,	' '				eling/coordinating care")	
				n report sent by t/copy of consultar	consultant to referring	з ми/ио
			Referring MD		it s note	
					n requested both consult	ation and
			consultant's o		·	
					patient's condition	
			Results of tests/procedures ordered/performed			
NOTES			EXAMPLE ACTIVITIES			
	ported by the consultant pe	er admission.	EXAMINE ACTIVIT			
	problem(s) are usually of m					
severity. The consultant typ	pically spends 55 mins at the	e patient's				
bedside. If subsequent to the	he completion of a consulta	tion, the				
•	sibility for management of	•				
), the appropriate E/M prod	edure code is				
used in lieu of 99253.	(-)					
APPLICABLE POPULATION		1. (24. 64)	UNIT	T 45 M: .	DURATION	
☑ Child (0-11)	•	ult (21-64)		☐ 15 Minutes	Minimum: 55 Minut	es
✓ Adol (12-17)	·	riatric (65+)	,	1 Hour	Maximum:	
ALLOWED MODE(S) OF D	ELIVEKY		PROGRAM SERVI			()/os)
			☑ HE (SP) ☐ HK (Residential)			(Voc)
☑ Individual ☐ Group ☑	☑ Family		Light Ligh	•	•	(Clubhouse) (Recovery)
				⊔ піч		(Recovery) (Prev/EI)
STAFF REQUIREMENTS						(1 TCV/ LT)
-					PN/LVN (TE)	
☐ Peer Specialist	□ LCSW (AJ)		Master's Level (HO)	□R	$_{N \text{ (TD)}}$ $\stackrel{\cdot}{}$ $\stackrel{\cdot}{}$ $\stackrel{\cdot}{}$ $\stackrel{\cdot}{}$ RxN (SA	•
☐ Bachelor's Level (HN) ☑ Intern	□ LPC □ LMFT		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ A	PN (SA) □ PA (PA) MAR	
es mitern	LIVII I	Licenseu Eul	O,T NO/T SYD (ATT)		MAP MID/DC	/ (MF)
PLACE OF SERVICE (POS)						
⊠ NF (32)	☑ Inpt PF (51)					
⊠ SNF (31)	☑ PF-PHP (52)					
☑ Inpt Hosp (21)						

	EVALUATION AND MANAGEMENT						
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
			Inpatient consulta			_	
	99253		patient; the prese	enting problem(s)	are of moderate	☑ OBH	
CEDVICE DESCRIPTION			severity	INVENITATION DE	THEMENTS		
A consultation is a convice	randared by an MD/DO	hoso	MINIMUM DOCU				
	erendered by an MD/DO v gevaluation and/or manag		Technical Docume See Section X	entation Kequire	ments		
	sted by another MD/DO/o		Service Content				
	D/DO consultant may initi		Documentation of written, verbal/shared medical records request in				
	eutic services at the same/		patient record:	·			
visit. Three key componer			Request for consultation from attending MD/DO				
	·		2. Reason for cor		-		
 Detailed history 			3. Services and s	upplies performe	d/ordered by consult	ant	
 Detailed examination 	n		4. Total length of	f time of encount	er (face-to-face/floor	time,	
 Medical decision-ma 	iking of low complexity		whichever is a				
					rformed to coordinate		
-	coordination of care domi	•	_		er, documentation that sed counseling and coor		
	patient and/or family enco	•	required	with patient was u	sed couriseinig and coor	umating care is	
to-face time on the floor/	unit or nospital), time is co qualify for the level of serv			also be documente	d (e.g., "40 minutes of th	ne 55 minute	
Rey/controlling factor to t	quanty for the level of Serv	icc.		sed counseling/coo	• ,		
					consultant to referrin	g MD/DO	
			Formal report/cReferring MD/D		note		
			_		equested both consultat	on and	
			 Evidence that referring physician requested both consultation and consultant's opinion 				
				pinion regarding pa			
			Results of tests/	procedures ordere	d/performed		
NOTES			EXAMPLE ACTIVIT	TIES			
	ported by the consultant pe	r admission.	270 11011 22 7 10 110 11				
	oroblem(s) are usually of mo						
	pically spends 55 mins at the						
	he completion of a consulta						
	sibility for management of						
used in lieu of 99253.), the appropriate E/M proc	edure code is					
APPLICABLE POPULATION	N(S)		UNIT		DURATION		
☑ Child (0-11)		ult (21-64)		☐ 15 Minutes	Minimum: 55 Minut	es	
⊠ Adol (12-17)	_	riatric (65+)		☐ 1 Hour	Maximum:		
ALLOWED MODE(S) OF D			PROGRAM SERVI	CE CATEGORY(IE	S)		
			⊠ HE (SP)	□ U4		(Voc)	
☑ Individual ☐ Group ☒	Family		☐ HK (Residentia	•	• •	(Clubhouse)	
a.v.aaai						(Recovery)	
OTATE DEGLES - TOTAL					□ нт	(Prev/EI)	
STAFF REQUIREMENTS					DNI/IV/NI/TE\		
☐ Peer Specialist	□ LCSW (AJ)		Master's Level (HO)	□ Ri	PN/LVN (TE) N (TD)	•	
☐ Bachelor's Level (HN)	□ LPC		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		$PN(SA)$ \square PA (PA)		
Intern ■ Intern	☐ LMFT	Licensea Eal	u/rnu/rsyu (AH)	□Q	MAP MD/DC	(AF)	
PLACE OF SERVICE (POS)							
☑ NF (32)	☑ Inpt PF (51)						
⊠ SNF (31)	☑ PF-PHP (52)						
☑ Inpt Hosp (21)							

EVALUATION AND MANAGEMENT						
CPT®/HCPCS PROCEDURE C	ODE		PROCEDURE CODE DESCRIPTION USAGE			
			Inpatient consulta	tion for a new or	established patient;	
	99254		the presenting pro	oblem(s) are of mo	derate to high	
			severity.			Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REQ	UIREMENTS	
A consultation is a service	rendered by an M	D/DO whose opinion/	Technical Docume	entation Requiren	nents	
advice regarding evaluation	on and/or manag	ement of a specific	See Section X			
problem is requested by an	other MD/DO/oth	er appropriate source.	Service Content			
An MD/DO consultant ma	y initiate diagnost	ic and/or therapeutic	Documentation of written, verbal/shared medical records request in			
services at the same/subse	equent visit. Three	key components are	patient record:			
required:			•	sultation from attend	ding MD/DO	
			2. Reason for consi			
 Comprehensive history 	/		Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face/floor time, whichever is			
 comprehensive examin 	nation		appropriate)	ime of encounter (fa	ce-to-face/floor time, w	nicnever is
 Medical decision-maki 	ing of moderate co	mplexity		or activities perform	ed to coordinate patien	t care
			_	•	er, documentation that	
When counseling and/or co	ordination of care	dominates (more than		_	sed counseling and coor	
50%) the physician-patient	t and/or family er	counter (face-to-face	required			
time on the floor/unit	:/hospital), time	is considered the			d (e.g., "50 minutes of the	ne 80 minute
key/controlling factor to qua	alify for the level of	service.		ised counseling/coo	• ,	
					onsultant to referring	MD/DO
			Referring MD/D0	opy of consultant's r	ote	
					ested both consultation	and consultant's
			opinion	.cg, 20 .cqu		
			•	oinion regarding pat	ent's condition	
			 Results of tests/ 	procedures ordered,	/performed	
NOTES			EXAMPLE ACTIVIT			
Only one consultation is report					27-year-old female p	
99254, the presenting problem The consultant typically spends				ve medical review	of systems and a his	ory of multiple
subsequent to the completion	·		surgeries.			
responsibility for management						
the appropriate E/M procedure	•					
APPLICABLE POPULATION(S	5)		UNIT		DURATION	
☑ Child (0-11)	✓ Young	☑ Adult (21-64)	☑ Encounter	☐ 15 Minutes	Minimum: 80 Minu	tes
⊠ Adol (12-17)	Adult (18-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum:	
ALLOWED MODE(S) OF DEL	IVERY		PROGRAM SERVICE	CE CATEGORY(IES		
			⊠ HE (SP)		U4 (ICM)	HJ (Voc)
	- "		☐ HK (Residential) 🗆	TM (ACT)	IQ (Clubhouse)
☑ Individual ☐ Group ☒	Family		•			T (Recovery)
						HT (Prev/EI)
STAFF REQUIREMENTS						
D. Barra Constitution		□ Unlicensed N	factor's Lavel (IIO)		PN/LVN (TE)	24)
☐ Peer Specialist ☐ Bachelor's Level (HN)	□ LCSW (AJ) □ LPC		laster's Level (HO) dD/ PhD/PsyD (HP)		N (TD) □ RxN (•
✓ Intern	□ LMFT	☐ Licensed EdD			PN (SA)	•
			, , -, , ,	ЦС	IMAP IMB/I	(,)
PLACE OF SERVICE (POS)						
☑ NF (32)	☑ Inpt PF (51)					
⊠ SNF (31)	☑ PF-PHP (52)					
☑ Inpt Hosp (21)						
			•	-		

	E	VALUATION	AND MANAGEME	NT				
CPT®/HCPCS PROCEDURE CO	ODE		PROCEDURE CO	DE DESCRIPTI	ON		USAGE	
			Inpatient consul	Inpatient consultation for a new or established patient;				
	99254		the presenting p	roblem(s) are	of m	oderate to high	☑ OBH	
			severity.					
SERVICE DESCRIPTION		,	MINIMUM DOC					
A consultation is a service re	· ·		Technical Docum	nentation Rec	quire	ments		
advice regarding evaluation problem is requested by	_			See Section X				
source. An MD/DO consul-				Service Content Documentation of written, verbal/shared medical records request in				
therapeutic services at the	-		patient record:	or written, ve	i bui,	marca mealear record	is request in	
components are required:			Request for co	nsultation from	atter	ding MD/DO		
·			2. Reason for cor					
 Comprehensive history 						dered by consultant	ما برمر ما ما المار	
 comprehensive examin 			appropriate)	time of encour	iter (i	ace-to-face/floor time, v	vnicnever is	
 Medical decision-makir 	ng of moderate complexit	y		d/or activities p	erforr	ned to coordinate patie	nt care	
				_		ter, documentation that		
When counseling and/or co		•		ent with patient	: was ı	used counseling and coo	rdinating care is	
than 50%) the physician-pati face time on the floor/un			required Time spent mu	ıst also be docu	mente	ed (e.g., "50 minutes of	he 80 minute	
key/controlling factor to qua						ordinating care")	ine oo minate	
no,, controlling ractor to qua	, ror and level or service		6. Copy of writt	en report sen	t by o	consultant to referring	g MD/DO	
			Formal report/		ant's	note		
			 Referring MD/DO's name Evidence that referring MD/DO requested both consultation and consultant's opinion 					
			·		ing pa	tient's condition		
			Results of tests	s/procedures or	dered	l/performed		
NOTEC			EVANADI E ACTIV	UTIFC				
NOTES Only one consultation is reporte	id by the consultant ner admi	ission For	EXAMPLE ACTIV		a for	27 year old famala	aationt with a	
99254, the presenting problem(Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of 					
severity. The consultant typically	y spends 80 minutes at the pa	atient's	multiple surgeries.					
bedside. If subsequent to the co	· ·			,				
assumes responsibility for mana condition(s), the appropriate E/I	=	•						
APPLICABLE POPULATION(S			UNIT			DURATION		
☑ Child (0-11)		t (21-64)	区 Encounter	☐ 15 Minut	es	Minimum: 80 Minut	es	
⊠ Adol (12-17)	_	atric (65+)	□ Day	☐ 1 Hour		Maximum:		
ALLOWED MODE(S) OF DELI	VERY		PROGRAM SERV	ICE CATEGOR	RY(IES	5)		
			⊠ HE (SP)		٦∪	J4 (ICM) 🗆 HJ	(Voc)	
☑ Individual ☐ Group ☑ Fa	amily		☐ HK (Residentia	al)		· ,	Q (Clubhouse)	
	,						(Recovery)	
CTAFE DECLUDENTENTS						⊔н	(Prev/EI)	
STAFF REQUIREMENTS						N/LVN (TE)		
☐ Peer Specialist			Master's Level (HO)	_		_{U (TD)} · · · □ RxN (S/	,	
☐ Bachelor's Level (HN) ☑ Intern			EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC		PN (SA) □ PA (PA) □ MD/DO		
△ Intern		Licensed Luc	D/FIID/F3yD (AII)		□Q	MAP 🔼 MID/DO) (AF)	
PLACE OF SERVICE (POS)								
☑ NF (32)	☑ Inpt PF (51)							
⊠ SNF (31)	☑ PF-PHP (52)							
☑ Inpt Hosp (21)								

EVALUATION AND MANAGEMENT					
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				
Comprehensive history	2. Reason for consultation				
Comprehensive examination	 Services and supplies performed/ordered by consultar Total length of time of encounter (face-to-face/floor ti 				
 Medical decision-making of high complexity 	appropriate)				
When counseling and/or coordination of care dominates (more	5. Counseling and/or activities performed to coordinate p	patient care			
than 50%) the physician-patient and/or family encounter (face-	 Where time is significant to encounter, documentation 				
to-face time on the floor/unit/hospital), time is considered the	of the time spent with patient was used counseling and	d coordinating care is			
key/controlling factor to qualify for the level of service.	required				
	■ Time spent must also be documented (e.g., "75 minute	es of the 110 minute			
	encounter was used counseling/coordinating care") 6. Copy of written report sent by consultant to referring I	MD/DO			
	Formal report/copy of consultant's note	WID/ DO			
	Referring MD/DO's name				
	Evidence that referring MD/DO requested both consultation and				
Not a Covered Benefit Under Medicare	consultant's opinion				
	 Advice and/or opinion regarding patient's condition Results of tests/procedures ordered/performed 				
	Results of tests/procedures ordered/performed				
NOTES	EXAMPLE ACTIVITIES	old female patient with a			
Only one consultation is reported by the consultant per admission. For		nale nationt with a			
99255, the presenting problem(s) are usually of moderate to high	Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of				
severity. The consultant typically spends 110 mins at the patient's	multiple surgeries.				
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.	LIMIT				
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young ☑ Adult (21-64)	UNIT DURATION ☑ Encounter ☐ 15 Minutes Minimum: 110 m	ninutos			
☑ Adol (12-17) ☑ Foung ☑ Adult (21-04) ☑ Adult (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum:	illilutes			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
ALLOWED MODE(3) OF DELIVERY		☐ HJ (Voc)			
		HQ (Clubhouse)			
☑ Individual ☐ Group ☑ Family		TT (Recovery)			
	1	HT (Prev/EI)			
STAFF REQUIREMENTS		2111 (1164/21)			
	LPN/LVN (TE)				
	Master's Level (HO)	N (SA)			
	EdD/ PhD/PsyD (HP) □LAC □ APN (SA) □ PA D/PhD/PsyD (AH) □ APN (SA) ☒ MI	(PA) D/DO (AF)			
E INTETIT LI LICETISEO EUI	D/PIID/PSYD (AH) □ QMAP	D) DO (AF)			
PLACE OF SERVICE (POS)					
⊠ NF (32)	☑ Inpt PF (51)				
⊠ SNF (31)	☑ PF-PHP (52)				
☑ Inpt Hosp (21)					
		·			

	EVA	LUATION	AND MANAGEME	NT		
CPT®/HCPCS PROCEDURE C	ODE					USAGE
			Inpatient consul	tation for a new o	r established	
	99255		patient; the pres	enting problem(s	are of	☑ OBH
			moderate to hig			
SERVICE DESCRIPTION				UMENTATION RE	QUIREMENTS	
A consultation is a service re	ndered by an MD/DO whose	opinion/	Technical Docun	nentation Require	ments	
advice regarding evaluation			See Section X	·		
problem is requested by	-		Service Content			
source. An MD/DO consult			Documentation of written, verbal/shared medical records request in			
therapeutic services at the			patient record:			
components are required:		•	Request for consultation from attending MD/DO			
Comprehensive history			Reason for cor			
Comprehensive examin					rdered by consultan	
 Medical decision-making 			_	time of encounter (face-to-face/floor tir	ne, whichever is
When counseling and/or co		es (more	appropriate)	Var activities perfer	med to coordinate p	ationt care
than 50%) the physician-pa			_	•	•	that more than 50%
to-face time on the floor/u	-			_		coordinating care is
key/controlling factor to qua			required			
	,		Time spent mu	st also be document	ed (e.g., "75 minute	s of the 110 minute
				used counseling/co		
					sultant to referring N	ND/DO
			·	copy of consultant's	note	
			Referring MD/I Evidence that referring MD/I		wested both consult	ation and
Not a Covered Benefit Unde	r Medicare		Evidence that referring MD/DO requested both consultation and consultant's opinion			
			Advice and/or opinion regarding patient's condition			
				/procedures ordere		
NOTES			EXAMPLE ACTIV			
Only one consultation is reported			Initial hospital consultation for a 27-year-old female patient with a			
99255, the presenting problem(· ·	_	diffusely positive medical review of systems and a history of			
severity. The consultant typicall bedside and on the patient's ho			multiple surgeries.			
completion of consultation, the	The state of the s					
management of a portion/all of	· · · · · · · · · · · · · · · · · · ·	101				
appropriate E/M procedure cod						
APPLICABLE POPULATION(S)		UNIT		DURATION	
☑ Child (0-11)	✓ Young ✓ Adult (2)	1-64)	区 Encounter	☐ 15 Minutes	Minimum: 110 m	ninutes
✓ Adol (12-17)	Adult (18-20) 🗵 Geriatri	c (65+)	☐ Day	☐ 1 Hour	Maximum:	
ALLOWED MODE(S) OF DEL	VERY		PROGRAM SERV	ICE CATEGORY(IE	S)	
			⊠ HE (SP)		J4 (ICM) □	HJ (Voc)
☑ Individual ☐ Group ☑ Fa	mily		☐ HK (Residentia	al) \square	ΓM (ACT) □	l HQ (Clubhouse)
⊠ ilidividuai 🗀 Group 🖾 Fa	anniy				HM (Respite) □	TT (Recovery)
						l HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist	□ LCSW (AJ) □ U	Jnlicensed	Master's Level (HO)		PN/LVN (TE)	I (SA)
☐ Bachelor's Level (HN)	• •		EdD/ PhD/PsyD (HP)	1 11 11 1	N (ID)	, ,
☑ Intern	□ LMFT □ L	icensed Edl	D/PhD/PsyD (AH)	□A		/DO (AF)
DI ACE OF SERVICE (DOS)					IVIAF	
PLACE OF SERVICE (POS)	V Innt DE /E1\					
☑ NF (32) ☑ SNE (31)	Inpt PF (51) ✓ DE DUD (52)					
✓ SNF (31)✓ Inpt Hosp (21)	☑ PF-PHP (52)					

	EV	ALUATION A	AND MANAGEMENT			
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESC	RIPTION		USAGE
99281 requires problem focused he examination straight forward making			Emergency Department	Services.		☑ Medicaid
99282 requires expanded problem expanded problem focused complexity medical decisio 99283 requires expanded problem expanded problem focused complexity medical decisio 99284 requires detailed history, d moderate complexity medi	I examination lov n making n focused history, I examination mo n making letailed examinat	oderate				
99285 requires comprehensive his examination high complexi making.	•					
SERVICE DESCRIPTION			MINIMUM DOCUMENTA	ATION REQUI	REMENTS	
These codes are used for services department for the evaluation and individual with presenting problem. No distinction is made between ne patients in the emergency department.	d management of n(s) of varying se ew and establishe	verity.	Technical Documentatio See Section X	n Requireme	nts	
NOTES			EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)			UNIT		DURATION	
☑ Child (0-11)☑ Young Adule☑ Adol (12-17)☑ (18-20)	☑ Geriat			□ 15 min □ 1 Hour		
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CAT			
☑ Individual ☐ Group ☑ Family ((HR) ⊠ Family		☑ HE (SP) ☐ HK (Residential)	□ U4 (ICM) □ TM (ACT □ HM (Res) 🗆 но pite) 🗆 ТТ	(Voc) Q (Clubhouse) (Recovery) F (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LPC C	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) □LAC D/PhD/PsyD (AH)	□ LPN/L □ RN (TI ☑ APN (: □ QMAF	D)	
PLACE OF SERVICE (POS)						
☑ ER (23)						

EVALUATION	AND MANAGEMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99281 requires problem focused history, problem focused examination straight forward medical decision making	Emergency Department Services.	☑ OBH			
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.					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
These codes are used for services in an emergency	Technical Documentation Requirements				
department for the evaluation and management of an	See Section X				
individual with presenting problem(s) of varying severity.					
No distinction is made between new and established					
patients in the emergency department. NOTES	EXAMPLE ACTIVITIES				
NOTES	EARINI EL ACTIVITICO				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 min				
	☐ Day ☐ 1 Hour				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
		(Voc)			
Individual ☐ Group ☒ Family	, , , , , , , , , , , , , , , , , , , ,	Q (Clubhouse)			
· ,		(Recovery) 「(Prev/EI)			
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) □ RN (TD) □ RN (TD) □ APN (SA) □ QMAP □ QMAP				
PLACE OF SERVICE (POS)					
⊠ ER (23)					

EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE	E DESCRIP	TION		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 Faci	,			☑ Medicaid
SERVICE DESCRIPTION	<u> </u>		MINIMUM DOCUI				
These codes are used for 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	entation F	Requireme	nts	
NOTES			EXAMPLE ACTIVIT	TIES			
APPLICABLE POPULATION(S)			UNIT			DURATION	
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)(18-20)		ult (21-64) riatric (65+)	☑ Encounter ☐ Day	□ 15 □ 1 H	Minutes Iour		
ALLOWED MODE(S) OF DELIVER	RY		PROGRAM SERVICE	CE CATEGO	ORY(IES)		
☑ Individual ☐ Group ☑ Famil	У		☑ HE (SP) ☐ HK (Residential)	□ U4 (ICN □ TM (AC □ HM (Re	CT) [espite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC	□ LPN/LV □ RN (TD ⊠ APN (S □ QMAP) × × × × × × × × × × × × × × × × × × ×	kn (SA) A (PA) D/DO (AF)
PLACE OF SERVICE (POS)							
☑ NF (32) ☑ SNF (31)							

EVALUATION AND MANAGEMENT								
CPT®/HCPCS PROCEDURE COD		PROCEDURE CODE DESCRIF	NOIT		USAGE			
low complexity medical of time is 25 minutes	nation straight forward or decision making, Typical	Initial Nursing Facility Care S	Services		☑ ОВН			
99305 requires comprehensive examination moderate c making, Typical time is 3 99306 requires comprehensive								
examination high comple making Typical time is 45	•							
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION	ON REQUIR	EMENTS				
These codes are used for service Intermediate Care Facilities, or the evaluation and management presenting problem(s) of varyin	Technical Documentation See Section X	Requireme	nts					
NOTES	EXAMPLE ACTIVITIES							
APPLICABLE POPULATION(S)		UNIT		DURATION				
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)(18-20)	ult ⊠ Adult (21-64) ⊠ Geriatric (65+)	☑ Encounter☐ Day☐ 15	Minutes lour					
ALLOWED MODE(S) OF DELIVE	RY	PROGRAM SERVICE CATEG	ORY(IES)					
☑ Individual ☐ Group ☑ Fami	ly	☑ HE (SP) ☐ HK (Residential)	□ U4 (ICM □ TM (AC □ HM (Re	CT) espite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LPC ☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) □LAC D/PhD/PsyD (AH)	□ LPN/LV □ RN (TD ☑ APN (S □ QMAP) × × × × × × × × × × × × × × × × × × ×	· /			
PLACE OF SERVICE (POS)								
☑ NF (32) ☑ SNF (31)								

	E	VALUATION	AND MANAGEMEN	Т			
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE	DESCR	IPTION		USAGE
99307 requires problem focused in focused examination, straig decision making, Typical tim 99308 requires expanded problem expanded problem focused complexity medical decision minutes 99309 requires detailed interval his examination moderate commaking, Typical time is 25 m 99310 requires comp interval hist examination high complexity Typical time is 35 minutes	tht forward medical focused interval examination, long making, Typical story, detailed inplexity medical ninutes ory, comprehense	dical al history, bw al time 15 I decision	Subsequent Nursin	ng Facili	ty Services.		☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTA	TION REQUI	REMENTS	
These codes are used for 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			Technical Docume See Section X	entation	Requireme	nts	
NOTES			EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adul ☑ Adol (12-17) (18-20) ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☑ Family		t (21-64) atric (65+)	WINIT ☑ Encounter ☐ Day PROGRAM SERVIC ☑ HE (SP) ☐ HK (Residential)	□ 1 H		pite) [☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS							
☐ Bachelor's Level (HN)	□ LPC	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC	□ LPN/L' □ RN (TE ☑ APN (: □ QMAP	D) [2 SA) [3	☑ Rxn (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)							
☑ NF (32) ☑ SNF (31)							

EVALUATION	AND MANAGEMENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99307 requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes 99308 requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes 99309 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes 99310 requires comp interval history, comprehensive examination high complexity medical decision making, Typical time is 35 minutes	Subsequent Nursing Facility Services.	 ОВН
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
These codes are used for 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	
NOTES	EXAMPLE ACTIVITIES	
	LINUT.	
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☑ Family	☐ HM (Respite) ☐ TT	(Clubhouse) (Recovery)
STAFF REQUIREMENTS	⊔HT	(Prev/EI)
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed N☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed E	Master's Level (HO) □ LPN/LVN (TE) □ RN (TD) □ RN (TD) □ PA (SA) □ PA (D/PhD/PsyD (AH) □ QMAP □ QMAP	` '
№ NF (32)№ SNF (31)		

		EVALUATION	AND MANAGEMEN	Т		
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
99315 nursing facility of minutes or less 99316 nursing facility of than 30 minutes	lischarge day ma		Nursing Facility dis	scharge services.		☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION REQUI	REMENTS	
Used to report total du other qualified health of facility discharge of a p appropriate final exam the nursing facility stay is not continuous. Instr to all relevant care give records, prescriptions a	care professional atient, the code ination of the pareness of the time outliness are give ers, the preparate	Il for the final nursing is include as atient, discussion of e spent on that date in for continuing care cion of discharge	Technical Documo See Section X	entation Requireme	ents	
NOTES			EXAMPLE ACTIVIT	IES		
APPLICABLE POPULATI	ION(S)		UNIT		DURATION	
, ,	oung Adult -20)	区 Adult (21-64) 区 Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	E CATEGORY(IES)		
☑ Individual ☐ Group	☑ Family		□ HK (Residential)	□ U4 (ICM □ TM (ACT □ HM (Res	, [) □ F [spite) □ T	łJ (Voc) łQ (Clubhouse) T (Recovery) łT (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed Master's ☐ Unlicensed EdD/ PhD☐ ☐ Licensed EdD/PhD/Ps	D/PsyD (HP) □LAC	□ LPN/LVN □ RN (TD) ☑ APN (SA □ QMAP	, ∑i	Rxn (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (PO	S)					
⋈ NF (32)⋈ SNF (31)						

		EVALUATION	AND MANAGEMENT			
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DE	SCRIPTION		USAGE
99315 nursing facility di minutes or less 99316 nursing facility di than 30 minutes	- ,		Nursing Facility discha	rge services.		☑ ОВН
SERVICE DESCRIPTION			MINIMUM DOCUMEN	ITATION REQUI	REMENTS	
Used to report total dur other qualified health con facility discharge of a para appropriate final examination the nursing facility stay is not continuous. Instru- to all relevant care given records, prescriptions a	are professional attent, the codes nation of the pareven if the time actions are given so, the preparati	for the final nursing include as tient, discussion of spent on that date of for continuing care on of discharge	Technical Documenta See Section X	tion Requireme	ents	
NOTES			EXAMPLE ACTIVITIES			
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ 13-2	oung Adult 20)	✓ Adult (21-64)✓ Geriatric (65+)		15 Minutes 1 Hour		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE CA	ATEGORY(IES)		
☑ Individual ☐ Group	☑ Family		☑ HE (SP) ☐ HK (Residential)	□ U4 (ICM □ TM (AC □ HM (Re	ET)	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Intern☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed Master' ☐ Unlicensed EdD/ Ph☐ Licensed EdD/PhD/	nD/PsyD (HP) □LAC	□ LPN/LV □ RN (TD) ☑ APN (S. □ QMAP) Y RXN (S	١)
PLACE OF SERVICE (POS	<u> </u>					
☑ NF (32) ☑ SNF (31)						

		EVALUATION A	ND MANAGEMENT			
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE D	ESCRIPTION	USAGE	
99318 require detailed in examination, low to mod making. Typical time is 3	lerate complexity	•	Annual Nursing Facility Assessment. ☑ Med			
SERVICE DESCRIPTION			MINIMUM DOCUME	NTATION REQUIREN	MENTS	
This is an annual Nursing	Facility Assessme	See Section X Technical Documentation Requirements See Section X			3	
NOTES			EXAMPLE ACTIVITIES	S		
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	
	Young Adult	□ Adult (21-64)	☑ Encounter	☐ 15 Minutes		
	.8-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour		
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE	CATEGORY(IES)		
☑ Individual ☐ Group [☑ Family		⊠ HE (SP) □HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respi	☐ HJ (Voc) ☐ HQ (Clubhouse) te) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed Mast ☐ Unlicensed EdD/ ☐ Licensed EdD/Ph	PhD/PsyD (HP)	☐ LPN/LVN ☐ RN (TD) AC ☑ APN (SA) ☐ QMAP	⊠ RXN (SA)	
PLACE OF SERVICE (POS)						
☑ NF (32) ☑ SNF (31)						

EVALUATION AND MANAGEMENT								
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE DES	CRIPTION		USAGE		
99318 require detailed in examination, low to mode making. Typical time is 30	erate complexity r	•	Annual Nursing Facility Assessment. ☑ OBF					
SERVICE DESCRIPTION			MINIMUM DOCUMEN	TATION REQUIREM	1ENTS			
This is an annual Nursing	ual Nursing Facility Assessment. Technical Document See Section X							
NOTES			EXAMPLE ACTIVITIES					
APPLICABLE POPULATION	N(S)		UNIT		DURATI	ON		
` '	Young Adult 3-20)	✓ Adult (21-64)✓ Geriatric (65+)	☑ Encounter □ Day	☐ 15 Minutes ☐ 1 Hour				
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVICE CATEGORY(IES)					
☑ Individual ☐ Group ☑] Family		☑ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite	□ H T □ (e	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed Mast ☐ Unlicensed EdD/ ☐ Licensed EdD/PhI	PhD/PsyD (HP) □LAC	□ LPN/LVN □ RN (TD) ☑ APN (SA) □ QMAP	⊠ R; ⊠ P/	kn (SA) A (PA) D/DO (AF)		
PLACE OF SERVICE (POS)								
⊠ NF (32) ⊠ SNF (31)								

EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE C	ODE DESCRI	PTION		USAGE
New Patient			Domiciliary, re	est home, cus	stodial care s	ervices	
99324 requires problem focused his	tory, problem	n focused					☑ Medicaid
examination straight forward	l medical deci	sion making,					
Typical time 20 minutes							
99325 requires expanded problem f	ocused histor	y, expanded					
problem focused examination	n low complex	xity medical					
decision making Typical time	30 minutes						
99326 requires detailed history, det							
complexity medical decision i							
99327 requires comprehensive history							
examination moderate comp	olexity medica	al decision making,					
Typical time 60 minutes							
99328 requires comprehensive history							
examination high complexity	/ medical deci	sion making,					
Typical time 75 minutes							
Established patient							
99334 requires problem focused into							
examination straight forward Typical time 15 minutes	i medicai deci	sion making,					
99335 requires expanded problem f	ocused inten	al history					
expanded problem focused e		•					
medical decision making Typi							
99336 requires detailed interval his							
moderate complexity medica	•						
40 minutes	ii accision ma	King, Typical time					
99337 requires comprehensive inte	rval history, c	comprehensive					
examination moderate to hig	•	•					
making, Typical time 60 minu							
SERVICE DESCRIPTION			MINIMUM DO	CUMENTAT	ION REQUIR	EMENTS	
These codes are used to report E/M serv	vices in a facility	which provides	Technical Docu				
room, board and other personal assistan	_		See Section X		•		
term basis. They are also used to report		_					
facility. The facility services do not include	de a medical co	mponent.	5V444515 465	W (IT) F.C			
NOTES			EXAMPLE ACT	IVIIIES			
APPLICABLE POPULATION(S)			UNIT		DU	RATION	
☑ Child (0-11) ☑ Young Adult	(18- 🗵 A	dult (21-64)		☐ 15 Mir	_		
✓ Adol (12-17)✓ Poding Adolt		eriatric (65+)	☐ Day	☐ 1 Hou			
ALLOWED MODE(S) OF DELIVERY		c	PROGRAM SER				
7.220.020.000.000.000.000.000.000.000.00			⊠ HE (SP)		☐ U4 (ICM)	□ HJ (Voc)
			☐ HK (Residen	ntial)	☐ TM (ACT		☐ HQ (Clubhouse)
☑ Individual ☐ Group ☑ Family			,	,	☐ HM (Res	-	☐ TT (Recovery)
					,		☐ HT (Prev/EI)
STAFF REQUIREMENTS							
D Door Coordinate	□ LCSW (AJ)	☐ Unlicensed Maste	r's Lovel (HO)		□ LPN/LVN (T	E) 🔽 🗀	N (CA)
	□ LCSW (AJ)	☐ Unlicensed EdD/ F	, ,		□ RN (TD)	-′ ⊠ Rx ⊠ PA	
,	□ LMFT	☐ Licensed EdD/PhD			⊠ APN (SA)		D/DO (AF)
			•		□ QMAP		· ·
PLACE OF SERVICE (POS)							
✓ ACF (13)✓ Cust Care (33)							
⊠ Grp Home (14)							
E OID HOME (14)							

EVALUATION AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
New Patient	Domiciliary, rest home, custodial care				
99324 requires problem focused history, problem focused	services	☑ OBH			
examination straight forward medical decision making,					
Typical time 20 minutes					
99325 requires expanded problem focused history, expanded					
problem focused examination low complexity medical					
decision making Typical time 30 minutes					
99326 requires detailed history, detailed examination moderate					
complexity medical decision making, Typical time 45					
minutes					
99327 requires comprehensive history, comprehensive					
examination moderate complexity medical decision					
making, Typical time 60 minutes					
99328 requires comprehensive history, comprehensive					
examination high complexity medical decision making, Typical time 75 minutes					
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 term basis. They are also used to report E/M services in an assisted living	See Section X				
facility. The facility services do not include a medical component.					
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult (18- ☑ Adult (21-64))	☑ Encounter ☐ 15 Minutes				
☑ Adol (12-17) 20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
] HJ (Voc)			
☑ Individual ☐ Group ☑ Family] HQ (Clubhouse)			
,		TT (Recovery)			
	(Respite)] HT (Prev/EI)			
STAFF REQUIREMENTS	[] DAV/(A) /TE\				
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed Master	` '	N (SA)			
□ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/	PND/PSYD (HP) LILAC 🔀 APN (SA) 🗵 PA				
☑ Intern ☐ LMFT ☐ Licensed EdD/PhD	D/PsyD (AH) □ QMAP ⊠ MI	D/DO (AF)			
PLACE OF SERVICE (POS)					
⊠ ACF (13)					
☑ Cust Care (33) ☑ Grp Home (14)					

EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CO	DDE DESCR	RIPTION		USAGE
New Patient			Home care serv	vices			
99341 requires problem focused his	tory, problem f	ocused					☑ Medicaid
examination straight forward	l medical decisi	on making,					
Typical time 20 minutes							
99342 requires expanded problem f	ocused history,	expanded					
problem focused examination	n low complexit	ty medical					
decision making Typical time	30 minutes						
99343 requires detailed history, de							
complexity medical decision	making, Typical	time 45					
minutes							
99344 requires comprehensive hist							
examination moderate comp	•	decision					
making, Typical time 60 minu							
99345 requires comprehensive hist							
examination high complexity	/ medical decisi	on making,					
Typical time 75 minutes							
Established patient 99347 requires problem focused int	onval history n	roblom					
focused examination straight							
making, average time 15 min		ai accision					
99348 requires expanded problem f		l history					
expanded problem focused e		•					
medical decision making aver							
99349 requires detailed interval his	-						
moderate complexity medica							
time 40 minutes		G , G					
99350 requires comprehensive inte	rval history, co	mprehensive					
examination moderate to hig	h complexity n	nedical					
decision making, average tim	e 60 minutes						
SERVICE DESCRIPTION			MINIMUM DO	CUMENTA	TION RE	QUIREME	NTS
These codes are used for services in			Technical Docu	mentation	Requir	ements	
evaluation and management of an i	ndividual with p	presenting	See Section X				
problem(s) of varying severity.							
NOTES			EXAMPLE ACTIV	VITIES			
ADDITION OF THE POPUL ATION/C)			LINIT			DUDATIO	
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult	V Adult	(21.64)	UNIT ✓ Encounter	☐ 15 Mi	nutos	DURATIO	N .
, ,	⊠ Adult (⊠ Geriat	. ,	□ Day				
ALLOWED MODE(S) OF DELIVERY	≥ Geriat	TIC (05+)	PROGRAM SER			-c\	
ALLOWED MODE(3) OF DELIVERY			HE (SP)	VICE CATE	U4	•	☐ HJ (Voc)
			☐ HK (Resident	·ial\			☐ HQ (Clubhouse)
☑ Individual ☐ Group ☒ Family			□ TIK (Nesident	liaij	□нм	. ,	☐ TT (Recovery)
					(Respi		☐ HT (Prev/EI)
STAFF REQUIREMENTS					(1.00)		
·			stada Laval (110)		☐ LPN	I/LVN (TE)	W p at (04)
☐ Peer Specialist ☐ Bachelor's Level (HN)	□ LCSW (AJ) □ LPC	☐ Unlicensed Ma		□LAC	□ RN	(עו)	☑ RxN (SA)☑ PA (PA)
✓ Intern	□ LMFT	☐ Licensed EdD/F		шис	⊠ API	N (SA)	☑ MD/DO (AF)
			,		□ QN	IAP	, - v ,
PLACE OF SERVICE (POS)	4.2)						
☑ Grp Home (14) ☑ Home (12)						

		EVALUATION AN	ND MANAGEMEN	Т			
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CO	USAGE			
New Patient			Home care servi	ces			
99341 requires problem focused his examination straight forward	• • •						☑ OBH
Typical time 20 minutes	i illeulcai decis	ion maxing,					
99342 requires expanded problem	focused history	, expanded					
problem focused examinatio		ity medical					
decision making Typical time							
99343 requires detailed history, det complexity medical decision							
minutes	making, Typica	ii tiilic 45					
99344 requires comprehensive history	ory, comprehei	nsive					
examination moderate com	-	decision					
making, Typical time 60 minu							
99345 requires comprehensive history examination high complexity							
Typical time 75 minutes	y medical decis	ion making,					
Established patient							
99347 requires problem focused int							
focused examination straight		cal decision					
making, average time 15 minutes 99348 requires expanded problem focused interval history,							
expanded problem focused examination low complexity							
medical decision making ave	-						
99349 requires detailed interval his							
moderate complexity medica time 40 minutes	al decision mak	ing, average					
99350 requires comprehensive inte	erval history, co	mprehensive					
examination moderate to hig							
decision making, average tim	ne 60 minutes						
SERVICE DESCRIPTION		•	MINIMUM DOC			-	NTS
These codes are used for services in evaluation and management of an i			Technical Docun See Section X	nentation	n Requii	ements	
problem(s) of varying severity.	naiviaai witii	presenting	See Section X				
NOTES			EXAMPLE ACTIV	ITIES			
APPLICABLE POPULATION(S)		(5. 5.)	UNIT			DURATIO	N .
☑ Child (0-11)☑ Young Adult☑ Adol (12-17)☑ (18-20)	⊠ Adult ⊠ Geria	(21-64) tric (65+)	☑ Encounter ☐ Day	☐ 15 Mi			
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERV			ES)	
			⊠ HE (SP)		□ U4	. ,	☐ HJ (Voc)
☑ Individual ☐ Group ☑ Family			☐ HK (Residentia	al)		(ACT)	☐ HQ (Clubhouse)
,					☐ HM (Respi		☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS					(nesp	tej	LITT (FIEV/LI)
,	☐ LCSW (AJ)	☐ Unlicensed Ma	estar's Laval (HO)		☐ LPI	N/LVN (TE)	⊠ RxN (SA)
☐ Peer Specialist ☐ Bachelor's Level (HN)		☐ Unlicensed Edi	, ,	□LAC	□ RN		⊠ PA (PA)
☑ Intern	☐ LMFT	☐ Licensed EdD/F	PhD/PsyD (AH)			N (SA) 1AP	⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						<u></u>	
⊠ Home (12)							
☑ Grp Home (14)							

	EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDURE CO	DE		PROCEDURE CODE DESCRIPTION USAGE					
			Medical team con	ference with in	terdisciplinary			
qu	9366		team, <mark>direct conta</mark>			☑ Medicaid		
3.	3300		minutes or more,					
			qualified health ca					
SERVICE DESCRIPTION		1:00	MINIMUM DOCUMENTATION REQUIREMENTS					
Participation by a minimum or specialties/disciplines, each or the patient, with the patient a community agencies, surrogar guardians and/or care givers). involved in the development, implementation of the BEHAV services provided to the patie. *Not to be used for supervisional transfer of family present are repprocedure code.	Technical Documentation Requirements See Section X Service Content 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials - Patient and any family members who attend 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), any follow-up or							
	Coordination	n needed with 3	yarties					
NOTES			Patient and/or far					
Reporting/billing participants have rendered 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			conference.					
is required. APPLICABLE POPULATION(S)			UNIT		DURATION			
□ Child (0-11) □ Youn	g Adult 🗵 Adı	ult (21-64)		☐ 15 Minutes	Minimum: 30 M	inutes +		
⊠ Adol (12-17) (18-20)		riatric (65+)		□ 1 Hour	Maximum: N/A			
ALLOWED MODE(S) OF DELIV	ERY		PROGRAM SERVIO	<u>.</u>				
☑ Individual ☐ Group ☑ Family/collateral			☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS								
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAT ⊠CAS	APN (SA)	:N (SA) (PA) D/DO (AF)		
PLACE OF SERVICE (POS)								
巠 CMHC (53) 巠 Office (11) 巠 ACF (13) 罓 Cust Care (33)	 ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54) ☑ NF (32) 	⊠ PRT ⊠ Shel ⊠ SNF ⊠ FOH	ter (04) (31)	区 RHC (72) 区 School (0 区 Other PO				

