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Uniform Service Coding Standards Manual

COLORADO
Department of Health Care Policy & Financing
HCPF

COLORADO
Office of Behavioral Health
Department of Human Services
CDHS

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I.   INTRODUCTION

The Colorado Department of Health Care Policy & 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 disorder (SUD) treatment services [together referred to as Behavioral Health (BH) services], to assure that medically necessary, appropriate and cost-effective care is provided to eligible Medicaid members through the Statewide System of Community Behavioral Health Care, referred to hereafter as the Medicaid Capitated Behavioral Health Benefit.

The Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH), is responsible for the administration of service contracts that provide for BH services provided to the non-Medicaid population, or for services not covered by Medicaid (i.e. room and board). Recipients of BH services will be referred to as 'members' throughout this manual even though OBH services do not require enrollment to be eligible for services.

HCPF and OBH have established this Uniform Service Coding Standards (USCS) Manual to provide common definitions of the program service categories and standard guidance in documenting and reporting covered Colorado Medicaid State Plan (required services), Behavioral Health Program 1915(b)(3) Waiver services (alternative or (b)(3) services), and OBH 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 Edition[2]*
- *Healthcare Common Procedure Coding System (HCPCS) [3]*

This manual is not intended to be an auditing tool, but rather guidance on what services can be provided and reimbursed. 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.

The USCS Manual is a living document that is updated as needed to maintain consistency between the Regional Accountable Entity (RAE) contract, the OBH contract, the State Plan Amendments, the (b)(3) waiver, and coding guidelines. For questions seeking clarification or additional guidance

related to the information in this manual please email hcpf_bhcoding@state.co.us. Please submit any suggestions to add, delete or change coding guidance in this manual to your RAE(s) or OBH program staff. Unless otherwise noted providers must implement coding standards reflected in this edition for dates of service on the effective date of this manual and thereafter regardless of submission date.

II.   MEDICAID CAPITATED BEHAVIORAL HEALTH BENEFIT

HCPF contracts with managed care organizations (MCOs), known as Regional Accountable Entities (RAEs), to administer, manage and operate the Medicaid Capitated Behavioral Health Benefit by providing medically necessary covered BH services. Covered services 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 Medicaid Capitated Behavioral Health Benefits covered procedure codes are categorized as either State Plan (SP), (b)(3), or both. (See Appendix D).

a. Definition of Medical Necessity

According to 10 CCR 2505-10 section 8.076.1.8, a service is considered medically necessary when it:

1. Will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability. This may include a course of treatment that includes mere observation or no treatment at all. For members under 21, per section 8.280.4E, this includes a reasonable expectation that the service will assist the member to achieve or maintain maximum functional capacity in performing one or more Activities of Daily Living.
2. Is provided in accordance with generally accepted professional standards for health care in the United States;
3. Is clinically appropriate in terms of type, frequency, extent, site, and duration;
4. Is not primarily for the economic benefit of the provider or primarily for the convenience of the member, caretaker, or provider;
5. Is delivered in the most appropriate setting(s) required by the member's condition;
6. Is not experimental or investigational; and
7. Is not more costly than other equally effective treatment options.

b. 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). For a list of services covered under the Medicaid State Plan see Appendix B.

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

Colorado's Medicaid Capitated Behavioral Health Benefit is operated under a 1915(b)(3) waiver. This waiver allows Colorado to offer alternative services (in addition to those identified under the State Plan) under a regional Managed Care model. These alternative services and the waiver itself are subject to approval by CMS. For a list of service categories covered under the 1915(b)(3) Waiver Program see Appendix C.

d. Telemedicine Services

Under the Medicaid 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 02 – "Telehealth Provided Other than in Member's Home" or 10 – "Telehealth Provided in Member's Home". 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. Services for established members 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 member privacy standards should comply with normal Medicaid requirements and HIPAA.

The Office of Behavioral Health does not limit the use of telehealth or telemedicine at licensed and designated facilities. Services provided via telehealth or telemedicine should be indicated by Place of Service 02 – "Telehealth Provided Other than in Member's Home" or 10 – "Telehealth Provided in Member's Home". Standard requirements for telehealth or telemedicine services provided to a member include:

1. Any health benefits provided shall meet the same standard of care as in-person care.
2. The availability of services in no way alters the scope of practice of any health care or Behavioral Health provider; nor does it authorize the delivery of services in a setting or manner not otherwise authorized by law.
3. Record-keeping and member privacy standards must comply with OBH, HIPAA and 42 CFR Part 2 requirements.

III. DIAGNOSES

The Medicaid Capitated Behavioral Health Benefit identifies covered diagnoses using the *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM).[4] 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*,[5] 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 D and Appendix I 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 member 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.[6]

b. Covered Diagnoses

The tables below list the covered diagnoses under the Medicaid Capitated Behavioral Health Benefit. OBH also covers the diagnosis codes in these tables, as well as additional codes. Contact your OBH program manager for the most current version of the CCAR Manual where additional OBH covered diagnosis codes can be found.

1. Mentall Health Covered Diagnoses

ICD-10-CM Code Ranges

Start	End
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

2. Substance Use Disorder Covered Diagnoses

ICD-10-CM Code Ranges

Start	End
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

IV. SERVICE PROVIDERS

a. Responsibility for Code Assignments

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 ensures quality along with consistency in the reporting of these services. 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.

b. Scope of Practice

Within the Medicaid Capitated Behavioral Health Benefit a variety of licensed and non-licensed staff renders BH services to members and families. This section defines the various 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."[7]

c. Medicaid Enrollment

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.

d. 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 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 member, 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.

3. 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 member, family, and community psycho-education. A CAS may provide clinical supervision to individuals pursuing CAT and CAS.

4. 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).

5. 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.

6. 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 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 members, family, and community, clinical supervisory responsibilities, and intervention.   Refer to CRS 12-245-801.

7.   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.

8.   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.

9.   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.

10. 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.

11. 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 members "in regaining control over their own lives and recovery"[6] 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.[8] Peer specialists assist members 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 (See Appendix M).

12. 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.

13. Professional Nurses

a. Certified/Registered Medical Assistant (documented via education, training, experience)

Colorado does not currently have licensure for a Medical Assistant, although Certification as a CMA or RMA should 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)

An 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), and 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.

14. 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.

15. Qualified Medication Administration Person (QMAP)

A QMAP is a person who has successfully completed a State-approved medication administration training course. "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 member." QMAPs may not "administer medication by injection or tube," or "draw insulin or other medication into syringes."[8] A QMAP may administer medications by the following routes of administration:

- Oral
- Sublingual
- Topical

- Eye
- Ear
- Rectal

- Vaginal
- Inhalant
- Transdermal[9]

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 CDHS
- State certified adult day programs[10]

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.

16. 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.

17. Unlicensed Master's Degree

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

e. 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. PROVIDER TYPES

An individual, group, or facility enrolls with HCPF as a specific type of provider. This is distinct from a license, credential, or service category. For example, an LPC or LCSW would enroll as Provider Type 38 - "Licensed Behavioral Health Clinician".

VI. PLACES OF SERVICE

CMS maintains a list of Place of Service (POS) codes that indicate where a service can be provided. These two-digit codes are required on health care professional claims and are noted on each coding page. For a complete list of POS codes see Appendix K.

VII. 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.[11] HCPF has

defined modifiers for the Medicaid State Plan and Behavioral Health Program 1915(b)(3) Waiver program service categories. When billing, Medicaid providers must use, as a first position modifier, one of the Medicaid Capitated Behavioral Health Benefit modifiers listed in Appendix J.

VIII. SERVICE CATEGORIES

Service categories are listed to promote clarity of understanding through the consistent use of common terms, assisting providers to conceptualize BH services rendered in terms of 10 key data elements and ensuring the appropriate procedure code is assigned to services rendered. Primary categories include (see Appendix D 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 Service

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 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

1. 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.