EVALUATION	AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
99366	Medical team conference with interdisciplinary team, direct contact with patient and/or family, 30					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
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 BEHAVIORAL HEALTH treatment services provided to the patient. *Not to be used for supervision Team conference services by a physician with the patient and/or family present are reported with an appropriate E/M procedure code.	Technical Documentation Requirements See Section X Service Content 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials - Patient and any family members who attend 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), any follow-up or coordination needed with 3rd parties					
NOTES	EXAMPLE ACTIVITIES					
Reporting/billing participants have rendered evaluation(s) /treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter.	Patient and/or family participate in a multi-disciplinary team conference.					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Minimum: 30 Minutes +☐ Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☑ Family/collateral	PROGRAM SERVICE CATEGORY(IES) ☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	Master's Level (HO) 図LAC 図 LPN/LVN (TE) 図 RxN (SA) EdD/ PhD/PsyD (HP) 図CAT 図 RN (TD) 図 PA (PA) D/PhD/PsyD (AH) 図CAS 図 APN (SA))					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ Grp Home (14) ☒ PRTC (56) ☒ Office (11) ☒ Home (12) ☒ Shelter (04) ☒ ACF (13) ☒ ICF-MR (54) ☒ SNF (31)	 ☑ RHC (72) ☑ Cust Care (33) ☑ Other POS (99) ☑ School (03) ☑ FQHC (50) 					

EVALUATION A	AND MANAGEMENT					
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					
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 BEHAVIORAL HEALTH treatment services provided to the patient. *Not to be used for supervision This code is only used when the physician/prescriber is part of the medical team conference. All others use 99366 or 99368 as applicable.	Technical Documentation Requirements See Section X Service Content 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), and any follow-up or coordination needed with 3 rd parties					
NOTES	EXAMPLE ACTIVITIES					
Reporting/billing participants have rendered 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+)	☐ Encounter ☐ 15 Minutes ☐ 15 Minutes ☐ Day ☐ 1 Hour ☐ Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☐ Individual ☐ Group ☐ 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 Edit	Master's Level (HO) ☑ LAC ☑ RN (TD) ☑ RXN (SA) EdD/ PhD/PsyD (HP) ☑ CAT ☑ APN (SA) ☑ PA (PA) D/PhD/PsyD (AH) ☑ CAS ☐ QMAP ☑ MD/DO (AF)					
PLACE OF SERVICE (POS)	W DUC (72)					
☑ CMHC (53) ☒ Grp Home (14) ☒ PRTC (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 School (03) 区 Other POS (99)					

EVALUATION A	AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
99367	Medical team conference with interdisciplinary team, patient and/or family not present, 30 ☑ OBH minutes or more, participation by physician					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
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 BEHAVIORAL HEALTH treatment services provided to the patient. *Not to be used for supervision This code is only used when the physician/prescriber is part of the medical team conference. All others use 99366 or 99368 as applicable. NOTES Reporting/billing participants have rendered evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter.	Technical Documentation Requirements See Section X Service Content 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), and any follow-up or coordination needed with 3 rd parties EXAMPLE ACTIVITIES 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+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 30 Minutes + ☐ Day ☐ 1 Hour ☐ Maximum: N/A					
□ Individual □ Group □ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	Master's Level (HO) ⊠ LAC ⊠ RN (TD) ⊠ RxN (SA) EdD/ PhD/PsyD (HP) ⊠ CAT ⊠ APN (SA) ⊠ PA (PA) D/PhD/PsyD (AH) ⊠ CAS □ QMAP ⊠ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ Grp Home (14) ☒ PRTC (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 School (03) 区 Other POS (99)					

EVALUATION A	AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
99368	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
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 BEHAVIORAL HEALTH 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					
NOTES	EXAMPLE ACTIVITIES					
Reporting/billing participants have rendered evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. If services are performed by a CAC provider, a SUD Primary Diagnosis is required.	No patient and/or family is present during a multidisciplinary team conference without a physician present.					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 30 Minutes + ☐ Day ☐ 1 Hour ☐ Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) HE (SP)					
□ Individual □ Group □ Family	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed Mas ☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed EdD ☑ Intern ☑ LMFT ☑ Licensed EdD/Pl	/ PhD/PsyD (HP) ⊠LAC ⊠ RN (TD) ⊠ PA (PA)					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Office (11) ☑ Grp Home (14) ☑ NF (32) ☑ ACF (13) ☑ Home (12) ☑ PRTC (56)	☑ Shelter (04)☑ School (03)☑ SNF (31)☑ Other POS (99)					

EVALUATION	AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
99368	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
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 BEHAVIORAL HEALTH treatment services provided to the patient. *Not to be used for supervision	 Technical Documentation Requirements See Section X Service Content The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided. Participants in the team conference including Specific providers with credentials Summary of contributed information and treatment recommendations Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES	EXAMPLE ACTIVITIES					
Reporting/billing participants have rendered 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 multidisciplinal conference without a physician present.	ry team				
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A	es +				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☐ Individual ☐ Group ☐ 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)	F)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ Grp Home (14) ☒ PRTC (56) ☒ Office (11) ☒ Home (12) ☒ Shelter (04) ☒ ACF (13) ☒ ICF-MR (54) ☒ SNF (31) ☒ Cust Care (33) ☒ NF (32)	区 School (03) 区 Other POS (99)					

	EVALUATION AND MANAGEMENT							
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			MINIMUM DOCUMENTATION REQUIREMENTS					
E/M services provided by health professional to a initiation by an establish guardian), who is seeking that does not require a feature of the services of the	patient using the telepted patient (i.e., patieng advice/treatment fo	ohone, upon nt, parent or	Technical Documentation Requirements See Section X Service Content 2. Nature of service rendered and pertinent details 3. Disposition					
NOTES			EXAMPLE ACTIV	ITIES				
99441 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99441 may not be used for calls initiated by physician or other qualified health professional. Calls resulting in a follow up encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call relates to an E/M service performed and reported by the provider within the previous 7 days (either requested or unsolicited patient follow up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 994441-994443 if you have reported 994441-99444 in the previous 7 days. The call is not reportable if the call relates to a previous call within 7 days			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.					
since these codes are the APPLICABLE POPULATION			UNIT			DURATION		
	-	lult (21-64)	☑ Encounter	☐ 15 Mir		Minimum:		
⊠ Adol (12-17) (18-2	<u> </u>	eriatric (65+)	☐ Day	☐ 1 Hour		Maximum:	10 Minutes	
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☐ Family			PROGRAM SERV ☑ HE (SP) ☐ HK (Residentia		□ U4 (I	ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS								
, ,			Master's Level (HO) □ LPN/LVN (TE) □ RxN (SA) dD/ PhD/PsyD (HP) □ LAC □ RN (TD) □ PA (PA) y/PhD/PsyD (AH) □ APN (SA) □ MD/DO (AF)				A (PA)	
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) ☑ PRTC (56)	⊠ Shelter ⊠ SNF (3: ⊠ FQHC (⊠ RHC (7 ⊠ Inpt Ho	1) (50) (2)	☑ Inpt P ☑ ER (23 ☑ PF-PH ☑ Schoo	3) P (52)	☑ Other POS (99)	

		EVALUATION	AND MANAGEMEI	NT			
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE				
*This code has very sp requirements. Follow	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5 − 10 minutes of medical discussion						
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATIO	N REQUI	REMENTS	
E/M services provided health professional to a initiation by an establis guardian), who is seeki that does not require a	a patient using the tele shed patient (i.e., patie ng advice/treatment fo	phone, upon nt, parent or	Technical Documentation Requirements See Section X Service Content 1. Nature of service rendered and pertinent details 2. Disposition				
NOTES			EXAMPLE ACTIVI	ITIES			
99441 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99441 may not be used for calls initiated by physician or other qualified health professional. Calls resulting in a follow up encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call relates to an E/M service performed and reported by the provider within the previous 7 days (either requested or unsolicited patient follow up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 994441-994443 if you have reported 994441-99444 in the previous 7 days. The call is not reportable if the call relates to a previous call within 7 days			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.				
since these codes are t			UNIT			DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ (18-17)	/oung Adult ⊠ A -20) ⊠ G	dult (21-64) eriatric (65+)	☑ Encounter ☐ Day	□ 15 Minu □ 1 Hour		Minimum: 5 Maximum:	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV				
☑ Individual ☐ Group	☐ Family		☐ HM (Respite) ☐ TT (Recovery				□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) 'PhD/PsyD (AH)	□LAC [□ LPN/L\ □ RN (TD □ APN (S □ QMAP) × R:	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)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)	☑ Shelter (04☑ SNF (31)☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (<u>د</u> د د	Inpt Pf ER (23 PF-PHI School) P (52)	☑ Other POS (99)

EVALUATION	I AND MANAGEMENT					
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					
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 2. Nature of service rendered and pertinent details 3. Disposition					
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 follow up 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) ☑ Atlowed Mode(s) OF Delivery 	 ☑ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour ☐ Maximum: 20 M PROGRAM SERVICE CATEGORY(IES) 					
☑ Individual ☐ Group ☐ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)				
STAFF REQUIREMENTS						
□ Bachelor's Level (HN) □ LPC □ Unlicensed Ed III □ Licensed Ed I	Master's Level (HO) □ LPN/LVN (TE) □ RxN EdD/ PhD/PsyD (HP) □ LAC □ APN (SA) ☑ PA (I D/PhD/PsyD (AH) □ QMAP ☑ MD/					
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) ☑ PRTC (56)	 ☑ Shelter (04) ☑ Inpt PF (51) ☑ Other P ☑ SNF (31) ☑ ER (23) ☑ FQHC (50) ☑ PF-PHP (52) ☑ RHC (72) ☑ School (03) ☑ Inpt Hosp (21) 	OS (99)				

EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDURE COD	E	PROCEDURE CODE DESCRIPTION USAGE					
994 *This code has very specific tir requirements. Follow CPT guid	meframes and documentation	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 − 20 minutes of medical discussion					
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS					
E/M services provided by a Psy telephone, upon initiation by a patient, parent or guardian), w treatment for a problem that d visit.	n established patient (i.e., ho is seeking advice/	Technical Documentation Requirements See Section X Service Content 1. Nature of service rendered and pertinent details 2. Disposition					
NOTES		EXAMPLE ACTIVITI	IES				
99442 may be reported only for patient/patient's parent/guard 99442 may not be used for call other qualified health profession up encounter for the same prowithin 24 hours/soonest availated not reportable; consider the cast for the billable E/M service. Likewise, if the call refers to an reported by that provider with requested or unsolicited patient service(s) are considered part of procedure. Do not report 9944 99441-99444 performed in the not reportable if the telephone call within 7 days, since these of 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 A☑ Adol (12-17)☑ (18-20)	Adult ⊠ Adult (21-64) ⊠ Geriatric (65+)	☑ Encounter☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 11 Mi Maximum: 20 M			
ALLOWED MODE(S) OF DELIVE	RY	PROGRAM SERVIC	E CATEGORY(IES)				
☑ Individual ☐ Group ☐ Fam	ily	☑ HE (SP) ☐ HK (Residential)		(ACT) □ H (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)		
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LPC ☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□ LPN □ RN □ APP	N (SA)			
PLACE OF SERVICE (POS)	(12) VIII (24)	V Chaltar (04)	V locat DE /	E1) V O+b = 2	OC (00)		
	Care (33)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Innt Hosp (21)	⊠ Inpt PF (! ⊠ ER (23) ⊠ PF-PHP (⊠ School (0	52)	U3 (99)		

	EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODI	USAGE				
*This code has very spe guidelines. Follow CPT g	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							
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION REC	UIREMENTS			
E/M services provided by a Psychiatrist to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.			Technical Documentation Requirements See Section X Service Content 1. Nature of service rendered and pertinent details 2. Disposition					
NOTES			EXAMPLE ACTIVIT	TES				
99443 may be reported only for established patients. The patient or patient's parent/guardian must initiate the contact; 99443 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a follow up encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow up) then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M			An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In a 21 to 30 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.					
service. APPLICABLE POPULATION	N/S)		UNIT		DURATION			
☑ Child (0-11)		lult(21-64)	⊠ Encounter	☐ 15 Minutes	Minimum: 21 N	/linutes		
⊠ Adol (12-17)	-	eriatric (65+)	□ Day	☐ 1 Hour	Maximum: 30 I			
ALLOWED MODE(S) OF			PROGRAM SERVICE	CE CATEGORY(IES	5)			
☑ Individual ☐ Group ☐ Family			☑ HE (SP) ☐ HK (Residential)) □ TM	1 (ACT) 1 (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)		
STAFF REQUIREMENTS								
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed E			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□ RN	N (SA)			
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)☑ PRTC (56)	54) ⊠ SNF (31) ⊠ FQHC (5	✓ ER 0) ☑ PF- ☑ Sch		Other POS (99)		

EVALUATION AND MANAGEMENT							
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE CODE			USAGE	
*This code has very spe guidelines. Follow CPT §	99443 cific timeframes and do guidelines.	cumentation	Telephone evaluation service provided by patient, parent, or related E/M service days, nor leading to within the next 24 appointment; 21 – discussion	⊠ ОВН			
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REQ	UIREMENTS		
E/M services provided by a Psychiatrist to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.			Technical Documentation Requirements See Section X Service Content 1. Nature of service rendered and pertinent details 2. Disposition				
NOTES			EXAMPLE ACTIVITI	IES			
99443 may be reported only for established patients. The patient or patient's parent/guardian must initiate the contact; 99443 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a follow up encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow up) then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M			An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In a 21 to 30 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.				
service. APPLICABLE POPULATION	ON(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)ALLOWED MODE(S) OF	☑ Young ☑ Ad Adult (18-20) ☑ Ge	ult (21-64) riatric (65+)	☑ Encounter☐ DayPROGRAM SERVICE	☐ 15 Minutes ☐ 1 Hour E CATEGORY(IES	Minimum: 21 Maximum: 30		
☑ Individual ☐ Group	□ Family		☑ HE (SP) ☐ HK (Residential)	□TM	I (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)	□ RN	N (SA)	kn (SA) A (PA) ID/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 (☑ ICF-MR (5 ☑ NF (32) ☑ PRTC (56)	54) ⊠ SNF (31) ⊠ FQHC (50	⊠ ER 0) ⊠ PF-		☑ Inpt Hosp (21) ☑ Other POS (99)	

		TRE	ATMENT				
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCR	RIPTION		USAGE	
			Activity therapy, such as r	nusic, dance, a	art or play		
G017	16		therapies not for recreation, related to care and				
G017	· O		treatment of patient's disabling mental health				
			problems per session (45	minutes or mo	ore)		
SERVICE DESCRIPTION			MINIMUM DOCUMENTA				
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 stat o For chronic problem of health status/fun	ns, document s	stabilization/	maintenance	
NOTES			EXAMPLE ACTIVITIES	спотть схрес	teu		
Interventions cannot be purely nature. Interventions must be ingoals specified in the patient's CMS, this procedure code hospitalization programs (PHPs)	dividualized and treatment/serv <i>is only used</i>	l based on the vice plan. <i>Per</i>					
APPLICABLE POPULATION(S)			UNIT		DURATION		
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)☑ (18-20)	⊠Geri	ult (21-64) iatric (65+)		Minutes Hour	Minimum: 4 Maximum: I		
ALLOWED MODE(S) OF DELIVER	Y		PROGRAM SERVICE CATE				
□ Individual ⊠ Group □ Family			☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		laster's Level (HO) D/PhD/PsyD (HP) VPhD/PsyD (AH)	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA) □ QMAP	⊠ RXN (PA)	
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑Outp Hospital (22) ☑ PF-PHP (52)							

TREATMENT							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE	DESCRIPTION		USAGE	
G0176	5		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 DOCUM				
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 O Services must be prescribed by an MD/DO and provided under an individualized written plan of treatment established by an MD/DO after any needed consultation with appropriate staff members O Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals 3. Target symptoms, goals of therapy and methods of monitoring outcome O Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment 4. Specify estimated duration of treatment, in terms of number of sessions For an acute problem, document treatment is expected to improve health status/function of patient For chronic problems, document stabilization/ maintenance				
NOTES			EXAMPLE ACTIVITIE	S			
Interventions cannot be purely nature. Interventions must be indigoals specified in the patient's treathis procedure code is only used programs (PHPs).	ividualized and tment/service p	based on the plan. <i>Per CMS</i> ,					
APPLICABLE POPULATION(S)			UNIT		DURATION		
☑ Child (0-11)☑ Young Adu☑ Adol (12-17)☑ (18-20)		ılt (21-64) atric (65+)	⊠ Encounter □ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 Maximum: N		
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE		, –	(1)	
☐ Individual 図 Group ☐ Family			☑ HE (SP) ☐ HK (Residential)	□ U4 (ICM □ TM (ACT □ HM (Res	pite) 🗆 TT	(Voc) Q (Clubhouse) Γ (Recovery) Γ (Prev/EI)	
STAFF REQUIREMENTS							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT			I LPN/LVN I RN (TD) I APN (SA) □ QMAP	⊠ RXN (A)	
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑Outp Hospital (22) ☑ PF-PHP (52)							

ТІ	REATMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
2017	Training and educational services related to the care				
G0177	and treatment of patient's disabling mental health				
SERVICE DESCRIPTION	problems per session (45 minutes or more) MINIMUM DOCUMENTATION REQUIREMENTS				
Psychosocial skills development and rehabilitation services to	Technical Documentation Requirements				
improve social functioning in areas important to	See Section X				
maintaining/re-establishing residency in the community.	Service Content				
Interventions are delivered on an individual basis and are	1. Initial/intake history/exam documenting sympt	oms/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 a 				
as anger management, stress management, conflict	under an individualized written plan of trea				
resolution, money management, community mobility,	established by an MD/DO after any needed	consultation			
symptom management and reduction.	with appropriate staff members o Plan must state type, amount, frequency, a	nd duration of			
	services to be furnished and indicate diagno				
	anticipated goals	s of monitoring			
	Target symptoms, goals of therapy and method outcome	s of illofficoring			
	 Why chosen therapy is appropriate treatment 	nt modality			
	either in lieu of/in addition to another form				
	treatment				
	4. Specify estimated duration of treatment, in ter	ns of number of			
	sessions				
	For an acute problem, document that treat to improve health status (function of nation)				
	to improve health status/function of patien				
	 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. Per CMS, this					
procedure code is only used for partial hospitalization					
programs (PHPs).	LINIT	ON			
APPLICABLE POPULATION(S) ☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	UNIT DURAT ☑ Encounter ☐ 15 Minutes Minimu				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	□ Day □ 1 Hour Maximu	m: 45 Minutes			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	IIII. IV/A			
7.110 T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	. ,	l HJ (Voc)			
		l HQ (Clubhouse)			
☑ Individual □ Group □ Family		l TT (Recovery)			
	(Respite)	l HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed	Master's Level (HO)	N (SA)			
_	EdD/ PhD/PsyD (HP) 🗵 LAC 🔀 KN (TD) 🗵 PA	(PA)			
☑ Intern ☑ LMFT ☑ Licensed Ed	D/PhD/PsyD (AH) ☐ QMAP ☑ MI)/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53)					
図Outp Hospital (22)					
☑ PF-PHP (52)					

TREATMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
G0177	Training and educational services related to the ca	re ☑ OBH			
SERVICE DESCRIPTION	problems per session (45 minutes or more) MINIMUM DOCUMENTATION REQUIREMENTS				
Psychosocial skills development and rehabilitation services to improve social functioning in areas important to maintaining/re-establishing residency in the community. Interventions are delivered on an individual basis and are individualized to meet specific goals and measurable objectives in the treatment/service plan. Interventions focus on developing and strengthening competencies in areas such as anger management, stress management, conflict resolution, money management, community mobility, symptom management and reduction.	Technical Documentation Requirements See Section X Service Content 1. Initial/intake history/exam documenting symptoms/problems necessitating treatment 2. Individualized treatment/service plan Services must be prescribed by an MD/DO and provided under an individualized written plan of treatment established by an MD/DO after any needed consultation with appropriate staff members Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals Target symptoms, goals of therapy and methods of monitoring outcome Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment Specify estimated duration of treatment, in terms of number of sessions For an acute problem, document that treatment is expected to improve health status/function of patient For chronic problems, document that stabilization/maintenance of health status/function is expected Indicate time spent in training and educational services and				
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 DURAT	_			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maxim	m: 45 Minutes ım: N/A			
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM ☐	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	EdD/ PhD/PsyD (HP) 🗵 LAC 🗵 APN (TD)	N (SA) (PA) D/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑Outp Hospital (22) ☑ PF-PHP (52)					

ASSESSMENT							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODI	DESCRIPTION		USAGE	
	H0001		Alcohol and/or Dru	☑ Medicaid			
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION REC	QUIREMENTS		
The evaluation of an individual to determine the presence, nature and extent of the individual's abuse, misuse and/or addiction to AOD (Alcohol or Drug), with the goal of formulating a substance use related diagnosis and plan for services or appropriate referral. The assessment includes AOD history, mental status and diagnosis formulation specific to SUD, appropriate family and social history, cultural issues, relevant physical and mental health history and treatment and recommendations. The evaluation may include communication with family or other sources. * Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation NOTES For assessment of a primary mental health diagnosis use the 90791 procedure code. H0001 is used for assessment(s) and re-assessment (s), if required, related to SUD diagnoses, and does not include psychotherapeutic services.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Diagnostic interview examination elements specific to SUD 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagnosis 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition EXAMPLE ACTIVITIES				
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
		Adult (21-64)	☑ Encounter	☐ 15 Minutes	Minimum: N/A		
, ,		Geriatric (65+)	☐ Day	□ 1 Hour	Maximum: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☐ Group ☑ Family			☑ HE (SP) ☐ HK (Residential)	□ TM	I (ACT) I (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)	⊠LAC □ R ⊠CAS ⊠ A	PN/LVN (TE) N (TD) PN (SA) MAP		
PLACE OF SERVICE (PO							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)☑ Shelter (04)	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Independent C	⊠ In ⊠ EF	pt PF (51)	School (03) NRSATF (57) Other POS (99)	

ASSESSMENT							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COL	E DESCRIPTION		USAGE	
	H0001		Alcohol and/or D	☑ ОВН			
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS		
The evaluation of an individual to determine the presence, nature and extent of the individual's abuse, misuse and/or addiction to AOD (Alcohol or Drug), with the goal of formulating a substance use related diagnosis and plan for services or appropriate referral. The assessment includes AOD history, mental status and diagnosis formulation specific to SUD, appropriate family and social history, cultural issues, relevant physical and mental health history and treatment and recommendations. The evaluation may include communication with family or other sources. * Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation NOTES For assessment of a primary mental health diagnosis use the 90791 procedure code. H0001 is used for assessment(s) and re-assessment (s), if required, related to SUD diagnoses, and does not include psychotherapeutic services.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Diagnostic interview examination elements specific to SUD 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagnosis 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition EXAMPLE ACTIVITIES				
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
	Young Adult	Adult (21-64)		☐ 15 Minutes	Minimum: N/A		
		Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☐ Group ☑ Family			⊠ HE (SP) □ HK (Residentia	I) 🗆 TN	И (ACT) [И (Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS	5						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □ F ⊠CAS ⊠ ,	ADN (SA) EPA	:N (SA) (PA) D/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)☑ PRTC (56)☑ Shelter (04)	⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Independent	⊠ II ⊠ E	npt PF (51)	☑ School (03) ☑NRSATF (57) ☑ Other POS (99)	

SCREENING						
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 BEHAVIORAL HEALTH services, referral, etc.					
NOTES	EXAMPLE ACTIVITIES					
Screening may require not only the evaluation of a patient's treatment needs, but also an evaluation of available treatment options. If there is a documented diagnosis, it can be used. If there isn't an existing diagnosis, it needs to be listed as deferred (R69 – illness, unspecified or Z03.89 – encounter for observation for other suspected diseases and conditions ruled out) unless the screener has actually confirmed the diagnosis. If this service is provided by a LAC or CAC, the service must be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) If services are performed by a CAC provider, a SUD Primary Diagnosis is required.	options. In an integrated care setting, a Behavioral Health Professional may do a brief assessment such as a PHQ-9 to assess for the presence/severity of depression.					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Individual ☐ Group ☑ 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	Master's Level (HO) EdD/ PhD/PsyD (HP) □ CAS □ RN (TD) □ APN (SA) □ QMAP □ QMAP					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTC (56) ☑ Outp Hospital (22) ☑ Home (12) ☑ Shelter (04)	☑ FQHC (50)	School (03) NRSATF (57) Other POS (99)				

SCREENING						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H0002	Behavioral health screening to determine eligibility ☑ OBH					
SERVICE DESCRIPTION	for admission to treatment program MINIMUM DOCUMENTATION REQUIREMENTS					
A preliminary procedure limited in nature and intended to	Technical 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.	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 behavioral health services, referral, etc.					
NOTES	EXAMPLE ACTIVITIES					
Screening may require not only the evaluation of a patient's treatment needs, but also an evaluation of available treatment options. If there is a documented diagnosis, it can be used. If there isn't an existing diagnosis, it needs to be listed as deferred (R69 – illness, unspecified or Z03.89 – encounter for observation for other suspected diseases and conditions ruled out) unless the screener has actually confirmed the diagnosis. If this service is provided by a LAC or CAC, the service must be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10)	Screening to determine eligibility, treatment needs and treatment options. In an integrated care setting, a behavioral health Professional may do a brief assessment such as a PHQ-9 to assess for the presence/severity of depression.					
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	☐ Encounter ☐ 15 Minutes ☐ 15 Minimum: N/A☐ ☐ Day ☐ 1 Hour ☐ Maximum: N/A☐ ☐ Day ☐ 1 Hour ☐ Maximum: N/A☐ ☐ Day ☐ 1 Hour ☐ Maximum: N/A☐ ☐ Day ☐ 1 Hour ☐ 15 Minutes ☐ 15 Min					
☑ Individual ☐ Group ☑ 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 Edit	Master's Level (HO) ⊠LAC ⊠ RN (TD) ⊠ RXN EdD/ PhD/PsyD (HP) ⊠CAS ⊠ APN (SA) ☑ MD/ D/PhD/PsyD (AH) □ QMAP					
PLACE OF SERVICE (POS)	W CNF (24)	Cabaal (C2)				
☑ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ PRTC (56) ☒ Outp Hospital (22) ☒ Home (12) ☒ Shelter (04)	☑ FQHC (50)	School (03) NRSATF (57) Other POS (99)				

SCREENING						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAG					
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REC	UIREMENTS				
An alcohol and/or drug screening occurs when specific instruments or procedures are used to detect the presence of an alcohol and/ or drug problem. The screening should determine the appropriateness for treatment at a specific treatment agency and should occur prior to administering differential assessments.	 Date of service Screening results Referral for treatment (if app Signed with 1st initial, last nar 					
NOTES	EXAMPLE ACTIVITIES					
APPLICABLE POPULATION(S)	UNIT	DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☑ Encounter ☐ 15 Minutes	Minimum: N/A Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES					
☑ Individual ☑ Group ☐ Family	☐ HE (SP) ☐ U4 (IC ☐ HK (Residential) ☐ TM (A ☐ HM (F	ACT)				
STAFF REQUIREMENTS		FELL DAY (1) (AL (TE)				
Image: State of	Master's Level (HO) ⊠ LAC EdD/ PhD/PsyD (HP) ⊠ CAT dD/PhD/PsyD (AH) ⊠ CAS	□ LPN/LVN (TE) □ RxN (SA) □ RN (TD) □ PA (PA) □ APRN (SA) □ MD/DO(AF) □ QMAP				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Cust Care (33) ☑ NF (32) ☑ Office (11) ☑ Grp Home (14) ☑ PRTC (56) ☑ Mobile Unit (15) ☑ Home (12) ☑ Shelter (04) ☑ Outp Hospital (22) ☑ Hospice (34) ☑ SNF (31) ☑ ACF (13) ☑ ICF-MR (54) ☑ FQHC (50)	☑ RHC (72)☑ ER (23)☑ RSATF (55)☑ PF-PHI☑ NRSATF (57)☑ Prison,☑ Inpt Hosp (21)☑ School☑ Inpt PF (51)☑ Other	(52) /CF (09) (03)				

TREATMENT								
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION				USAGE	
	H0004		Behavioral health counseling and therapy, per 15 minutes					
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATIO	ON REQU	IREMENT	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 3rd 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		ı			
☑ Child (0-11)☑ Adol (12-17)	Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day		N	⁄linimum: ⁄laximum:		:es
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGO	DRY(IES)			
☑ Individual ☐ Group ☑ Family		⊠ HE (SP) ⊠ HK (Residentia	al)	⊠ U4 (⊠ TM (□ HM	,	□ H □ T	HJ (Voc) HQ (Clubhouse) IT (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)	⊠LAC ⊠CAS	⊠ LPN, ⊠ RN (⊠ APN □ QM#	(SA)	⊠ RxN (⊠ PA (P ⊠ MD/I	'A)
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)	` '	⋈ RHC (72)⋈ Independent⋈ Inpt Hosp (2:⋈ Inpt PF (51)⋈ ER (23)		⊠ Scho ⊠ NRS	HP (52) ool (03) ATF (57) er POS (99))	

TREATMENT							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE	
	H0004		Behavioral health counseling and therapy, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION	REQUIREMENTS		
Individual counseling/t treatment/service plan assessment and listed intended outcome is th reduction/resolution o	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 telephor t if medically necessar in the treatment/servi	ne contact ry, clinically ice plan. Crisis					
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	✓ Young ✓ Adult (18-20) ✓ C	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minute □ 1 Hour	Minimum: 8 mir Maximum: N/A	nutes	
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SERV		<u> </u>		
☑ Individual ☐ Group ☑ Family (for SUD providers only)			⊠ HE (SP) ⊠ HK (Residentia	al)	☑ U4 (ICM) ☑ TM (ACT) ☐ HM (Respite)	☑ HJ (Voc) ☐HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAS	⊠ APN (SA) ⊠ PA	N (SA) (PA) D/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)	⋈ PRTC (56)⋈ Shelter (04)⋈ SNF (31)⋈ FQHC (50)⋈ RHC (72)	☑ Independer ☑ Inpt Hosp (: ☑ Inpt PF (51) ☑ ER (23) ☑ PF-PHP (52	21)	✓ School (03)✓ NRSATF (57)✓ Other POS (99)		

TREATMENT						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
	H0005		Alcohol and/or o	drug services; grou	ıp counseling	⊠ Medicaid
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION RE	QUIREMENTS	
A planned therapeutic or counseling activity conducted by the behavioral health clinician in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchange. Group services are designed to assist patients with a primary SUD in achieving their AOD treatment goals. *Use 90853 procedure code for group psychotherapy for patients with a primary mental health diagnosis			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided including number of patients present. 3. The therapeutic intervention(s) utilized and the response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties			
NOTES			EXAMPLE ACTIV	•		
H0005 is used for ground than the patients' socialization, music classes, excursions, or is present, document a	families. H0005 therapy, recreation group meals. If only	does not include anal activities, art one group member				
APPLICABLE POPULAT	·		UNIT		DURATION	
⊠ Adol (12-17) (1	Young Adult 8-20)	☑ Adult(21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Minutes 図1 Hour	Minimum: > 31 Maximum: N/A	mins
ALLOWED MODE(S) O	F DELIVERY			/ICE CATEGORY(IE		
□ Individual 🗵 Group	☐ Family		⊠ HE (SP) ☐ HK (Residenti	☑ U4 (ICM al) ☑ TM (ACT ☐ HM (Res) □H :pite) □ T	lJ (Voc) Q (Clubhouse) T (Recovery) lT (Prev/El)
STAFF REQUIREMENTS	5					
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □ R ⊠CAS ⊠ A	N (ID)	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (PC	OS)					
図 CMHC (53) ☑ Office (11) ☑Outpt Hospital (22) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ ICF-MR (54)☑ NF (32)	⋈ PRTC (56)⋈ Shelter (04)⋈ SNF (31)⋈ FQHC⋈ RHC (72)	☑ Independen: ☑ PF-PHP (52) ☑ School (03) ☑ NRSATF (57)		Other POS (99)	

TREATMENT						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE	
H0005		Alcohol and/or d	Alcohol and/or drug services; group counseling			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
A planned therapeutic or counseling activity conduct behavioral health clinician in a group setting with patients (other than a family therapy session) in an change the individual behavior of each person in t through interpersonal exchange. Group services are to assist patients with a primary SUD in achieving t 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. 3. The therapeutic intervention(s) utilized and the response to					
*Use 90853 procedure code for group psychother patients with a primary mental health diagnosis	 the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES		EXAMPLE ACTIVI	ITIES			
H0005 is used for group counseling involving patients other than the patients' families. H0005 does not include socialization, music therapy, recreational activities, art classes, excursions, or group meals. If only one group member is present, document as individual therapy or H0004.						
APPLICABLE POPULATION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Young Adult☑ Adult(2☑ Adol (12-17)☑ (18-20)☑ Geriatr	-	☐ Encounter ☐ Day	☐ 15 Minutes 図1 Hour	Minimum: > 31 Maximum: N/A	mins	
ALLOWED MODE(S) OF DELIVERY			ICE CATEGORY(IE			
□ Individual ⊠ Group □ Family		⊠ HE (SP) □ HK (Residentia	⊠ U4 (ICM) al) ⊠ TM (ACT □ HM (Res) □H pite) □T	lJ (Voc) Q (Clubhouse) T (Recovery) lT (Prev/El)	
STAFF REQUIREMENTS						
☑ Bachelor's Level (HN) ☑ LPC ☑	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □ R ⊠CAS ⊠ A	N (TD) DN (SA) ⊠ PA	N (SA) (PA) D/DO (AF)	
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Cust Care (33) ☑ PRTC ☑ Office (11) ☑ Grp Home (14) ☑ Shelt ☑ Outpt Hospital (22) ☑ ICF-MR (54) ☑ SNF (☑ ACF (13) ☑ NF (32) ☑ FQHC ☑ RHC	cer (04) (31) C	☑ Independent ☑ PF-PHP (52) ☑ School (03) ☑ NRSATF (57)	Clinic (49) 🗵 C	Other POS (99)		

	TAR	GETED C	ASE MANAGEMEN	NT			
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COI	DE DESCRII	PTION		USAGE
Н0006			Alcohol and/or d	rug service	es; case managem	ent	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	UMENTATI	ION REQUIREMEN	ITS	
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 cas		r					
patients with a primary mental he NOTES	aitii ulagiiosis		EXAMPLE ACTIV	ITIFS			
Case management involves linking the of needed services, but is not itself the which the patient has been referred. Cainclude time spent transporting the pat services/time spent waiting while the pappointment. However, it includes time appointment with the patient for purpomonitoring and follow-up.	direct delivery of a se ase management does ent to required atient attends a sched spent participating in	ervice to s not duled n an	 Assessing the available reso application presonance Contact with patient acces 	e need for sources, exp rocess patient's fa s services	service, identifying plaining options to family members fowen other service	patient a	nd assisting in ce helping
APPLICABLE POPULATION(S)			UNIT		DURATIO	N	
☑ Child (0-11) ☑ Young Adult ☑ Adol (12-17) (18-20)	⊠ Adult (21 ☑ Geriatric		□ Encounter □ Day	☑ 15 Mir ☐ 1 Hour	r Maximun		es
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERV				
☑ Individual ☐ Group ☑ Family			☑ HE (SP) ☐ HK (Residentia	al)	☑ U4 (ICM) ☑ TM (ACT) ☑ HM (Respite)	□ F ⊠ T	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/El)
STAFF REQUIREMENTS							
☑ Bachelor's Level (HN) ☑ Intern	⊠ LPC Ú ⊠ Un	nlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAS	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) □ QMAP	⊠ RxN (⊠ PA (P ⊠ MD/0	A)
PLACE OF SERVICE (POS)							1 1/2-2
 ☑ CMHC (53) ☑ Office (11) ☑ Cust Care ☑ Mobile Unit (15) ☑ Grp Home ☑ Outp Hospital (22) ☑ Home (12) 	(14) × PRTC	2) (56)	⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Independent	Clinic (49)	☑ Inpt Hosp (2:☑ Inpt PF (51)☑ ER (23)☑ PF-PHP (52)	×	ichool (03) Other POS (99) NRSATF (57)

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TARGETED	CASE MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE		
H0006	Alcohol and/or drug services; case management ☑ OBH		
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 referra 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 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.	 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)		
☑ Individual ☐ Group ☑ 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 ☑ Unlicense ☑ Intern ☑ LMFT ☑ Licensed E	d Master's Level (HO) 図LAC		
PLACE OF SERVICE (POS)			
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTC (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)		

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		TREA	ATMENT			
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE I	DESCRIPTION		USAGE
	H0007		Alcohol and/or drug services; crisis intervention (outpatient)			
SERVICE DESCRIPTION	N		MINIMUM DOCUMENTATION REQUIREMENTS			
A planned alcohol and a person to abstain from		ervention used to assist drug usage.				s
NOTES			EXAMPLE ACTIVITIE	S		
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☐ Child (0-11)	Young Adult	× Adult (21-64)	☑ Encounter □	15 Minutes	Minimum: N/A	
⊠ Adol (12-17) (18	8-20) l	☑ Geriatric (65+)	□ Day □	1 Hour	Maximum: N/A	
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERVICE	CATEGORY(I		
☑ Individual ☑ Grou	p 🗵 Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (ICM □ TM (ACT □ HM (Res	r) □ F pite) □ 1	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)
STAFF REQUIREMENT	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	区 LCSW 区 LPC 区 LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAS	⊠ LPN/LVN (⊠ RN (TD) ⊠ APRN (SA) □ QMAP	⊠ RXN (SA)
PLACE OF SERVICE (P						
	☑ 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)	

	TREATMENT						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0015		Alcohol and/or drug services; inten- program	☑ Medicaid			
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENTATION REQ	UIREMENTS			
A structured substance use 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 use 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 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)			
区 Individual 区 Grou	ıp ⊠ Family		☐ HK (Residential) ☐ TM (A	ACT) □ HQ Respite) □ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)		
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) CAS 区 D R	ΔPN (SΔ) \boxtimes P	kn (SA) A (PA) ID/DO (AF)		
PLACE OF SERVICE (P	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)	☑PRTC (56) ☑ Shelter (04) ☑SNF (31) ☑FQHC (50) ☑ RHC (72)	☑Independent Clinic (49) ☑Oth ☑PF-PHP (52) ☑School (03) ☑NRSATF (57)	ner POS (99)			

		TR	EATMENT			
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESC	RIPTION	USAGE	
	H0015		Alcohol and/or drug services; intensive outpatient program ☑ OBH			
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENTATION RE	QUIREMENTS		
A structured substance use 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 use 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/e use by providing recovery or education 				
APPLICABLE POPULA	TION(S)		UNIT	DURATION		
☐ Child (0-11)	⊠ Young Adult 18-20)	☑ Adult (21-64) ☑ 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(II	ES)		
☑ Individual ☑ Grou	ιρ 区 Family		☐ HE (SP) ☐ U4 ☐ TM ☐ HM	(ACT) ☐ HC (Respite) ☐ TT	(Voc) Q (Clubhouse) (Recovery) T (Prev/El)	
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) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	APN (SA)	xN (SA) A (PA) 1D/DO (AF)	
PLACE OF SERVICE (P	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)	☑PRTC (56) ☑ Shelter (04) ☑SNF (31) ☑FQHC (50) ☑ RHC (72)	☑Independent Clinic (49) ☑Otl ☑PF-PHP (52) ☑School (03) ☑NRSATF (57)	ner POS (99)		

RI	ESIDENTIAL			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	☑ Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disorders occurs.	Technical Documentation Requirements See Section X Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertinent mental status and functioning status 2. Participation in treatment 3. Pertinent physical health status information 4. Progress toward treatment/service plan goals and/or discharge 5. Any other patient activities or patient general behaviors in milie 6. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services although included in the per diem, should be identified separately. These services can be all included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service.			
NOTES	EXAMPLE ACTIVITIES			
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017.	*External provider means any provider who is 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	ample, 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)	☐ Encounter ☐ 15 Minutes Minimum: N/A			
☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: 24 hor	urs		
Individual	☑ HK (Residential) ☐ TM (ACT) ☐ H ☐ HM (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ ACF (13) ☑ PRTC (56) ☑ Other POS (99)				

RE	SIDENTIAL				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	⊠ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disorders occurs.	pertinent mental d/or discharge haviors in milieu ndividual's ntial staff, e.g. stration services, ied separately. mentation as the opriate service 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 proviservice who is not part of the residential program. Emanager not part of the residential facility could perpart of the transition from the residential program and uplication of a service already provided by the residential program and the residential program and the provided by the residential program and the provided by the residential provi	xample, a case form a service as is long as it is not			
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11)	☐ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: 24 ho	ours			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☑ Group ☐ Family	☑ HK (Residential) ☐ TM (ACT) ☐ ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)			
PLACE OF SERVICE (POS)					
☑ CMHC (53)☑ ACF (13)☑ PRTC (56)☑ Other POS (99)					

RESIDENTIAL					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0018	Behavioral health; short-term residential (non- hospital residential treatment program), without room and board, per diem	☑ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A short-term residential treatment program offering 24-hour intensive residential treatment, habilitative, and rehabilitative services for up to 30 days in a highly structured, community-oriented environment for the treatment of a mental health disorder. This type of program is appropriate for patients who need concentrated therapeutic services prior to community residence. The focus of services is to stabilize the patient and provide a safe and supportive living environment. This code cannot be used for the treatment of a substance use disorder.	Technical Documentation Requirements See Section X Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertinent mental status and functioning status				
NOTES	practitioners during the same per diem billing period EXAMPLE ACTIVITIES				
All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented, and reported or billed separately from H0018. This does not include services for children who are in custody of the Department of Human Services.	*External provider means any provider who is provid service who is not part of the residential program. Ex manager not part of the residential facility could perfort of the transition from the residential program as a duplication of a service already provided by the res This code could also be used for a Crisis Services Unit the ET modifier.	cample, a case form a service as solong as it is not idential facility.			
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ 1 Hour Minimum: N/A Maximum: 24 Hours	5			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☑ Group ☑ Family	*child/adol/young adult ☐ TM (ACT) ☐ ☑ HK (Residential) ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)			
PLACE OF SERVICE (POS)					
 ☑ CMHC (53) ☑ PRTC (56) ☑ ACF (13) ☑ RSATF (55) ☑ Grp Home (14) *if RCCF. use POS 14 					

RI	ESIDENTIAL			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H0018	Behavioral health; short-term residential (non- hospital residential treatment program), without room and board, per diem	⊠ OBH		
SERVICE DESCRIPTION				
A short-term residential treatment program offering 24-hour intensive residential treatment, habilitative, and rehabilitative services for up to 30 days in a highly structured, community-oriented environment. This type of program is appropriate for patients who need concentrated therapeutic services prior to community residence. The focus of services is to stabilize the patient and provide a safe and supportive living environment.	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 statu			
NOTES	practitioners during the same per diem billing period EXAMPLE ACTIVITIES			
All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented, and reported or billed separately from H0018. This does not include services for children who are in custody of the Department of Human Services.	*External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service a 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) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ 1 Hour Minimum: N/A Maximum: 24 Hours	5		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Individual ☑ Group ☑ Family	*child/adol/young adult ☐ TM (ACT) ☐ ☐ HK (Residential) ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ PRTC (56) ☑ ACF (13) ☑ RSATF (55) ☑ Grp Home (14) *if RCCF, use POS 14				

RESIDE	NTIAL	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	⊠ Medicaid
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A residential treatment program offering 24-hour supervised residential treatment, habilitative, and rehabilitative services in a structured, community-oriented environment. Also called "transitional living," services include organized rehabilitation services as well as assistance in obtaining appropriate long-term living arrangements. Services are designed for individuals who have the potential and motivation to ameliorate some skills deficits through a moderately structured rehabilitation program that stresses normalization and maximum community involvement and integration, including daily living and socialization skills training; case management and benefit attainment (community supports); recreational activities; educational and support activities; and access to therapeutic interventions as necessary. This code could also be used for a Crisis Stabilization Unit (CSU) if billed with the ET modifier.	Technical Documentation Requirements See Section X Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or perticular status and functioning status 2. Participation in treatment 3. Pertinent physical health status information 4. Progress toward treatment/service plan goals and/or 5. Any other patient activities or patient general behavior All individual and group services, provided by reside e.g. skills training group, individual therapy, med act services, although included in the per diem, should separately. These can be all included in the same d as the daily/shift notes or in a separate note. Refer service procedure code for required minimum docueach service. Residential programs who continue to incorporate at the activities of less than bachelor's level staff, must documentation to support services provided by Me practitioners during the same per diem billing period	discharge rs in milieu ential staff, ministration be identified ocumentation to appropriate mentation for and document t also show dicaid allowed
NOTES	EXAMPLE ACTIVITIES	
All services provided by internal professionals in the residential settings are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented, and reported or billed separately from H0019. This does not include services for children who are in custody of the Department of Human Services.	*External provider means any provider who is providiscrete service who is not part of the residential pr Example, a case manager not part of the residential perform a service as part of the transition from the program as long as it is not a duplication of a service provided by the residential facility.	ogram. facility could residential
APPLICABLE POPULATION(S)	UNIT DURATION	
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: 24 H	lours
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Individual ☑ Group ☑ Family	*child/adol/young adult ☐ TM (ACT) ☐ I ☑ HK (Residential) ☐ HM (Respite) (CI	HJ (Voc) HQ ubhouse) TT (Recovery) HT (Prev/EI)
PLACE OF SERVICE (POS)		
 ☑ CMHC (53) ☑ PRTC (56) ☑ ACF (13) ☑ RSATF (55) ☑ Grp Home (14) *if RCCF, use POS 14 		

RESID	ENTIAL			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
A residential treatment program offering 24-hour supervised residential treatment, habilitative, and rehabilitative services in a structured, community-oriented environment. Also called "transitional living," services include organized rehabilitation services as well as assistance in obtaining appropriate long-term living arrangements. Services are designed for individuals who have the potential and motivation to ameliorate some skills deficits through a moderately structured rehabilitation program that stresses normalization and maximum community involvement and integration, including daily living and socialization skills training; case management and benefit attainment (community supports); recreational activities; educational and support activities; and access to therapeutic interventions as necessary. This code could also be used for a Crisis Stabilization Unit (CSU) if billed with the ET modifier.	Technical Documentation Requirements See Section X Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertinent mental status and functioning status 2. Participation in treatment 3. Pertinent physical health status information 4. Progress toward treatment/service plan goals and/or discharge 5. Any other patient activities or patient general behaviors in milieu All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services, although included in the per diem, should be identified separately. These can be all included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code for required minimum documentation for each service. Residential programs who continue to incorporate and document the activities of less than bachelor's level staff, must also show documentation to support services provided by Medicaid allowed practitioners during the same per diem billing			
NOTES	EXAMPLE ACTIVITIES			
All services provided by internal professionals in the residential settings are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented, and reported or billed separately from H0019. This does not include services for children who are in custody of the Department of Human Services.	*External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility.			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Individual ☑ Group ☑ Family	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) *child/adol/young ☐ TM (ACT) ☐ HQ (Clubhouse) adult ☐ HM (Respite) ☐ TT (Recovery) ☑ HK (Residential) ☐ HT (Prev/EI)			
PLACE OF SERVICE (POS)				
 ☑ CMHC (53) ☑ PRTC (56) ☑ ACF (13) ☑ RSATF (55) ☑ Grp Home (14) *if RCCF, use POS 14 				

1	FREATMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)	ne 🗵 Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
This service includes the acquisition and cost of the Methadone and administration of the drug by an alcohol and/or other drug program for the purpose of decreasing or eliminating dependence on opiate substances. Note: Methadone administration is considered only one service of an array /set of services, including SUD group and individual therapy, and other outpatient services that should be established as the treatment protocol and carefully monitored for adherence by the treatment facility. *For patients 17 and under, Federal regulations must be followed for this service.	Technical Documentation Requirements See Section X Service Content 1. Medication take-home agreements 2. Daily dosage 3. Induction notes (when applicable) 4. Daily acknowledgement form signed 5. Daily observation by a medical profe 6. Take home documentation can be conclude dates doses are to be taken should be included in the single note	(when applicable) d by patient essional ompleted in one note; and each dose amount			
NOTES	EXAMPLE ACTIVITIES				
Methadone administration must be provided by a facility with a controlled substance license from the OBH (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 OBH and be certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as opioid medication assisted treatment providers. The methadone is ordered from the manufacturer by the OTP physician and delivered to the facility. Take-home doses permitted in accordance with OBH Rule 21.320 and reported in claims with one unit H0020 per claim line, per date the dose given for, with POS "home" for dates when a dose was provided to take at home, and POS "office" or "outpatient facility" etc. for date take-home doses physically handed to the					
patient. APPLICABLE POPULATION(S)	UNIT DURATION	N			
☐ Child (0-11)	⊠ Encounter	: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☐ Group ☑ packaged for take home	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM ☐ TT (Recovery) (Respite) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☑ LPC ☐ Unlicensed Ed	achelor's Level (HN) LPC Unlicensed EdD/ PhD/PsyD (HP) LAC APN (SA) PA (PA)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Home (12) ☑ PF-PHP ☑ Office (11) ☑ FQHC (50) ☑ NRSATF ☑ Outp Hospital (22) ☑ RHC (72) ☑ Independent Clinic (49)	•				

TREATMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE	
H0020	Alcohol and/or drug services; Methological administration and/or service (proving by a licensed program)		⊠ OBH	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQ	UIREMENTS		
This service includes the acquisition and cost of the Methadone and administration of the drug by an alcohol and/or other drug program for the purpose of decreasing or eliminating dependence on opiate substances. Note: Methadone administration is considered only one service of an array /set of services, including SUD group and individual therapy, and other outpatient services that should be established as the treatment protocol and carefully monitored for adherence by the treatment facility. *For patients 17 and under, Federal regulations must be followed for this service.	Technical Documentation Requirer See Section X Service Content 1. Medication take-home agreer 2. Daily dosage 3. Induction notes (when applicate) 4. Daily acknowledgement form 5. Daily observation by a medicate 6. Take home documentation cate include dates doses are to be should be included in the sing	ments (when app able) signed by patien Il professional n be completed i taken and each c	t in one note;	
NOTES	EXAMPLE ACTIVITIES			
Methadone administration must be provided by a facility with a controlled substance license from the OBH (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 OBH and be certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as opioid medication assisted treatment providers. The methadone is ordered from the manufacturer by the OTP physician and delivered to the facility. Take-home doses permitted in accordance with OBH Rule 21.320 and reported in claims with one unit H0020 per claim line, per date the dose given for, with POS "home" for dates when a dose was provided to take at home, and POS "office" or "outpatient facility" etc. for date take-home doses physically handed to the patient.	 The measuring, diluting and/or r that is appropriate for the patier qualified physician, physician ass which is subsequently delivered Note: this code includes the acq treatment as a pre-requisite to t drugs. 	nt's plan of care, sistant, or nurse to the patient fo uisition of the M	administered by a practitioner, or oral ingestion. ethadone used for	
APPLICABLE POPULATION(S)	UNIT	DURATION		
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17)* (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES	•		
☑ Individual ☐ Group ☑ packaged for take home	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
the transfer of the transfer o	D/ PhD/PsyD (HP) ■LAC IN A P	N (SA)		
PLACE OF SERVICE (POS)				
 ☑ CMHC (53) ☑ Home (12) ☑ PF-PHP ☑ Office (11) ☑ FQHC (50) ☑ NRSATF ☑ Outp Hospital (22) ☑ RHC (72) ☑ Independent Clinic (49) 	•			

PREVENTION/EARLY INTERVENTION					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0022	Alcohol and/or drug intervention service (planned facilitation)	☑ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A planned alcohol and/or drug intervention service (often an early intervention) used to assist a person with abstaining from alcohol and or drug usage.	 Date of service Client demographic information Specific intervention service used Clients response Referral for treatment (if necessary) Signed with 1st initial, last name & credentials 				
NOTES	EXAMPLE ACTIVITIES				
	Staff time spent talking to involuntary commitment mana involving involuntary commitment clients.				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Minimum: N/A☐ Day☐ 1 Hour☐ Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☑ Group ☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)			
STAFF REQUIREMENTS					
□ Bachelor's Level (HN) □ LPC □ Unlicensed	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN EdD/ PhD/PsyD (HP) ⊠ CAS ⊠ APRN (SA) D/PhD/PsyD (AH) □ QMAP	` ′ ⊠ RxN (SA)			
PLACE OF SERVICE (POS)					
☑ Shelter (04) ☑ Office (11) ☑ RHC (72)	☑ CMHC (53)☑ RSATF (55)☑ NRSATF (57)				

PREVENTION/EARLY	INTE	RVENTION or TREATM	ENT			
Ē		PROCEDURE CODE D	ESCRIPTION	US	AGE	
H0023		Behavioral health outreach service (planned approach to reach a population) /Drop- In Center			Medicaid	
		MINIMUM DOCUMENTATION REQUIREMENTS				
		Technical Document	ation Requir	ements:	See Section X	
	es	Outreach Service:			n Center:	
			•	Name,	DOB, or SS#/Medicaid ID #	
nd may or may not have a covered			ded goal or			
Dron in Contor:				Canada	ing initially and avenue.	
		Description of the s	ervice		ing initially and every 6 s to determine probable	
•	nt				oral health diagnosis	
		Outreach services p	rovided		ign-in/Sign out with time	
		•			it calculation)	
illness is provided.				Once/	month self-eval by member	
		including any follow	/-up or	on ber	efits of drop-in service,	
, , , , , , , , , , , , , , , , , , , ,	f []				ss toward their recovery	
		parties, if applicable	9		or other information about	
	1			their p	articipation	
systems is provided at these sites.		EVAMBLE ACTIVITIES	•			
Dron-in Center:					Drop-in Center:	
•	n				Information and referral	
	<i>i</i> .	behavioral health services, with repeat				
		contact over time in an effort to engage Action plan & Support				
Do not need confirmed diagnosis		an individual into services groups			groups	
			•		Recreational activities	
-	ı				that are part of	
					scheduled activities in a	
	,		ivioral fleatti	l	club-like setting	
	.		age individua	ıls who	Behavioral health	
and to peer supervision					education	
Outreach ONLY may use with Child (0-11)	UNIT			ON	
× (18, 20) ✓ Adult (21-64)		☐ Encounter 🗵1	5 Minutes	Minimur	n: 8 min	
uit (18-20) ⊠ Geriatric (65+)		□ Day □ 1	. Hour	Maximu	m: N/A	
RY		PROGRAM SERVICE	CATEGORY(IE	S)		
		Outreach Service:			n Center:	
			0		l/young adult: 1 st modifier:	
☑ Individual ☑ Group ☑ Family				111,	2 nd modifier: HQ to distinguish as	
ily		distinguish as outreac		2 nd mod	illier: HQ to distinguish as	
ily		distinguish as outreac	h	drop-in	center	
ily		- I	h	drop-in		
ily		distinguish as outreac	modifier: HT	drop-in For adu	center	
☑ LCSW (AJ) ☑ Unlicensed		distinguish as outreac For adult/geriatric: 1st er's Level (HO)	h modifier: HT ☑ LPN/	drop-in For adu	center It/geriatric: 1st modifier: HQ E RxN (SA)	
☑ LCSW (AJ) ☑ Unlicensed ☑ LPC ☑ Unlicensed	EdD/ F	distinguish as outreact For adult/geriatric: 1st er's Level (HO) PhD/PsyD (HP) ■CAT	modifier: HT	drop-in For adu LVN (TE)	center It/geriatric: 1st modifier: HQ IN RXN (SA) IN PA (PA)	
☑ LCSW (AJ) ☑ Unlicensed	EdD/ F	distinguish as outreac For adult/geriatric: 1st er's Level (HO) ■LAC PhD/PsyD (HP) ■CAT	modifier: HT LPN/ RN (1	drop-in For adu LVN (TE) TD) (SA)	center It/geriatric: 1 st modifier: HQ E RxN (SA)	
☑ LCSW (AJ) ☑ Unlicensed ☑ LPC ☑ Unlicensed	l EdD/ F dD/PhD	distinguish as outreac For adult/geriatric: 1st er's Level (HO) PhD/PsyD (HP) ©CAT D/PsyD (AH) ©CAS	Modifier: HT ☑ LPN/ ☑ RN (T ☑ APN ☐ QMA	drop-in For adu LVN (TE) FD) (SA)	center It/geriatric: 1st modifier: HQ IN RXN (SA) IN PA (PA)	
□ LCSW (AJ) □ Unlicensed □ LPC □ Unlicensed □ LMFT □ Licensed E	l EdD/ F dD/PhD	distinguish as outreactive for adult/geriatric: 1st er's Level (HO)	modifier: HT LPN/ RN (1 APN QMA dare for Out	drop-in For adu (LVN (TE) FD) (SA) RP treach. HP (52)	center It/geriatric: 1st modifier: HQ IN RXN (SA) IN PA (PA)	
E LCSW (AJ)	l EdD/ F dD/PhD	distinguish as outreactive for adult/geriatric: 1st er's Level (HO)	modifier: HT LPN/ RN (1 APN QMA dare for Out	LVN (TE) (SA) AP Ereach. HP (52) pol (03)	center lt/geriatric: 1st modifier: HQ E RxN (SA) E PA (PA) E MD/DO (AF)	
□ LCSW (AJ) □ Unlicensed □ LPC □ Unlicensed □ LMFT □ Licensed E	l EdD/ F dD/PhD	distinguish as outreactive for adult/geriatric: 1st er's Level (HO)	modifier: HT LPN/ RN (1 APN QMA dare for Out	LVN (TE) (SA) AP treach. HP (52) iol (03) er POS (99)	center lt/geriatric: 1 st modifier: HQ E RxN (SA) E PA (PA) E MD/DO (AF)	
I Contact of the cont	population within their environment or addressing behavioral health issues may or may not have currently and may or may not have a covered Drop-in Center: Drop-in centers are a form of outreach where a safe environmer for outreach to and engagement of adolescents or adults with mental illness is provided. Such sites may be peer driven and may be operated independently of other behavioral health services. Education about behavioral health systems is provided at these sites. Drop-in Center: Promote ongoing recovery through peer support, advocacy, empowerment and social skills developed the provider of attendance if in treatment Clinical consultation by MA-staff available during hours of operation and for peer supervision Dutreach ONLY may use with Child (0-11 dult (18-20) Adult (21-64) Geriatric (65+)	population within their environment for or addressing behavioral health issues is may or may not have currently and may or may not have a covered Drop-in Center: Drop-in centers are a form of outreach where a safe environment for outreach to and engagement of adolescents or adults with mental illness is provided. Such sites may be peer driven and may be operated independently of other behavioral health services. Education about behavioral health systems is provided at these sites. Drop-in Center: Promote ongoing recovery through peer support, advocacy, empowerment and social skills dev. Do not need confirmed diagnosis Inform provider of attendance if in treatment Clinical consultation by MA-staff available during hours of operation and for peer supervision Dutreach ONLY may use with Child (0-11) and for peer supervision Dutreach ONLY may use with Child (0-11) and Geriatric (65+) RY	Behavioral health our (planned approach to population within their environment for or addressing behavioral health issues as may or may not have currently and may or may not have a covered Drop-in Center:	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center MINIMUM DOCUMENTATION RE Technical Documentation Require Tor addressing behavioral health issues is may or may not have currently and may or may not have a covered Drop-in Center: Drop-in centers are a form of outreach where a safe environment for outreach where a safe environment for outreach where a safe environment for outreach to and engagement of adolescents or adults with mental illness is provided. Such sites may be peer driven and may be operated independently of other behavioral health services. Education about behavioral health systems is provided at these sites. Drop-in Center: Promote ongoing recovery through peer support, advocacy, empowerment and social skills dev. Do not need confirmed diagnosis Inform provider of attendance if in treatment Clinical consultation by MA-staff available during hours of operation and for peer supervision Dutreach ONLY may use with Child (0-11) and in need of behavioral health services Outreach ONLY may use with Child (0-11) and in need of behavioral health services Outreach Service: Outreach Service: Initiating non-threatening convers and informally identifying need behavioral health services. Respond to referrals as requested police, landlords, etc., of individual suspected of having an SMI/SPM and in need of behavioral health services. Outreach ONLY may use with Child (0-11) UNIT Dult (18-20) Adult (21-64) Surface Service: For children/adol/young adult: Benotifier H. Toll the contact over time in an effort to an individual into services. Repond to recent service in a population and for peer supervision Dutreach ONLY may use with Child (0-11) Dult (18-20) Adult (21-64) Surface Service: For children/adol/young adult: Standifiers H. Toll energy in the form of the service in a population and for peer supervision.	H0023 Behavioral health outreach service (planned approach to reach a population) /Drop- In Center MINIMUM DOCUMENTATION REQUIREM Technical Documentation Requirements: Outreach Service: Drop-in Center: Drop-in centers are a form of outreach where a safe environment for outreach use peer driven and may be operated independently of other behavioral health services. Education about behavioral health systems is provided at these sites. Drop-in Center: Promote ongoing recovery through peer support, advocacy, empowerment and social skills dev. Do not need confirmed diagnosis Inform provider of attendance if in treatment Clinical consultation by MA-staff available during hours of operation and for peer supervision Dutreach ONLY may use with Child (0-11) Gult (18-20) Ault (18-20) PROGRAM SERVICE CATEGORY(IES) Outreach Service: Drop-in Center: Dutreach Service: Drop-in Center	

		PREVENTION/EARLY INT	ERVENTION or TI	REATMENT		
CPT®/HCPCS PROCEDURE COD	E			ODE DESCRIPTION	US	SAGE
H0023			Behavioral health outreach service (planned approach to reach a population) /Drop- In Center			
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION RE	QUIREM	ENTS
A planned approach to reach a			Technical Doc	umentation Requir	ements:	See Section X
the purpose of preventing and	_		Outreach Se			n Center:
and problems. These individua consented to receive services,			What was th	or the visit/call. e intended goal or	Name,	DOB, or SS#/Medicaid ID #
diagnosis.			agenda?			
Outreach Service: Developing an alliance with	Drop-in Cen	ter: ters are a form of	Description o	of the service		ning initially and every 6
a consumer to bring them		nere a safe environment				s to determine probable /IORAL HEALTH diagnosis
into ongoing treatment		to and engagement of	Outreach ser	vices provided		ign-in/Sign out with time
into ongoing treatment		or adults with mental	11	vidual's response	-	nit calculation)
	illness is pro		Plan for next		<u> </u>	month self-eval by member
Re-engagement effort		nay be peer driven and	1 1 1	follow-up or		nefits of drop-in service,
including utilizing drop-in		rated independently of		needed with 3rd		ess toward their recovery
center services		VIORAL HEALTH services.	parties, if ap			or other information about
Prevention/Interv activities		bout BEHAVIORAL			_	articipation
for individuals and family	HEALTH syst	tems is provided at these				
NOTES			EXAMPLE ACT	IVITIES		
Outreach Service:	Drop-in Cen	ter:	Outreach Se	rvice:		Drop-in Center:
Activities occur often off-	Promote on	going recovery through	Initiating nor	n-threatening conve	ersation	Information and referral
site (e.g., food bank, public	peer suppor	t, advocacy,	and informally identifying need for			
shelter, etc.), or by phone,	empowerm	ent and social skills dev.		. HEALTH services, \		
but can be at other POS.			1 1 1	ct over time in an e		
Do not need confirmed	Do not need	confirmed diagnosis	engage an in	dividual into service	es	
diagnosis				eferrals as requeste		Action plan & Support
	-	ider of attendance if in		ords, etc., of individ		groups
	treatment			having an SMI/SPN		
		sultation by MA-staff		of BEHAVIORAL HEA	ALTH	
		ring hours of operation r supervision	services	. 1 1		251101//02011/1501711
	and for peer	supervision	- I I	re-engage individua		BEHAVIORAL HEALTH
APPLICABLE POPULATION(S) *	Outroach ONLY	move use with Child (0.11)	UNIT	r disengaging from	DURATION	education
V Child (0 11)		Adult (21-64)	☐ Encounter	≥15 Minutes	Minimur	
☑ Adol (12-17) ☑ Young A	dult (18-20)	☑ Geriatric (65+)	☐ Day	□ 1 Hour	Maximu	
ALLOWED MODE(S) OF DELIVE	:RY			RVICE CATEGORY(II		······································
(0) =			Outreach Se			-in Center:
			For children/a	dol/young adult:		lol/young adult: 1 st modifier:
☑ Individual ☑ Group ☑ Fam	ilv			E; 2 nd modifier: HT to	HE;	
aaaai	/		distinguish as	distinguish as outreach 2 nd modifier: HQ to distinguish as		S
			For adult/goris	atric: 1 st modifier: HT		n center lult/geriatric: 1 st modifier: HQ
STAFF REQUIREMENTS			Tot addit/gene	acric. 1 mounter. HT	i oi au	idiy 6 ci idulic. 1 modiller. nQ
·	Б. с	CM/(AI) VIII bliconcod March	tor's Lovel (UO)	ELPN/	LVN (TE)	E DVN (CA)
✓ Peer Specialist✓ Bachelor's Level (HN)	ı x LC	SW (AJ) Unlicensed Mass Unlicensed EdD		ĭ LAC I RN (■ RxN (SA) ■ PA (PA)
☑ Intern	¥ LN	•		IZICAS IZI APN	. ,	☑ MD/DO (AF)
	on In Couter	•	. , , ,	LI QIVIA		,
PLACE OF SERVICE (POS) **Dro ☑ CMHC (53)** ☑ Grp H	•	may use POS 53 or 99 ONLY IN PRTC (56)	RSATF (55)	checked are for Ou ER ()		☑ Shelter (04)
☑ CIVINC (53)*** ☑ Grp H ☑ Office (11) ☑ Home		☑ PRIC (56) ☑ SNF (31)	☑ KSATF (55) ☑ NRSATF (57)		23) HP (52)	⊠ Sheiter (04) ☑ Mobile Unit (15)
✓ ACF (13)✓ ICF-N		☑ FQHC (50)	☑ Inpt Hosp (21)		ool (03)	☑ Outp Hospital (22)
✓ Cust Care (33)✓ NF (3		⊠ RHC (72)	☑ Inpt PF (51)		er POS (99)	

Uniform Service Coding Standards Manual April 2021 Revised: March 31, 2021

PREVENTION/EARLY INTERVENTION							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
H0024			Behavioral health Prevention Information Dissemination Service (One-Way Direct or Non- Direct Contact with Service Audiences to Affect Knowledge and Attitude)				
SERVICE DESCRIPTION	l		MINIMUM DOCUM	MENTATION RE	QUIREMENTS		
affecting knowledge, a	arget audiences with the attitude and/or behavior stion education and info	through one-	Number of pa Type of service				
NOTES			EXAMPLE ACTIVITI	ES			
	l life and social skills, inc king, refusal skills, critic abilities.	_	Pamphlets, educati	onai presenta	tions, Billboard	is	
APPLICABLE POPULAT	TON(S)		UNIT		DURATION		
☑ Child (0-11) ☑ \(\times \) ☑ Adol (12-17) (18	Young Adult ☑ Adu -20) ☑ Geri	lt (21-64) atric (65+)	□ Day □	l 15 Minutes l 1 Hour	Minimum: N/ Maximum: N/		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE	•	•		
☑ Individual ☑ Grou	p ⊠ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (□ TM □ HM	(ACT) (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENT	S						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAT ⊠ CAS	⊠ LPN/LV ⊠ RN (TD) ⊠ APRN (S □ QMAP	` ' ⊠ RXN (SA)	
PLACE OF SERVICE (PC							
☑ Shelter (04)☑ Prison/CF (09)	⊠ Home (12) ⊠ Grp Home (14) ⊠ Mobile Unit (15) ⊠ Cust Care (33)	☑ FQHC (50)☑ CMHC (53)☑ RSATF (55)☑ NRSATF (57)	☑ RHC (72)☑ Other POS (99)				

PREVENTION/EARLY INTERVENTION					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)	☑ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
H0025 includes the delivery of services to individuals on issues of behavioral health education, to affect knowledge, attitude and behavior. It may include screenings to assist individuals in obtaining appropriate treatment. Prevention activities are delivered prior to the onset of a disorder and are intended to prevent or reduce the risk of developing a behavioral health problem. (SAMSHA). Causes and symptoms of disorders are discussed to encourage early intervention and reduce severity of illness. Education involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service 3. Prevention education provided and individual's response to the information 4. Plan for next contact(s), if applicable				
NOTES	EXAMPLE ACTIVITIES				
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities. One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve health. If services are performed by a CAC provider, a SUD Primary Diagnosis is required.	 Classroom educational activities for children or pon skill building and CBT skills to prevent anxiety, Education services/programs for youth on substation services programs for youth on substation skills Peer leader/helper programs teaching drug refusion commitment to a drug free lifestyle Small group sessions involving interaction among Nurturing Parent Program Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) Multi-family groups that are educational in natural therapeutic) 	/depression ance use on life/social sal skills and gst participants			
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)				
☑ Individual ☑ Group ☑ Family	*child/adol/young adult ☐ TM (ACT) ☐ H☐ HK (Residential) ☐ HM ☐ ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	Master's Level (HO) ☑LAC ☑ LPN/LVN (TE) ☑ RXN (EDD/ PhD/PsyD (HP) ☑CAT ☑ APN (SA) ☑ MD/N				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ Outp Hospital (22) ☒ Grp Home (14) ☒ PRTC (56) ☒ Home (12) ☒ Shelter (04)	 ☑ SNF (31) ☑ NRSATF (57) ☑ FQHC (50) ☑ Other POS (99) ☑ RHC (72) ☑ School (03) 				

Revised: March 31, 2021 Effective: April 1, 2021

PREVENTION/EARLY INTERVENTION					
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 g 2. Description of the service 3. Prevention education provided and individual's r information 4. Plan for next contact(s), if applicable	_			
NOTES	EXAMPLE ACTIVITIES				
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities. One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve health.	 Classroom educational activities for children or pon skill building and CBT skills to prevent anxiety, Education services/programs for youth on substated and services focused of skills Peer leader/helper programs teaching drug refusion commitment to a drug free lifestyle Small group sessions involving interaction among Nurturing Parent Program Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) Multi-family groups that are educational in nature therapeutic) 	/depression ance use on life/social sal skills and gst participants			
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: N/A				
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☑ Group ☑ Family	*child/adol/young ☐ TM (ACT) ☐ HC adult ☐ HM (Respite) ☐ TT	(Voc) Q (Clubhouse) (Recovery)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	Master's Level (HO) ☑LAC ☑ RN (TD) ☑ RXN EdD/ PhD/PsyD (HP) ☑CAT ☑ APN (SA) ☑ MD/ D/PhD/PsyD (AH) ☑CAS ☐ QMAP ☑ MD/				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ Outp Hospital (22) ☒ Grp Home (14) ☒ PRTC (56) ☒ Home (12) ☒ Shelter (04)	☑ SNF (31)				

PREVENTION/EARLY INTERVENTION				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Environmental strategies use a broad range of external activities in order to mainstream prevention through policies and law. These strategies establish or change community standards, codes, and attitudes, which decreases the prevalence of alcohol and other drugs within the community.	 Number of participants Type of service 			
NOTES	EXAMPLE ACTIVITIES			
	 Review of school policies Community technical assistance Revised advertising practices Pricing strategies Setting minimum age requirements Product use restrictions Workplace substance abuse policies New or revised environmental codes New or revised ordinances, regulations, or legislation 			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Individual ☑ Group ☐ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Bacrieior's Level (FIN) □ LPC □ Unlicensed	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN (TE) ⊠ RxN (SA) EdD/ PhD/PsyD (HP) ⊠ CAT ⊠ APRN (SA) ⊠ PA (PA) y/PhD/PsyD (AH) ⊠ CAS □ QMAP □ QMAP			
PLACE OF SERVICE (POS)				
	区 RHC (72) 区 Other POS (99)			

PREVENTION/EARLY INTERVENTION						
CPT®/HCPCS PROCEI	DURE CODE		PROCEDURE CODE	DESCRIPTION	l	USAGE
	H0028		Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment			
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	ENTATION R	EQUIREMENTS	
address the following substance use, and p Identification and ref between substance u	ude screening for te referral for preven- cies if indicated. Thi g risk factors: individual rerceived risks for suferral programs look use and a variety of ems, 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	 Date of service Start and stop Number of parallel Type of service Referral to tre 	time (duration ticipants	,	
NOTES			EXAMPLE ACTIVITIE	S		
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
· · ·		☑ Adult (21-64) ☑ Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: 8 mi Maximum: N/A	-
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE			
☑ Individual ☑ Gro	up ⊠ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (ICM □ TM (AC ⁻ □ HM (Re	Γ) \square spite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMEN	TS					
☑ Peer Specialist☑ Bachelor's Level (HN☑ Intern	N) 区 LCSW (区 LPC 区 LMFT	✓ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAT ⊠ CAS	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA) □ QMAP	IXI RXIN (SA)
PLACE OF SERVICE (F	POS)					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ Shelter (04)	区 FQHC (50)区 RHC (72)区 RSATF (55)区 NRSATF (57)	☑ Prison/CF (09) ☑ School (03) ☑ Other POS (99)			

PREVENTION/EARLY INTERVENTION					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Alternative services provide opportunities for recognition and organized leisure activities that exclude alcohol and drugs. The goal of these alternative services is to halt or reduce risk taking behaviors. Alternative programs include a wide range of social, recreational, cultural and community service activities that would appeal to populations of all ages.	Number of participants Type of service				
NOTES	EXAMPLE ACTIVITIES				
	 Alcohol/tobacco/drug free social and or recre. Community drop in centers Community services Leadership functions Activities involving athletics, art, music, movie 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☑ Group ☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
☑ Bacrieloi S Lever (FIN) ☑ LPC ☑ Unlicensed	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN EdD/ PhD/PsyD (HP) ⊠ CAT ⊠ APRN (SA) D/PhD/PsyD (AH) ⊠ CAS □ QMAP	IXI RXN (SA)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ Grp Home (14) ☒ Prison/CF (09) ☒ Office (11) ☒ Home (12) ☒ School (03) ☒ Mobile Unit (15) ☒ Shelter (04) ☒ Other POS (99) ☒ Cust Care (33) ☒ FQHC (50) ☒ RHC (72)					

		PHONE – CRISIS- E	BEHAVIORAL HEALT	ГН				
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	H0030		Behavioral health,	, Hotline Service	es	☑ ОВН		
SERVICE DESCRIPT	ION		MINIMUM DOCUMENTATION REQUIREMENTS					
telephone support hours per day, seve hotline anonymous	e provided through a services that are ava en (7) days per week. sly during a crisis situa e caller to become a	ilable twenty-four (24) Callers often call a ation. There is no	1. Date of service					
NOTES			EXAMPLE ACTIVIT	ΓIES				
APPLICABLE POPU	LATION(S)		UNIT		DURATION			
	•	ĭ Adult (21-64)		☐ 15 Minutes	Minimum: N			
		☑ Geriatric (65+)		☐ 1 Hour	Maximum: N	/A		
ALLOWED MODE(S	6) OF DELIVERY		PROGRAM SERVICE			7()		
☑ Individual ☐ Gi	roup 🗆 Family		☐ HE (SP) ☐ HK (Residential		(ACT) [(Respite) [] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)		
STAFF REQUIREME	NTS							
☑ Peer Specialist ☑ Bachelor's Level (i ☑ Intern	⊠ LPC ⊠ LMFT		Master's Level (HO) EdD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	⊠ LAC ⊠ CAT ⊠ CAS	⊠ LPN/LV ⊠ RN (TD) ⊠ APRN (S □ QMAP	` ′ ⊠ RXN (SA)		
PLACE OF SERVICE								
区 CMHC (53)☑ Office (11)☑ Home (12)	☑ Shelter (04)☑ FQHC (50)☑ RHC (72)☑ NRSATF (57)	⊠ Prison/CF (09) ⊠ School (03) ⊠ Other POS (99)						

	ASSESSMENT					
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DI	ESCRIPTION		USAGE
	H0031		Mental health assessr	ment, by a nor	n–physician	⊠ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUME	NTATION REQ	UIREMENTS	
functional capacity, and the treatment of menta from collaterals. This a of the patient's behavior recommendations for to the service can also be the assessment is necestifferent Level of Care of the treatment	used by any MHP when ssary, for example a refe	nation used for ay be obtained identification is and an update of erral to a sement with dure code	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) Description of the service Review of psychosocial and family history, patient functioning an other assessment information Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition – need for behavioral he services, referral, etc. 			
	and Diagnosis evaluation					
completed, it needs to	be completed by staff w s for a 90791. Otherwise	ith at least the				
NOTES			EXAMPLE ACTIVITIES			
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.			 Meeting with the Meeting with the information With the patient's family members, c (educational, med Administering accusubstantial impair 	patient/patien s permission, m collateral sourd lical, social ser eptable instrui	neetings/telepho ces of pertinent in vices, etc.) ments to the pation	ct social history ne contact with formation
APPLICABLE POPULATI	ON(S)		UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ 20)	- '	dult (21-64) eriatric (65+)		15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE C			
☑ Individual ☐ Group	☑ Family		☑ HE (SP) ☑ HK (Residential)	⊠ U4 (I ⊠ TM (□ HM (ACT) (Respite)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed E	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □ LPN/LVN (TE) □ RxN (SA) □ APN (SA) □ APN (SA) □ QMAP □ MD/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)	☑ ICF-MR (54)☑ NF (32)☑ PRTC (56)☑ Shelter (04)	✓ SNF (31)✓ FQHC (50)✓ RHC (72)✓ Inpt Hosp (2)	⊠ Inpt P ⊠ ER (23 ⊠ PF-PH 1)	3)	School (03) Other POS (99)

	ASSESSMENT						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	H0031		Mental health asse	essment, by a nor	–physician	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REQ	UIREMENTS	_	
A clinical assessment that functional capacity, and the treatment of mental from collaterals. This as of the patient's behavior recommendations for treatment of the service can also be used the assessment is necessed different Level of Care of the service can also be used. * Licensed MHPs, when mental status and diagration of the service can also be used. OPTIONAL DOCUMENTAL If a Mental Status Examit needs to be completed requirements for a 9079 should be used.	other additional informal illness. Information massessment results in the ral health service needs eatment. Used by any MHP when sary, for example a refer program. completing a full assessmosis should use procedation requirements and Diagnosis evaluations by staff with at least time.	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 behavioral health services, referral, etc.					
		EXAMPLE ACTIVIT	IEC				
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.			 Meeting with the patient in order to assess his/her needs Meeting with the patient/patient's family to collect social history information With the patient's permission, 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		
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ 20)	oung Adult (18- ⊠ A ⊠ G	dult (21-64) eriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: I Maximum:	•	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC				
☑ Individual ☐ Group	⊠ Family		区 HE (SP) 区 HK (Residential)			☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS					Day (13 (21 (22)		
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT		Aaster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠ LAC □ A	N (TD) PN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)	
PLACE OF SERVICE (POS ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	MACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54) ☑ NF (32) ☑ PRTC (56) ☑ Shelter (04)	⊠ SNF (31) ⊠ FQHC (50 ⊠ RHC (72) ⊠ Inpt Hosp	⊠ PF-PH	3) IP (52)	☑ Other POS (99)	

Uniform Service Coding Standards Manual April 2021 Revised: March 31, 2021

CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CO	DE DESCR	RIPTION			USAGE
	H0032		Behavioral healt			ce plan		☑ Medicaid
			development by					
SERVICE DESCRIPTIO			MINIMUM DOC				ΓS	
	evaluate, or modify a		Technical Documentation Requirements					
•	cluding the statemen		See Section X					
	ent/service goals, clin		Service Content					
interventions designe							goal or agenda?	
	oals. The treatment/s		2. Description o				discussi	on of
	cian and clinical super		treatment/se					
	ent as necessary or wi		3. Completion o					
change in the patient	's condition/service n	leeds occurs.	including req 4. Treatment/se					
			completion c		n revisio	ns snould in	ciude p	rogress and/or
			5. Plan for next	-	·) includi	ng any follo	w up o	r coordination
			needed with			ing arry rollo	w-up o	Coordination
NOTES			EXAMPLE ACTIV		3			
	of individual psychoth	nerany procedure	EXAMILE ACTIV	IIILS				
codes (see psychotherapy procedure codes) when the focus of the session is on treatment/service planning and no								
	s during the session. l	-						
	if more than 50% of th							
psychotherapy.								
APPLICABLE POPULA	TION(S)		UNIT			DURATION	V	
	Young Adult	Adult (21-64)	☑ Encounter	□ 15 M	inutes	Minimum:	N/A	
⊠ Adol (12-17) (1	8-20)	Geriatric (65+)	☐ Day	□ 1 Hor	ur	Maximum	: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	ICE CATE	GORY(IE	S)		
			⊠ HE (SP)		⊠ U4 (ICM)	×	HJ (Voc)
☑ Individual ☐ Grou	ın 🔽 Family		☑ HK (Residential)	al)	⊠ TM ((ACT)		HQ (Clubhouse)
□ Milaividuai 🗀 Grou	ip 🗠 raililly				⊠ HM	(Respite)	x	TT (Recovery)
							X	HT (Prev/EI)
STAFF REQUIREMEN	TS							
☐ Peer Specialist	⊠ LCSW (A	AJ) 🗵 Unlicensed	Master's Level (HO)			PN/LVN (TE)	☐ RxN	I (SA)
☑ Bachelor's Level (HN)	_		EdD/ PhD/PsyD (HP)	⊠LAC		N (TD)	≥ PA (` '
☑ Intern	⋈ LMFT	∠ Licensed Edl ✓ L	ed EdD/PhD/PsyD (AH) APN (SA) PA (PA)					/DO (AF)
PLACE OF SERVICE (P	OS)					·		
☑ CMHC (53)	⊠ ACF (13)	⊠ ICF-MR (5	54) 🗵 SNF (3	1)	⊠ Inpt	PF (51)		
⊠ Office (11)	☑ Cust Care (33)	☑ NF (32)	, ⊠ FQHC			HP (52)		
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ PRTC (56)			⊠ Scho			
☑ Outp Hospital (22)	⊠ Home (12)	⊠ Shelter (•	osp (21)		er POS (99)		

		AS	SSESSMENT				
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CO	USAGE			
	H0032		Behavioral health treatment service plan development by non-physician				
SERVICE DESCRIPTIO	N				ON REQUIREMENT	rs	
	evaluate, or modify a pat	ient's treat-	Technical Docum		-	13	
	cluding the statement of		See Section X				
	als, clinical interventions		Service Content				
achieve goals, and an evaluation of progress toward goals.			1. The reason fo	r the visit. V	Vhat was the inte	nded goal or agenda?	
The treatment/service plan is reviewed by the clinician and					e (should include	discussion of	
	nd revised with the patien		treatment/se				
· ·	major change in the patie	nt's	•			ard plan development	
condition/service nee	eas occurs.				ures according to	agency policies iclude progress and/or	
			completion o		evisions snould in	iciade progress ana/or	
			· ·	-	ncluding any follo	w-up or coordination	
			needed with		σ,	,	
NOTES			EXAMPLE ACTIV	ITIES			
	of individual psychothera						
	erapy procedure codes) w						
	reatment/service planning						
	s during the session. Use a if more than 50% of the se						
psychotherapy.	Timore than 50% of the 30	233101113					
APPLICABLE POPULA	TION(S)		UNIT		DURATIO	V	
☑ Child (0-11)	Young Adult 🗵 Ad	ult (21-64)	区 Encounter	☐ 15 Minu	ites Minimum:	N/A	
, ,	· · · · · · · · · · · · · · · · · · ·	riatric (65+)	☐ Day	☐ 1 Hour	Maximum	: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV				
			⊠ HE (SP)		U4 (ICM)	⊠ HJ (Voc)	
☑ Individual ☐ Grou	ıp 🗵 Family		🗷 HK (Residentia	•	TM (ACT) HM (Respite)	☐ HQ (Clubhouse) 区 TT (Recovery)	
					invi (Respite)	⊠ HT (Prev/EI)	
STAFF REQUIREMENT	TS					= 111 (11e v/2 1)	
☐ Peer Specialist	⊠ LCSW (AJ)	☑ Unlicensed	Master's Level (HO)	⊠ LAC	☑ LPN/LVN (TE)	☐ RxN (SA)	
☑ Bachelor's Level (HN)		☑ Unlicensed	EdD/ PhD/PsyD (HP)	✓ CAS	⊠ RN (TD) ⊠ APN (SA)	■ PA (PA)	
☑ Intern	☑ LMFT	∠ Licensed EdI	sed EdD/PhD/PsyD (AH)				
PLACE OF SERVICE (P	OS)						
区MHC (53)	☑ ACF (13)	⊠ ICF-MR (5			Inpt PF (51)		
☑ Office (11)	☑ Cust Care (33)	⊠ NF (32)	⊠ FQHC (PF-PHP (52)		
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ PRTC (56) ☑ Classition (6) ☑ Classition (6)			School (03)		
☑ Outp Hospital (22)		Shelter (Continue) Shelter (Continue))4)	osp (21) 🗵	Other POS (99)		

TREATMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H0033	Oral medication administration, direct observation	☑ Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Observing patient taking oral prescribed medication(s) to ensure adequate maintenance of medication regimen to deter/prevent deterioration of patient's condition. This service includes the administration of Buprenorphine products, within a methadone clinic site, for the purpose of decreasing or eliminating dependence on opiate substances. Administration of Buprenorphine products is only conducted by a qualified physician, physician assistant, or nurse practitioner in a licensed methadone facility. *For patients 17 years and under, Federal regulations must be followed for administering Buprenorphine 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 OBH (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 mediadministered, including name and dosage 2. Patient response to medications, e.g. is the patient medication well or are there complaints of side et sleeping; is there improvement or not in symptom tolerating the medication actions taken. 3. Every encounter should have its own notation. 4. For Buprenorphine induction notes (when application acknowledgement form signed by patient is present to the patient is present to the patient of patient is present to medications Reporting back to MHPs licensed to perform med management services for direct benefit of patient is present to the patient for oral ingest by a qualified physician, physician assistant, or not or within a licensed methadone facility.	atient taking lication t ppropriate to a tion, conducted		
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)			
☑ Individual □ Group □ Family	*child/adol/young adult ⊠ TM (ACT) ☐ F ☑ HK (Residential) ☑ HM (Respite) ☐ T	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENTS				
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	EdD/ PhD/PsyD (HP) □LAC ☑ APN (SA) ☑	RxN (SA) PA (PA) 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) ☑ PRTC (56) ☑ Quin Hospital (22) ☒ Home (12) ☒ Shelter (04)	⋈ SNF (31) ⋈ PF-PHP (52) ⋈ FQHC (50) ⋈ NRSATF (57) ⋈ RHC (72) ⋈ Other POS (99) ⋈ Independent Clinic (49)			

TREATMENT						
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	H0033		Oral medication a	dministration, dire	ect observation	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REQ	JIREMENTS	
Observing patient taking of ensure adequate maintenance deter/prevent deterioration. This service includes the according to t	dministration of Buprenone clinic site, for the patendence on opiate surphine products is only ician assistant, or nurse lity. Index, Federal regulations in hine facilitate medication on the with low medication are most lity in of Buprenorphine products in of Buprenorphine products with a controlled substantiation with the Drug certified through Substantiation (SAMHSA) atment provider. The is paid through Medinistering Buprenorphine provider's office a silled if the service is paider on the same day. Thinistration of the medinistration of the medianistration of the median	orphine urpose of ubstances. conducted by practitioner in nust be followed ompliance and on compliance kely to receive ducts must be ce license from Enforcement ince Abuse and a) as an opioid cost of the dicaid fee-for- ine products, re reimbursed int of the E&M is code should edication. The	2. Patient responmedication we sleeping; is the the medication 3. Every encount 4. For Buprenorp acknowledgen EXAMPLE ACTIVIT One-on-one cuprescribed me Reporting backmanagements The administration patient's plant qualified physi	n that supports ob including name an ise to medications are there concre improvement of actions taken. Her should have its hine induction nonent form signed by the services for direct ation of Buprenorg	servation of med d dosage , e.g. is the patier inplaints of side effor not in symptom own notation. It is the service of the patient is present and observing patient of patient ohine products apent for oral ingestistant, or nurse p	t tolerating the fects, problems is. If not tolerating ble) & daily int taking cation propriate to a ion, conducted by a
APPLICABLE POPULATION		aiu	UNIT		DURATION	
		ult (21-64)	☑ Encounter	☐ 15 Minutes	Minimum: N/A	
☑ Adol (12-17) 20)		riatric (65+)	□ Day	☐ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY Individual Group Family			PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) *child/adol/young adult ☑ TM (ACT) ☐ HQ (Clubh ☑ HK (Residential) ☑ HM (Respite) ☐ TT (Recove		HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed E	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □ LAC □ RN (TD) □ RxN (SA) □ RxN (SA) □ APN (SA) □ QMAP □ MD/DO (AF)			
PLACE OF SERVICE (POS)						
☑ CMHC (53)☑ Office (11)☑ Outp Hospital (22)☑ Independent Clinic (49)	✓ ACF (13)✓ Cust Care (33)✓ Grp Home (14)	☑ ICF-MR (5 ☑ NF (32) ☑ PRTC (56)	⊠ FQH	C (50) 🗵 NR:	SATF (57)	Mobile Unit (15) Home (12) Shelter (04)

TREATMENT							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION				USAGE
	H0034		Medication training and support, per 15 minutes ☑ Medicaid				
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATIO	ON REQ	UIREMENTS	
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 ACTIV	ITIES			
			 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	
☑ Child (0-11)☑ Adol (12-17)	Adult (18-20) 区 Ge	ult(21-64) riatric (65+)	☐ Encounter ☐ Day	⊠ 15 Min □ 1 Hour		Minimum: 8 Min Maximum: N/A	utes
ALLOWED MODE(S) OF ☑ Individual ☑Group			PROGRAM SERV ☑ HE (SP) ☑ HK (Residentia	⊠ U₄ al) ⊠ Tľ	4 (ICM) M (ACT) M (Resp	⊠	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS							(1121)
☐ 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	⊠ RN	PN (SA) ⊠ MD/ MAP ⊠ Cert	
PLACE OF SERVICE (POS ☑ CMHC (53)	>) ☑ ACF (13)	☑ Hospice (3	4) 🗵 Shelte	or (04)	⊠ PF-PH	ID (52)	
☑ Civinc (33) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⋈ Hospice (3/2)⋈ ICF-MR (54⋈ NF (32)⋈ PRTC (56)		31) [(50)		POS (99)	

		TF	REATMENT				
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	USAGE			
	H0034		Medication training	⊠ OBH			
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
Activities to instruct, prompt, guide, remind and/or educate patients, families, and/or significant others, based on an understanding of the nature of an adult patient's SPMI or a child/adolescent's SED, including understanding the role of specific prescribed medication(s), reducing symptoms, identifying potential side effects and contraindications, self-administration training, and overdose precautions.			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				
			 Understanding nature of adult patient's SPMI or child/adolescent's SED Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning Identifying and managing symptoms and potential side effects of medication(s) Learning contraindications of medication(s) Understanding overdose precautions of medication(s) Learning self-administration of medication(s) 				
APPLICABLE POPULATI			UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	Adult (18-20)	☑ Adult(21-64) ☑ Geriatric (65+)	□ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 Mir Maximum: N/A	nutes	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI				
☑ Individual ☑Group	⊠ Family		☑ HE (SP) ☑ HK (Residential	☑ U4 (ICM) ☑ TM (ACT ☑ HM (Res	n) □ F pite) □ 1	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC ⊠ R	N (TD) PN (SA) MAP	N (SA) . (PA) D/DO (AF) rtified/Registered edical Assistant	
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 (3☑ ICF-MR (5²☑ NF (32)☑ PRTC (56)	•	1)	HP (52) er POS (99)		

		TR	EATMENT				
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION USAGE				
H0035	•		Mental health par		ation, treatment,	☑ Medicaid	
	,		less than 24 hours			™ IVICulculu	
SERVICE DESCRIPTION			MINIMUM DOCU				
	o inpatient	psychiatric	Technical Docum	entation Requ	uirements		
hospitalization, which includes			See Section X				
behavioral health services of a na			Service Content 1. Initial/intake documenting symptoms/problems necessitating				
medical and nursing care) genera			·	documenting	symptoms/problems	necessitating	
setting, as a step toward commu			treatment	troatmont/co	ruico plan		
include assessment; psychologica individual psychotherapy; medi			2. Individualized		ed by an MD/DO and	d provided under	
medication management; skill					shed by an MD/DO and		
education and training; and expre			with approp		siled by all wib, bo a	rter consultation	
caucation and training, and expre	.ssive and activ	ity therapies.			ount, frequency, and	duration of	
					and indicate goals		
					f services wrapped a	ound particular	
			needs of pa			·	
			3. Target sympto	oms, goals of t	herapy and methods	of monitoring	
			outcome				
					propriate modality	either in lieu of/in	
				another form			
			4. Progress notes document services rendered, patient's response				
			and relation to treatment/service plan goals 5. Specify estimated duration of treatment, in sessions				
			Specify estimated duration of treatment, in sessions For an acute problem, document that treatment is expected to				
			improve health status/function of patient				
			For chronic problems, document that stabilization/				
			maintenance of health status/function is expected				
NOTES			EXAMPLE ACTIVITIES				
The use of PHP as a setting of care	presumes that	patient does					
not meet medical necessity crite							
treatment; at the same time, it im							
treatment is of insufficient inter	nsity to meet	the patient's					
present treatment needs.			LINUT		DUDATION		
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adu	.l+ V Ad.	J+/21 C4)	UNIT ☑ Encounter	☐ 15 Minute	DURATION A h	ss /day F	
☑ Child (0-11)☑ Young Adu☑ Adol (12-17)☑ (18-20)		ult(21-64) iatric (65+)		☐ 1 Hour	s Minimum: + 4 h days/week	5./uay, 5	
ALLOWED MODE(S) OF DELIVERY		iatric (05+)	PROGRAM SERVI				
ALLOWED MODE(S) OF DELIVERY			⊠ HE (SP)] HJ (Voc)	
			☐ HK (Residentia		` '	HQ (Clubhouse)	
☑ Individual ☑ Group ☑ Family			(TT (Recovery)	
				☐ HT (Prev/EI)			
STAFF REQUIREMENTS							
☐ Peer Specialist	☑ LCSW (AJ)	X Unlicensed	Master's Level (HO)		☑ LPN/LVN (TE)	N (SA)	
☑ Peel Specialist ☑ Bachelor's Level (HN)	≥ LPC		EdD/ PhD/PsyD (HP)		≃ KIN (ID)		
⊠ Intern	∠ LMFT	∠ Licensed EdI	D/PhD/PsyD (AH)	1	☑ APN (SA) ☑ MI ☑ QMAP	D/DO (AF)	
PLACE OF SERVICE (POS)					型 QIVIAF		
☑ Outp Hospital (22)							
☑ PF-PHP (52)							

T	REATMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0035	Mental health partial hospitalization, treatment,	⊠ OBH			
	less than 24 hours				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A treatment alternative to inpatient psychiatric	Technical Documentation Requirements				
hospitalization, which includes comprehensive, structured					
behavioral health services of a nature and intensity (including	Service Content 1. Initial/intake documenting symptoms/problems necessitating				
medical and nursing care) generally provided in an inpatient setting, as a step toward community reintegration. Services		s necessitating			
include assessment; psychological testing; family, group and					
individual psychotherapy; medical and nursing support;		l provided under			
medication management; skill development; psychosocial					
education and training; and expressive and activity therapies.	with appropriate staff				
3 , 1	 Plan must state type, amount, frequency, and 	duration of			
	services to be furnished and indicate goals				
	 Describes coordination of services wrapped ar 	ound particular			
	needs of patient				
	3. Target symptoms, goals of therapy and methods	of monitoring			
	outcome				
	Why chosen therapy is appropriate modality e	ither in lieu of/in			
	addition to another form of treatment	iant's raspansa			
	4. Progress notes document services rendered, pat and relation to treatment/service plan goals	ient s response			
	5. Specify estimated duration of treatment, in sessi	ons			
	For an acute problem, document that treatment				
	improve health status/function of patient	is expected to			
	For chronic problems, document that stabilization/				
	maintenance of health status/function is expe	maintenance of health status/function is expected			
NOTES	EXAMPLE ACTIVITIES				
The use of PHP as a setting of care presumes that patient does					
not meet medical necessity criteria for inpatient psychiatric					
treatment; at the same time, it implies that routine outpatient					
treatment is of insufficient intensity to meet the patient's					
present treatment needs. APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64)	☑ Encounter ☐ 15 Minutes Minimum: + 4 hr	rs /day 5			
✓ Adol (12-17) (18-20) ✓ Geriatric (65+)	□ Day □ 1 Hour days/week	5.7 day, 5			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
,,] HJ (Voc)			
Whattadaal W Coorse W Foodby		HQ (Clubhouse)			
☑ Individual ☑ Group ☑ Family	☐ HM (Respite) ☐	TT (Recovery)			
] HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Peer Specialist	H Master's Level (HO)	N (SA)			
Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	I EdD/ PhD/PsyD (HP) ⊠ LAC ⊠ APN (1D) ⊠ PA	(PA)			
☑ Intern ☑ LMFT ☑ Licensed E	dD/PhD/PsyD (AH) ⊠ QMAP ⊠ ME	D/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53)					
☑ Outp Hospital (22)					
☑ PF-PHP (52)					

		TR	EATMENT					
CPT®/HCPCS PROCEDUR	E CODE			URE CODE DES	CRIPTION	USAGE		
	H0036		Community psych			☑ Medicaid		
	поозо		15 minutes			- Ivieuicaiu		
SERVICE DESCRIPTION			MINIMUM DOCU					
Comprehensive Psychiatr			Technical Docume	entation Requi	rements			
services consist of menta		-	See Section X					
services. A team-based a			Service Content	c				
treatment, rehabilitation					hat was the intende	-		
Therapeutic intervention promoting symptom stab	_		plan?	w does the ser	vice relate to the tr	eatiment/service		
ability to cope and relate			•	of the service :	and how activity is o	lesigned to		
highest level of functioning		ing the		nctioning in the		resigned to		
					on(s) utilized and th	e individual's		
*H0036 may be used as a	an alternative to H003	9 for		the intervention				
individuals enrolled in a	program not overseer	by an ACT	4. How did the	e service impac	t the individual's pro	ogress towards		
fidelity review process.			goals/object	tives?				
			Plan for nex	t contact(s) inc	luding any follow-u	p or coordination		
* This code is not to be u	ised for children unde	r age 6.	needed with					
NOTES			EXAMPLE ACTIVIT					
This is an intensive comm		-			anagement (i.e., on			
service that provides trea	atment and restorative	interventions			and symptom mana	-		
to:				unseling and ps	sychotherapy on a p	lanned and as-		
	als to gain access to ne	cessary		needed basis				
services	atria cumantama		Support of age					
Reduce psychia Dovolon optima	atric symptoms al community living ski	lle	 Encourage engagement with peer support services Development of discharge/transition goals and related planning 					
Individuals will experience								
increased community ter			Advocating on behalf of patientsCrisis intervention					
social contacts, and perso	_		Medication training and monitoring					
oosia. coacto, a.i.a pers.			Medication training and monitoring Educating regarding symptom management					
			Facilitating access to health care					
			Skills teaching to help client meet transportation needs or access					
			transportation services					
			Help finding and keeping safe, affordable housing					
			Home visits					
APPLICABLE POPULATIO	N(S)		UNIT		DURATION			
		dult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 min	is		
⊠ Adol (12-17) (18-2		eriatric (65+)		☐ 1 Hour	Maximum: 4 hrs	3. 7 mins		
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SERVI					
			⊠ HE (SP)			∃ HJ (Voc)		
☑ Individual ☑ Group □	☑ Family		☐ HK (Residential	-		HQ (Clubhouse)		
•	,			⊔ни		TT (Recovery)		
STAFF REQUIREMENTS					L] HT (Prev/EI)		
STAFF REQUIREWENTS		_		×	LPN/LVN (TE)			
Peer Specialist	☑ LCSW (AJ)		Master's Level (HO)	X	RN (TD)	N (SA)		
☒ Bachelor's Level (HN)☒ Intern	⊠ LPC ⊠ LMFT		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		APN (SA)	. (PA) D/DO (AF)		
M IIIterii	E LIVII I	E Licensed Edi	7/11/0/13/0 (A11)		QMAP	J/DO (AF)		
PLACE OF SERVICE (POS)								
☑ CMHC (53)	☑ ACF (13)	☑ ICF-MR (54)						
☑ Office (11)	☑ Cust Care (33)	☑ NF (32)	⊠ RHC (72)					
☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ Grp Home (14) ☑ Home (12)	☑ Shelter (04)	School (03	•				
🗠 Outh Hoshirai (22)	E HOHIE (12)	SNF (31)	△ Other POS	, (<i>33)</i>				

Tr	REATMENT
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H0036	Community psychiatric supportive treatment, per 15 minutes
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Comprehensive Psychiatric Support Treatment (CPST) services consist of mental health rehabilitation/resiliency services. A team-based approach to the provision of treatment, rehabilitation/resiliency and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the consumer's ability to cope and relate to others and enhancing the highest level of functioning in the community. *H0036 may be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT fidelity review process. * This code is not to be used for children under age 6.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties
NOTES	EXAMPLE ACTIVITIES
This is an intensive community rehabilitation/resiliency service that provides treatment and restorative interventions to: • Assist individuals to gain access to necessary services • Reduce psychiatric symptoms • Develop optimal community living skills Individuals will experience decreased crisis episodes, and increased community tenure, time working, in school or with social contacts, and personal satisfaction and independence.	 Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded basis Support of age appropriate daily living skills Encourage engagement with peer support services Development of discharge/transition goals and related planning Advocating on behalf of patients Crisis intervention Medication training and monitoring Educating regarding symptom management Facilitating access to health care Skills teaching to help client meet transportation needs or access transportation services Help finding and keeping safe, affordable housing Home visits
APPLICABLE POPULATION(S)	UNIT DURATION
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☑ 15 Minutes Minimum: 8 mins
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: 4 hrs. 7 mins
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☑ Group ☑ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS	
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) □ LAC □ RN (TD) □ APN (SA) □ APN (SA) □ QMAP □ QMAP
PLACE OF SERVICE (POS)	
☑ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ Shelter (04) ☒ Outp Hospital (22) ☒ Home (12) ☒ SNF (31)	⊠ RHC (72)

Uniform Service Coding Standards Manual April 2021 Revised: March 31, 2021

	TREATMENT						
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COD	E DESCRIPTION	ON	USAGE	
	H0037		Community psych	niatric <mark>suppor</mark>	tive treatment, per	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION	REQUIREMENTS		
Comprehensive Psychiatr services consist of menta services. A team-based a treatment, rehabilitation, Therapeutic interventions promoting symptom stab ability to cope and relate highest level of functionin *H0036 may be used as a individuals enrolled in a fidelity review process.	resiliency ion of t services. and focus on nsumer's ing the	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how activity is designed to increase functioning in the community The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination 					
* This code is not to be u	sed for children unde	r age 6.		h 3 rd parties			
This is an intensive community rehabilitation/resiliency service that provides treatment and restorative interventions to: • Assist individuals to gain access to necessary services • Reduce psychiatric symptoms • Develop optimal community living skills Individuals will experience decreased crisis episodes, and increased community tenure, time working, in school or with social contacts, and personal satisfaction and independence. CPST up to 4 hours is reported/billed under H0036; CPST over 4 hours, report/bill H0037. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0036.			 Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded basis Support of age appropriate daily living skills Encourage engagement with peer support services Development of discharge/transition goals and related planning Advocating on behalf of patients Crisis intervention Medication training and monitoring Educating regarding symptom management Facilitating access to health care Skills teaching to help client meet transportation needs or access transportation services Help finding and keeping safe, affordable housing 				
APPLICABLE POPULATION	N(S)		UNIT		DURATION		
⊠ Adol (12-17) (18-20) ⊠ Ger	ult (21-64) riatric (65+)	⊠ Day	☐ 15 Minute	Maximum: 8 ho		
ALLOWED MODE(S) OF D ☑ Individual ☑ Group ☑			PROGRAM SERVI ☑ HE (SP) ☐ HK (Residentia	I)	☐ U4 (ICM) ☐ ☐ I 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 B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC	X APN (SA)	(N (SA) A (PA) D/DO (AF)	
PLACE OF SERVICE (POS)							
^巫 CMHC (53) 볼 Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54☑ NF (32)☑ Shelter (04☑ SNF (31)	⊠ RHC (72)	03)			

	TREATMENT							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION USAGE					
	H0037		Community psych diem	niatric <mark>supportive</mark>	<mark>treatment,</mark> pei	r ⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS			
Comprehensive Psychiat services consist of menta services. A team-based a treatment, rehabilitation Therapeutic intervention promoting symptom stall ability to cope and relate highest level of functioni *H0036 may be used as individuals enrolled in a fidelity review process. * This code is not to be used as an accordance of the service of the serv	al health rehabilitation approach to the provise /resiliency and supports are strengths-based bility, increasing the control to others and enhancing in the community.	/resiliency ion of rt services. and focus on onsumer's ing the 39 for n by an ACT	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how activity is designed to increase functioning in the community The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES This is an intensive comp	nunity rehabilitation/r	esiliency	Symptom asset		nagement (i.e.	ongoing		
This is an intensive community rehabilitation/resiliency service that provides treatment and restorative interventions to: • Assist individuals to gain access to necessary services • Reduce psychiatric symptoms • Develop optimal community living skills Individuals will experience decreased crisis episodes, and increased community tenure, time working, in school or with social contacts, and personal satisfaction and independence. CPST up to 4 hours is reported/billed under H0036; CPST over 4 hours, report/bill H0037. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0036. APPLICABLE POPULATION(S) © Child (0-11) © Young Adult © Adult (21-64) © Adol (12-17) (18-20) © Geriatric (65+) ALLOWED MODE(S) OF DELIVERY			Supportive coneeded basis Support of age Encourage eng Development Advocating on Crisis interven Medication tra Educating regalitating acc Skills teaching transportation selection because Help finding all Home visits UNIT Encounter	cho-education, a unseling and psy e appropriate da gagement with p of discharge/tra behalf of patier tion aining and monitarding symptom cess to health cato help client mervices and keeping safe, 15 Minutes 1 Hour CE CATEGORY(IE	nd symptom m chotherapy on illy living skills eer support ser nsition goals and ts. Foring management re eet transportat affordable hou DURATION Minimum: 4 h Maximum: 8 SS (ICM) 1 (ACT) M (Respite)	anagement efforts) a planned and as- vices d related planning ion needs or access sing		
STAFF REQUIREMENTS						LITT (FIEV/LI)		
☑ 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)	⊠ F ⊠ A	RN (TD)	RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)		WICE NAD /E	()	2)				
区 CMHC (53) 된 Office (11) 된 Mobile Unit (15) 된 Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54☑ NF (32)☑ Shelter (04☑ SNF (31)	☑ RHC (72)	03)				

PEER SUPPOR	PEER SUPPORT/RECOVERY SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
H0038	Self-help/peer services, per 15 minutes	☑ Medicaid					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Patient services (individual/group) provided by person meeting Peer Specialist definition on page 28. Activities are patient-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by: • Exploring patient purposes beyond the identified MI or substance use disorder and the possibilities of recovery • Tapping into patient strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress) • Emphasizing hope and wellness • Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired) • Assisting patients with relapse prevention planning	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. Patient response to services and, where appropriate, how service affects the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 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 support services Peer-run employment services Peer mentoring for children/adolescents Recovery groups Warm lines Advocacy services 						
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 Mi ☐ Day ☐ 1 Hour Maximum: N/A	nutes					
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☑ Group ☑ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) *child/adol/young adult ☐ TM (ACT) ☐ HQ (Clubhound and the content of the co						
STAFF REQUIREMENTS							
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	EdD/ PhD/PsyD (HP) □LAC □ RN (TD) □ APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)					
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☒ Cust Care (33) ☒ NF (32) ☒ Office (11) ☒ Grp Home (14) ☒ PRTC (56) ☒ Mobile Unit (15) ☒ Home (12) ☒ Shelter (04) ☒ ACF (13) ☒ ICF-MR (54) ☒ SNF (31)		⊠ NRSATF (57) ⊠ Other POS (99)					

PEER SUPPORT/RECOVERY SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H0038	Self-help/peer services, per 15 minutes	⊠ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Patient services (individual/group) provided by person meeting Peer Specialist definition on page 28. Activities are patient-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by: • Exploring patient purposes beyond the identified MI or substance use disorder and the possibilities of recovery • Tapping into patient strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress) • Emphasizing hope and wellness • Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired) • Assisting patients with relapse prevention planning	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. Patient response to services and, where appropriate, how service affects the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 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 support services Peer-run employment services Peer mentoring for children/adolescents Recovery groups Warm lines Advocacy services 					
APPLICABLE POPULATION(S)	UNIT DURATIO	ON .				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimur ☐ Day ☐ 1 Hour Maximul	n: 8 Minutes				
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☑ Group ☑ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) *child/adol/young adult ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite	☐ HJ (Voc) ☐ HQ (Clubhouse)) ☑ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	d Master's Level (HO)	E)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Cust Care (33) ☑ NF (32) ☑ Office (11) ☑ Grp Home (14) ☑ PRTC (56) ☑ Mobile Unit (15) ☑ Home (12) ☑ Shelter (04) ☑ ACF (13) ☑ ICF-MR (54) ☑ SNF (31)	☑ FQHC (50) ☑ Inpt PF (51) ☑ RHC (72) ☑ ER (23) ☑ Independent Clinic (49) ☑ PF-PHP (52) ☑ Inpt Hosp (21) ☑ School (03)	⊠ NRSATF (57) ☑ Other POS (99)				

Revised: March 31, 2021 Effective: April 1, 2021

	TREATMENT							
CPT®/HCPCS PROCED	JRE CODE		PROCEDURE COL	E DESCRIP	TION			USAGE
	H0039		Assertive commu	nity treatm	<mark>ent,</mark> p	er 15 minute	es	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the patient's ability to cope and relate to others and enhancing the highest level of functioning in the community.			 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			EXAMPLE ACTIVI					
Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service planning and coordination. The program should include all services delivered to the individual when the individual in enrolled in an ACT program. Note that the ACT code should only be used for individuals enrolled in an ACT program that is overseen by the OBH and that maintains a minimum score of "good fidelity. APPLICABLE POPULATION(S)			 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 UNIT DURATION Encounter I5 Minutes Minimum: 8 mins 				gement ned and as- g and tervention h skills	
	•	eriatric (65+)	□ Day	☐ 1 Hour		Maximum:	-	mins
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	CE CATEGO				
☑ Individual ☑ Group)⊠ Family		⊠ HE (SP) *for young adult □ HK (Residentia		X TI	4 (ICM) M (ACT) M (Respite)	□ H(□ TT	l (Voc) Q (Clubhouse) - (Recovery) Γ (Prev/El)
STAFF REQUIREMENT	S							
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC	⊠ R ⊠ A	PN/LVN (TE) N (TD) PN (SA) MAP	⊠ RxN (S. ☑ PA (PA ☑ MD/D0	.)
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)	•	I (03) POS (99)				

TREATMENT								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COL	E DESCRIP	TION			USAGE
	H0039		Assertive commu	nity treatm	<mark>ent,</mark> pe	er 15 minute	es	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the patient's ability to cope and relate to others and enhancing the highest level of functioning in the community.			 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			EXAMPLE ACTIVI		,			
Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service planning and coordination. The program should include <i>all</i> services delivered to the individual when the individual in enrolled in an ACT program. Note that the ACT code should only be used for individuals enrolled in an ACT program that is overseen by the OBH and that maintains a minimum score of "good fidelity.			 Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded basis Medication prescription, administration, monitoring and documentation Dual diagnosis services, including assessment and intervention Support Activities of Daily Living skills (ADLs) through skills training and practice activities Encourage engagement with peer support services 					
APPLICABLE POPULATION	ON(S)		DevelopmentUNIT			DURATION		
☐ Adol (12-17) (18-	-20) 🗵 G	dult (21-64) Seriatric (65+)	☐ Encounter ☐ Day	✓ 15 Minu ☐ 1 Hour		Minimum: Maximum:	-	nins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	CE CATEGO		-		() ()
☑ Individual ☑ Group	☑ Family		⋈ HE (SP)*for young adult⋈ HK (Residentia		× TN	I (ICM) II (ACT) II (Respite)	□ HC	(Voc) Q (Clubhouse) (Recovery) (Prev/El)
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)	⊠ LAC	⊠ Ri	PN (SA)	⊠ RxN (SA ⊠ PA (PA ⊠ MD/DO)
PLACE OF SERVICE (POS								
⊠ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54)	⋈ NF (32)⋈ Shelter (0⋈ SNF (31)⋈ FQHC (50⋈ RHC (72)		il (03) POS (99)				

	TREATMENT							
CPT®/HCPCS PROCEDI	URE CODE		PROCEDURE COD	DE DESCRIPTION		USAGE		
	H0040		Assertive commu	inity treatment p	rogram, per diem	☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS			
rehabilitation and suplinterventions are strer symptom stability, income and relate to others are functioning in the com	ch to the provision of tr port services. Therapeu ngths-based and focus reasing the patient's ab nd enhancing the highe nmunity.	utic on promoting oility to cope	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES	a da mètica a mal na accomo	al-ill awara	EXAMPLE ACTIVI			:		
such as housing, school activities, health and so reduction, money mar treatment/service plant should include all service the individual in enroll ACT code should only an ACT program that it maintains a minimum	adaptive and recovery of and training opporture afety, medication supporture and entitlem and entitlem and coordination ices delivered to the intention of the used for individuals overseen by the OBESCOPE of "good fidelity report/bill using H003 port/bill using H0040.	nities, daily ort, harm ents, and . The program dividual when Note that the s enrolled in I and that	 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	TON(S)		UNIT		DURATION			
☐ Adol (12-17) (1	.8-20)	Adult(21-64) Geriatric (65+)	□ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hrs. Maximum: N/A	8 mins		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI					
☑ Individual ☑ Grou	p ⊠ Family		⋈ HE (SP)*for young adult⋈ HK (Residentia	only 🗵 TI	M (ACT) □ M (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENTS	S							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠ A	PN/LVN (TE) N (TD) PN (SA) MAP RXN (RXN (PA (P	A)		
PLACE OF SERVICE (PC	OS)							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54)	☑ NF (32) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)		nool (03) ner POS (99)				

	TREATMENT						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H0040		Assertive commu	nity treatment pr	ogram, per diem	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS		
A team-based approace rehabilitation and supprinterventions are strend symptom stability, increand relate to others and functioning in the com	port services. Therap ligths-based and focu easing the patient's ad enhancing the hig	eutic is on promoting ability to cope	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES			EXAMPLE ACTIVIT				
Interventions address a such as housing, school activities, health and so reduction, money man treatment/service planshould include all servithe individual in enroll ACT code should only an ACT program that is maintains a minimum For ACT up to 4 hours, more than 4 hours, reg	al and training oppora fety, medication su agement and entitle aning and coordination ces delivered to the ed in an ACT prograr be used for individu s overseen by the O score of "good fidel report/bill using HO	tunities, daily pport, harm ments, and on. The program individual when m. Note that the als enrolled in BH and that ity. 039; for ACT	 Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded basis Medication prescription, administration, monitoring and documentation Dual diagnosis services, including assessment and intervention Support Activities of Daily Living skills (ADLs) through skills training and practice activities Encourage engagement with peer support services Development of discharge/transition goals and related planning 				
APPLICABLE POPULAT			UNIT		DURATION		
• •	-	☑ Adult(21-64) ☑ Geriatric (65+)	□ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hrs. 8 Maximum: N/A	3 mins	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)		
☑ Individual ☑ Group	☑ Family		☑ HE (SP)*for young adult o☐ HK (Residential	only 🗵 TN	M (ACT) □ M (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 B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAG ⊠ RI	PN/LVN (TE) N (TD) PN (SA) MAP RxN (RxN	A)	
PLACE OF SERVICE (PO							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54)	⋈ NF (32)⋈ Shelter (04)⋈ SNF (31)⋈ FQHC (50)⋈ RHC (72)		ool (03) er POS (99)			

			RESIDENTIAL						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCR	RIPTION			USAGE	
	H0043		Supported housing	ng, per d	iem			⊠ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS						
Behavioral health suppanother natural setting residence, either alone patient's development move to independent needed to ensure succeperson's recovery and patient has the opport situation while continutreatment, training, su supervision. Services in whenever people need and on weekends whe NOTES Discrete services (e.g.,	 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 EXAMPLE ACTIVITIES Teaching a patient how to cook in their own home 								
psychotherapy, psychic etc.) are documented, from H0043.	atric services, case	e management,	Helping a patient with money management						
APPLICABLE POPULAT	ION(S)		UNIT	UNIT DURATIO			ON		
☐ Adol (12-17) (1	Young Adult 8-20)	✓ Adult(21-64)✓ Geriatric (65+)	☐ Encounter ☑ Day	□ 1 H		Minimur Maximu	•	ours	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATE					
☑ Individual ☑ Group	□ Family		☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) *for young adult only ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)				(Clubhouse) Recovery)		
STAFF REQUIREMENTS	S								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSV ⊠ LPC ⊠ LMF	☑ Unlicensed	sed EdD/ PhD/PsyD (HP) 区CAT 区 APN (SA)			⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)			
PLACE OF SERVICE (PC	OS)								
区MHC (53)✓ Office (11)✓ Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99))							

	RESIDENTIAL								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCR	RIPTION			USAGE	
	H0043		Supported housing, per diem						
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS						
Behavioral health support another natural setting residence, either alone patient's development of move to independent lineeded to ensure succeperson's recovery and expatient has the opportusituation while continuit reatment, training, supsupervision. Services in whenever people need and on weekends when	How does the does to description services and description services and description descrip	for the value of the service service tives?	visit. What ce relate to ervice provitent's resp impact th	was the i o the trea vided/shif ponse e individu	tment/soft note d				
NOTES		EXAMPLE ACTIVIT	TIES						
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0043.			 Teaching a patient how to cook in their own home Helping a patient with money management 						
APPLICABLE POPULATION	ON(S)		UNIT			DURATIO	DURATION		
	Young Adult 3-20)	✓ Adult(21-64)✓ Geriatric (65+)	☐ Encounter 区 Day	□ 15 N □ 1 H	Minutes our	Minimur Maximu		ours	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATE	GORY(IES)				
☑ Individual ☑ Group	☐ Family		 ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) *for young adult only ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI) 				(Clubhouse) Recovery)		
STAFF REQUIREMENTS									
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicensed	sed EdD/ PhD/PsyD (HP) 区CAT 교 RN (TD)			⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)			
PLACE OF SERVICE (POS	•								
区MHC (53)✓ Office (11)✓ Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99))							

		R	ESIDENTIAL					
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCR	IPTION		USAGE	
	H0044		Supported housing, per month					
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
Behavioral health sup another natural settin residence, either alone development of independent living. Services successful tenancy and engagement in commopportunity to live in a continuing to receive be support, and a limited individualized and are them, including after wonecessary.	 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 ACTIVIT	TIES					
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0044.			 Teaching a patient how to cook in their own home Helping a patient with money management 					
APPLICABLE POPULATION	ON(S)		UNIT	UNIT DURATIO				
	-	dult (21-64) Seriatric (65+)	☐ Encounter ☐ Day	Month	☐ 15 Mins ☐ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATE	GORY(IES)			
☑ Individual ☑ Group	□ Family		⊠ HE (SP) *for young adult of	only	☑ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	□ HJ (Vc □ HQ (C □ TT (Re □ HT (Pr	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 ⊠CAT ⊠CAS	⊠ LPN/LVN (T ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	E) RXN (S PA (PA MD/De	١)	
PLACE OF SERVICE (POS	•							
区 CMHC (53)☑ Office (11)☑ Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99)							

RESIDENTIAL								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE					
	H0044		Supported housing, per month					
SERVICE DESCRIPTION			MINIMUM DOCU	MENTAT	ION REQUIREME	NTS		
Behavioral health sup another natural settin residence, either alone development of independent living. Services successful tenancy and engagement in commopportunity to live in a continuing to receive be support, and a limited individualized and are them, including after wonecessary.	 Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided/shift note describing services and the patient's response How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 							
NOTES			EXAMPLE ACTIVITIES					
Discrete services (e.g psychotherapy, psychia are documented, and H0044.	tric services, case mana	gement, 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 SERVI	CE CATE				
☑ Individual ☑ Group	□ Family		✓ HE (SP) *for young adult of the HK (Residential)		☑ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Vc ☐ HQ (C ☐ TT (Re ☐ HT (Pr	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 ⊠CAT ⊠CAS	⊠ LPN/LVN (T ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	E) RXN (S PA (PA MD/De	۸) ً	
PLACE OF SERVICE (POS	5)							
区MHC (53)✓ Office (11)✓ Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99)							

RESPITE CARE							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0045		Respite care servi	ces, not in the ho	me, per diem	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REQ	UIREMENTS		
Overnight services provided in a properly licensed 24-hour facility by medical professionals within their scope(s) of practice. Services must be reasonably expected to improve/maintain the condition and functional level of the patient and prevent relapse/hospitalization. Services include assessment, supervision, structure and support, and care coordination. Respite care should be flexible to ensure that the patient's daily routine is maintained.			Technical Documentation Requirements See Section X Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives				
NOTES			EXAMPLE ACTIVIT				
Unlike respite procedure codes S5150 – S5151, H0045 requires skilled practical/professional nursing care to meet the health and physical needs of the patient. Respite care over 4 hours is reported as H0045 (per diem); respite care up to 4 hours (16 units maximum) is reported as T1005. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0045.			 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		
·		Adult (21-64) Geriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 Maximum:		
ALLOWED MODE(S) OF		deriatric (031)	PROGRAM SERVI			24 110u13	
☑ Individual ☑ Group ☐ Family			☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TT (Recovery)			☐ HQ (Clubhouse)	
STAFF REQUIREMENTS							
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Peer Specialist☐	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed	l Master's Level (HO) I EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□LAC 区	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS							
区 CMHC (53) ☑ ACF (13) ☑ Grp Home (14)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)	✓ PRTC (56)✓ SNF (31)✓ FQHC (50)	•	2)			

RESPITE CARE							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				USAGE
	H0045		Respite care servi	ces, not in	the ho	me, per diem	n ⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	ON REQ	UIREMENTS	
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. NOTES Unlike respite procedure codes \$5150 – \$5151, H0045 requires skilled practical/professional nursing care to meet			Technical Documentation Requirements See Section X Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives EXAMPLE ACTIVITIES • Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. • Assistance with monitoring health status and physical condition				
the health and physical needs of the patient. Respite care over 4 hours is reported as H0045 (per diem); respite care up to 4 hours (16 units maximum) is reported as T1005. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0045.			 Assistance with medication and other medical needs Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) Support to assure the safety of patient Assistance/supervision needed by patient to participate in social, recreational/community activities 				
APPLICABLE POPULATION	ON(S)		UNIT			DURATION	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	•	ult (21-64) riatric (65+)	□ Encounter ☑ Day	☐ 15 Mii ☐ 1 Hou		Minimum: Maximum:	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIO	CE CATEG	ORY(IES)	
☑ Individual ☑ Group	□ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 □ TM ⊠ HM		☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ)☐ LPC☐ LMFT	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□LAC	X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS							
☑ CMHC (53)☑ ACF (13)☑ Grp Home (14)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)	✓ PRTC (56✓ SNF (31)✓ FQHC (5		2)			

TREA	ATMENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0047	Alcohol and/or other drug abuse services; not otherwise specified	☑ ОВН
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Services provided to persons with alcohol and/or other drug problems in outpatient settings, not elsewhere classified.	 Date of service Start and stop time (duration) Signed with 1st initial, last name & credential 	ils
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☑ 15 Minutes Minimum: 8 mi ☐ Day ☐ 1 Hour Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Individual ☑ Group ☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ H☐ HM (Respite) ☐ TM	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS		
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) I LAC RN (TD) RN (TD) CAS APRN (SA) QMAP	RXN (SA)
PLACE OF SERVICE (POS)		
☒ CMHC (53) ☒ Shelter (04) ☒ NRSATF (57) ☒ Office (11) ☒ FQHC (50) ☒ Prison/CF (09) ☒ Home (12) ☒ RHC (72) ☒ School (03)		

		SCRI	EENING					
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE D	USAGE				
	H0048		Alcohol and/or other drug testing; collection of handling only, specimens other than blood					
SERVICE DESCRIPTION	V		MINIMUM DOCUME	ENTATION RE	QUIREMENTS			
"Specimen Collection" hair, saliva, or urine for presence of alcohol at the laboratory analysis approved samples for analyzed in accordance.	" means the collection or the purposes of ana nd/or other drugs, and is of such specimens. A drug testing shall be ce with applicable statens, and OBH rules, pol	lysis for the does not include appropriate and collected and e and federal	1. Date of service 2. Screening results 3. Signed with 1 st initial, last name & credentials					
NOTES			EXAMPLE ACTIVITIES	<u> </u>				
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 of		for the purpos	e of testing for the		
APPLICABLE POPULA	TION(S)		UNIT		DURATION			
⊠ Adol (12-17) (18	3-20) ⊠ G	dult (21-64) eriatric (65+)	□ Day □ 1	15 Minutes 1 Hour	Minimum: N/ Maximum: N			
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERVICE					
☑ Individual ☐ Grou	ıp □ Family		☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)					
STAFF REQUIREMENT	S							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) I/PhD/PsyD (AH)	⊠ LAC ⊠ CAT ⊠ CAS	⊠ LPN/LV ⊠ RN (TD) ⊠ APRN (S ⊠ QMAP	X IXI RXN (SA)		
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)☑ PRTC (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ RSATF (55) 	⊠ NRSA ⊠ Inpt F ⊠ Inpt P ⊠ ER (2	losp (21) [F (51) [☑ PF-PHP (52) ☑ Prison/CF (09) ☑ School (03) ☑ Other POS (99)		

ASSESSMENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H1000	Prenatal Care, At Risk Assessment					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Prenatal assessment that is designed to determine the level of drug/alcohol abuse or dependence and the comprehensive treatment needs of a drug/alcohol abusing pregnant client.						
• NOTES	EXAMPLE ACTIVITIES					
	Risk assessment to determine level of risk to the pupon the individual's substance use disorder and biopsychosocial factors.	• ,				
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	Image: Secondary of the properties	ours				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Individual □ Group □ 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						
☐ Intern ☐ LPC ☐ Unlicensed EdD	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ LPN/LVN □ RN (TD) □ RN (TD) □ APRN (SA □ QMAP	□ RXIN (SA) □ PΔ (PΔ)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Shelter (04) ☑ Prison/CF (09) ☑ Office (11) ☑ FQHC (50) ☑ School (03) ☑ Home (12) ☑ NRSATF (57)	☑ RHC (72)					

TRE	ATMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H1002	Care coordination prenatal/case management	☑ ОВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Case management means services provided by a certified drug/alcohol treatment counselor to include treatment/service planning, linkage to other service agencies and monitoring. Case management means medically necessary coordination and planning services provided with or on behalf of a client who is pregnant with a substance use disorder.	 Date of service Start and stop time (duration) Clinical notes Type of session Duration or start/stop time Progress towards treatment goals Goal Attainment Signed with 1st initial, last name & credentials 				
NOTES	EXAMPLE ACTIVITIES				
	Referring a current client to a residential treatment program (making sure she gets there) and obtaining benefits on behalf of the client. Coordinating transitions between residential and outpatient care; Linking clients to primary medical care (prenatal care) Maintaining service coordination with other systems, such as child welfare, probation and TANF				
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mi ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
□ Individual 区 Group □ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☐	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/El)			
STAFF REQUIREMENTS					
□ Intern □ LMFT □ Licensed EdD	Master's Level (HO)	RXN (SA)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Shelter (04) ☑ Prison/CF (09) ☑ Office (11) ☑ FQHC (50) ☑ School (03) ☑ Home (12) ☑ RHC (72) ☑ NRSATF (57)					

PREVENTION/EARLY INTERVENTION					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE		
H1003	Prenatal Care, at risk enhanced se education	rvice,	☑ ОВН		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REG	QUIREMENTS			
Services facilitated by a certified drug/alcohol treatment counselor to help a client develop health and life management skills.	Date of service				
NOTES	EXAMPLE ACTIVITIES				
	HIV Prevention class delivered with the context of a substance u disorder treatment program.				
APPLICABLE POPULATION(S)	UNIT	DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☑ 1 Hour	Minimum: N/A Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IE				
☑ Individual ☑ Group ☐ Family	☐ HE (SP) ☐ U4 (ICM ☐ HK (Residential) ☐ TM (ACT ☐ HM (Res ☑ HD (Pre	Γ) □ spite) □] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/El)		
STAFF REQUIREMENTS					
□ Bachelor's Level (HN) □ LPC □ Unlicensed I	Master's Level (HO) 区 LAC EdD/ PhD/PsyD (HP) 区 CAS D/PhD/PsyD (AH)	□ LPN/LVN (*□ RN (TD)□ APRN (SA)□ QMAP	□ RXN (SA) □ PΔ (PΔ)		
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ FQHC (50) ☑ Other POS (99) ☑ Office (11) ☑ RHC (72) ☑ Home (12) ☑ NRSATF (57)					

		TRI	EATMENT				
CPT®/HCPCS PROCEDURE CO	DE		PROCEDURE CODE D	ESCRIPTION		USAGE	
Нз	1004		Prenatal follow up ho	ome visit		☑ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCUME	NTATION REC	UIREMENTS		
Prenatal Care Coordination fo home	llow-up visits provide	d in the	e 1. Date of service 2. Start and stop time (duration) 3. Description of service rendered 4. Recommendations 5. Signed with 1st initial, last name & credentials				
NOTES			EXAMPLE ACTIVITIES	5			
Use procedure code H1004 fo the home. The only valid POS "12" (home).							
APPLICABLE POPULATION(S)			UNIT		DURATION		
☐ Child (0-11) 🗵 Young A	dult 🗵 Adult (21	L-64)	☐ Encounter 🗵	15 Minutes	Minimum: 8 mi	ns	
⊠ Adol (12-17) (18-20)	☐ Geriatric	(65+)	- /	1 Hour	Maximum: N/A		
ALLOWED MODE(S) OF DELIV	ERY		PROGRAM SERVICE				
☑ Individual ☐ Group ☐ Family			☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HD (Preg/Parent) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	☐ LPC	☐ Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠ LAC ⊠ CAS	☐ LPN/LVN (☐ RN (TD) ☐ APRN (SA ☐ QMAP	RXN (SA)	
PLACE OF SERVICE (POS)							
⊠ Home (12) ⊠ Shelter (04)							

ASSESSMENT							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCR	RIPTION	USAGE		
	H1011		Family assessment by a lic professional for State defi		alth 🗷 OBH		
SERVICE DESCRIPTION	N		MINIMUM DOCUMENTA	TION REQUIREMENTS	S		
A non-medical visit with a patient's family conducted by a non-physician behavioral health professional), for a State-defined purpose			Technical Documentation Requirements See Section X Service Content 1. Family's presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history 3. Mental status exam 4. DSM-5 diagnosis 5. Disposition – need for behavioral health services, referral, etc.				
NOTES			EXAMPLE ACTIVITIES		, ,		
Functional/risk assessments, genograms, and/or ecomaps may be utilized as part of the family assessment.			Evaluation to gather psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.				
APPLICABLE POPULA	TION(S)		UNIT	DURATION			
⊠ Adol (12-17) (1	.8-20) l	□ Adult (21-64) □ Geriatric (65+)	☑ Encounter☐ 15 M☐ Day☐ 1 House		•		
ALLOWED MODE(S) C	F DELIVERY		PROGRAM SERVICE CATE	GORY(IES)			
☐ Individual ☐ Grou	p ⊠ Family		 ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (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) ⊠ LAC ID/PhD/PsyD (AH)	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) □ QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)		
PLACE OF SERVICE (PO	OS)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ Hospice (34)	☑ ICF-MR (54) ☑ NF (32) ☑ PRTC (56) ☑ Shelter (04)	 SNF (31) Independent Clinic (49) Inpt Hosp (21) Inpt PF (51) 	☑ ER (23)☑ PF-PHP (52)☑ School (03)☑ NRSATF (57)	☑ Other POS (99)		

ASSESSMENT							
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COD		USAGE		
	H2000		Comprehensive multidisciplinary evaluation				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	N REC	QUIREMENTS	5
A multidisciplinary evaluation and assessment of a patient's needs and strengths for individuals with high risk and high acuity and a multidisciplinary intervention is necessary for the purpose of development of a multi-disciplinary and/or community treatment/service plan which may include providers outside of the agency for purposes of collaborative delivery of care, in such areas as psychiatric, physical, psychosocial, family, recreational and occupational therapy (OT).			Technical Documentation Requirements See 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 behavioral health services, referral, etc.				
NOTES			EXAMPLE ACTIVIT	TIES			
A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the patient, involved in the provision of integrated and coordinated services, including evaluation and assessment activities and development of an individualized treatment/service plan. If multiple MHPs from the same agency are present, one note for service written and signed by writer only (usually facilitator). The consumer does not have to be present. Family and/or other involvement as requested by the consumer. At least 3 or more disciplines or professions must be present. All 3 do not need to be from one agency. The			Complex case To review leve				
facilitator must be from a APPLICABLE POPULATION			UNIT			DURATION	
	ung Adult ☑ Ad 0) ☑ Ge	ult (21-64) riatric (65+)				Minimum: I Maximum: S)	'
☑ Individual ☐ Group 区] Family		⊠ HK (Residential) 🗵	☑ TM (•	☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed I	ed Master's Level (HO) ⊠LAC ⊠ LPN/LVN (TE) ⊠ RxN (SA) ed EdD/ PhD/PsyD (HP) ⊠CAT ⊠ APN (SA) ☑ PA (PA) EdD/PhD/PsyD (AH) ⊠CAS □ QMAP ☑ MD/DO (AI				
PLACE OF SERVICE (POS)							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (3☑ ICF-MR (54☑ NF (32)☑ PRTC (56)) <u>×</u>	ER (2 PF-P	PF (51) 23) HP (52) Hosp (21)	⊠ School (03) ☑ Other POS (99)

ASSESSMENT							
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H2000		Comprehensive multidisciplinary evaluation				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
A multidisciplinary evaluation and assessment of a patient's needs and strengths for individuals with high risk and high acuity and a multidisciplinary intervention is necessary for the purpose of development of a multi-disciplinary and/or community treatment/service plan which may include providers outside of the agency for purposes of collaborative delivery of care, in such areas as psychiatric, physical, psychosocial, family, recreational and occupational therapy (OT).			Technical Documentation Requirements See 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 BEHAVIORAL HEALTH services, referral, etc.				
NOTES			EXAMPLE ACTIVIT	ΓIES			
A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the patient, involved in the provision of integrated and coordinated services, including evaluation and assessment activities and development of an individualized treatment/service plan. If multiple MHPs from the same agency are present, one note for service written and signed by writer only (usually facilitator). The consumer does not have to be present. Family and/or other involvement as requested by the consumer. At least 3 or more disciplines or professions must be present. All 3 do not need to be from one agency. The			 Complex case To review leve 				
facilitator must be from a APPLICABLE POPULATION			UNIT		DURATION		
⊠ Child (0-11)	0) 🗵 Ger ELIVERY	ult (21-64) riatric (65+)		⊠ U4 (ICM	·)		
						HT (Prev/EI)	
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CAT ⊠	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) 	⋈ Hospice (3⋈ ICF-MR (54⋈ NF (32)⋈ PRTC (56)		⊠ ER (: 0) ⊠ PF-P		☑ School (03) ☑ Other POS (99)	

TREATMENT						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE		
H200	1	Rehabilitation program, per ½ day		☑ Medicaid		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REC	QUIREMENTS			
A facility-based, structured rehabilitative skills-building program; treatment interventions include problem-solving and coping skills development, and skill building to facilitate independent living and adaptation. * This code is not to be used for children under age 6.		MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties 6. Daily attendance log showing number of hours in attendance for				
NOTES		reporting/billing purposes				
NOTES Discrete services (e.g. family gra	oun and individual	EXAMPLE ACTIVITIES Household management nutrition bygions money management				
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 use 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 Ad☑ Adol (12-17)☑ (18-20)	☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour	Minimum: N/A Maximum: ½ Da	y (4 Hrs.)		
ALLOWED MODE(S) OF DELIVER	Υ	PROGRAM SERVICE CATEGORY(IE				
☑ Individual ☑ Group ☑ Family	,	☐ HE (SP) ☐ U4 (ICM) ☐ HK (Residential) ☐ TM (ACT) □ H pite) ⊠ T	łJ (Voc) łQ (Clubhouse) T (Recovery) łT (Prev/El)		
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	∠ LPC ∠ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) LAC X	RN (TD) APN (SA)	RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)						
区 CMHC (53) 区Outp Hospital (22)						

TREATMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H2001	Rehabilitation program, per ½ day	⊠ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A facility-based, structured rehabilitative skills-building program; treatment interventions include problem-solving and coping skills development, and skill building to facilitate independent living and adaptation. * This code is not to be used for children under age 6.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service				
	 plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 6. Daily attendance log showing number of hours in attendance for reporting/billing purposes 				
NOTES	EXAMPLE ACTIVITIES				
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2001. Services are available at least 20 – 25 hours/week, at least 4 days/week.	 Household management, nutrition, hygiene, money management, parenting skills, etc. Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments Interventions address co-occurring disabilities mental health and substance use 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 [
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☑ Group ☑ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☑ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS	(F) (F) (F) (F)				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	Ised Master's Level (HO) Ised EdD/ PhD/PsyD (HP) Ised EdD/PhD/PsyD (AH)				
PLACE OF SERVICE (POS)					
区 CMHC (53) ☑ Outp Hospital (22)					

CRISIS						
CPT®/HCPCS PROC	CEDURE CODE		PROCEDURE C	DDE DESCRIPTION USAGE		
	H2011		Crisis intervention	on service, per 15	minutes	☑ Medicaid
SERVICE DESCRIPT	TION		MINIMUM DO	CUMENTATION	REQUIREM	ENTS
		process of resolving a		mentation Requir		
		ention, that without	See Section X	•		
intervention, could r	esult in the client re	quiring a higher LOC.,	Service Content	;		
Services include: imr	mediate crisis interv	ention to de-escalate	1. The reason f	or the visit/call. W	/hat was the i	ntended goal or
		ss dangerousness of		scription of the cri		
		nger to others, assess		utic intervention(s		
		riage, assess for and				on, referral) and the
		or additional forms of		mily's response to	the interven	tion(s)
		nmediate situation, . veloped a Wellness	3. Behavioral h	•	short torm la	ong-term) linked with
		psychiatric advance		risis plan (WRAP,		
directive, this plan is				ems identified (me		
an courte, time plan is		one o permission	medical, etc.	-		abotacc asc,
			· ·		ing any follow	-up or coordination
			needed with	3 rd parties		
NOTES			EXAMPLE ACT	IVITIES		
		day or night and by a		<mark>rovide immediate</mark>		
		cility/clinic or other	assessment and intervention/counseling with client and, as			
		ed by more than one	necessary, with client's caretakers/ family members			
		he situation (e.g., for ties are identified and	Referral to other applicable behavioral health services, including project of the project o			
		are used in lieu of	pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff			
		des when the session	Consultation with physician/ hospital staff, regarding need for			
		used on a client crisis,	psychiatric consultation or placement			
		cial interventions in	Contact with another provider to help that provider deal with a			
response.			specific client's crisis			
			Consultation with one's own provider staff to address the crisis			
APPLICABLE POPU			UNIT		DURATION	N .
• •	▼ Young Adult		☐ Encounter	■ 15 Minutes	Minimum: 8	3 mins
	(18-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour		4 hrs. 7 mins
ALLOWED MODE(S) OF DELIVERY			RVICE CATEGOR		
			⊠ HE (SP)	☑ U4 (ICM	-	☐ HJ (Voc)
🗵 Individual 🛚 Gro	up 🗵 Family		⊠,HK (Residenti		•	☐ HQ (Clubhouse)
				☐ HM (Re	spite)	☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREM	FNTS					- III (I IEV/LI)
				X	LPN/LVN (TE)	
☐ Peer Specialist	_		Master's Level (HO) EdD/ PhD/PsyD (HP)	X VIAC	RN (TD)	⊠ RxN (SA)
Y Dachalar's Laval (LIN	I) ⊠ LPC ⊠ LM		EdD/ PND/PSyD (HP) D/PhD/PsyD (AH)	X	APN (SA)	⊠ PA (PA) ⊠ MD/DO (AF)
	<u>~</u> 1 IVI		,, , , ,		QMAP	, 50 (,
☑ Intern						
☑ Intern PLACE OF SERVICE	(POS)				. 61: 1 / 15:	
☑ Intern PLACE OF SERVICE ☐ CMHC (53)	E (POS) ☑ ACF (13)	☑ Hospice (34)	Shelter (04)	•	ent Clinic (49)	
☑ Bachelor's Level (HN ☑ Intern PLACE OF SERVICE ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15)	(POS)	☑ ICF-MR (54)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	☑ Independe ☑ ER (23) ☑ PF-PHP (5)		☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)

CRISIS							
CPT®/HCPCS PRO	CEDURE CODE		PROCEDURE CO	OURE CODE DESCRIPTION USAGE			
	H2011		Crisis interventio	n service, per 15	minutes	⊠ OBH	
SERVICE DESCRIP	TION		MINIMUM DO	CUMENTATION	REQUIREM	IENTS	
Unanticipated services rendered in the process of resolving a client crisis, requiring immediate attention, that without intervention, could result in the client requiring a higher LOC., Services include: immediate crisis intervention to de-escalate the individual or family in crisis, assess dangerousness of situation, determine risk of suicide or danger to others, assess access to or ability to utilize support, triage, assess for and facilitate admission to higher level care or additional forms of treatment if needed to stabilize the immediate situation, . When possible, if the client has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is followed with the client's permission.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s) 3. 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 use, 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.			 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 behavioral health services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff Consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement 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 POP	III ATION(S)		UNIT	with one 3 own p	DURATION		
☑ Child (0-11) ☑ Adol (12-17)	☑ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	☐ Encounter ☐ Day PROGRAM SER	☑ 15 Minutes ☐ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☑ Family			☑ HE (SP) ☑ HK (Residentia	⊠ U4 (ICM) 「)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREM	IENTS						
☐ Peer Specialist ☑ Bachelor's Level (H ☑ Intern	⊠ LCS\ N) ⊠ LPC ⊠ LMF		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	×LAC ×	LPN/LVN (TE) RN (TD) APN (SA) QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVIC 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) ☑ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Independent ☑ ER (23) ☑ PF-PHP (52)	Clinic (49)	☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)	

TREATMENT						
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COD	E DESCRIPTION		USAGE
H2012	2		Behavioral health	day treatment,	per hour	☑ Medicaid
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.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVIT			
Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5^{th} grade) to 5 hours (6^{th} – 12^{th} grade) of structured programming per day, $2-5$ days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family.						
APPLICABLE POPULATION(S)			UNIT		DURATION	
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)☑ (18-20)	☐ Ger	lt (21-64) iatric (65+)	☐ Encounter ☐ Day	☐ 15 Minutes ☑ 1 Hour	Minimum: > 31 Maximum: N/A	mins
ALLOWED MODE(S) OF DELIVERY	<i>l</i>		PROGRAM SERVI			
☑ Individual ☑ Group ☑ Family		☐ HM (Respite) ☐ TT (HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区SW (AJ) LPC LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	XLAC X	ADN (SA)	Rxn (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53)☑ Outp Hospital (22)☑ Grp Home (14)	⊠ PF-PHP ⊠ ICF-MR ⊠ PRTC (5	(54)	⊠ Schoo ⊠Other I			

TREATMENT						
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE DESCRIPTION			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.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVI			
Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5^{th} grade) to 5 hours (6^{th} – 12^{th} grade) of structured programming per day, 2 – 5 days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family.						
APPLICABLE POPULATION	S)		UNIT DURATION			
⊠ Adol (12-17) (18-20)) □ Ger	ult (21-64) riatric (65+)	☐ Encounter ☐ Day	□ 15 Minutes 区 1 Hour	Minimum: > 31 Maximum: N/A	-
ALLOWED MODE(S) OF DE	LIVERY		PROGRAM SERVI			
☑ Individual ☑ Group ☑ Family			☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubho ☐ TT (Recove) ☐ HT (Prev/E		HQ (Clubhouse) FT (Recovery)	
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)	⊠LAC ⊠ ⊠CAS ⊠	ΔΡΝ (SΔ)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53)☑ Outp Hospital (22)☑ Grp Home (14)	☑ PF-PHP (52)☑ ICF-MR (54)☑ PRTC (56)	区 School (I区 区 School (I区 区 School (I	•			

		TR	REATMENT			
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	H2012		Behavioral health	day treatment, բ	per hour	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION REC	QUIREMENTS	
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.		Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES			EXAMPLE ACTIVIT	IES		
b. Indi c. Psy d. Me e. Psy f. Skil trai and g. Me	essment and monitoring ividual/group/family thera chological testing dical/nursing support chosocial education I development and socialining focused on improving behavioral deficits dication management pressive and activity theraginalividual/group in the second content of the second content in the second co	zation g functional				
APPLICABLE POPULATI			UNIT		DURATION	
□Adol (12-17) (1	8-20) 🗵 Geri	lt (21-64) atric (65+)	□ Day [□ 15 Minutes ☑ 1 Hour	Minimum: > 31 r Maximum: N/A	mins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC			
☑ Individual ☑ Group ☑ Family			☐ HM (Respite) ☐ TT (Reco		J (Voc) Q (Clubhouse) T (Recovery) T (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)	⊠LAC ⊠ ⊠CAS ⊠	KN (TD) APN (SA)	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (PO						
☑ CMHC (53)☑ Outp Hospital (22)☑ Grp Home (14)☑ SNF (31)	☑ NF (32)☑ PF-PHP (52)☑ ICF-MR (54)☑ PRTC (56)	☑ Other POS (99)			

ТІ	REATMENT		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
H2012	Behavioral health day treatment, per hour	⊠ OBH	
SERVICE DESCRIPTION	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	Technical Documentation Requirements See Section X service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties		
NOTES	EXAMPLE ACTIVITIES		
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: > 31	mins	
☐ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Day ☑ 1 Hour Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☑ Group ☑ Family	PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubho □ HM (Respite) □ TT (Recover		
STAFF REQUIREMENTS			
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed	EdD/ PhD/PsyD (HP) 🖾 CAS 🖾 APN (SA)] RxN (SA)] PA (PA)] MD/DO (AF)	
PLACE OF SERVICE (POS)			
☑ CMHC (53) ☑ NF (32) ☑ Other P ☑ Outp Hospital (22) ☑ PF-PHP (52) ☑ Grp Home (14) ☑ ICF-MR (54) ☑ SNF (31) ☑ PRTC (56)	OS (99)		

TREATMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2014 *This code is not to be used for children under age 6.	Skills training and development, per 15 minutes				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Therapeutic activities designed to reduce/resolve identified barriers and improve social functioning in areas essential to establishing and maintaining a patient in the community (e.g., home, peer group, work/school). Activities address the specific needs of the patient by promoting skill development and training, which reduces symptomatology and promotes community integration and job readiness.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the integrated agenda? How does the service relate to the treplan? 2. Description of the service and how service is dincrease functioning in the community 3. The therapeutic activities utilized and the individual How did the service impact the individual's progoals/objectives? 5. Plan for next contact(s) including any follow-up needed with 3rd parties	eatment/service lesigned to vidual's response ogress towards			
NOTES	EXAMPLE ACTIVITIES				
	 Development and maintenance of necessary comdaily living skills (i.e., grooming, personal hygiene nutrition, health and MH education, money manimal maintenance of living environment) Development of appropriate personal support nediminish tendencies towards isolation and withdreduction independently Training in appropriate use of community services 	e, cooking, agement and etworks to rawal o enable patient			
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 min ☐ Day ☐ 1 Hour Maximum: 8 hor PROGRAM SERVICE CATEGORY(IES)	-			
☑ Individual ☑ Group □ 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	EdD/ PhD/PsyD (HP) \(\subseteq \text{LAC}\) \(\subseteq \text{RN (1D)}\)	Rxn (SA) PA (PA) MD/DO (AF)			
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ ACF (13) ☑ Home (2) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR ☑ Outp Hospital (22) ☑ Grp Home (14) ☑ NF (32)					

TREATMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2014	Skills training and development, per 15 minutes	⊠ OBH			
*This code is not to be used for children under age 6.					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Therapeutic activities designed to reduce/resolve identified barriers and improve social functioning in areas essential to establishing and maintaining a patient in the community (e.g., home, peer group, work/school). Activities address the specific needs of the patient by promoting skill development and training, which reduces symptomatology and promotes community integration and job readiness.	 Technical Documentation Requirements See Section X Service Content The reason for the visit/call. What was the integrated agenda? How does the service relate to the treplan? Description of the service and how service is dincrease functioning in the community The therapeutic activities utilized and the individual's progoals/objectives? Plan for next contact(s) including any follow-up needed with 3rd parties 	eatment/service esigned to vidual's response ogress towards			
NOTES	EXAMPLE ACTIVITIES				
	 Development and maintenance of necessary comdaily living skills (i.e., grooming, personal hygiene nutrition, health and MH education, money manamaintenance of living environment) Development of appropriate personal support nediminish tendencies towards isolation and withdien Development of basic language skills necessary to function independently Training in appropriate use of community services 	e, cooking, agement and etworks to rawal o enable patient			
APPLICABLE POPULATION(S)	UNIT DURATION				
	☐ Encounter 🗵 15 Minutes Minimum: 8 min	-			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: 8 hou	urs			
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☑ Group ☐ Family	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☑ HK (Residential) ☑ TM (ACT) ☐ HQ (Clubho ☐ HM (Respite) ☑ TT (Recove				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed I	EdD/ PhD/PsyD (HP) 🗵 LAC 🔀 APN (SA) 🗵] Rxn (SA)] PA (PA)] MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Cust Care (33) ☑ NF (32) ☑ Office (11) ☑ Grp Home (14) ☑ Shelter (☑ Outp Hospital (22) ☑ Home (12) ☑ SNF (31) ☑ ACF (13) ☑ ICF-MR (54) ☑ FQHC (5	☑ Other POS (99)				

PEER SUPPORT/RECOVERY SERVICES							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2015		Comprehensive community support services, per				
			15 minutes				
SERVICE DESCRIPTION	· · · · · · · · · · · · · · · · · · ·		MINIMUM DOC		•		
Treatment services rend	· ·		Technical Docum	nentation Requi	rements		
and adolescents and co			See Section X				
staff in accordance with			Service Content				
for the purpose of ensu		•			What was the inten-	-	
continued community p	9		· ·	v does the servic	e relate to the treat	tment/service	
medically necessary into		_	plan?	of the comice			
the symptoms of their r			2. Description of		(s)+; ;=od and +ha ;	ndividual/a	
overall life situation, inc		,	•		(s) utilized and the i	nuiviuuai S	
social, educational and basic human needs.	other services necessar	y to meet	•	:he intervention(•	ross towards	
basic numan needs.			goals/objecti		ne individual's prog	ess towards	
			• ,		ding any follow-up o	or coordination	
			needed with		ang any ronow-up c	or coordination	
NOTES			EXAMPLE ACTIV				
110123					g natural supports f	or developing a	
			natural supp		5ata. a. sappo. to .	o. detelopg d	
			Assist with identifying individual strengths, resources,				
			preferences and choices				
			Assist in development and coordination of recovery/resiliency				
			plan, crisis management plan.				
			Skill building to assist patient in developing functional,				
			interpersonal, family, coping and community living skills that are				
			negatively im	pacted by patie	nt's MI		
APPLICABLE POPULATION			UNIT DURATION				
☑ Child (0-11)		dult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 mins		
, , ,		eriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs.	7 mins	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV				
			✓ HE (SP)	☐ U4 (ICN	-	IJ (Voc)	
☑ Individual ☑ Group	⊠ Family		☐ HK (Residenti			IQ (Clubhouse)	
p	,			☐ HM (Re	•	T (Recovery)	
					<u></u>	HT (Prev/EI)	
STAFF REQUIREMENTS				1	() . Day (1) (1) (TE)		
☑ Peer Specialist	∠ LCSW (AJ)	☑ Unlicensed I	Master's Level (HO)		IPN/LVN (TE) RN (TD)	RxN (SA)	
☑ Bachelor's Level (HN)	∠ LPC		EdD/ PhD/PsyD (HP)		APN (SA)	PA (PA)	
▼ Intern	⊠ LMFT	∠ Licensed EdI	D/PhD/PsyD (AH)		QMAP	MD/DO (AF)	
PLACE OF SERVICE (POS	5)						
☑ CMHC (53)	⊠ ACF (13)	☑ ICF-MR (54)) 🗵 Inp	ot PF (51)	Other POS (99)	
☑ Office (11)		☑ NF (32)	▼ FQHC (5)	50) 🗵 ER	(23)		
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ PRTC (56)	⋈ RHC (72)	!) 区 PF-	PHP (52)		
☑ Outp Hospital (22)		Shelter (04)	☑ Inpt Ho	sp (21) 🗵 Sch	nool (03)		

PEER SUPPORT/RECOVERY SERVICES							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2015		Comprehensive community support services, per				
	112013		15 minutes			Z OBIT	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
Treatment services reno			Technical Docum	entation Requir	ements		
and adolescents and co			See Section X				
staff in accordance with			Service Content	. 41	Object and the first and	ded earlier	
for the purpose of ensu continued community p		-			/hat was the intenderelate to the treat	-	
medically necessary into	9	, ,	plan?	udes the service	relate to the treat	illient/service	
the symptoms of their r		_	2. Description of	the service			
, ·	cluding accessing neede		•		s) utilized and the	individual's	
social, educational and		·	•	ne intervention(•		
basic human needs.		,	•	•	, e individual's prog	ress towards	
			goals/objectiv	es?			
			5. Plan for next of	ontact(s) includ	ing any follow-up	or coordination	
			needed with 3	rd parties			
NOTES			EXAMPLE ACTIVIT	TIES			
					natural supports f	for developing a	
1			natural support team				
			Assist with identifying individual strengths, resources,				
			preferences and choices				
			 Assist in development and coordination of recovery/resiliency plan, crisis management plan. 				
			Skill building to assist patient in developing functional,				
			interpersonal, family, coping and community living skills that are				
			negatively impacted by patient's MI				
APPLICABLE POPULATION	ON(S)		UNIT DURATION				
☑ Child (0-11) □	Young Adult 🔲 Ad	dult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 mins	3	
		eriatric (65+)	□ Day	□ 1 Hour	Maximum: 4 hrs.	7 mins	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	•	-		
			⊠ HE (SP)	□ U4 (ICM	,	-IJ (Voc)	
☑ Individual ☑ Group	✓ Family		☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubho				
·	•			☐ HM (Re	•	TT (Recovery)	
CTAFF DECLUDENTAINE					<u>L</u>	HT (Prev/EI)	
STAFF REQUIREMENTS				Ī	LPN/LVN (TE)		
▼ Peer Specialist	☑ LCSW (AJ)		Master's Level (HO)	×	RN (TD)	RxN (SA)	
☑ Bachelor's Level (HN)	⊠ LPC ⊠ LMFT		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	ELAC E	APN (SA)	PA (PA)	
☑ Intern	EZI LIVII I	E LICEIISEU EUL	AII) (AII)	X	I QMAP	MD/DO (AF)	
PLACE OF SERVICE (POS	•						
☑ CMHC (53)	☑ ACF (13)	☑ ICF-MR (54)				Other POS (99)	
☑ Office (11)	☑ Cust Care (33)	☑ NF (32)					
✓ Mobile Unit (15)	☑ Grp Home (14)	☑ PRTC (56)	⊠ RHC (72)		PHP (52)		
☑ Outp Hospital (22)	☑ Home (12)	≤ Shelter (04)	✓ Inpt Hos	ວ (21) 🔼 Sch	ool (03)		

PEER SUPPORT/RECOVERY SERVICES							
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COL	DE DESCRIPTION		USAGE	
	H2016		Comprehensive community support services, per diem				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION 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 them to manage the symptoms of their mental illness and deal with their overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.			 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES			EXAMPLE 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		
	ung Adult 🔲 Adı	ult(21-64) riatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 Maximum: N		
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERV				
☑ Individual ☑ Group ☑	Family		⊠ HE (SP) □ HK (Residentia	□ U4 (ICM II) □ TM (ACT □ HM (Res	pite) [□ 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 🕱	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ 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-MF ☑ NF (32) ☑ PRTC (9 ☑ Shelter) ⊠ FQH(56) ⊠ RHC	C (50) ⊠ EF (72) ⊠ PF	pt PF (51) [R (23) F-PHP (52) Phool (03)	☑ Other POS (99)	

		PEER SUPPOR	T/RECOVERY SERV	ICES		
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COI	DE DESCRIPTION		USAGE
	H2016		Comprehensive community support services, per diem			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION 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 them to manage the symptoms of their mental illness and deal with their overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.			 Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES			EXAMPLE ACTIV			
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 POPULATIO	N(S)		UNIT	pacted by patien	DURATION	
	oung Adult 🔲 Ad	ult(21-64) riatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 Maximum: I	
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	S)	
☑ Individual ☑ Group 델	☑ Family		⊠ HE (SP) □ HK (Residentia	□ U4 (ICM al) □ TM (ACT □ HM (Res	spite)	☐ 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 ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MF ☑ NF (32 ☑ PRTC (☑ Shelte) ⊠ FQH 56) ⊠ RHC	C (50) ⊠ EF (72) ⊠ PF	pt PF (51) R (23) F-PHP (52) Chool (03)	☑ Other POS (99)

CPT®/HCPCS PROCEDUR	E CODE	IR	PROCEDURE COI	DE DESCRIPTION		USAGE		
CP1 -/ HCPC3 PROCEDUR	E CODE		Psychosocial reh			USAGE		
	H2017		minutes	abilitation servic	.es, per 13	☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCI	IMENTATION R	FOLUREMENTS			
An array of services, rend	dered in a variety of set	tings.	Technical Docum		•			
designed to help patient	· ·	-	See Section X					
develop coping strategie		-	Service Content					
to develop a supportive environment in which to function as			1. The reason	for the visit. Wh	at was the intended	l goal or agenda?		
independently as possibl	e.				to the treatment/s			
PSR differs from counsel	ing and psychotherapy	in that it			nd how the service i	s designed to		
focuses less on symptom			increase fur	-				
restoring functional capa	_				n(s) utilized and the	individual's		
teaching, practicing/coad	ching and skills building	, developing		the intervention	the individual's pro	gress towards		
community living compe			goals/objec		the marvidual 3 pro	gress towards		
money management, pe	rsonal grooming, maint	enance of			uding any follow-up	or coordination		
living environment)			needed with					
NOTES			EXAMPLE ACTIV	ITIEC				
Social and interpersonal abi	lities (e.g., conversational	competency.			ce/coaching and ski	lle huilding		
developing and/or maintain	· -				(Activities of Daily I	_		
ability to maintain positive	relationships)			_	nt, interpersonal	2.7.1.8 3.4.1.3//		
Independence (e.g., developing and enhancing personal abilities in			communication/assertiveness skills, housekeeping/cleaning					
handling everyday experien			skills, mone	skills, money management/budgeting, vocational skills building.				
school/work/volunteer sche	edules).		 Gaining con 	npetence in und	erstanding the role	medication plays		
Cognitive and adult role cor	npetency (e.g., task-orient	ed activities to			dividual's well-bein	g		
develop and maintain cogni			-	nt of a crisis plar				
functioning such as increase better memory, enhancing		icentration,	Identification of existing natural supports and resources for addressing possens poods (o.g., families, employers, and					
better memory, emancing	the ability to learn;		addressing personal needs (e.g., families, employers, and friends)					
			Identification and development of organizational support,					
PSR up to 4 hours (16 un			including such areas as sustaining personal entitlements,					
over 4 hours is reported,	/billed as H2018 (per di	em).	_		ity resources or oth			
			programs	G	,			
APPLICABLE POPULATIO			UNIT		DURATION			
	•	ult (21-64)	☐ Encounter	✓ 15 Minutes	Minimum: 8 mins			
☑ Adol (12-17) (18-		riatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs.	7 mins		
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERV	•		11 (\) (\)		
			☑ HE (SP)☐ HK (Residentia	□ U4 (ICN al) □ TM (AC		IJ (Voc) IQ (Clubhouse)		
☑ Individual ☑ Group ☑	🛚 Family (HR) 🗵 Family		L IIK (Kesidelilia	II) □ HM (Re		T (Recovery)		
						IT (Prev/EI)		
STAFF REQUIREMENTS						(, ,		
☑ Peer Specialist	⊠ LCSW (AJ)	X Unlicensed (Master's Level (HO)		LPN/LVN (TE)	RxN (SA)		
☑ Bachelor's Level (HN)	∑ LPC		EdD/ PhD/PsyD (HP)		S KIN (I D)	PA (PA)		
☑ Intern	▼ LMFT	∠ Licensed EdI	D/PhD/PsyD (AH)			MD/DO (AF)		
PLACE OF SERVICE (POS)								
	☑ 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	•					
☑ Outp Hospital (22)		✓ SNF (31)	☑ Other I	POS (99)				

	TREATMENT							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE DESCRIPTION USAGE					
,	H2017		Psychosocial reh			⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
An array of services, ren designed to help patient develop coping strategie to develop a supportive independently as possib PSR differs from counsel focuses less on symptom restoring functional capateaching, practicing/coa community living compendency management, peliving 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 and how the service is designed to increase functioning 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 ACTIV	ITIES				
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/communica skills, mone Gaining con in the stabil Developme Identification addressing friends) Identification including su	elf-management time management tion/assertivene y management/ petence in und ization of the in- nt of a crisis plan on of existing nat personal needs (in and development areas as sust	(Activities of Dent, interpersor ess skills, house budgeting, voc erstanding the dividual's well- tural supports a (e.g., families, e ment of organiza aining persona	ekeeping/cleaning sational skills building. role medication plays being and resources for employers, and ational support,		
APPLICABLE POPULATION ☐ Child (0-11) ☑ Y		lult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8	mins		
☑ Adol (12-17) (18-		eriatric (65+)	□ Day	□ 1 Hour	Maximum: 4	-		
ALLOWED MODE(S) OF DELIVERY ☑ Individual ☑ Group ☑ Family			PROGRAM SERV ☑ HE (SP) ☐ HK (Residentia ☑ HF (2 nd modifi	□ U4 al) □ TM	IES) (ICM) 1 (ACT) 1 (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☑ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS				T.	LPN/LVN (TE)			
⊠ 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	E LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) ☑ QMAP	⊠ 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 (7)	2) (03)				

CPT®/HCPCS PROCEDU	DE CODE	IK	PROCEDURE COD	E DESCRIPTION		USAGE
CFT /HCFC3 PROCEDO	H2018		Psychosocial reha		s por diam	✓ Medicaid
CEDVICE DECEDIBIION	112018		-			≥ ivieuicaiu
SERVICE DESCRIPTION		-441	MINIMUM DOCU			
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 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 Gaining com in the stabili Developmer Identification addressing partiends) Identification including such locating and programs	If-management (, ime management (, ime management/b petence in under zation of the indict of a crisis plan of existing naturersonal needs (em and development areas as sustail	e/coaching and ski Activities of Daily I t, interpersonal s skills, housekeep udgeting, vocation rstanding the role vidual's well-bein aral supports and real aral supports and real ent of organization ning personal enti	Living skills), ling/cleaning lal skills building. medication plays g esources for overs, and al support, tlements,
APPLICABLE POPULATION			UNIT		DURATION	
⊠ Adol (12-17) (18	-20) × G	Adult (21-64) Geriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hrs. Maximum: N/A	8 mins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI			
☑ Individual ☑ Group	⊠ Family		☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☒ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	×LAC ×	ADN (SA)] Rxn (SA)] PA (PA)] MD/DO (AF)
PLACE OF SERVICE (POS	5)					
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54)☑ NF (32)☑ Shelter (04)☑ SNF (31)	区 FQHC (50) 区 RHC (72) 区 School (03) 区 Other POS			

		TR	EATMENT			
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTI	ON	USAGE	
	H2018		Psychosocial rehabilitation ser	vices, per diem	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION	REQUIREMENTS		
designed to help patien develop coping strategi to develop a supportive independently as possib PSR differs from counse focuses less on symptor restoring functional cap teaching, practicing/coa community living comp	ndered in a variety of setti ts capitalize on personal ses and skills to deal with of environment in which to oble. Using and psychotherapy in m management and more abilities. The focus is on of inching and skills building, etencies (e.g., self-care, coersonal grooming, mainte	strengths, to deficits, and function as a that it on direct skills developing ooking,	d Service Content 1. The reason for the visit. What was the intended goal or age How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual? response to the intervention(s) 4. How did the service impact the individual's progress towar			
NOTES			EXAMPLE ACTIVITIES			
developing and/or maintai ability to maintain positive Independence (e.g., development of the positive and adult role conditive and adult role conditive and adult role conditive and maintain cognitive and maintain cognit	oping and enhancing personances such as structuring leisuledules). Impetency (e.g., task-oriente nitive abilities, to maximize a sed attention, improved concentre ability to learn) Inits) is reported/billed as I/billed as H2018 (per die DN(S)	againing the all abilities in ure time, and did activities to dult role centration, H2017; PSR m).	 Direct skills teaching, pra activities: self-manageme scheduling/time manage communication/assertive skills, money manageme! Gaining competence in u in the stabilization of the Development of a crisis peldentification of existing addressing personal need friends) Identification and development including such areas as sulocating and using communication programs 	ent (Activities of Daily ment, interpersonal mess skills, housekeep of budgeting, vocation derstanding the role individual's well-bein lan matural supports and rels (e.g., families, employment of organization istaining personal entiunity resources or oth	Living skills), sing/cleaning nal skills building. medication plays g esources for oyers, and al support, tlements, er supportive	
	•	lt (21-64)	☐ Encounter ☐ 15 Minut		8 mins	
		atric (65+)	☑ Day ☐ 1 Hour PROGRAM SERVICE CATEGOR	Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY □ Individual □ Group □ Family			PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ U4 (ICM) □ HJ (Voc) □ HK (Residential) □ TM (ACT) □ HQ (Clubhouse) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS				W DAI (1) (1: (TE)		
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern		☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP)	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)	✓ Cust Care (33)✓ Grp Home (14)	ICF-MR (54) NF (32) Shelter (04) SNF (31)	✓ FQHC (50)✓ RHC (72)✓ School (03)✓ Other POS (99)			

	TREATMENT							
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE		
	H2021		Community-base minutes	ed wrap-around se	ervices, per 15	☑ Medicaid		
SERVICE DESCRIPTION	ON		MINIMUM DOCUMENTATION REQUIREMENTS					
delivered as an alter Services may include resources provided members to promot community living. So	rnative/adjunct to e informal, natural to a child/adolesce te, maintain/restor ervices are delivere ed on a collaborati ed to help stabilize	supports and ent and family es successful ed in non-traditional ive planning process.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
NOTES			EXAMPLE ACTIV	<u> </u>				
Community-based v Discrete therapy ser psychotherapy, psyc reported or billed se	vices (e.g., family, chiatric services) ar	group and individual e 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 mins Maximum: 4 hrs			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	S)			
☑ Individual ☐ Gro	up ⊠ Family		☑ HE (SP) □ HK (Residentia	□ U4 (ICM) al) □ TM (ACT) □ H pite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)		
STAFF REQUIREMEN	ITS							
☑ Peer Specialist ☑ Bachelor's Level (HI ☑ Intern		PC 📜 Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	×LAC ×,	KN (TD) 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)	⊠ NRSATF : (49) ⊠ Other P					

	TREATMENT							
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COI	DE DESCRIPTION		USAGE		
	H2021		Community-base minutes	ed wrap-around se	rvices, per 15	⊠ OBH		
SERVICE DESCRIPTION	ON		MINIMUM DOCUMENTATION REQUIREMENTS					
Individualized, commodelivered as an alter Services may include resources provided members to promot community living. Semanners/places bas Services are intended placement of the characterists.	rnative/adjunct to tre e informal, natural sto a child/adolescente, maintain/restore ervices are delivered ed on a collaboratived to help stabilize a	raditional services. supports and at and family successful d in non-traditional re planning process.	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
NOTES			EXAMPLE ACTIV					
Community-based w Discrete therapy ser psychotherapy, psyc reported or billed se	vices (e.g., family, g chiatric services) are	roup 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 mins Maximum: 4 hrs.			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	S)			
☑ Individual ☐ Gro	up 🗵 Family		☑ HE (SP) ☐ HK (Residentia	□ U4 (ICM) al) □ TM (ACT) □ H pite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)		
STAFF REQUIREMEN	ITS							
☑ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern		Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	ĭ LAC x ,	APN (SA)	RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (<u> </u>							
区 CMHC (53) ☐ Office (11) ☑ Mobile Unit (15)	☑ Home (12)☑ Shelter (04)☑ FQHC (50)	☑ RHC (72)☑ Independent Clinic (☑ School (03)	⊠ NRSATF 49) ⊠ Other Po					

		TREATM	1ENT					
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTIO	N	USAGE		
	H2022		Community-based videm	wrap-around ser	vices, per	☑ Medicaid		
SERVICE DESCRIPTION	N		MINIMUM DOCUMENTATION REQUIREMENTS					
Individualized, commun delivered as an alternat may include informal, n a child/adolescent and f maintain/restore success delivered in non-traditio collaborative planning p stabilize and strengthen	ive/adjunct to tra atural supports a family members t ssful community l onal manners/pla process. Services a	Technical Documentation Requirements See Section X Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or						
NOTES			coordination needed with 3 rd parties EXAMPLE ACTIVITIES					
Community-based wrap-around services up to 4 hours (16 units) is reported/billed as H2021; over 4 hours is reported/billed as H2022 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2022.								
APPLICABLE POPULA		·	UNIT		DURATIO	N		
, ,	oung Adult -20)	☐ Adult (21-64) ☐ Geriatric (65+)		15 Minutes 1 Hour	Minimum: Maximum	4 hrs. 8 mins : N/A		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	CE CATEGORY	•			
☑ Individual ☐ Group	⊠ Family		☑ HE (SP)☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite	e) \Box	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)		
STAFF REQUIREMENT	rs							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSV ⊠ LPC ⊠ LMF	☑ Unlicensed EdD/ P	hD/PsyD (HP) ⊠LAC	⊠ LPN/LVI ⊠ RN (TD) ⊠ APN (SA □ QMAP	<u>.</u>	Rxn (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (P								
✓ Office (11)✓ Mobile Unit (15)	Shelter (04)	⊠ Independent Clinic (49) ⊠ School (03) ⊠ NRSATF (57)	☑ Other POS (99)					

		TREATM	ENT				
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION	N	USAGE	
	H2022		Community-based v	wrap-around se	ervices,	⊠ OBH	
SERVICE DESCRIPTION	l		MINIMUM DOCUMENTATION REQUIREMENTS				
may include informal, na child/adolescent and fan successful community liv traditional manners/plac	ve/adjunct to tra tural supports and hily members to ring. Services are ses based on a co ended to help sta	ditional services. Services nd resources provided to a promote, maintain/restore delivered in non-	Technical Documentation Requirements See Section X Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how activity is designed to increase functioning in the community The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES			EXAMPLE ACTIVIT		<u></u>		
	management, etc.) are						
APPLICABLE POPULAT	TON(S)		UNIT		DURATI	ON	
☑ Child (0-11)☑ You☑ Adol (12-17)☑ (18-2)	oung Adult 20)	☐ Adult (21-64) ☐ Geriatric (65+)		15 Minutes 1 Hour	Minimun Maximur	n: 4 hrs. 8 mins m: N/A	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY			
☑ Individual ☐ Group ☐	⊠ Family		☑ HE (SP) ☐ HK (Residential)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respit	e) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENT	S						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSV ⊠ LPC ⊠ LMF	☑ Unlicensed EdD/ Ph	D/PsyD (HP) 🗵 LAC	☑ LPN/LVN ☑ RN (TD) ☑ APN (SA) □ QMAP	, <u>[</u>	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (PC							
☑ Office (11)☑ S☑ Mobile Unit (15)☑ F	Iome (12) helter (04) FQHC (50) IHC (72)	☑ Independent Clinic (49) ☑ School (03) ☑ NRSATF (57)	☑ Other POS (99)				

		TI	REATMENT				
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CO	DE DESCRI	PTION		USAGE
	H2023		Supported employment, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Employment services, provided by an employment specialist, to assist patients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. When appropriate, services may be provided without the patient being present. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensive 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 3 rd parties				
NOTES			EXAMPLE ACTIV				
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).			 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing 				
APPLICABLE POPULATI			UNIT			DURATION	
☐ Child (0-11)		dult (21-64) eriatric (65+)	☐ Encounter ☐ Day	□ 15 Min □ 1 Hour		Minimum: 8 m Maximum: 4 h	-
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEG	ORY(II	ES)	
☑ Individual ☐ Group	□ Family		□ HE (SP) □ HK (Residentia	al)		I (ICM) /I (ACT) /I (Respite)	☐ 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 ⊠CAT ⊠CAS	[⊠ 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)		ool (03) er POS (99)		

	TREATMENT							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION			USAGE		
	H2023		Supported emp	loyment, per 15	minutes	⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOO	UMENTATION	REQUIREMENTS			
Employment services, specialist, to assist pat employment services, competitive employment be provided without the include assessment, jo follow-along supports community. The scope may change over time	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		valanan iah	EXAMPLE ACTIV					
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).			 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing 					
APPLICABLE POPULAT	TON(S)		UNIT	lp people succe	DURATION			
	_	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 mins Maximum: 4 hrs.			
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	/ICE CATEGORY	(IES)			
☑ Individual ☐ Group)□ Family		☐ HE (SP) ☐ HK (Resident	□ U4 (IC ial) □ TM (A □ HM (F	CT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENT					_			
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		faster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAT ⊠CAS		⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (PC								
区MHC (53)☑ Office (11)☑ Outp Hospital (22)	⊠ACF (13) ⊠ Grp Home (14) ⊠ Home (12)	✓ Shelter (04)✓ FQHC (50)✓ RHC (72)	区 School 区 Other F					

TREATMENT				
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 3 rd parties EXAMPLE ACTIVITIES			
Activities are typically performed by a job developer, job	Assessing patient's work history, skills, training,			
coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).	personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs			
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: 4 hrs.	8 mins		
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY □ Individual □ Group □ Family	☐ HK (Residential) ☐ TM (ACT) ☐ H ☐ HM (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)		
STAFF REQUIREMENTS	V DAL/1/AL/TE\			
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed E	dD/ PhD/PsyD (HP) 🗵 CAT 🖫 ARN (TD)	⊠ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Shelter (04) ☑ Office (11) ☑ Grp Home (14) ☑ FQHC (50) ☑ Outp Hospital (22) ☑ Home (12) ☑ RHC (72)	☑ School (03) ☑ Other POS (99)			

TREATMENT				
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 3 rd parties			
NOTES	EXAMPLE ACTIVITIES			
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).	 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs 			
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 4 hrs. 8 mins ☐ Day ☐ 1 Hour ☐ Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Individual ☐ Group ☐ 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 ⊠ RN (TD) ⊠ RXN (SA) dD/ PhD/PsyD (HP) ⊠CAT ⊠ APN (SA) ⊠ PA (PA) y/PhD/PsyD (AH) ⊠CAS ⊠ QMAP ⊠ 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					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H2025	Ongoing support to maintain employment, per 15 minutes				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in 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 3 rd parties				
NOTES	EXAMPLE ACTIVITIES				
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).	 Talking with patient about changes in health, work environment/personal environment to identify needed support changes and avoid crises Teaching patient pre-vocational skills Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position Visiting patient at job site to identify and address issues pertinent to job retention Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance Contacting patient's family/significant other to monitor support 				
APPLICABLE POPULATION(S)	network and/or resolve issues UNIT DURATION				
☐ Child (0-11)	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: 4 hrs. 7 mins				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☑ Group ☐ 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 EdD/ PhD/PsyD (HP) ☑CAT D/PhD/PsyD (AH) ☑CAS ☑ LPN/LVN (TE) ☑ RxN (SA) ☑ PA (PA) ☑ APN (SA) ☑ QMAP ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)					
 ☑ CMHC (53) ☑ Grp Home (14) ☑ Shelter (04) ☑ Office (11) ☑ Home (12) ☑ FQHC (50) ☑ ACF (13) ☑ PRTC (56) ☑ RHC (72) 	区 School (03) ☑ Other POS (99)				

TREATMENT						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
	H2025		Ongoing support to maintain employment, per 15 minutes			⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOO	UMENTATION RE	QUIREMENTS	
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non-competitive employment placements, development of natural on-the-job supports for a patient. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.		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 general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).			 Talking with patient about changes in health, work environment/personal environment to identify needed support changes and avoid crises Teaching patient pre-vocational skills Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position Visiting patient at job site to identify and address issues pertinent to job retention Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance Contacting patient's family/significant other to monitor support 			
APPLICABLE POPULATION	ON(S)		UNIT	nd/or resolve issu	DURATION	
⊠ Adol (12-17) (18	Young Adult 3-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 mins Maximum: 4 hrs.	7 mins
ALLOWED MODE(S) OF	DELIVERY			/ICE CATEGORY(I		
☑ Individual ☑ Group ☐ Family		☐ HE (SP) ☐ HK (Resident	□ U4 (ICN ial) □ TM (AC □ HM (Re	T)	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (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) ⊠ CAT ⊠ APN (SA) ⊠ PA (PA) ☑ Intern ☑ LMFT ☑ Licensed EdD/PhD/PsyD (AH) ☑ CAS ☑ QMAP ☑ MD/DO (AF)				× PA (PA)		
PLACE OF SERVICE (POS	5)					
☑ CMHC (53)☑ Office (11)☑ ACF (13)	☑ Grp Home (14☑ Home (12)☑ PRTC (56)) ⊠ Shelter (04) ⊠ FQHC (50) ⊠ RHC (72)	⊠ School (0 ⊠ Other PO	•		

TREATMENT					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COI	DE DESCRIPTION		USAGE
H2026		Ongoing support to maintain employment, per diem			☑ Medicaid
SERVICE DESCRIPTION		MINIMUM DOC	JMENTATION RE	QUIREMENTS	
Ongoing or episodic support to maintain employment	ent are	Technical Docum	nentation Require	ements	
utilized prior to or following successful employmen		See Section X			
placement, including pre-vocational skills training in		Service Content			
competitive employment placements, developmen	t of			What was the inte	
natural on-the-job supports for a patient. When				vide, intervention	utilized, and the
appropriate, services may be provided without the		patient's res			
being present. This service is intended to provide the				ne individual's pro	gress towards
supports necessary to ensure placement, continued		goals/objec		f -11	
employment, advancement in employment as evidence in a second least the of a real content of a real co				g any follow-up or	coordination
salary increases, increased length of employment, a	and Job	needed with	1 3 rd parties		
promotion. NOTES		EXAMPLE ACTIV	ITIFS		
This service is a more general approach than the ov	/erall			anges in health, w	ork
structure and approach to supported employment		_	•	nment to identify	
H2024) and may involve short-term non-competitive			d avoid crises	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ccaca sapport
employment with job skills assessment and job skill		Teaching patient pre-vocational skills			
training. Ongoing support to maintain employment		Helping patient identify and implement strategies that improve			
hours (16 units) is reported/billed as H2025; over 4 hours is		job performance/relations at work including placement in a			
reported/billed as H2026 (per diem).		non-competitive employment position			
		Visiting patient at job site to identify and address issues			
		pertinent to job retention			
		Working with patient and his/her job supervisor/employer to			
		establish effective supervision and feedback strategies, ways to			
		make reasonable accommodations to enhance job performance			
		Contacting patient's family/significant other to monitor support actual and 's a seal as issues."			
			d/or resolve issue		
APPLICABLE POPULATION(S)	21 (4)	UNIT	□ 45 Minutes	DURATION	0
☐ Child (0-11) ☑ Young Adult ☑ Adult (∑ Adol (12-17) (18-20) ☑ Geriatr		☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hrs. Maximum: N/A	8 IIIIIIS
ALLOWED MODE(S) OF DELIVERY	10 (051)	•	ICE CATEGORY(IE		
ALLOWED MODE(3) OF DELIVERY		☐ HE (SP)	□ U4 (ICM		IJ (Voc)
		☐ HK (Residentia	•		IQ (Clubhouse)
☑ Individual ☑ Group ☐ Family		,	´ □ HM (Res		T (Recovery)
			,		IT (Prev/EI)
STAFF REQUIREMENTS					
⊠ Peer Specialist	Inlicensed M	laster's Level (HO)		IPN/LVN (TE)	▼ RxN (SA)
		dD/ PhD/PsyD (HP)	V C∧T	∃ KN (TD)	☑ RAN (SA) ☑ PA (PA)
☑ Intern ☑ LMFT ☑ Li	censed EdD	/PhD/PsyD (AH)	V C∧C C		☑ MD/DO (AF)
PLACE OF SERVICE (POS)					
	elter (04)	✓ School			
	HC (50)	☑ Other I	POS (99)		
☑ ACF (13) ☑ PRTC (56) ☑ RH	C (72)				

TREATMENT						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
	H2026		Ongoing support to maintain employment, per diem			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION REC	QUIREMENTS	
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non-competitive employment placements, development of natural on-the-job supports for a patient. When appropriate, services may be provided without the patient being present. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.			Technical Documentation Requirements See Section X Service Content 1. The reason for the visit/call. What was the intended goal? 2. Description of the service provide, intervention utilized, and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact including any follow-up or coordination needed with 3 rd parties EXAMPLE ACTIVITIES • Talking with patient about changes in health, work			
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).			environment/personal environment to identify needed support changes and avoid crises Teaching patient pre-vocational skills Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position Visiting patient at job site to identify and address issues pertinent to job retention Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance Contacting patient's family/significant other to monitor support			
APPLICABLE POPULAT	ION(S)		UNIT	d/or resolve issue	DURATION	
☐ Child (0-11) ☑ \(\times \) ☑ Adol (12-17) (18	Young Adult ⊠ Ad -20) ⊠ G	dult (21-64) eriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hrs Maximum: N/A	-
ALLOWED MODE(S) O	□ Family		PROGRAM SERVI ☐ HE (SP) ☐ HK (Residentia	☐ U4 (ICM)	⊠) □ pite) □	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS	5			_		
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	XLAC X	Ι ΚΝ (ΤΟ) Ι ΔΡΝ (SΔ)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PO	•	E 6 1: /a	(A) TO 1	1 (00)		
☑ CMHC (53)☑ Office (11)☑ ACF (13)	☑ Grp Home (14)☑ Home (12)☑ PRTC (56)	✓ Shelter (0✓ FQHC (50✓ RHC (72)	-	ol (03) POS (99)		

	TREATMENT					
CPT®/HCPCS PROCEDURE	CODE		PROCEI	DURE CODE DE	SCRIPTION	USAGE
	H2027		Psychoeducation	al service, per	15 minutes	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION I	REQUIREMENT	S
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						
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.			 EXAMPLE ACTIVITIES Information, education and training to assist patients, families and significant others in managing psychiatric conditions (e.g., symptoms, crisis "triggers," decompensation, medication actions and interactions) Increasing knowledge of MI and patient-specific diagnoses (e.g., latest research on causes and treatments, brain chemistry and functioning) Understanding importance of patients' individualized treatment/service plans Information, education and training to assist patients, families and significant others in accessing community resources (e.g., first responders with crisis intervention training [CIT], patient advocacy groups) Information, education and training to assist patients, families and significant others with medication management, symptom management, behavior management, stress management, 			
APPLICABLE POPULATION	N(S)		UNIT	management	DURATION	
☑ Child (0-11) ☑ Yo	ung Adult 🗵 Ad	ult (21-64)	☐ Encounter			
		riatric (65+)	□ Day	☐ 1 Hour	Maximum:	N/A
ALLOWED MODE(S) OF D ☑ Individual ☑ Group ☑			PROGRAM SERV ☑ HE (SP) ☑ HK (Residentia	⊠ U4 (IC	CM) CT)	☐ 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	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ Hospice (34)	☑ ICF-MR (5 ☑ NF (32) ☑ PRTC (56 ☑ Shelter (0	⊠ FQI ⊠ RH	HC (50)	Other POS (99)	

	TREATMENT					
CPT®/HCPCS PROCEDURE	CODE		PROCE	DURE CODE DE	SCRIPTION	USAGE
	H2027		Psychoeducation	nal service, per	15 minutes	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION I	REQUIREMENT	S
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.		agenda? Ho plan? 2. Description 3. How did the progress to	for the visit/cal w does the service; of the service; e patient/family wards goals/ob tt contact(s) inc	I. What was the vice relate to the education proves education implications?	e intended goal or ne treatment/service vided pact the individual's	
NOTES			EXAMPLE ACTIV	•		
This service acknowledges the importance of involving family and/or significant others who may be essential in assisting a patient to maintain treatment and to recover. This code requires the individual to have an active treatment/service plan. It is not the same as outreach and engagement.			 Information, education and training to assist patients, families and significant others in managing psychiatric conditions (e.g., symptoms, crisis "triggers," decompensation, medication actions and interactions) Increasing knowledge of MI and patient-specific diagnoses (e.g., latest research on causes and treatments, brain chemistry and functioning) Understanding importance of patients' individualized treatment/service plans Information, education and training to assist patients, families and significant others in accessing community resources (e.g., first responders with crisis intervention training [CIT], patient advocacy groups) Information, education and training to assist patients, families and significant others with medication management, symptom management, behavior management, stress management, 			
APPLICABLE POPULATION	N(S)		UNIT	s management	DURATION	
		ult (21-64)	☐ Encounter	■ 15 Minutes		
☑ Adol (12-17) (18-2		riatric (65+)	☐ Day	☐ 1 Hour	Maximum:	N/A
ALLOWED MODE(S) OF D ⊠ Individual ⊠ Group ⊠			PROGRAM SERV ☑ HE (SP) ☑ HK (Residentia	⊠ U4 (IC	M) CT)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CAS	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) □ QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ Hospice (34)	☑ ICF-MR (5☑ NF (32)☑ PRTC (56)☑ Shelter (0	⊠ FQ ⊠ RH	F (31) 🗵 (HC (50) C (72) nool (03)	Other POS (99)	

TREATMENT						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
H2030)	Mental health Clubhouse service	es, per 15 minutes	☑ Medicaid		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION R	REQUIREMENTS			
Structured, community-based ser strengthen and/or regain the pat provide psychosocial support tow environmental supports to help t community and meet employment promote recovery from mental ill. Services are provided with staff at teams to address patient's life go tasks necessary for Clubhouse op data input, meal preparation, and information or reaching out to fe Clubhouse must be open to a CM Provider Network (IPN).	ient's interpersonal skills, yard rehabilitation, develop the patient thrive in the ent and other life goals, and ness. Ind members working as als and to perform the erations (i.e., clerical work, disproviding resource ellow members). The	Technical Documentation Requirements See Section X Service Content 1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of Clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.				
Clinical consultation by a master' available during hours of operation	•					
NOTES		EXAMPLE ACTIVITIES				
 Written schedule of activities and a individual to make informed choice For Clubhouses based on a work-o description of the work unit's activ social, vocational, and other skills at Skill building and psycho-education The individual can receive services individual therapy, medication may separately documented and encoused should have recent assessment an plan or access through an EHR. The Clubhouse may develop a programment of the p	es about their participation. rdered day there should be a ities and opportunities to learn and gain expertise. In groups are curriculum-based. Outside of Clubhouse, e.g. Inagement, which should be Intered. Indicate the should be of current treatment/service	 Vocational and educational services; resume and interview skills Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagement, empowerment, hope Self-help and skills training: collaborative meal prep, interpersonal skills, etc. Outreach & Engagement: identify and resolve barriers to seeking care, relationship building exercises. 				
APPLICABLE POPULATION(S)	,	UNIT	DURATION			
☐ Child (0-11) ☑ Young ☑ Adol (12-17) Adult (18-20) ALLOWED MODE(S) OF DELIVERY		☐ Encounter ☑ 15 Minutes ☐ Day ☐ 1 Hour PROGRAM SERVICE CATEGORY(Minimum: 8 mins Maximum: 4 hrs.			
ALLOWED MODE(S) OF DELIVERY				IJ (Voc)		
☑ Individual ☑ Group ☐ Family		*for adol/young adult only ☐ ☐ HK (Residential) ☐	HM (Respite) 🗆 T	IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	∠ LPC ∠ Unlicensed I	EdD/ PhD/PsyD (HP) LAC C/PhD/PsyD (AH)	\boxtimes KN (ID) \boxtimes \triangle PN (S \triangle) \square	RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)						
区 CMHC (53) ☑ Other POS (99)						

TREATMENT						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
H2030)	Mental health Clubhouse service	s, per 15 minutes	⊠ OBH		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RI	EQUIREMENTS			
Structured, community-based ser strengthen and/or regain the pat provide psychosocial support tow environmental supports to help t community and meet employment promote recovery from mental ill. Services are provided with staff at teams to address patient's life go tasks necessary for Clubhouse op data input, meal preparation, and information or reaching out to fe Clubhouse must be open to a CM Provider Network (IPN).	ient's interpersonal skills, yard rehabilitation, develop the patient thrive in the ent and other life goals, and ness. Ind members working as als and to perform the erations (i.e., clerical work, disproviding resource llow members). The	Technical Documentation Requirements See Section X Service Content 1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of Clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.				
Clinical consultation by a master' available during hours of operation	•					
NOTES		EXAMPLE ACTIVITIES				
 Written schedule of activities and a individual to make informed choice For Clubhouses based on a work-o description of the work unit's activ social, vocational, and other skills a Skill building and psycho-education The individual can receive services individual therapy, medication may separately documented and encoused should have recent assessment an plan or access through an EHR. The Clubhouse may develop a progression of the progress	es about their participation. Indered day there should be a ities and opportunities to learn and gain expertise. In groups are curriculum-based. Outside of Clubhouse, e.g. Inagement, which should be Intered. Indered treatment/service	 Vocational and educational services; resume and interview skills Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagement, empowerment, hope Self-help and skills training: collaborative meal prep, interpersonal skills, etc. Outreach & Engagement: identify and resolve barriers to seeking care, relationship building exercises. 				
APPLICABLE POPULATION(S)	,	UNIT	DURATION			
☐ Child (0-11) ☑ Young ☑ Adol (12-17) Adult (18-20) ALLOWED MODE(S) OF DELIVERY		☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour PROGRAM SERVICE CATEGORY(I	Minimum: 8 mins Maximum: 4 hrs.			
☑ Individual ☑ Group ☐ Family		□ HE (SP) *for adol/young adult only □ 1	J4 (ICM) □ ΓM (ACT) ⊠ HM (Respite) □] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)		
STAFF REQUIREMENTS				· , ,		
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	∠ LPC ∠ Unlicensed E	Viaster's Level (HO) EdD/ PhD/PsyD (HP) LAC MOVEN (AH)	\Box APN (SA)	l Rxn (SA) l PA (PA) l MD/DO (AF)		
PLACE OF SERVICE (POS)						
区 CMHC (53) 区 Other POS (99)						

TREATMENT						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE		
H203:	1	Mental health Clubhouse services	, per diem	☑ Medicaid		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	QUIREMENTS			
Structured, community-based set strengthen and/or regain the pat provide psychosocial support tow environmental supports to help to community and meet employment promote recovery from mental ill. Services are provided with staff at teams to address patient's life got tasks necessary for Clubhouse op data input, meal preparation, and information or reaching out to fe Clubhouse must be open to a CM Provider Network (IPN). Clinical consultation by a master'	ient's interpersonal skills, ward rehabilitation, develop the patient thrive in the nt and other life goals, and lness. and members working as tals and to perform the perations (i.e., clerical work, d providing resource llow members). The life or independent	Technical Documentation Requirements See Section X Service Content 1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of Clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.				
available during hours of operation	•					
NOTES		EXAMPLE ACTIVITIES				
 Written schedule of activities and individual to make informed choice For Clubhouses based on a work-o description of the work unit's activistic social, vocational, and other skills at Skill building and psycho-education The individual can receive services individual therapy, medication maseparately documented and encoused should have recent assessment an plan or access through an EHR The Clubhouse may develop a progression of the work of the school of the school	es about their participation. ordered day there should be a vities and opportunities to learn and gain expertise. In groups are curriculum-based. It outside of Clubhouse, e.g. Inagement, which should be untered. Ind current treatment/service	 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)	S 1	UNIT	DURATION			
☐ Child (0-11)	☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 4 hr: Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IE		7 111 () (> ->)		
☑ Individual ☑ Group ☐ Family	,	☑ HE (SP)*for adol/young adult only☐ HK (Residential)	☐ TM (ACT) ☐ HM ☐	□ HJ (Voc) ☑ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	∠ LPC ∠ Unlicensed I	EdD/ PhD/PsyD (HP) SLAC	APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)		
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Other POS (99)						

TREATMENT						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
H203	1	Mental health Clubhouse servi	ices, per diem	⊠ OBH		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
Structured, community-based sets trengthen and/or regain the pat provide psychosocial support tow environmental supports to help to community and meet employmen promote recovery from mental il. Services are provided with staff at teams to address patient's life gottasks necessary for Clubhouse op data input, meal preparation, and information or reaching out to fe Clubhouse must be open to a CM Provider Network (IPN).	ient's interpersonal skills, ward rehabilitation, develop the patient thrive in the ent and other life goals, and lness. Ind members working as eals and to perform the erations (i.e., clerical work, d providing resource llow members). The enterperson independent	Technical Documentation Requirements See Section X Service Content 1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of Clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.				
Clinical consultation by a master' available during hours of operation	-					
NOTES	511.	EXAMPLE ACTIVITIES				
 Written schedule of activities and individual to make informed choice For Clubhouses based on a work-odescription of the work unit's active social, vocational, and other skills of Skill building and psycho-education The individual can receive services individual therapy, medication masseparately documented and encoused should have recent assessment and plan or access through an EHR The Clubhouse may develop a programment of the prog	es about their participation. rdered day there should be a vities and opportunities to learn and gain expertise. In groups are curriculum-based. Outside of Clubhouse, e.g. Inagement, which should be untered. d current treatment/service	 Vocational and educational services; resume and interview skills Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagement, empowerment, hope Self-help and skills training: collaborative meal prep, interpersonal skills, etc. Outreach & Engagement: identify and resolve barriers to seeking care, relationship building exercises. 				
APPLICABLE POPULATION(S)		UNIT	DURATION			
☐ Child (0-11) ☑ Young Add ☑ Adol (12-17) (18-20) ALLOWED MODE(S) OF DELIVERY	☑ Geriatric (65+)	☐ Encounter ☐ 15 Minute ☐ Day ☐ 1 Hour PROGRAM SERVICE CATEGOR	Maximum: N/A	8 mins		
☑ Individual ☑ Group ☐ Family		□ HE (SP) *for adol/young adult only Column	□ U4 (ICM) □ H □ TM (ACT) ⊠ H □ HM (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	∠ LPC ∠ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) LAC D/PhD/PsyD (AH)		RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)						
区 CMHC (53) 区 Other POS (99)						

TREATMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2032	Activity therapy, per 15 minutes				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Activity therapy includes the use of music, dance, creative art or any type of play, not for recreation , but related to the care and treatment of the patient's disabling behavioral health problems. These are therapeutic activities in a structured setting designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community. Activities may be delivered on an individual/group basis and are designed to promote skill development and meet specific goals and measurable objectives in the treatment/service plan. NOTES	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 3 rd parties				
"Structured setting" does not preclude community POS.	 Playing basketball with group of adolescents to far behavior and passing/taking turns. Hiking in community to help a patient with depres reinforce the connection between healthy mind a exercise. Puppet play with a child to identify feelings and in dynamics Art/music activities to improve self-esteem, concerning 	ssive symptoms nd body with aterpersonal			
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☑ 15 Minutes Minimum: 8 mins	i			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☑ Group ☐ 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	EdD/ PhD/PsyD (HP) \(\subseteq LAC\) \(\subseteq RN (TD)\) \(\subseteq RN (TD)\)	RxN (SA) PA (PA) MD/DO (AF)			
PLACE OF SERVICE (POS)					
 ☑ CMHC (53) ☑ ACF (13) ☑ Home (12) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) 	 ☑ Shelter (04) ☑ RHC (72) ☑ SNF (31) ☑ School (03) ☑ FOHC (50) ☑ Other POS (99) 				

TREATMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2032	Activity therapy, per 15 minutes				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Activity therapy includes the use of music, dance, creative art or any type of play, not for recreation , but related to the care and treatment of the patient's disabling behavioral health problems. These are therapeutic activities in a structured setting designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community. Activities may be delivered on an individual/group basis and are designed to promote skill development and meet specific goals and measurable objectives in the treatment/service plan.	Technical Documentation Requirements See 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 3 rd parties				
NOTES	EXAMPLE ACTIVITIES				
"Structured setting" does not preclude community POS.	 Playing basketball with group of adolescents to behavior and passing/taking turns. Hiking in community to help a patient with depire reinforce the connection between healthy mind exercise. Puppet play with a child to identify feelings and dynamics Art/music activities to improve self-esteem, cor 	ressive symptoms I and body with interpersonal			
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65+) 	☐ Encounter ☑ 15 Minutes Minimum: 8 mi ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☑ Group ☐ 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	EdD/ PhD/PsyD (HP) 区 LAC 区 APN (TD)	≚ RxN (SA) ≚ PA (PA) ⊠ MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ Home (12)	 ☑ Shelter (04) ☑ RHC (72) ☑ School (03) ☑ FQHC (50) ☑ Other POS (99) 				

TREATMENT						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
H2033		Multi-systemic therapy for juveniles, per 15 minutes Medicaid				
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	QUIREME	NTS		
An intensive, home-, family- and community-based focusing on factors in an adolescent's environment that comis/her anti-social behavior, including adolescent characteristic 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		EXAMPLE ACTIVITIES	parties			
Usual duration of MST treatment is approximately 4 monti provided using a home-based model of service delivery. Providers of MST must meet the specific training and superequirements.		 Strategic family therapy Structural family therapy Behavioral parent training Cognitive behavior therapies 				
APPLICABLE POPULATION(S)		UNIT	DURATIO	N		
☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+		☐ Encounter ☑ 15 Minutes ☐ Day ☐ 1 Hour	Minimum Maximum			
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(II	ES)			
☑ Individual ☐ Group ☑ Family		☐ HK (Residential) ☐ TM (ACT) ☐ HM (Resp	oite) [☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS						
□ Peer Specialist □ LCSW (AJ) (HO) □ Bachelor's Level (HN) □ LPC □ Unlic □ Intern □ LMFT (HP)	censed Master censed EdD/ Pl nsed EdD/PhD/	☐ LPN/LVN☐ RN (TD)☐ APN (SA)☐ OMAP		RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)						
☑ Office (11) ☑ Shelter (04) ☑ NRS	ool (03) SATF (57) er POS (99)					

	TREATMENT					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
H2033		Multi-systemic therapy for juveniles, per 15 minutes ☑ OBH				
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
An intensive, home-, family- and community-bar focusing on factors in an adolescent's environment the his/her anti-social behavior, including adolescent family relations, peer relations, and school performance.	nat contribute to characteristics,	agenda? How d treatment/serv 2. Description of t 3. The therapeutic individual's/fan 4. How did the ser progress towar	the visit. What loes the service ice plan? the service proves intervention(shily's response rvice impact the ds goals/object ontact(s) includ	was the intended goal or e relate to the vided s) utilized and the to the intervention(s) he individual's/family's tives? ling any follow-up or		
NOTES		EXAMPLE ACTIVITIES		parties		
Usual duration of MST treatment is approximately 4 r provided using a home-based model of service delive Providers of MST must meet the specific training and requirements.	ry.	 Strategic family therapy Structural family therapy Behavioral parent training Cognitive behavior therapies 				
APPLICABLE POPULATION(S)		UNIT		URATION		
☐ Child (0-11) ☐ Young Adult ☐ Adult (21 ☑ Adol (12-17) (18-20) ☐ Geriatric	-			Лinimum: 8 mins Лaximum: N/A		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE (CATEGORY(IES))		
☑ Individual ☐ Group ☑ Family		☑ HE (SP) □HK (Residential)	☑ U4 (ICM) ☐ TM (ACT) ☐ HM (Respit	☐ HJ (Voc) ☐ HQ (Clubhouse) te) ☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ LCSW (AJ) (H ☑ Bachelor's Level (HN) ☑ LPC ☑ Intern ☑ LMFT (H] Unlicensed Master' IO)] Unlicensed EdD/ Pł IP) Licensed EdD/PhD/	nD/PsyD 🗵 LAC	☐ LPN/LVN (TI ☐ RN (TD) ☐ APN (SA) ☐ QMAP	RXN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)						
☑ Office (11) ☑ Shelter (04) ☑	School (03) NRSATF (57) Other POS (99)					

RESIDENTIAL				
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 behavioral health treatment, training, support, and a limited amount of supervision.	 Date of service Start and stop time (duration) 			
NOTES	EXAMPLE ACTIVITIES			
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2034.				
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: 4hrs 8min ☑ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Individual ☐ Group ☐ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
☑ LPC ☑ Unlicensed E	ed Master's Level (HO)			
PLACE OF SERVICE (POS)				
区 Grp Home (14) 区 RSATF (55)				

TREATMENT						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
H2036		Alcohol and/or drug diem	treatment pr	rogram, per	☑ ОВН	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
Structured alcohol and/or drug treatment program to perfect therapy and treatment toward rehabilitation. A planne program of professionally directed evaluation, care and treatment for the restoration of functioning for person alcohol and/or drug addiction disorders.	Progress toGoal AttainTreatment/ser	sion top time (dur wards treatn ment vice plan goa	•			
NOTES		EXAMPLE ACTIVITIES				
This code is reserved for use with the Special Connect Program.	tions					
APPLICABLE POPULATION(S)		UNIT		DURATION		
☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65-		⊠ Day □	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE	CATEGORY(I			
☑ Individual □ Group □ Family		☐ HE (SP) ☐ HK (Residential)	□ U4 (ICM □ TM (AC □ HM (Re ☑ HD (Pre	T) \square spite) \square] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/El)	
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LPC ☐ LI LINFT ☐ LI	Unlicensed E	nsed EdD/ PhD/PsyD (HP) 🖾 CAS 🖂 APRN (SA) 🖂 PA (PA)			☐ RXIN (SA)	
PLACE OF SERVICE (POS)						
☑ Office (11) ☑ RSATF (55)						

RESPITE CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
S5150	Unskilled respite care, not hospice; per 15 minutes	☑ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Services rendered in the patient's home, community or	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,	3. Special instructions and that those instructions w	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 an	d objectives			
should be flexible to ensure that the patient's daily routine is					
maintained.	EVALABLE ACTIVITIES				
NOTES	EXAMPLE ACTIVITIES	wine cofety when			
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. develor identifying triggers and resources, WRAP plan de 				
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 environmental support system				
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	regular meals/healthy diet options, housekeeping habits, etc.				
S5150.	Assistance implementing health status and physical condition instructions				
	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)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 Minu☐ Day ☐ 1 Hour ☐ Maximum: 4 Hrs.				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	(10 Offics)			
ALLOWED MODE(O) OF DELIVERY		IJ (Voc)			
		IQ (Clubhouse)			
☑ Individual ☑ Group ☐ Family		T (Recovery)			
	□⊦	IT (Prev/EI)			
STAFF REQUIREMENTS					
☑ Peer Specialist	I Master's Level (HO)	RxN (SA)			
☑ Bachelor's Level (HN) ☒ LPC ☒ Unlicensed	I EdD/ PhD/PsyD (HP) ⊠LAC ⊠ △ PN (S△)	PA (PA)			
☑ Intern ☑ LMFT ☑ Licensed E	dD/PhD/PsyD (AH)	MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Home (12)* ☑ RHC (72)					
☑ ACF (13) ☑ PRTC (56) ☑ Other POS	(99)				
☑ Grp Home (14) ☑ FQHC (50)					

RESPITE CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
S5150	Unskilled respite care, not hospice; per 15 minutes 🗵 OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	rs			
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.	5. Progress toward treatment/service plan goals a				
NOTES	EXAMPLE ACTIVITIES				
S5150 does not include skilled practical/professional nursing services; clients who need that level of monitoring should receive respite care under H0045/T1005. Unskilled respite care up to 4 hours (16 units maximum) is reported as S5150; respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from S5150. *When Home POS is used this refers to 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) ☑ Geriatric (65+) 	☐ Encounter ☑ 15 Minutes ☐ Minimum: 8 Minimum: 8 Minimum: 4 Hrs				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Individual ☑ Group ☐ Family	☐ HK (Residential) ☐ TM (ACT) ☐ ☑ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicense	ed EdD/ PhD/PsyD (HP) 区 LAC 区 APN (TD)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Home (12)* ☑ RHC (72) ☑ ACF (13) ☑ PRTC (56) ☑ Other PO ☑ Grp Home (14) ☑ FQHC (50)	S (99)				

	RESPITE CARE						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE	
	S5151		Unskilled respite	care, not hospice	e; per diem	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Services rendered in the	patient's home, comm	nunity or other	Technical Documentation Requirements				
place of service as a			See Section X				
situation/environment	or to provide addition	nal support in	Service Content				
home environment in o	order to maintain the	patient in an	1. Purpose of co	ontact			
outpatient setting. Services include observation, support,			2. Respite service	ces/activities rend	lered		
direct assistance with	_		•	ctions and that th	ose instructions	were followed	
emotional, social and be			4. Patient's resp				
by someone other than			5. Progress toward	ard treatment/se	rvice plan goals a	nd objectives	
should be flexible to ens	ure that the patient's	daily routine is					
maintained.							
NOTES			EXAMPLE ACTIVI				
S5151 does not includ		•				oping safety plan,	
nursing services; patients who need that level of monitoring						evelopment, etc.).	
should receive respite care under H0045/T1005. Unskilled				id establishing a s	tronger connecti	on to community	
respite care up to 4 hours (16 units maximum) is reported as			resources				
S5150; respite care over 4 hours is reported as S5151 (per			Relationship building with natural environmental support system				
diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.)			Assistance with/monitoring/prompting of activities of daily living				
			(ADLs), routine personal hygiene skills, self-care by obtaining				
are documented, and re	ported/billed separate	ly from 55151.	regular meals/healthy diet options, housekeeping habits, ,etc.				
*\\// DOC /42\ :			Assistance implementing health status and physical condition				
*When POS Home (12) i			instructions Assistance with implementing medication reminders and				
Respite Worker's home	or the client's nome, it	or this	Assistance with implementing medication reminders and practically addressing medical peads.				
procedure code.			practically addressing medical needsAssistance/supervision needed by patient to participate in social,				
			recreational/community activities				
APPLICABLE POPULATION	DN(S)		UNIT	community activity	DURATION		
		lult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 7 n	nin	
☑ Adol (12-17) (18-	20) ⊠ Ge	eriatric (65+)	⊠ Day	☐ 1 Hour	Maximum: 24 H	lours	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	S)		
			☐ HE (SP)	☐ U4 (ICM) 🗆	HJ (Voc)	
V Individual V Comm	□ Fa:l		☐ HK (Residentia	al) 🗆 TM (ACT	·) 🗆	HQ (Clubhouse)	
☑ Individual ☑ Group I	⊒ Family				pite)	TT (Recovery)	
						HT (Prev/EI)	
STAFF REQUIREMENTS							
▼ Peer Specialist	∠ LCSW (AJ)	▼ Unlicensed	Master's Level (HO)		LPN/LVN (TE)	□ RxN (SA)	
☑ Bachelor's Level (HN)	≥ LPC		EdD/ PhD/PsyD (HP)	IXII V.C	KN (ID)	□ PA (PA)	
☑ Intern	∠ LMFT	∠ Licensed EdI	D/PhD/PsyD (AH)		APIN (SA)	□ MD/DÓ (AF)	
PLACE OF SERVICE (POS							
☑ CMHC (53)	☑ Home (12)*	☑ RHC (72)					
☑ ACF (13)	☑ PRTC (56)	☑ Other POS (99)				
☑ Grp Home (14)	☑ FQHC (50)		· · · · ·				

	RESPITE CARE						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	S5151		Unskilled respite	care, not hospice	; per diem	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Services rendered in the	patient's home, comm	nunity or other	Technical Documentation Requirements				
place of service as			See Section X				
situation/environment	or to provide additior	nal support in	Service Content				
home environment in order to maintain the patient in ar			Purpose of cor				
outpatient setting. Ser			•	es/activities rend			
direct assistance with			•		ose instructions	were followed	
emotional, social and be			4. Patient's resp				
by someone other than			5. Progress towa	ard treatment/se	vice plan goals a	nd objectives	
should be flexible to ens	sure that the patient's o	daily routine is					
maintained. NOTES			EXAMPLE ACTIVI	TIEC			
S5151 does not include	do skilled practical o	r professional			client (e.g. devel	oning safatu nlan	
nursing services; patien		•				oping safety plan, evelopment, etc.).	
		_					
should receive respite care under H0045/T1005. Unskilled respite care up to 4 hours (16 units maximum) is reported as			resources	Referral to and establishing a stronger connection to community resources.			
S5150; respite care over 4 hours is reported as S5151 (per			Relationship building with natural environmental support system				
diem). Discrete services (e.g., family, group and individual			Assistance with/monitoring/prompting of activities of daily living				
psychotherapy, psychiatric services, case management, etc.)		(ADLs), routine personal hygiene skills, self-care by obtaining					
are documented, and reported/billed separately from S5151.		regular meals/healthy diet options, housekeeping habits, ,etc.					
, 		•	Assistance implementing health status and physical condition				
*When POS Home (12) i	s used this refers to eit	<i>her</i> the	instructions				
Respite Worker's home	or the client's home, fo	or this	Assistance with implementing medication reminders and				
procedure code.			practically addressing medical needs				
						ticipate in social,	
				community activit			
APPLICABLE POPULATION			UNIT	_	DURATION		
` '	-	lult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 7 n		
☑ Adol (12-17) (18-		eriatric (65+)	⊠ Day	☐ 1 Hour	Maximum: 24 H	ours	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI			111 () (2.5)	
			☐ HE (SP)	U4 (ICM		HJ (Voc)	
☑ Individual ☑ Group	□ Family		LIN (Nesideritia				
I				≥ Hivi (Nes			
1						111 (1164/21)	
STAFF REQUIREMENTS					LPN/LVN (TE)	7 (2)	
STAFF REQUIREMENTS	V LCOM (A1)	V Unliconcod	Mastar's Lavel (IIO)				
☑ Peer Specialist	⊠ LCSW (AJ)		Master's Level (HO)		RN (TD)	☐ RxN (SA)	
	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC	RN (TD) APN (SA)	□ PA (PA)	
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	☑ Unlicensed	EdD/ PhD/PsyD (HP)	⊠ LAC	RN (TD) APN (SA)	, ,	
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern PLACE OF SERVICE (POS	⊠ LPC ⊠ LMFT	☑ Unlicensed☑ Licensed Edl	EdD/ PhD/PsyD (HP)	⊠ LAC	RN (TD) APN (SA)	□ PA (PA)	
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	☑ Unlicensed	EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC	RN (TD) APN (SA)	□ PA (PA)	
☑ Individual ☑ Group	□ Family		☐ HK (Residentia	I) ☐ TM (ACT ☑ HM (Res	pite) privily (TF)	HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	

TREATMENT						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	USAGE		
	S9445		Patient education,	not otherwise	classified, non-	☑ Medicaid
	33443		physician provider, individual			
SERVICE DESCRIPTION	<u> </u>		MINIMUM DOCUI	MENTATION RE	QUIREMENTS	
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 use 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			 Technical Documentation Requirements See Section X Service Content: The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided, including results of AOD screening, the education provided, strategies used, and the individual's response to the education How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
•	no separate code solely for sample collection. NOTES			TES		
Substance use counseling/education services shall be provided along with screening to discuss results with patient. The laboratory analysis needed as a prerequisite for this code should be submitted as a claim to FFS by the laboratory, if covered by Medicaid. This counseling/education service should occur only once per drug screening.			Collection of speci	men and counse	eling of the results.	
APPLICABLE POPULAT			UNIT		DURATION	
☑ Child (0-11)	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	⊠ Encounter I	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
☑ Individual ☐ Group ☐ Family			☑ HE (SP) ☐ HK (Residential)	□ U4 (ICM) □ TM (AC □ HM (Re	Γ) □ I spite) □ 1	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LM	∑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		ADM (SA)	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (PC						
☑ CMHC (53) ☑ Office (11) ☑ Outp Hospital (22) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)		☑ RHC (72)☑ Independent☑ PF-PHP (52)☑ School (03)		NRSATF (57) Other POS (99)	

TREATMENT						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	S9445		Patient education, not otherwise classified, non-physician provider, individual			
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REC	QUIREMENTS	
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 use treatment services. This procedure code covers the collection of a specimen (for analysis) in conjunction with the counseling of the screening results. If the counseling/education doesn't occur then the procedure code cannot be billed. The urine analysis is billed separately to fee-for-service (FFS) by the laboratory. There is no separate code solely for sample collection.			Technical Documentation Requirements See Section X Service Content: 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided, including results of AOD screening, the education provided, strategies used, and the individual's response to the education 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties			
NOTES			EXAMPLE ACTIVIT	IES		
Substance use counseling/education services shall be provided along with screening to discuss results with patient. The laboratory analysis needed as a prerequisite for this code should be submitted as a claim to FFS by the laboratory, if covered by Medicaid. This counseling/education service should occur only once per drug screening.			Collection of speci	men and counse	ling of the results.	
APPLICABLE POPULAT			UNIT DURATION			
☑ Child (0-11)	Young Adult 8-20)	☑ Adult (21-64) ☑ Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour E CATEGORY(IE		
☑ Individual ☐ Group ☐ Family			⊠ HE (SP) ☐ HK (Residential)	☐ U4 (ICM ☐ TM (ACT ☐ HM (Res	n) □ F pite) □ 1	HJ (Voc) HQ (Clubhouse) IT (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)	⊠LAC ⊠ ⊠CAS ⊠	ADN (SA)	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (PC						
区 CMHC (53) ☑ Office (11) ☑ Outp Hospital (22) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	⋈ NF (32)⋈ PRTC (56)⋈ SNF (31)⋈ FQHC (50)	⋈ RHC (72)⋈ Independent⋈ PF-PHP (52)⋈ School (03)		RSATF (57) :her POS (99)	

PREVENTION/EARLY INTERVENTION							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CO	DE DESCRIP	TION		USAGE
S9453			Smoking cessation classes, non-physician provider, per session				☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATIO	N RE	QUIREMENTS	
Structured classes rend	lered for the treatme	nt of tobacco	Technical Docun	nentation R	equire	ements	
dependence.			See Section X				
			Service Content				
			1. What was the	e intended o	lass g	oal or agenda?	
			2. Description o	f the class n	nateri	al reviewed/pres	ented and
			individual's re	esponse to d	class		
NOTES			EXAMPLE ACTIV	ITIES			
This service is for pat	ients with a diagnos	is of tobacco					
dependence or a history	of tobacco dependent	ce.					
APPLICABLE POPULATION(S)			UNIT			DURATION	
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)			☑ Encounter	☐ 15 Minu	ıtes	Minimum: N/A	
⊠ Adol (12-17) (18-	20) ⊠ G	eriatric (65+)	☐ Day	☐ 1 Hour		Maximum: N/A	L
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERV	ICE CATEGO	RY(IE	S)	
			⊠ HE (SP)			U4 (ICM)	☐ HJ (Voc)
	П г:l		*for adol/young	adult only		TM (ACT)	☐ HQ (Clubhouse)
☐ Individual 区 Group [⊔ Family		☐ HK (Residentia	al)		HM	☐ TT (Recovery)
					(R	espite)	⊠ 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 ⊠CAS	X	APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS))			_			
☑ CMHC (53)	⊠ ACF (13)	☑ ICF-MR (54)	✓ Shelter	r (04)	⊠R	HC (72)	☑ Other POS (99)
☑ Office (11)	✓ Cust Care (33)	✓ NF (32)	✓ SNF (3)	1)	⊠ So	chool (03)	
☑Outp Hospital (22)	☑ Grp Home (14)	☑ PRTC (56)	⊠ FQHC ((50)	×N	RSATF (57)	

PREVENTION/EARLY INTERVENTION							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COL	USAGE			
S9453			Smoking cessation classes, non-physician provider, per session				⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATIO	N REQ	UIREMENTS	
Structured classes rendered for the treatment of tobacco dependence.			Technical Documentation Requirements See Section X Service Content 1. What was the intended class goal or agenda?				
			Description of individual's re	f the class m	nateria	-	ented and
NOTES			EXAMPLE ACTIVI	TIES			
This service is for pat dependence or a history	_						
APPLICABLE POPULATION(S)			UNIT			DURATION	
☐ Child (0-11)			☑ Encounter ☐ Day	☐ 15 Minu ☐ 1 Hour	tes	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☐ Individual ⊠ Group □	☐ Family		区 HE (SP) *for adol/young a □ HK (Residentia	•		TM (ACT) [HM [☐ 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 ⊠CAS	⊠ R ⊠ A	(N (TD) APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ Office (11) ☑Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)	☑ ICF-MR (54) ☑ NF (32) ☑ PRTC (56)	⊠ Shelter ⊠ SNF (31 ⊠ FQHC (L)	⊠ Sch	C (72) [nool (03) ISATF (57)	☑ Other POS (99)

PREVENTION/EARLY INTERVENTION							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE						
S9454	Stress management classes, non-physician provider, per session						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Structured classes designed to educate patients on the management of stress.	Technical Documentation Requirements See Section X Service Content 1. What was the intended class goal or agenda? 2. Description of the class material reviewed/presented and individual's response to class						
NOTES	EXAMPLE ACTIVITIES						
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A						
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
☐ Individual 区 Group ☐ Family	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) *child/adol/young adult ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM ☐ TT (Recovery) (Respite) ☑ HT (Prev/EI)						
STAFF REQUIREMENTS							
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicens	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) EDD/PhD/PsyD (AH)						
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Outp Hospital (22) ☑ Grp Home (14) ☑ PRTC (56)	☑ SNF (31) ☑ PF-PHP (52)						

PREVENTION/EARLY INTERVENTION							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE						
S9454	Stress management classes, non-physician provider, per session						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Structured classes designed to educate patients on the management of stress.	Technical Documentation Requirements See Section X Service Content 1. What was the intended class goal or agenda? 2. Description of the class material reviewed/presented and individual's response to class						
NOTES	EXAMPLE ACTIVITIES						
APPLICABLE POPULATION(S)	UNIT DURATION						
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
□ Individual ⊠ Group □ Family	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) *child/adol/young adult ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HT (Prev/EI)						
STAFF REQUIREMENTS							
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □ RxN (SA) □ RxN (SA) □ PA (PA) □ QMAP □ QMAP						
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (5 ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Outp Hospital (22) ☑ Grp Home (14) ☑ PRTC (56)	☑ SNF (31) ☑ PF-PHP (52)						

TREATMENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
S9480	Intensive outpatient psychiatric (IOP) services, per 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 service 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					
NOTES	requirements) 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: Program operates at least 3 hrs./day and at least 3 days/week Maximum: NA					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Individual ☑ Group ☑ Family	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HK (Residential) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicens	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □ QMAP □ LPN/LVN (TE) □ RxN (SA) □ RxN (SA) □ PA (PA) □ QMAP					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ICF-MR (54) ☑ Other ☑ Office (11) ☑ PRTC (56) ☑ Outp Hospital (22) ☑ PF-PHP (52)	POS (99)					

TREATMENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
S9480	Intensive outpatient psychiatric (IOP) services, per 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 agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties. 6. Daily log of attendance and time duration 7. Weekly note re: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation					
NOTES	requirements) 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) ☑ Adol (12-17) ☑ 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)					
☑ Individual ☑ Group ☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ I ☐ HM (Respite) ☐ ☐	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)				
STAFF REQUIREMENTS						
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	EdD/ PhD/PsyD (HP) 🗵 LAC 🔀 ADN (SA)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ICF-MR (54) ☑ Other PC ☑ Office (11) ☑ PRTC (56) ☑ Outp Hospital (22) ☑ PF-PHP (52)	S (99)					

CRISIS					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
S9485	Crisis intervention mental health services, per diem				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Unanticipated services rendered in the process of resolving client crisis, requiring immediate attention, that without intervention, could result in the client requiring a higher LOC., Services include: immediate crisis intervention to 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. 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 use, medical, etc.)				
	 Plan for next contact(s) including any follow-up or coordinatio needed with 3rd parties 				
NOTES	EXAMPLE ACTIVITIES				
Services may be provided at any time, day or night and by mobile team/crisis program in a facility/clinic or othe provider as appropriate. May be provided by more than on direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified 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 is response.	 assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members Referral to other applicable behavioral health services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff Consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement 				
APPLICABLE POPULATION(S)	UNIT DURATION				
⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Individual ☐ Group ☑ Family (HR) ☑ Family	□ Encounter □ 15 Minutes				
STAFF REQUIREMENTS	☐ HT (Prev/EI)				
☐ Peer Specialist	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □ QMAP □ QMAP □ QMAP				
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)☑ PRTC (5	(54) ⊠ SNF (31) ⊠ PF-PHP (52) ⊠ FQHC (50) ⊠ School (03)				

	CRISIS						
CPT®/HCPCS PROCEDURE COD	E		PROCEDURE CODI	E DESCRIPTION		USAGE	
\$94	85		Crisis intervention mental health services, per diem				
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION RE	QUIREMENTS		
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. 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 use, medical, etc.)				
			6. Plan for next needed with		ding any follow	w-up or coordination	
NOTES			EXAMPLE ACTIVIT				
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.			assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members Referral to other applicable behavioral health services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff Consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement				
APPLICABLE POPULATION(S)			UNIT	ttii one s own p	DURATION	o dddress the chisis	
☐ Child (0-11) ☐ Young A ☐ Adol (12-17)	⊠ Geriatric (6.	,	☐ Encounter [■ U4 (ICM)	Minimum: 4 Maximum: f (S)		
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LPC ☑ Unlic	ensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	XLAC X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
☑ Mobile Unit (15) ☑ Grp	(13)	MR (54 32)		⊠ PI 0) ⊠ So	R (23) F-PHP (52) chool (03) ther POS (99)		

RESIDENTIAL									
CPT®/HCPCS PROCEDURE	CODE			PROCEDURE CO	DE DESCRIP	TION	USAGE		
	S9976			Lodging, per diem, not otherwise specified					
SERVICE DESCRIPTION				MINIMUM DOCUMENTATION REQUIREMENTS					
Room and board costs pe	r day			3. Sign with 1	stop time (du L st initial, last	iration) : name & credentials			
NOTES				EXAMPLE ACTIV					
				Room and board	a provided to	ocilent.			
APPLICABLE POPULATION	N(S)			UNIT		DURATION			
⊠ Adol (12-17) (18-20	,	⊠ Adult (2 ⊠ Geriatri		☐ Encounter 区 Day	☐ 15 Minu ☐ 1 Hour	Maximum: N/			
ALLOWED MODE(S) OF D	ELIVERY			PROGRAM SERV					
☑ Individual ☐ Group ☐] Family			☐ HE (SP) ☐ HK (Residenti	-	(ACT)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMENTS									
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LC ⊠ LP ⊠ LN		☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		☐ RN(ID)	☐ RXN (SA) ☐ PA (PA)		
PLACE OF SERVICE (POS)									
☑ Inpt Hospital (21) ☑Outp Hospital (22) ☑ Independent Clinic (49)	☑ Inpt PF ☑ CMHC ☑ RSATF ((53)							

RESPITE CARE							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDU	USAGE			
	T1005		Respite care services, up to 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Services to temporarily substitute for primary caregivers to maintain patients in outpatient setting. Services include assistance with/monitoring of personal hygiene, nutritional support, safety, and environmental maintenance. Respite care should be flexible to ensure that the patient's daily routine is maintained.			Technical Documentation Requirements See Section X Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives				
NOTES			EXAMPLE ACTIVIT		33 33	,	
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			 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 				
or the patient's home, f APPLICABLE POPULATION APPLICABLE POPULATI			UNIT		DURATION		
区 Child (0-11) ☑ Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	☐ Day	⊠ 15 Minutes □ 1 Hour	Minimum: 8 Min Maximum: 4 hrs.		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	•	•		
☑ Individual ☑ Group	☐ Family		☐ HE (SP) ☐ HK (Residential	□ U4 (ICM)) □ TM (ACT ☑ HM (Res) □ H pite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSV □ LPC □ LMF	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC 🗵	KN (ID) APN (SA)] Rxn (SA)] PA (PA)] MD/DO (AF)	
PLACE OF SERVICE (POS	•						
☑ CMHC (53)☑ ACF (13)☑ Grp Home (14)	☑ Home (12)*☑ PRTC (56)☑ FQHC (50)	区 RHC (72) 区 Other POS (9	9)				

	RESPITE CARE						
CPT®/HCPCS PROCEDU	PROCEDUR	USAGE					
	T1005		Respite care services, up to 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCUM	MINIMUM DOCUMENTATION REQUIREMENTS			
Services to temporarily substitute for primary caregivers to			Technical Documentation Requirements				
maintain patients in out			See Section X				
assistance with/monitoring of personal hygiene, nutritional			Service Content				
support, safety, and env		•	1. Purpose of conta		ī		
care should be flexible t	to ensure that the	patient's daily	2. Respite services/				
routine is maintained.			3. Special instruction		ose instructions w	ere followed	
			 Patient's response Progress toward 		wico plan goals an	d abjectives	
NOTES			EXAMPLE ACTIVITIE		vice plan goals and	u objectives	
Unlike respite procedur	e codes \$5150 - 9	S5151 T1005	Assistance with/		omoting of activiti	es of daily living	
requires skilled practica					ne skills, dressing,		
meet the health and ph		-	Assistance with r				
care up to 4 hours and 7	•		Assistance with r	-			
reported as T1005; resp	•	•	 Cueing and prom 	npting for prep	aration and eating	of meals	
H0045 (per diem). Discr				 Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed 			
individual psychotherap	y, psychiatric ser	vices, case	making, dusting,	vacuuming, et	c.)		
management, etc.) are	documented, and	reported or billed	Support to assure the safety of patient				
separately from T1005.			Assistance/supervision needed by patient to participate in social,				
			recreational/community activities				
*POS Home (12): Refers		•					
or the patient's home, f	•	code.	LINUT		DUDATION		
APPLICABLE POPULATION ✓ Child (0-11)	VN(S) ✓ Young	☑ Adult (21-64)	UNIT ☐ Encounter 🗵	15 Minutes	DURATION Minimum: 8 Min	utos	
⊠ Adol (12-17)	Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)		15 Minutes	Maximum: 4 hrs.		
ALLOWED MODE(S) OF		△ Genatric (65+)	PROGRAM SERVICE			/ IIIII (10 OIIIts)	
ALLOWED WIODE(3) OF	DELIVERI		☐ HE (SP)	U4 (ICM)		J (Voc)	
			☐ HK (Residential)			Q (Clubhouse)	
☑ Individual ☑ Group	☐ Family		= riik (ikesidentiai)	⊠ HM (Res	•	T (Recovery)	
						T (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist	□ LCSV	√ (AI) □ Unlicensed N	Master's Level (HO)		LPN/LVN (TE)	RxN (SA)	
☐ Bachelor's Level (HN)	□ LPC	• •			KIN (ID)	PA (PA)	
✓ Intern ✓ Intern	☐ LMF	Γ □ Licensed EdΩ	D/PhD/PsyD (AH)			MD/DO (AF)	
PLACE OF SERVICE (POS	5)			<u> </u>	Q1111 11		
☑ CMHC (53)	✓ Home (12)*	☑ RHC (72)					
☑ ACF (13)	⊠ PRTC (56)	☑ Other POS (9	9)				
☑ Grp Home (14)	☑ FQHC (50)		·				

Revised: March 31, 2021 Effective: April 1, 2021

TREATMENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
T1006	Alcohol and/or substance use services, family/couple counseling					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Utilization of special skills in sessions with individuals and their family members and/or significant others under the guidance of a counselor to address family and relationship issues related to alcohol and other drug abuse and/or dependence for the purpose of promoting recovery from addiction.	ir 1. Date of service 2. Start and stop time (duration)					
NOTES	EXAMPLE ACTIVITIES					
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: N/☐ Day ☐ 1 Hour Maximum: N/☐ Day ☐ 1 Hour Maximum: N/☐ Day ☐ 1 Hour					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Individual ☐ Group ☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☐] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/El)				
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) □ LPN/LV EdD/ PhD/PsyD (HP) □ CAS □ APRN (SD/PhD/PsyD (AH) □ QMAP	☐ RXN (SA) ☐ DA (DA)				
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)					

SUPPOR	RT SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
T1009	Child sitting services for the children of the individual receiving alcohol and/or substance use services ☐ OBI		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
Care of the children of clients undergoing treatment for alcoholism or drug abuse while the client is in treatment	 Date of service Start and stop time (duration) Signed with 1st initial, last name & credential 	ıls	
NOTES	EXAMPLE ACTIVITIES		
APPLICABLE POPULATION(S)	UNIT DURATION		
 ☑ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☑ Adol (12-17) ☐ Geriatric (65+) 	☐ Encounter ☑ 15 Minutes ☐ Minimum: 8 m ☐ Day ☐ 1 Hour ☐ Maximum: N/A	-	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☑ Individual ☑ Group ☑ Family	☐ HK (Residential) ☐ TM (ACT) ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS			
Bachelor's Level (HN)	Master's Level (HO) ☑ LAC ☑ LPN/LVN ☑ RN (TD) EdD/ PhD/PsyD (HP) ☑ CAT ☑ APRN (SA D/PhD/PsyD (AH) ☑ CAS ☑ QMAP	⊠ KXIN (SA)	
PLACE OF SERVICE (POS)			
☑ CMHC (53) ☑ FQHC (50) ☑ Other POS (99) ☑ Office (11) ☑ RHC (72) ☑ Home (12) ☑ NRSATF (57)			

		TREA	ATMENT			
CPT®/HCPCS PROCEDURE COD			PROCEDURE COL	DE DESCRIPTION		USAGE
T1:	012		Alcohol and/or so development	ubstance use ser	vices, skills	☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	UMENTATION RE	QUIREMENTS	
For those involved in Alcohol ar component helps facilitate their activities. The skills developmer sufficiency and independence.	management of day to	day	 Description of Recommend 	p times (duratio of service render lations	•	
NOTES			EXAMPLE ACTIVI	ITIES		
			daily living s nutrition, he maintenand Developmen diminish ter Developmen	skills (i.e., groom ealth and MH ed ee of living enviro nt of appropriate ndencies towards	nment) personal suppor sisolation and wi age skills necessa	iene, cooking, nanagement and It networks to thdrawal
APPLICABLE POPULATION(S)			UNIT		DURATION	
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)☑ (18-20)	⊠ Geriatric (65-		□ Day	✓ 15 Minutes☐ 1 Hour	Minimum: 8 mi Maximum: N/A	-
ALLOWED MODE(S) OF DELIVE	RY		PROGRAM SERV	•		11.67
☑ Individual ☐ Group ☐ Fam	ly		□ HE (SP) □ HK (Residentia	□ U4 (ICM al) □ TM (ACT □ HM (Res	<u>-</u>) □ spite) □ -	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
□ Peer Specialist □ Bachelor's Level (HN) □ Intern	⊠ LPC ⊠ U	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	⊠ LAC ⊠ CAT ⊠ CAS	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA ⊠ QMAP	X DA (DA)
PLACE OF SERVICE (POS)	(42) ====================================		W NDCATE (ET)	EII 0:1 - 22	s (00)	
☑ CMHC (53) ☑ Home ☑ Office (11) ☑ PRTC (☐ ☑ Gro Home (14) ☑ Shelte	56) 🗵 RHC (72)		☑ NRSATF (57) ☑ Prison/CF (09) ☑ School (03)	⊠ Other PO	5 (99)	

		SUPPORT	SERVICES			
CPT®/HCPCS PROCEI	DURE CODE		PROCEDURE CODE I	DESCRIPTION		USAGE
	T1013		Sign language or ora and/or substance us		for alcohol	☑ ОВН
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	ENTATION RE	QUIREMENTS	•
	erstood or received for interpretation, inclu	or 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	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
	-	Adult (21-64)		15 Minutes	Minimum: 8 m	
, , , , , , , , , , , , , , , , , , , ,		Geriatric (65+)	, , , , , , , , , , , , , , , , , , ,	1 Hour	Maximum: N/A	1
ALLOWED MODE(S) ☑ Individual ☑ Grou	µp ⊠ Family		PROGRAM SERVICE ☐ HE (SP) ☐ HK (Residential)	U4 (ICM)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMEN	TS					(——)
☐ Peer Specialist ☐ Bachelor's Level (HN☐ Intern	LCSW LPC LMFT	(AJ) Unlicensed Mas Unlicensed EdD Licensed EdD/Pt UDHOH Interpre)/ PhD/PsyD (HP) nD/PsyD (AH)	□ LAC	☐ LPN/LVN ☐ RN (TD) ☐ APRN (SA ☐ QMAP	. ΄ ∐ RXN (SA) □ PΔ (PΔ)
PLACE OF SERVICE (F	POS)					
図 CMHC (53) 図 Office (11) 図 Mobile Unit (15) 図Outp Hospital (22)	⊠ACF (13) ⊠Cust Care (33) ⊠ Grp Home (14) ⊠ Home (12)	⊠Hospice (34) ⊠ICF-MR (54) ⊠NF (32) ⊠PRTC (56)	☑ Shelter (04) ☑SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑RSATF (55)	☑ NRSATF (☑Inpt Hosp ☑Inpt PF (5 ☑ER (23) ☑PF-PHP (5	(21) ⊠Scho 1) ⊠Othe	n/CF (09) ol (03) r POS (99)

	TREATMENT			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
T1016	Case management, each 15 minutes	⊠ OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMEN	ITS		
Services designed to assist and support a patient to gain access to needed medical, social, educational, and other services. Case management includes: • Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources; • Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; • Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services available, addresses and telephone numbers of agencies providing services; working with patient/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon treatment/service plan and monitoring progress and impact of plan.	agenda? How does the service relate to plan? 2. Description of the service provided (sp (adult living skills, family, income/ supple educational, housing, interpersonal, moverational, other basic resources) 3. The services utilized and the individual services (includes assessing service need plan development, referral, and monitorincludes care coordination) 4. How did the service impact the individual goals/objectives?	rvice Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination		
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 application process Contact with patient's family members for patient access services Care Coordination between other services	patient and assisting in		
APPLICABLE POPULATION(S)	UNIT DURATIO)N		
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Atlowed Mode(s) OF Delivery 	☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour ☐ Maximur PROGRAM SERVICE CATEGORY(IES)	n: 8 mins		
☑ Individual ☐ Group ☑ Family	☑ HE (SP) ☑ U4 (ICM) ☐ HK (Residential) ☑ TM (ACT) ☑ HM (Respite)	☑ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) ☑ HT (Prev/El)		
STAFF REQUIREMENTS				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) □ QMAP	E) RXN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (32) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (52) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTC (56)	4)) ☑ School (03) ☑ Other POS (99)		

		TREATM	ENT					
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE D	ESCRIPTION		USAGE		
	T1017		Targeted case manag	gement, each 15 i	minutes	☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCUME	NTATION REQUI	REMENTS			
Services designed to assist and s being assessed for a mental heal medical, social, educational, and coordination and care transition • Assessing service needs – gatherin needs; • Service plan development – specific needs, ensuring participation, ider transition plan development • Referral and related activities to o appointments for patient with sen and/providing contact information patient/collaterals to secure acces for appointments/services after in • Monitoring and follow-up – contact following the agreed upon service and impact of plan. See Appendix E: Targeted Case NOTES Case management involves linking to services, but is not itself the direct of been referred. Case management do patient to required services/time specific services/time specifications.	es designed to assist and support a patient diagnosed with or assessed for a mental health disorder, to gain access to needed al, social, educational, and other services as well as provide care nation and care transition services, including: sing service needs – gathering patient history/collateral info, treatment is; ee plan development – specifying goals and actions to address patient is, ensuring participation, identifying a course of action; includes ition plan development ral and related activities to obtain needed services – arranging initial intments for patient with service providers/informing patient of services providing contact information for available services; working with int/collaterals to secure access to services, including contacting agencies appointments/services after initial referral process; and atoring and follow-up – contacting patient/others to ensure patient is wing the agreed upon service or transition plan and monitoring progress impact of plan. Pendix E: Targeted Case Management Targeted Case Management Targeted Case management does not include time spent transporting the to required services/time spent waiting while the patient attends a ed appointment. However, it includes time spent participating in an ment with the patient for purposes of referral and/or monitoring and			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 EXAMPLE ACTIVITIES • Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process • Contact with patient's family members for assistance helping patient access services • Care Coordination between other service agencies, healthcare providers • Development and follow-up of a transition plan from the hospital to outpatient services				
APPLICABLE POPULATION(S)			UNIT		DURATIO	N		
☑ Child (0-11) ☑ Young Ad	ult 🗵 Adult (2	21-64)	☐ Encounter	☑ 15 Minutes	Minimum	: 8 mins		
⊠ Adol (12-17) (18-20)	☑ Geriatr	ic (65+)	- 1		Maximum	n: N/A		
ALLOWED MODE(\$) OF DELIVER ☑ Individual ☐ Group ☑ Family			PROGRAM SERVICE (☑ HE (SP) ☐ HK (Residential)	CATEGORY(IES) ☑ U4 (ICM) ☑ TM (ACT) ☑ HM (Respite)	\(\overline{x}\)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	☑ Unlicensed Maste ☑ Unlicensed EdD/ ☑ Licensed EdD/PhD	PhD/PsyD (HP) 🗵 LAC	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA) □ QMAP	×	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)⋈ PRTC (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hosp (☑ Inpt PF (51)☑ ER (23)☑ PF-PHP (52)) 🗵 (School (03) Other POS (99)		

Effective: April 1, 2021

		TREAT	TME	NT			
CPT®/HCPCS PROCEDURE CODE				PROCEDURE CO	DE DESCRIPTION		USAGE
	T1017			Targeted case m	nanagement, each 15	minutes	⊠ OBH
SERVICE DESCRIPTION				MINIMUM DOC	CUMENTATION REQU	JIREMENTS	
Services designed to assist and subeing assessed for a mental healt medical, social, educational, and coordination and care transition • Assessing service needs – gatherin needs; • Treatment/Service plan developme address patient needs, ensuring paincludes transition plan developme. • Referral and related activities to olappointments for patient with servand/providing contact information patient/collaterals to secure access for appointments/services after init. • Monitoring and follow-up – contact following the agreed upon service and impact of plan. See Appendix E: Targeted Case Monotes **NOTES** **Case management involves linking to services, but is not itself the direct debeen referred.** Case management involves linking to services, but is not itself the direct debeen referred.** Case management involves linking to services, but is not itself the direct debeen referred.** Case management involves linking to services, but is not itself the direct debeen referred.** Case management involves linking to services, but is not itself the direct debeen referred.** Case management involves linking to services, but is not itself the direct debeen referred.** Case management involves linking to services, but is not itself the direct debeen referred.** Case management involves linking to services, but is not itself the direct debeen referred.** Case management involves linking to services, but is not itself the direct debeen referred.** Case management involves linking to services.** Case management involves linking to services.** NOTES	th disorder, to gain ac other services as well services, including: g patient history/collate element – specifying goals are reticipation, identifying a cent or tain needed services – a cice providers/informing for available services; was to services, including cottal referral process; and citing patient/others to ear transition plan and meaning the patient to the direct celivery of a service to whee snot include time spen and waiting while the patient waiting while the patient up are includes time spent participations.	cess to needed as provide care ral info, treatment ad actions to course of action; arranging initial patient of service forking with contacting agencies. Insure patient is conitoring progress. Insure patient is conitoring progress.	ess s s s d d aas	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 EXAMPLE ACTIVITIES • Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process • Contact with patient's family members for assistance helping patient access services • Care Coordination between other service agencies, healthcare providers • Development and follow-up of a transition plan from the hospital to outpatient services			
APPLICABLE POPULATION(S)				UNIT		DURATIO)N
☑ Child (0-11) ☑ Young Adu	ult 🗵 Adult (2	21-64)		☐ Encounter		Minimum	
⊠ Adol (12-17) (18-20)	☑ Geriatr			□ Day	☐ 1 Hour	Maximun	n: N/A
ALLOWED MODE(S) OF DELIVER	Υ			OGRAM SERVICE			
		_	☐ HE (SP)		HQ (Clubhouse) TT (Recovery)		
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed M ☑ Unlicensed EdD/	dD/ P	PhD/PsyD (HP) 🗵	⊠ LPN/LVI ⊠ RN (TD) ☑ APN (SA □ QMAP) <u>×</u>] 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) ☑ PRTC (56)	-	☑ Shelter (04☑ SNF (31)☑ FQHC (50)☑ RHC (72)	I) 図 Inpt Hosp 図 Inpt PF (5 図 ER (23) 図 PF-PHP (5	1) 🗵	School (03) Other POS (99)

Effective: April 1, 2021

		SUPPOR	T SERVICES			
CPT®/HCPCS PROCEDURE COD	E		PROCEDURE CODE I	DESCRIPTION		USAGE
T2	001		Non-emergency tran	nsportation		OВН
SERVICE DESCRIPTION			MINIMUM DOCUM	ENTATION RE	QUIREMENTS	
Providing transportation service reach their destination indepensissues, age of patient, or unavaidestination.	dently, be it for com	petency	MINIMUM DOCUMENTATION REQUIREMENTS 1. Date of service 2. Start and stop time (duration) 3. Description of service rendered 4. Reason for transportation 5. Origin of pick up and destination 6. Purpose of transportation to destination 7. Signed with 1st initial, last name & credentials			
NOTES			EXAMPLE ACTIVITIE	S		
APPLICABLE POPULATION(S)			UNIT		DURATION	
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)☑ (18-20)	ult 🗵 Adult (21- 🗵 Geriatric (•	□ Day □	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVE	RY		PROGRAM SERVICE	CATEGORY(I	ES)	
☑ Individual ☐ Group ☑ Fami	ly		☐ 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	⊠ LPC ∑	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	⊠ LAC ⊠ CAT ⊠ CAS	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA ⊠ QMAP	✓ RXIV (SA)
PLACE OF SERVICE (POS)						
区 RSATF (55) ☑ NRSATF (57) ☑ Other POS (99)						

		RESIDEN	TIAL – ASAM 3.	1				
CPT®/HCPCS PRO	CEDURE CODE			DE DESCRIPTION		USAGE		
	H2036		Clinically manag	ged low-intensity r	esidential	☑ Medicaid		
	112030			level 3.1. Alcohol		⊠ OBH		
				program, per dien		E OBIT		
SERVICE DESCRIP				CUMENTATION RE				
	l and/or drug treatm			mentation Require	ements			
	nd treatment toward		See section X.	_				
		ected evaluation, care	Service Content		6 1 16			
		inctioning for persons		aily Note (summa				
with alcohol and/o	or drug addiction disc	orders.		al status and funct	l status, e.g. sympt	oms or pertinent		
				ipation in treatme	U			
				•	nt h status informatio	n		
					ent/service plan go			
			discha		city service plan &	sais array or		
				-	ties or patient gen	eral behaviors in		
			milieu					
			6. The th	nerapeutic interve	ntion(s) utilized an	d the individual's		
			respo	nse to the interver	ntion(s)			
			All individual an	ıd group services. ı	provided by reside	ntial staff. e.g.		
					erapy, med admini			
					hese services can a			
			the same docur	the same documentation as the daily/shift notes or in a separate				
			note. Refer to appropriate service procedure code minimum					
				for each service.				
NOTES			EXAMPLE ACTIV		<u> </u>			
		or ASAM level 3.1, 3.3,	This per diem could include services such as:					
	es. Modifiers will be vels of care. Modifier	_	Substance use disorder assessment Individual and family therapy					
services are as followers		s used for level 5.1			у			
Services are as ron			Group therapy A. Alcohol/drug screening counseling					
First position: HF			5. Service planning					
Second position: l	J1		6. Discharge					
	ns services use an ad	ditional modifier:						
Third position: HD)							
Room and hoard i	s billed separately to	the Office of						
	or their designee.							
APPLICABLE POPU			UNIT		DURATION			
☑ Child (0-11)	✓ Young Adult	⊠ Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: N/A			
⊠ Adol (12-17)	(18-20)	☑ Geriatric (65+)	☑ Day	□ 1 Hour	Maximum: 24 Ho	ours		
FACILITY TYPE			PROGRAM SER	VICE CATEGORY(IE	ES)			
			⊠ HF (SUD) (Fir	st position)				
	censed by the Colora	•	☑ U1 (Second p	oosition)				
	Office of Behavioral H							
with Medicaid under the 3.1 Specialty Provider Type (871)			For Special Con	nections				
and SUD Clinic Provider Type (64). Refer to the <u>Provider</u>			ONLY:					
Enrollment Manual for enrollment requirements and								
procedures.								
PLACE OF SERVICE	E (POS)							
⊠RSATF (55)	- (- 55)							
, (55)								

<u>KESI</u>	DENTIAL – ASAM 3.3				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE		
H2036	intensity residential services: ASAN	Clinically managed population-specific high-intensity residential services: ASAM level 3.3. Alcohol and/or other drug treatment program, per diem ✓ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REC	UIREMENTS			
Structured alcohol and/or drug treatment program specifically tailored to meet the needs of individuals who a unable to participate in other levels of care due to cognitival limitations. The recovery environment is combined with high-intensity clinical services in a manner that meets the functional limitations of the individual. If the limitation is temporary, the individual may be transferred to another level of care when he or she is no longer impaired. A planned program of professionally directed evaluation, car and treatment for persons with alcohol and/or drug addiction disorders.	Service Content Shift Notes or Daily Note (summary 1. Patient's current clinical services and function 2. Participation in treatmen 3. Pertinent physical health	or of shift notes) status, e.g. sympto oning status t status informatio nt/service plan go es or patient gene tion(s) utilized and tion(s) rovided by resider rapy, med adminis ese services can a ily/shift notes or i	n als and/or ral behaviors in the individual's ntial staff, e.g. tration services Il be included in n a separate		
NOTES	EXAMPLE ACTIVITIES				
Procedure code H2036 is used to bill for ASAM level 3.1, 3. 3.5, and 3.7 services. Modifiers will be used to distinguish between these levels of care. Modifiers used for level 3.3 services are as follows:	 Substance use disorder assess Individual and family therapy Group therapy 	This per diem could include services such as: 1. Substance use disorder assessment 2. Individual and family therapy			
First position: HF Second position: U3	4. Alcohol/drug screening couns5. Service planning6. Discharge planning	eiiig			
Special Connections services use an additional modifier:					
Third position: HD					
•					
Third position: HD Room and board is billed separately to the Office of	UNIT	DURATION			
Third position: HD Room and board is billed separately to the Office of Behavioral Health or their designee. APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+	☐ Encounter ☐ 15 Minutes ☐ ☑ Day ☐ 1 Hour	Minimum: N/A Maximum: 24 Ho	urs		
Room and board is billed separately to the Office of Behavioral Health or their designee. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64)	□ Encounter □ 15 Minutes □ Day □ 1 Hour PROGRAM SERVICE CATEGORY(IES	Minimum: N/A Maximum: 24 Ho	urs		
Room and board is billed separately to the Office of Behavioral Health or their designee. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+	□ Encounter □ 15 Minutes □ Day □ 1 Hour PROGRAM SERVICE CATEGORY(IES □ HF (SUD) (First position) □ U3 (Second position)	Minimum: N/A Maximum: 24 Ho	urs		

RESIDEN	TIAL – ASAM 3.5			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE	
	Clinically managed high-intensity i		⊠ Medicaid	
H2036	services: ASAM level 3.5. Alcohol		⊠ Medicald ☑ OBH	
	drug treatment program, per dien		1 02	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION RE			
24-hour supportive treatment environment to assist with	Technical Documentation Require See section X.	ements		
the initiation or continuation of a patient's recovery process. Daily clinical services are provided as outlined in an	Service Content			
individualized treatment plan to address the client's needs.	Shift Notes or Daily Note (summar	v of shift notes)		
manual and a continuity plant to address the orients hereas.	Patient's current clinical		oms or pertinent	
	mental status and functi		•	
	Participation in treatme			
	Pertinent physical health			
	4. Progress toward treatme	ent/service plan go	oals and/or	
	discharge	ios or notiont gons	val babaviars in	
	Any other patient activit milieu	ies or patient gene	erai benaviors in	
	6. The therapeutic interver	ntion(s) utilized an	d the individual's	
	response to the interver			
	·	. ,		
	All individual and group services, p	provided by reside	ntial staff, e.g.	
	skills training group, individual the			
	should be identified separately. The			
	the same documentation as the dance. Refer to appropriate service			
	documentation for each service.	procedure code ii	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
NOTES	EXAMPLE ACTIVITIES			
Procedure code H2036 is used to bill for ASAM level 3.1, 3.3,	This per diem could include service	es such as:		
3.5, and 3.7 services. Modifiers will be used to distinguish	1. Substance use disorder asses	sment		
between these levels of care. Modifiers used for level 3.5	2. Individual and family therapy	<i>'</i>		
services are as follows:	3. Group therapy			
First a satisface HE	4. Alcohol/drug screening counseling			
First position: HF Second position: U5	5. Occupational therapy 6. Recreational therapy			
Second position. 03	7. Vocational rehabilitation			
Special Connections services use an additional modifier:	8. Service planning			
Third position: HD	9. Discharge planning			
Room and board is billed separately to the Office of				
Behavioral Health or their designee.				
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: 24 Ho	ours	
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IE			
	☑ HF (SUD) (First position)			
Facility must be licensed by the Colorado Department of	☑ U5 (Second position)			
Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.5 Specialty Provider Type (873)	, , ,			
and SUD Clinic Provider Type (64). Refer to the <u>Provider</u>	For Special Connections			
Enrollment Manual for enrollment requirements and	ONLY:			
procedures.	☑ HD (Third position)			
PLACE OF SERVICE (POS) RSATE (55)				

RESIDEN	TIAL – ASAM 3.7			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE	
H2036	Medically monitored intensive	-	☑ Medicaid	
These services will also be billed using revenue code 1000 by	services: ASAM level 3.7 - Alcoh		⊠ Medicald ☑ OBH	
hospitals (general or specialty).	drug treatment program, per diem		_	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REC			
Inpatient services for patients whose medical, cognitive or psychiatric problems are so severe that they require inpatient care, but do not require the full resources of an acute care general hospital. Services offered include physician monitoring, nursing care and observation. 24-hour professionally directed evaluation, care and treatment services are available.	Technical Documentation Requirements See section X. Service Content Shift Notes or Daily Note (summary of shift notes)			
	note. Refer to appropriate service	• •	•	
	documentation for each service.			
Procedure code H2036 is used to bill for ASAM level 3.1, 3.3, 3.5, and 3.7 services. Modifiers will be used to distinguish between these levels of care. Modifiers used for level 3.7 services are as follows: First position: HF Second position: U7 Special Connections services use an additional modifier: Third position: HD Room and board is billed separately to the Office of Behavioral Health or their designee.	EXAMPLE ACTIVITIES This per diem could include services such as: 1. Substance use disorder assessment 2. Individual and family therapy 3. Group therapy 4. Alcohol/drug screening counseling 5. Occupational therapy 6. Recreational therapy 7. Vocational rehabilitation 8. Service planning 9. Discharge planning 10. Medical or nursing services			
APPLICABLE POPULATION(S)	UNIT	DURATION		
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes	Minimum: N/A		
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour	Maximum: 24 Ho	ours	
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IE	S)		
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.7 Specialty Provider Type (874) and SUD Clinic Provider Type (64) or as a hospital (general or specialty). Refer to the Provider Enrollment Manual for enrollment requirements and procedures.	 ☑ HF (SUD) (First position) ☑ U7 (Second position) For Special Connections ONLY: ☑ HD (Third position) 			
PLACE OF SERVICE (POS) Innt Hosp (21) Innt DE (51) INDEXES (55)				

Please note: ASAM Level 3.2 Withdrawal Management (commonly known as social detox) was previously billed using four separate codes: S3005, T1007, T1019, and T1023.

This service has changed to a single, per diem code.

RESIDEN	ITIAL – ASAM 3.2 WM			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE	
H0010 SERVICE DESCRIPTION An organized clinical service that provides 24-hour structure,	Clinically managed residential with management: ASAM level 3.2WM. drug services, acute detoxification addiction program inpatient) MINIMUM DOCUMENTATION RECUTED Technical Documentation Require	Alcohol and/or (residential	区 Medicaid 区 OBH	
support and supervision for patients who are intoxicated or experiencing withdrawal symptoms. Services are supervised by a qualified medical professional who must be available by telephone or in person 24 hours per day.	See section X. Service Content			
NOTES	EXAMPLE ACTIVITIES			
Procedure code H0010 should be used with the HF modifier. First position: HF Room and board is billed separately to the Office of Behavioral Health or their designee.				
APPLICABLE POPULATION(S)	UNIT	DURATION		
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: 24 ho	urs	
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES	S)		
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid as under the 3.2WM Specialty Provider Type (875) and SUD Clinic Provider Type (64). Refer to the Provider Enrollment Manual for enrollment requirements and procedures.	☑ HF (SUD) (First position)			
PLACE OF SERVICE (POS)				
☑ Outp Hospital (22) ☑Independent Clinic (49) ☑ CMHC	C (53)			

RESIDENTIAL – ASAM 3.7 WM					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0011 These services will be billed using revenue code 1002 by hospitals (general or specialty).	Medically monitored inpatient with management: ASAM level 3.7WM. drug services; acute detoxification addiction program inpatient)	Alcohol and/or (residential	☑ Medicaid ☑ OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REC				
Inpatient care in which services are delivered by medical and nursing staff to address a patient's withdrawal from substances. 24-hour observation, monitoring and treatment are available.	d Technical Documentation Requirements See section X.				
NOTES	EXAMPLE ACTIVITIES				
Procedure code H0011 should be used with the HF modifier. First position: HF	This per diem could include services such as: 1. Substance use disorder assessment 2. Physical examination 3. Individual and group therapy 4. Peer recovery support services				
Room and board is billed separately to the Office of Behavioral Health or their designee.	 5. Medical and nursing care, including daily medical evaluation 6. Medication management and administration 7. Health education 8. Service planning 9. Discharge planning 				
APPLICABLE POPULATION(S)	UNIT	DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65+) 	□ Encounter □ 15 Minutes □ Day □ 1 Hour	Minimum: N/A Maximum: 24 ho	ours		
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES	S)			
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.7WM Specialty Provider Type (876) and SUD Clinic Provider Type (64) or as a hospital (general or specialty). Refer to the Provider Enrollment Manual for enrollment requirements and procedures.	☑ HF (SUD) (First position)				
PLACE OF SERVICE (POS)					
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ RSATF (55)					

Appendix A:

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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 highlighting identifies exceptions to that rule.

CDHS – OBH Approved BEHAVIORAL HEALTH 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			
	Psychotherapy, 30 minutes with the patient and/or family member when performed with an evaluation and			
90833	management service (list separately in addition to the code for primary service)			
90834	Psychotherapy, 45 minutes with the patient and/or family member			
	Psychotherapy, 45 minutes with the patient and/or family member when performed with an evaluation and			
90836	management service (list separately in addition to the code for primary service)			
90837	Psychotherapy, 60 minutes with the patient and/or family member			
	Psychotherapy, 60 minutes with the patient and/or family member when performed with an evaluation and			
90838	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)			
90870	Electroconvulsive Therapy (ECT)			
00104	Anesthesia for Electroconvulsive Therapy			
	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy (e.g.,			
90875	insight-oriented, behavior modifying or supportive psychotherapy); approximately 30 minutes			
30070	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy (e.g.,			
90876	insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 minutes			
300.0	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other			
90887	accumulated data to family or other responsible persons, or advising them how to assist patient			
	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 time with the patient and time interpreting test results and preparing the report; first			
96116	hour			
96121	Add on for 96116. Each additional hour (list separately in addition to code for primary procedure)			
	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			
96130	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)			
	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			
96132	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)			
	Psychological or neuropsychological test administration and scoring by physician or other qualified health care			
96136	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			

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	CDHS – OBH Approved BEHAVIORAL HEALTH Procedure Code List
CPT/HCPCS Procedure Code	Description
	method, first 30 minutes
96139	Add on for 96138. Each additional 30 minutes (List separately in addition to code for primary procedure)
	Psychological or neuropsychological test administration with single automated instrument via electronic platform, with
96146	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
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	Code Deleted on 1/1/21
33201	Office or Other Outpatient Services: requires expanded problem focused history, expanded problem focused
99202	examination, and straightforward medical decision making. Typical time spent is 1 5-29 minutes.
99202	
00000	Office or Other Outpatient Services: requires detailed history, detailed examination, and low complexity medical
99203	decision making. Typical time spent is 30-44 minutes.
	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and moderate
99204	complexity medical decision making. Typical time spent is 45-59 minutes.
	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and high complexity
99205	medical decision making. Typical time spent is 60-74 minutes.
00211	Office or Other Outpatient Services: Office or other outpatient office visit that may not require the presence of a
99211	physician. Usually presenting problems are minimal.
00212	Office or Other Outpatient Services: requires problem focused history, problem focused examination, and
99212	straightforward medical decision making. Typical time spent is 10-19 minutes. Office or Other Outpatient Services: requires expanded problem focused history, expanded problem focused
99213	examination, and low complexity medical decision making. Typical time spent is 20-29 minutes.
99213	Office or Other Outpatient Services: requires detailed history, detailed examination, and moderate complexity medical
99214	decision making. Typical time spent is 30-39 minutes.
00215	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40-54 minutes.
99215 99217	Observation Care discharge day management when provided on a day other than day of admission.
33217	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
99218	is 30 minutes
33210	Initial observation care, per day, for the evaluation and management of a patient: requires comprehensive history,
99219	comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes
33213	Initial observation care, per day, for the evaluation and management of a patient: requires comprehensive history,
99220	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)
33223	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
99224	minutes.

CPT/HCPCS	
Procedure Code	Description
	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 2
99225	minutes.
	Subsequent hospital care, per day, for the evaluation and management of a patient: requires detailed interval history,
99226	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)
	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,
99234	Typical time 40 minutes
	Same day admit/discharge observation/inpatient Evaluation and Management services: requires comprehensive
99235	history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes
	Same day admit/discharge observation/inpatient Evaluation and Management services: requires comprehensive
99236	history, comprehensive exam, high complexity med decision making, Typical time 55 minutes
99238	Discharge day management; 30 minutes or less
99239	Discharge day management; more than 30 minutes
	Office or other outpatient consultation for a new or established patient. Requires problem focused history, problem
99241	focused exam straight forward med decision making, Typical time 15 minutes.
	Office or other Outpatient Consultations Evaluation and Management Services: requires expanded problem focused
99242	history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes
	Office or other Outpatient Consultations Evaluation and Management Services: requires detailed history, detailed exar
99243	low complexity med decision making, Typical time 40 minutes
	Office or other Outpatient Consultations Evaluation and Management Services: requires comprehensive history,
99244	comprehensive exam moderate complexity med decision making, Typical time 60 minutes
	Office or other Outpatient Consultations Evaluation and Management Services: requires comprehensive history,
99245	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.
	Emergency Department Services: requires problem focused history, problem focused examination straight forward
99281	medical decision making
00202	Emergency Department Services: requires expanded problem focused history, expanded problem focused examination
99282	low complexity medical decision making
00202	Emergency Department Services: requires expanded problem focused history, expanded problem focused examination
99283	moderate complexity medical decision making
00304	Emergency Department Services: requires detailed history, detailed examination moderate complexity medical decision
99284	making
00305	Emergency Department Services: requires comprehensive history, comprehensive examination high complexity medical
99285	decision making.
00204	Initial Nursing Facility Care Services: requires detailed or comprehensive history, detailed or comprehensive
99304	examination straight forward or low complexity medical decision making, Typical time is 25 minutes
00305	Initial Nursing Facility Care Services: requires comprehensive history, comprehensive examination moderate complexit
99305	medical decision making, Typical time is 35 minutes
00306	Initial Nursing Facility Care Services: requires comprehensive history, comprehensive examination high complexity
99306	medical decision-making Typical time is 45 minutes
	Subsequent Nursing Facility Services: requires problem focused interval history, problem focused examination, straight

	CDHS – OBH Approved BEHAVIORAL HEALTH Procedure Code List				
CPT/HCPCS Procedure Code	Description				
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				
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, 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				

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CDHS – OBH Approved BEHAVIORAL HEALTH Procedure Code List				
CPT/HCPCS Procedure Code	Description			
	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			
99441	or procedure within the next 24 hours or soonest available appointment; 5 – 10 minutes of medical discussion			
	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or			
00442	guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service			
99442	or procedure within the next 24 hours or soonest available appointment; 11 – 20 minutes of medical discussion			
	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			
99443	or procedure within the next 24 hours or soonest available appointment; 21 – 30 minutes of medical discussion			
33443	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of			
G0176	patient's disabling mental health problems per session (45 minutes or more)			
30170	Training and educational services related to the care and treatment of patient's disabling mental health problems per			
G0177	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			
	BEHAVIORAL HEALTH; short-term residential (non-hospital residential treatment program), without room and board,			
H0018	per diem			
	BEHAVIORAL HEALTH; long-term residential (non-medical, non-acute care in a residential treatment program where			
H0019	stay is typically longer than 30 days), without room and board, per diem			
H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)			
H0022	Alcohol and/or drug intervention service (planned facilitation)			
H0023	BEHAVIORAL HEALTH outreach service (planned approach to reach a population) /Drop- In Center			
	BEHAVIORAL HEALTH Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with			
H0024	Service Audiences to Affect Knowledge and Attitude)			
H0025	BEHAVIORAL HEALTH prevention education service (delivery of services to affect knowledge, attitude and/or behavior			
	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying			
H0027	systems in order to mainstream prevention through policy and law)			
110030	Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee			
H0028	assistance programs), does not include assessment Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use			
H0029	e.g. alcohol-free social events)			
H0030	BEHAVIORAL HEALTH, Hotline Services			
H0030	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, per 15 minutes			
H0037	Community psychiatric supportive treatment, per diem			
H0038	Self-help/peer services, per 15 minutes			
H0039	Assertive community treatment, per 15 minutes			

CDHS – OBH Approved BEHAVIORAL HEALTH Procedure Code List					
CPT/HCPCS	CPT/HCPCS				
Procedure Code	Description				
H0040	Assortive community treatment program nor diam				
H0040	Assertive community treatment program, per diem				
H0043	Supported housing, per diem Supported housing, per month				
H0044					
H0045	Respite care services, not in the home, per diem				
	Mental Health Services, Not Otherwise Specified				
H0047 H0048	Alcohol and/or other drug abuse services; not otherwise specified 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 H1004	Prenatal Care, at risk enhanced service, education				
	Prenatal follow up home visit				
H2000	Comprehensive multidisciplinary evaluation				
H2001 H2011	Rehabilitation program, per ½ day Crisis intervention service, per 15 minutes				
H2011 H2012	Crisis intervention service, per 15 minutes				
	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				
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				

	CDHS – OBH Approved BEHAVIORAL HEALTH Procedure Code List				
CPT/HCPCS Procedure Code	Description				
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)				
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

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

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

Codes highlighted in Yellow indicate Assessment, Screening, Crisis, or Prevention/Intervention codes for which a covered diagnosis is not required.

- Coucs .	ngniightea in Yellow Indicate Assessment, Screening, Crisis, or Prevention/Intervention codes for Wi	Primary	I I I I I I I I I I I I I I I I I I I	equireu.	
Code	Description	Category	SP	(b)3	Unit
90785	Interactive complexity add-on (for psychotherapy codes)	Treatment	Х		E
90791	Psychiatric or psychological intake interview without medical services	Assessment	Χ	Χ	E
90792	Psychiatric intake interview with medical services	Assessment	Χ	Χ	E
90832	Thirty minutes of individual psychotherapy	Treatment	Х	Х	E
	Thirty minutes of individual psychotherapy performed with an E/M				
90833	service	E&M	Χ	Χ	E
90834	Forty-five minutes of individual psychotherapy	Treatment	Χ	Χ	E
	Forty-five minutes of individual psychotherapy performed with an				
90836	E/M service	E&M	Χ	Χ	E
90837	Sixty minutes of individual psychotherapy	Treatment	Χ	Χ	E
	Sixty minutes of individual psychotherapy performed with an E/M				
90838	service	E&M	Χ	Χ	E
90839	Patient in crisis —Sixty minutes	Crisis	Χ	Χ	E
90840	Patient in crisis add-on—Each additional 30 minutes	Crisis	Х	Χ	30 M
90846	Family psychotherapy without the patient present	Treatment	Χ	Χ	E
90847	Family psychotherapy with the patient present	Treatment	Χ	Χ	E
90849	Multiple-family group psychotherapy	Treatment	Х	Χ	E
90853	Group psychotherapy	Treatment	Х	Х	E
90870	Electroconvulsive Therapy (ECT)	Treatment	Х		E
00104	Anesthesia for Electroconvulsive Therapy	Treatment	Х		E
	Individual psychophysiological therapy incorporating biofeedback training				
	by any modality, with psychotherapy (e.g., insight-oriented, behavior				
90875	modifying or supportive psychotherapy); approximately 30 minutes	Treatment	Χ	Χ	E
	Individual psychophysiological therapy incorporating biofeedback training				
90876	by any modality, with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 minutes	Treatment	Х		Е
30870	Interpretation or explanation of results of psychiatric, other medical	rreatment			_
	examinations and procedures, or other accumulated data to family or other				
90887	responsible persons, or advising them how to assist patient	Assessment	Χ		E
	Sixty minutes Neurobehavioral Status Exam (clinical assessment of				
96116	thinking, reasoning, and judgment)	Assessment	Χ		1 H
	Add on to 96116. Each additional hour (List separately in addition to code				
96121	for primary procedure)	Assessment	Х		1 H
06433	Sixty minutes Psychological testing evaluation services by physician				4
96130	or other qualified health care professional, including integration of	Assessment	Χ		1 H

		Primary			
Code	Description	Category	SP	(b)3	Unit
	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 each additional hour (List separately in addition to				
	code for primary procedure)				
	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 the patient, family member(s) or caregiver(s),				
	when performed, each additional hour (List separately in addition to				
96131	code for primary procedure)	Assessment	Х		1 H
	Psychological testing evaluation services by physician or other				
	qualified health care professional, including integration of patient				
	data, interpretation of standardized test results and clinical data,				
	clinical decision making, treatment planning and report, and				
	interactive feedback to the patient, family member(s) or caregiver(s),				
	when performed, each additional hour (List separately in addition to				
96132	code for primary procedure)	Assessment	Х		1 H
	Neuropsychological testing evaluation services by physician or other				
	qualified health care professional, including integration of patient				
	data, interpretation of standardized test results and clinical data,				
	clinical decision making, treatment planning and report, and				
	interactive feedback to the patient, family member(s) or caregiver(s),				
	when performed, each additional hour (List separately in addition to				
96133	code for primary procedure)	Assessment	Х		1 H
30200	Thirty minutes Psychological or neuropsychological test	7.00000			
	administration and scoring by physician or other qualified health care				
96136	professional, two or more tests, any method	Assessment	Х		30 M
30130	Psychological or neuropsychological test administration and scoring by	Assessment	- X		30 111
	physician or other qualified health care professional, two or more tests, any				
	method, each additional 30 minutes (List separately in addition to code for				
96137	primary procedure)	Assessment	Х		30 M
	First thirty minutes Psychological or neuropsychological test				
	administration and scoring by technician, two or more tests, any				
96138	method	Assessment	Х		30 M
	Psychological or neuropsychological test administration and scoring				
	by technician, two or more tests, any method; each additional 30				
96139	minutes (List separately in addition to code for primary procedure)	Assessment	Х		30 M
	Psychological or neuropsychological test administration, with single				
96146	automated instrument via electronic platform, with automated result only	Assessment			
	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug)				
96372	subcutaneous or intramuscular	Treatment	Х		Е
	Self-care/home management training (e.g., activities of daily living (ADLs)				
97535	and compensatory training, meal preparation, safety procedures, and	Treatment	Х		15 M

		Primary			
Code	Description	Category	SP	(b)3	Unit
	instructions in use of assistive technology devices/adaptive equipment)	<u> </u>		. ,	
	direct one-on-one contact by provider, each 15 minutes				
	Community/work reintegration training (e.g., shopping, transportation,				
	money management, avocational activities and/or work				
	environment/modification analysis, work task analysis, use of assistive				
	technology device/adaptive equipment), direct one-on-one contact by				
97537	provider, each 15 minutes	Treatment	Х	Χ	15 M
	Telephone assessment and management provided by qualified non-				
98966	physician health care professional.	Assessment	X	Χ	15 M
	Telephone assessment and management provided by qualified non-				
98967	physician health care professional.	Assessment	X	Χ	15 M
	Telephone assessment and management provided by qualified non-				
98968	physician health care professional.	Assessment	Х	Х	15 M
99201	Deleted effective 1/1/2021	E&M	Х	Х	Е
	Office or other outpatient visit for the evaluation and management of a new				
	patient, which requires a medically appropriate history and/or examination				
	and straightforward medical decision making. When using time for code				
99202	selection, 15-29 minutes of total time is spent on the date of the encounter.	E&M	Х		Ε
	Office or other outpatient visit for the evaluation and management of a new				
	patient, which requires a medically appropriate history and/or examination				
	and low level of medical decision making. When using time for code				
99203	selection, 30-44 minutes of total time is spent on the date of the encounter.	E&M	Х		E
	Office or other outpatient visit for the evaluation and management of a new				
	patient, which requires a medically appropriate history and/or examination				
	and moderate level of medical decision making. When using time for code				
99204	selection, 45-59 minutes of total time is spent on the date of the encounter.	E&M	Х		E
	Office or other outpatient visit for the evaluation and management of a new				
	patient, which requires a medically appropriate history and/or examination				
	and high level of medical decision making. When using time for code				
99205	selection, 60-74 minutes of total time is spent on the date of the encounter.	E&M	Х		E
	Office or Other Outpatient Services: Office or other outpatient office visit				
	that may not require the presence of a physician. Usually presenting				
99211	problems are minimal.	E&M	X		E
	Office or other outpatient visit for the evaluation and management of an				
	established patient, which requires a medically appropriate history and/or				
	examination and straightforward medical decision making.				
	When using time for code selection, 10-19 minutes of total time is spent on				
99212	the date of the encounter.	E&M	Х		E
	Office or other outpatient visit for the evaluation and management of an				
	established patient, which requires a medically appropriate history and/or				
	examination and low level of medical decision making.				
	When using time for code selection, 20-29 minutes of total time is spent on				
99213	the date of the encounter.	E&M	Х		E
	Office or other outpatient visit for the evaluation and management of an				
	established patient, which requires a medically appropriate history and/or				
	examination and moderate level of medical decision making.				
	When using time for code selection, 30-39 minutes of total time is spent on				_
99214	the date of the encounter.	E&M	X		E

		Primary			
Code	Description	Category	SP	(b)3	Unit
	Office or other outpatient visit for the evaluation and management of an				
	established patient, which requires a medically appropriate history and/or				
	examination and high level of medical decision making.				
	When using time for code selection, 40-54 minutes of total time is spent on				
99215	the date of the encounter.	E&M	Х		Ε
	Observation Care discharge day management when provided on a day other				
99217	than day of admission.	E&M	Х		Ε
	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				
99218	decision making, Typical time is 30 minutes	E&M	Х		Ε
	Initial observation care, per day, for the evaluation and management of a				
	patient: requires comprehensive history, comprehensive exam, and				
99219	moderate complexity medical decision making, Typical time is 50 minutes	E&M	Х		Ε
	Initial observation care, per day, for the evaluation and management of a				
	patient: requires comprehensive history, comprehensive exam, high				
99220	complexity medical decision making, Typical time is 70 minutes	E&M	Х		Е
33220	Initial hospital care, per day, for the evaluation and management of a	EQIVI	- ^		ı
99221	patient (low severity)	E&M	X		Е
33221	Initial hospital care, per day, for the evaluation and management of a	LOW			_
99222	patient (moderate severity)	E&M	x		Е
JJZZZ	Initial hospital care, per day, for the evaluation and management of a	LOTVI			
99223	patient (high severity)	E&M	x		E
33223	Subsequent hospital care, per day, for the evaluation and management of a	LXIVI	^		_
	patient: requires problem focused interval history, problem focused exam,				
	and straight forward or low complexity medical decision making. Typical				
00224		E&M	x		Е
99224	time is 15 minutes.	EQIVI	^		<u> </u>
	Subsequent hospital care, per day, for the evaluation and management of a				
	patient: expanded problem focused interval history, expanded problem				
00225	focused exam, and moderate complexity medical decision making. Typical time is 25 minutes.	FONA	Х		E
99225		E&M	^		С
	Subsequent hospital care, per day, for the evaluation and management of a				
00226	patient: requires detailed interval history, detailed exam, high complexity	E0.14	X		E
99226	medical decision making Typical time is 35 minutes.	E&M			
99231	Subsequent hospital care, per day (stable, recovering or improving patient)	E&M	X		E
	Subsequent hospital care, per day (patient responding inadequately to				_
99232	therapy or has developed a minor complication)	E&M	X		E
	Subsequent hospital care, per day (unstable patient or the development of				
99233	significant complications or problems)	E&M	Х		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				
99234	making, Typical time 40 minutes	E&M	Х		E
	Same day admit/discharge observation/inpatient Evaluation and				
	Management services: requires comprehensive history, comprehensive				
99235	exam, moderate complexity med decision making, Typical time 50 minutes	E&M	X		E
	Same day admit/discharge observation/inpatient Evaluation and				
	Management services: requires comprehensive history, comprehensive				
99236	exam, high complexity med decision making, Typical time 55 minutes	E&M	Х		Ε

		Primary			
Code	Description	Category	SP	(b)3	Unit
99238	Discharge day management; 30 minutes or less	E&M	Х		E
99239	Discharge day management; more than 30 minutes	E&M	X E		Е
33233	Office or other outpatient consultation for a new or established patient.				
	Requires problem focused history, problem focused exam straight forward				
99241	med decision making, Typical time 15 minutes.	E&M	Х		Е
	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				
99242	minutes	E&M	X		E
	Office or other Outpatient Consultations Evaluation and Management				
	Services: requires detailed history, detailed exam low complexity med				
99243	decision making, Typical time 40 minutes	E&M	Х		E
	Office or other Outpatient Consultations Evaluation and Management				
	Services: requires comprehensive history, comprehensive exam moderate				
99244	complexity med decision making, Typical time 60 minutes	E&M	Х		E
	Office or other Outpatient Consultations Evaluation and Management				
	Services: requires comprehensive history, comprehensive exam high				
99245	complexity med decision making, Typical time 80 minutes	E&M	Х		E
	Inpatient consultation for a new or established patient; the presenting				
99251	problem(s) are self-limited or minor	E&M	Х		E
	Inpatient consultation for a new or established patient; the presenting				
99252	problem(s) are of low severity	E&M	Х		E
	Inpatient consultation for a new or established patient; the presenting				
99253	problem(s) are of moderate severity	E&M	Х		E
	Inpatient consultation for a new or established patient; the presenting				
99254	problem(s) are of moderate to high severity.	E&M	Х		E
	Inpatient consultation for a new or established patient; the presenting	_			_
99255	problem(s) are of moderate to high severity.	E&M	Х		E
	Emergency Department Services: requires problem focused history, problem	_			_
99281	focused examination straight forward medical decision making	E&M	Х		E
	Emergency Department Services: requires expanded problem focused				
	history, expanded problem focused examination low complexity medical	50.4			_
99282	decision making	E&M	Х		E
	Emergency Department Services: requires expanded problem focused				
00202	history, expanded problem focused examination moderate complexity	50.14			_
99283	medical decision making	E&M	X		E
00204	Emergency Department Services: requires detailed history, detailed	FONA	Х		Е
99284	examination moderate complexity medical decision making	E&M	^_		<u> </u>
00205	Emergency Department Services: requires comprehensive history,	E&M	Х		E
99285	comprehensive examination high complexity medical decision making. Initial Nursing Facility Care Services: requires detailed or comprehensive	LQIVI	^		_
	history, detailed or comprehensive examination straight forward or low				
99304	complexity medical decision making, Typical time is 25 minutes	E&M	Х		Е
22304	Initial Nursing Facility Care Services: requires comprehensive history,	LCCIVI			_
	comprehensive examination moderate complexity medical decision making,				
99305	Typical time is 35 minutes	E&M	Х		E
22303	1 1/pical time is 55 minutes	1 -0.141		l	_

		Primary			
Code	Description	Category	SP	(b)3	Unit
	Initial Nursing Facility Care Services: requires comprehensive history,				
	comprehensive examination high complexity medical decision-making				
99306	Typical time is 45 minutes	E&M	X		E
	Subsequent Nursing Facility Services: requires problem focused interval				
	history, problem focused examination, straight forward medical decision				
99307	making, Typical time 10 minutes	E&M	Х		E
	Subsequent Nursing Facility Services: requires expanded problem focused				
	interval history, expanded problem focused examination, low complexity				
99308	medical decision making, Typical time 15 minutes	E&M	Х		E
	Subsequent Nursing Facility Services: requires detailed interval history,				
	detailed examination moderate complexity medical decision making, Typical				
99309	time is 25 minutes	E&M	Х		E
	Subsequent Nursing Facility Services: requires comp interval history,				
	comprehensive examination high complexity medical decision making,				
99310	Typical time is 35 minutes	E&M	Х		E
	Nursing Facility discharge services: nursing facility discharge day				
99315	management; 30 minutes or less	E&M	Х		E
	Nursing Facility discharge services: nursing facility discharge day				
99316	management; more than 30 minutes	E&M	Х		E
	Annual Nursing Facility Assessment: require detailed interval history,				
	comprehensive examination, low to moderate complexity medical decision				
99318	making. Typical time is 30 minutes	E&M	Х		E
	Domiciliary, rest home, custodial care services: requires problem focused				
	history, problem focused examination straight forward medical decision				
99324	making, Typical time 20 minutes	E&M	X		E
	Domiciliary, rest home, custodial care services: requires expanded problem				
	focused history, expanded problem focused examination low complexity				
99325	medical decision making Typical time 30 minutes	E&M	Х		E
	Domiciliary, rest home, custodial care services: requires detailed history,				
	detailed examination moderate complexity medical decision making, Typical				
99326	time 45 minutes	E&M	X		E
	Domiciliary, rest home, custodial care services: requires comprehensive				
	history, comprehensive examination moderate complexity medical decision				_
99327	making, Typical time 60 minutes	E&M	X		E
	Domiciliary, rest home, custodial care services: requires comprehensive				
	history, comprehensive examination high complexity medical decision				_
99328	making, Typical time 75 minutes	E&M	X		E
	Domiciliary, rest home, custodial care services: requires problem focused				
	interval history, problem focused examination straight forward medical		.,		_
99334	decision making, Typical time 15 minutes	E&M	X		E
	Domiciliary, rest home, custodial care services: requires expanded problem				
	focused interval history, expanded problem focused examination low				
99335	complexity medical decision making Typical time 25 minutes	E&M	Х		E
	Domiciliary, rest home, custodial care services: requires detailed interval				
	history, detailed examination moderate complexity medical decision				
99336	making, Typical time 40 minutes	E&M	Х		E
	Domiciliary, rest home, custodial care services: requires comprehensive				
	interval history, comprehensive examination moderate to high complexity				
99337	medical decision making, Typical time 60 minutes	E&M	Х		E

		Primary			
Code	Description	Category	SP	(b)3	Unit
	Home care services: requires problem focused history, problem focused				
	examination straight forward medical decision making, Typical time 20				
99341	minutes	E&M	Х		E
	Home care services: requires expanded problem focused history, expanded				
	problem focused examination low complexity medical decision making				
99342	Typical time 30 minutes	E&M	X		E
	Home care services: requires detailed history, detailed examination				_
99343	moderate complexity medical decision making, Typical time 45 minutes	E&M	X		E
	Home care services: requires comprehensive history, comprehensive				
	examination moderate complexity medical decision making, Typical time 60	_			_
99344	minutes	E&M	X		E
	Home care services: requires comprehensive history, comprehensive				
	examination high complexity medical decision making, Typical time 75	_			_
99345	minutes	E&M	X		E
	Home care services: requires problem focused interval history, problem				
00247	focused examination straight forward medical decision making, average	50.14	\ \ \		_
99347	time 15 minutes	E&M	X		E
	Home care services: requires expanded problem focused interval history,				
00240	expanded problem focused examination low complexity medical decision	FONA	Х		Е
99348	making average time 25 minutes	E&M	^		
00240	Home care services: requires detailed interval history, detailed examination	FONA	Х		Е
99349	moderate complexity medical decision making, average time 40 minutes	E&M	^		E
	Home care services: requires comprehensive interval history,				
99350	comprehensive examination moderate to high complexity medical decision	E&M	Х		Е
99330	making, average time 60 minutes Medical team conference with interdisciplinary team, with patient and/or	EQIVI	^		_
	family, 30 minutes or more, participation by a non-physician qualified health				
99366	care professional	E&M	X		Ε
33300	Medical team conference with interdisciplinary team, patient and/or family	LOW			_
99367	not present, 30 minutes or more, participation by physician	E&M	X		Е
33307	Medical team conference with interdisciplinary team, patient and/or family	EQIVI			
	not present, 30 minutes or more, participation by non-physician qualified				
99368	health care professional	E&M	Х		Е
	Telephone evaluation and management (E/M) service provided by a				
	physician to an established patient, parent, or guardian not originating from				
	a related E/M service provided within the previous 7 days, nor leading to an				
	E/M service or procedure within the next 24 hours or soonest available				
99441	appointment; 5 – 10 minutes of medical discussion	E&M	Х		Ε
	Telephone evaluation and management (E/M) service provided by a				
	physician to an established patient, parent, or guardian not originating from				
	a related E/M service provided within the previous 7 days, nor leading to an				
	E/M service or procedure within the next 24 hours or soonest available				
99442	appointment; 11 – 20 minutes of medical discussion	E&M	X		E
	Telephone evaluation and management (E/M) service provided by a				
	physician to an established patient, parent, or guardian not originating from				
	a related E/M service provided within the previous 7 days, nor leading to an				
	E/M service or procedure within the next 24 hours or soonest available				
99443	appointment; 21 – 30 minutes of medical discussion	E&M	X		E

		Primary			
Code	Description	Category	SP	(b)3	Unit
	Activity therapy, such as music, dance, art or play therapies not for				
60476	recreation, related to care and treatment of patient's disabling mental	T	V		_
G0176	health problems per session (45 minutes or more) Training and educational services related to the care and treatment of	Treatment	Х		E
G0177	patient's disabling mental health problems per session (45 minutes or more)	Treatment	Х		Е
H0001	Alcohol and/or Drug (AOD) Assessment	Assessment	Х		E
110001	Behavioral health screening to determine eligibility for admission to	71556551116116			
H0002	treatment program	Screening	Х		E
H0004	Behavioral health counseling and therapy, per 15 minutes	Treatment	Х	Х	15 M
H0005	Alcohol and/or drug services; group counseling	Treatment	Х	Χ	1 H
H0006	Alcohol and/or drug services; case management	Treatment	Х	Х	15 M
	Alcohol and/or drug services, acute detoxification (residential addiction				
H0010	program inpatient)	Residential	Χ		D
	Alcohol and/or drug services; acute detoxification (residential addiction				_
H0011	program inpatient)	Residential	Х		D
H0015	Alcohol and/or drug services; intensive outpatient program	Treatment			Е
110017	Behavioral health; residential (hospital residential treatment program),	Docidontial	Х		D
H0017	without room and board, per diem Behavioral health; short-term residential (non-hospital residential treatment	Residential	^		D
H0018	program), without room and board, per diem	Residential	Х	Х	D
	Behavioral health; long-term residential (non-medical, non-acute care in a				
	residential treatment program where stay is typically longer than 30 days),				
H0019	without room and board, per diem	Residential	Х	Χ	D
	Alcohol and/or drug services; Methadone administration and/or service		\ ,	\ ,	_
H0020	(provisions of the drug by a licensed program)	Treatment	Х	Х	Е
	Behavioral health outreach service (planned approach to reach a	Prevention/Early Intervention or			
H0023	population) /Drop- In Center	Treatment	Х		15 M
	Behavioral health prevention education service (delivery of services to affect	Prevention/Early			
H0025	knowledge, attitude and/or behavior)	Intervention	Χ		E
H0031	Mental health assessment, by non-physician	Assessment	Χ		E
H0032	Mental health service plan development by non-physician	Assessment	Χ	Χ	E
H0033	Oral medication administration, direct observation	Treatment	Х	Х	E
H0034	Medication training and support, per 15 minutes	Treatment	Χ	Χ	15 M
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Treatment	Х	Χ	E
H0036	Community psychiatric supportive treatment, per 15 minutes	Treatment	Х		15 M
H0037	Community psychiatric supportive treatment, per diem	Treatment	Х	Χ	D
	71 7	Peer Support/			
H0038	Self-help/peer services, per 15 minutes	Recovery	Χ	Χ	15 M
H0039	Assertive community treatment, per 15 minutes	Treatment	Χ	Χ	15 M
H0040	Assertive community treatment program, per diem	Treatment	Χ	Χ	D
H0043	Supported housing, per diem	Residential	Χ	Χ	D
H0044	Supported housing, per month	Residential	Χ	Х	M
H0045	Respite care services, not in the home, per diem	Respite Care		Х	D
	Comprehensive multidisciplinary evaluation	Assessment	Χ	1	E

		Primary	CD.	(1-)2	11!4
Code	Description	Category	SP	(b)3	Unit
H2001	Rehabilitation program, per ½ day	Treatment	X	X	E
H2011	Crisis intervention service, per 15 minutes	Crisis	X	X	15 M
H2012	Behavioral health day treatment, per hour	Treatment	Χ	Х	1 H
H2014	Skills training and development, per 15 minutes	Treatment	Χ		15 M
H2015	Comprehensive community support services, per 15 minutes	Peer Support/ Recovery	Х	Х	15 M
	,	Peer Support/			
H2016	Comprehensive community support services, per diem	Recovery	Х		D
H2017	Psychosocial rehabilitation services, per 15 minutes	Treatment	Χ		15 M
H2018	Psychosocial rehabilitation services, per diem	Treatment	Х	Χ	D
H2021	Community-based wrap-around services, per 15 minutes	Treatment	Χ	Χ	15 M
H2022	Community-based wrap-around services, per diem	Treatment	Χ		D
H2023	Supported employment, per 15 minutes	Treatment			15 M
H2024	Supported employment, per diem	Treatment		Χ	D
H2025	Ongoing support to maintain employment, per 15 minutes	Treatment		Χ	15 M
H2026	Ongoing support to maintain employment, per diem	Treatment		Χ	D
H2027	Psychoeducational service, per 15 minutes	Treatment	Х	Χ	15 M
H2030	Mental health Clubhouse services, per 15 minutes	Treatment	Х	Χ	15 M
H2031	Mental health Clubhouse services, per diem	Treatment	Χ	Χ	D
H2032	Activity therapy, per 15 min	Treatment X		Χ	15 M
H2033	Multi-systemic therapy for juveniles, per 15 minutes	Treatment	Х	Χ	15 M
H2036	Alcohol and/or other drug treatment program, per diem	Residential	Х		D
S5150	Unskilled respite care, not hospice; per 15 minutes	Respite Care			15 M
S5151	Unskilled respite care, not hospice; per diem	Respite Care		Χ	D
	Patient education, not otherwise classified, non-physician provider,				
S9445	individual	Treatment	Χ	Х	Е
S9453	Smoking cessation classes, non-physician provider, per session	Prevention/Early Intervention	Х		E
	C	Prevention/Early			
S9454	Stress management classes, non-physician provider, per session	Intervention	Χ	Χ	Е
S9480	Intensive outpatient psychiatric (IOP) services, per diem	Treatment	Χ	Χ	D
S9485	Crisis intervention mental health services, per diem	Crisis	Χ		D
T1005	Respite care services, up to 15 minutes	Respite Care			15 M
T1017	Targeted Case management, each 15 minutes	Treatment	Х	Χ	15 M

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
- stKnowledge 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)

^{*}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

AMERICAN ACADEMY OF CHILD GADOLKSCKYT PSYCHIATRY

Definition

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

Report with CPT add-on code

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.
- 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:

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Appendix H: Abbreviations & Acronyms

Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms				
Term/Acronym	Definition			
ABC	Access Behavioral Care			
ABPN	American Board of Psychiatry and Neurology			
ACMCS	American College of Medical Coding Specialists			
ACF	Assisted Care Facility or Alternative Care Facility			
ACS	Affiliated Computer Services			
ACT	Assertive Community Treatment			
ADL	Activities of Daily Living			
Adol	Adolescent			
AHA	American Hospital Association			
AHIMA	American Hospital Association American Health Information Management Association			
ALR	Assisted Living Residence			
	American Medical Association <i>OR</i> Against Medical Advice			
AMA AOD				
	Alcohol and/or Other Drugs			
APN	Advanced Practice Nurse			
APA	American Psychological Association			
APR	Advanced Practice Registry			
ASAM	American Society of Addiction Medicine			
ATU	Acute Treatment Unit			
(b)(3)/B3	Mental Health Program 1915(b)(3) Waiver			
BEST	Bipolar Education & Skills Training			
BH	Behavioral Health			
С	Conditional			
C/A	Child/Adolescent			
CAS	Certified Addiction Specialist			
CAT	Certified Addiction Technician			
CAMFTE	Commission on Accreditation for Marriage and Family Therapy Education			
CARF	Commission on Accreditation of Rehabilitation Facilities			
CACACTA DT ^S M	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 Client Assessment Record			
CCR	Colorado Code of Regulations			
CCSS	Comprehensive Community Support Services			
CDPHE	Colorado Department of Public Health and Environment			
CFR	Code of Federal Regulations			
CHN	Colorado Health Networks			
CHP	Colorado Health Partnerships			
CIT	Crisis Intervention Training			
CIWA-AR	Clinical Institute Withdrawal Assessment of Alcohol – Revised			
CLIA	Clinical Laboratory Improvements Amendment			
CM	Case Management			
CMHC	Community Mental Health Center/Clinic			
CMS	Centers for Medicare & Medicaid Services			
CNA	Certified Nurse Midwife			
CNM	Certified Nurse Midwife			
CNS	Clinical Nurse Specialist or Central Nervous System			
COA	Council on Accreditation of Services for Families and Children			
	CP Clinical Psychologist			
CPST	Community Psychiatric Supportive Treatment			
CPT®	Current Procedural Terminology			

Uniform Service	Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms, cont.				
Term/Acronym	Definition				
CRNA	Certified Registered Nurse Anesthetist				
CSW	Clinical Social Worker				
CSWE	Council on Social Work Education				
Cust Care	Custodial Care Facility				
DC:0-03R	Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood				
DD DD	Developmental Disability(ies)				
Detox	Detoxification				
DHS	Colorado Department of Human Services				
DHS-OBH	Colorado Department of Human Services, OBH				
DHS-DVR	Colorado Department of Human Services, Division of Vocational Rehabilitation				
DME	Durable Medical Equipment				
DO	Doctor of Osteopathy				
DOB	Date of Birth				
DOC	Colorado Department of D				
DORA	Colorado Department of B 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				
DYS	Division of Youth Services				
ECI	External Cause of Injury				
ECS	Early Childhood Specialist				
EGHP	Employer Group Health Plan				
EHR	Electronic Health Record				
EI E / N A	Early Intervention				
E/M	Evaluation and Management				
EMC	Electronic Media Claim				
EMG	Emergency Evaluation of Boxofits				
EOB	Explanation of Benefits				
EPSDT	Early Periodic Screening Diagnosis and Treatment Program				
ER	Emergency Room				
FARS/DFARS	Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement				
FCLN	Flat File Control Line Number				
FDA	US Food and Drug Administration				
FECA	Federal Employees' Compensation Act				
FFP	Federal Financial Participation				
FFS	Fee-For-Service				
FL	Form Locator				
FQHC	Federally Qualified Health Center				
FTE	Full-Time Equivalent				
FY	Fiscal Year				
GED	General Education Diploma				
Grp Home	Group Home				
HCBS	Home and Community-Based Services				
HCPCS	Healthcare Common Procedure Coding System				
HCPF	Colorado Department of Health Care Policy and Financing				
Hep C	Hepatitis C				
HHS	US Department of Health and Human Services				
HIPAA	Health Insurance Portability and Accountability Act of 1996				
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome				
HPSA	Health Professional Shortage Area				
Hrs.	Hours				
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification				
ICF	Intermediate Care Facility				
ICF-MR	Intermediate Care Facility for the Mentally Retarded				
ICM	Intensive Case Management				
ID	Identification				

Term/Acronym IEP Individualized Education Program IMD Institution(s) for Mental Disease Inpt Hosp Inpatient Hospital Inpt Hosp Inpatient Psychiatric Facility Inpt PF Inpatient Psychiatric Facility Ind Intox Intoxication Intox Intoxication Intox Intoxication ICAHO Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission) ICAC Licensed Addiction Counselor LCSW Licensed Clinical Social Worker LICENSED Licensed Mental Health Professional LOC Level of Care LOF Level of Care LOF Level of Functioning LPC Licensed Professional Counselor LICENSED Licensed Professional Counselor LIVN Licensed Professional Nurse LSW Licensed Social Worker LIVN Licensed Social Worker LIVN Licensed Professional 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 MHP Mental Health Professional MH/SA Mental Health Professional MMP/SA Mental Health P	
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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	
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NBCC National Board for Certified Counselors NBHP Northeast Behavioral Health Partnership NCAC Nationally Certified Addiction Counselor NCHS National Center for Health Statistics	
NBHP Northeast Behavioral Health Partnership NCAC Nationally Certified Addiction Counselor NCHS National Center for Health Statistics	
NCAC Nationally Certified Addiction Counselor NCHS National Center for Health Statistics	
NCHS National Center for Health Statistics	
NF Nursing Facility	
NH Nursing Home	
NP Nurse Practitioner	
NPI National Provider Identifier	
NPP Non-Physician Practitioner	
NOS Not Otherwise Specified	
OIG Office of Inspector General	
OPPS/PHP Outpatient Prospective Payment System/Partial Hospitalization Program	
P Professional	
PA Physician Assistant	
PCP Primary Care Physician	
Peer Spec Peer Specialist	
PF – PHP Psychiatric Facility – Partial Hospital	
PHP Partial Hospital Program	
POS Place of Service	
PPS Prospective Payment System	
Prev Prevention	
Prev/EI Prevention Prev/EI Prevention/Early Intervention	
FIEWELL FREVEHIUM/EARLY INTERVEHIUM	
Prison/CF Prison/Correctional Facility	

Term/Acronym	Definition	
PRTC	Psychiatric Residential Treatment Facility	
PS	Peer Specialist	
PSA	Physician Scarcity Area	
PSR	Psychosocial Rehabilitation	
PRTC	Psychiatric Residential Treatment Center	
QMAP	Qualified Medication Administration Person	
R	Required	
RCCF	Residential Child Care Facility	
RAE	Regional Accountable Entity	
RN	Registered Nurse or Registered Professional Nurse	
RTC	Residential Treatment Center	
RTF	Residential Treatment Facility	
RxN	Advanced Practice Nurse with Prescriptive Authority	
SA	Substance abuse	
SED	Serious Emotional Disturbance(s)	
SFT	Strategic/Structural Family Therapy	
SI	Suicidal Ideation	
SMI	Serious/Severe Mental Illness	
SNF	Skilled Nursing Facility	
SO	Sexual Offender	
SOF	Signature on File	
SP	State Plan (Medicaid)	
SPMI	Serious /Severe and Persistent Mental Illness	
SSA	Single State Agency	
SSN	Social Security Number	
SW	Social Worker	
TB	Tuberculosis	
ТВІ	Traumatic Brain Injury	
TBS	Therapeutic Behavioral Services	
TCM	Targeted Case Management	
Temp Lodging	Temporary Lodging	
TIN	Tax Identification Number	
ТОВ	Type of Bill	
UA	Urinalysis	
UB	Uniform Bill	
US	United States of America	
USCS	Uniform Service Coding Standards	
Video Conf	Video Conference	
Voc	Vocational	
WAIS	Wechsler Adult Intelligence Scale	
WRAP	Wellness Recovery Action Plan	
YYYYMMDD	Year Month Day	

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

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

0510	CLINIC PSYCHIATRIC CLINIC PSYCH CLINIC
0513	CLINIC PSYCHIATRIC CLINIC PSYCH CLINIC
0902	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) MILIEU
	THERAPY BEHAVIORAL HEALTH/MILIEU THERAPY
0903	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) PLAY
	THERAPY BEHAVIORAL HEALTH/PLAY THERAPY
0904	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) ACTIVITY
	THERAPY BEHAVIORAL HEALTH/ACTIVITY THERAPY
0905	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) INTENSIVE
	OUTPATIENT SERVICES - PSYCHIATRIC BEHAVIORAL HEALTH/INTENS OP/PSYCH*
0906	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) INTENSIVE
	OUTPATIENT SERVICES - CHEMICAL DEPENDENCY BEHAVIORAL HEALTH/INTENS OP/CHEM DEP**
0907	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) COMMUNITY
	BEHAVIORAL HEALTH PROGRAM (DAY TREATMENT) BEHAVIORAL HEALTH/COMMUNITY
0912	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL HOSPITALIZATION - LESS
	INTENSIVE BEHAVIORAL HEALTH/PARTIAL HOSP
0913	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL HOSPITALIZATION -
	INTENSIVE BEHAVIORAL HEALTH/PARTIAL INTENS
0916	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X FAMILY THERAPY BEHAVIORAL
	HEALTH/FAMILY RX
0917	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X BIO FEEDBACK BEHAVIORAL
	HEALTH/BIOFEED
0918	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X TESTING BEHAVIORAL
	HEALTH/TESTING
0919	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X OTHER BEHAVIORAL HEALTH
	TREATMENTS/SERVICES BEHAVIORAL HEALTH/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 - revenue code must be billed without procedure code.

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

Appendix J: General E/M and Hospital Services Billing Policies

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 Type Provider	Type Description
35	360	СМНС
37	520	Licensed Psychologist
38	521	Licensed Behavioral Health Clinician (includes LAC, 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 Health Specialty 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 Provider for 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 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
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 following E/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.

90785	90833	90836	90838

Note: E/M codes that are 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.

Hospital Billing

837I (UB-04) Instructions

All Medicaid services associated with hospital treatment for a principal covered mental health diagnosis at discharge are covered under the capitated behavioral health benefit; this includes all 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 health or substance use disorder diagnosis are covered under the capitated behavioral 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. As stated above, certain E/M codes can be reimbursed under the capitated behavioral health benefit when they are billed by a Behavioral Health Specialty Provider.

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	Deleted effective 1/1/2021

HCPCS	DESCRIPTION
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
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
	Requires expanded problem focused history, expanded problem focused examination
99283	moderate complexity medical decision making
99284	Requires detailed history, detailed examination moderate complexity medical decision making
00005	Requires comprehensive history, comprehensive examination high complexity medical
99285	decision making.
99304	Initial nursing facility, 25m
99305	Initial nursing facility, 35m
99306	Initial Nursing Facility Care Services, 45m
99307	Subseq nursing facility, 10m

HCPCS	DESCRIPTION
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 hilling 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

HCPCS	DESCRIPTION
99201	Deleted 1/1/2021
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	Requires problem focused history, problem focused examination straight forward medical decision making

HCPCS	DESCRIPTION
	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
00204	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 Nursing Facility Care Services, 45m
99307	Subseq nursing facility, 10m
99308	Subseq nursing facility, 15m
99309	Subseq nursing facility, 25m
99310	Subseq nursing facility, 25m
99315	Nursing facility discharge, 30m
	· · · · · · · · · · · · · · · · · · ·
99316 99318	Nursing facility discharge, 30+m Annual nursing facility assmt
	<i>5 .</i>
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
99441	Telephone by phys 5-10 min

HCPCS	DESCRIPTION
99442	Telephone by phys 11-20 min
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).
- ¹⁹ Ingenix (2008). 2009 Coders' Desk Reference for Procedures. Eden Prairie, MN: Ingenix.
- ²⁰ 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.
- ²¹ 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.
- ²² 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.
- ²³ 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.
- ²⁴ Program service categories are based on the Medicaid State Plan and 1915(b)(3) Waiver, the regional accountable entity (RAE) current contracts, and the Colorado Department of Health Care Policy & Financing (HCPF) Approved Procedure Code List for Calendar Year 2009.
- ²⁵ 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.
- ²⁶ 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.
- ²⁷ 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.
- ²⁸ 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.
- ²⁹ 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).

³⁰ 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).

³¹ 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.

³² 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).

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