2. 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 members 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 member, including associated laboratory services, as indicated." Services are designed to:

- Improve or minimize an acute crisis episode
- Assist the member 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 member and in the least restrictive environment available
- Prevent further exacerbation or deterioration and/or inpatient hospitalization, where possible
- Prevent injury to the member and/or others
- Stabilization is emphasized so that the member 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.

  1. 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 member in high stress. 90839 and 90840 are used to report the total duration of direct contact with the member 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 member and therefore, cannot provide services to another member during the same time period. The member must be present for all or some of the services.

c. Screening Services

  1. 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.

2. 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 member 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 member'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 members 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 member 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.

1. Diagnosis

Codes with the *Diagnosis* subcategory refer to BH assessments evaluating a member'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.

2. Psychological Testing/Neuropsychological Testing

Codes with the *Psychological Testing* subcategory refer to the assessment of a member'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.

3. 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 member'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.

1. 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 member 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:

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

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

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

> ⊠ **CPT states - The psychotherapy codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of family member(s) or other in the treatment process**
>
> ⊠ **To report psychotherapy, choose the code closest to the actual time (i.e., 16-37 minutes for 90832, 38-52 minutes for 90834, and 53 or more minutes for 90837. Do not report psychotherapy for less than 16 minutes' duration.**

Group Psychotherapy is "therapeutic contact facilitated by a qualified mental health professional (MHP) in a group setting with two (2) or more members 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 member and family member(s), or other person(s) significant to the member, for improving member-family functioning. Family Psychotherapy is appropriate when intervention in the family interactions would be expected to improve the member's emotional/behavioral disturbance. The primary purpose of family psychotherapy is the treatment of the member.

2. 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."

3. 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 member'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 member's highest possible level of independent functioning. Treatment can include relapse planning, information about the process of addiction, and assist members to understand some of the underlying issues that lead them to use substances.

4. Rehabilitation Services

"Rehabilitative services include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, for maximum reduction of mental disability and restoration of a consumer to his/her best possible 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 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 members and families necessary to promote recovery, rehabilitation, and resiliency. CPST services identify and address the barriers impeding the member's development of the skills necessary for independent functioning in the community, as well as the strengths, which may aid the member and family in the recovery/resiliency processes. CPST services address member 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 members 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 member care for a specific group of members. In this approach, normally used with members with the most serious and intractable symptoms of SPMI, the treatment team typically provides all member services using a highly integrated approach to care. The ACT team actively engages clients in their community to develop skills and monitor status, rather than function as an office-based team. The treatment team delivers an integrated array of treatment, support and rehabilitation services to members, with the majority of services being rendered in members' 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 member.

5. 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:

o Skill and support development interventions
o Vocational assessment
o Job coaching

6. 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-member 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 Program (IOP)** Services for BH and SUD focus on maintaining and improving functional abilities for the member through a time-limited, multi-faceted approach to treatment. A multidisciplinary treatment team renders services consisting of, but not limited to

   ▪ Individual, group and family psychotherapy
   ▪ Medication management and education
   ▪ Psychological assessment
   ▪ Therapeutic psycho-education
   ▪ Crisis intervention

IOP Services are based on a comprehensive and coordinated individualized and recovery-oriented treatment/service plan, involving the use of multiple concurrent services and treatment modalities. Treatment focuses on symptom reduction, safety reinforcement, promoting stability and independent living in the community, relapse prevention, restoration to a higher 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 members 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 member 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 member's present treatment needs. The member requires a minimum of 20 hours/week of therapeutic services as evidenced in his/her treatment/service plan. The member is likely to benefit from a coordinated program of services and requires more than isolated sessions of outpatient treatment. The member has an adequate support system while not actively engaged in the program. The member 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.

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).[12]

7. 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 member remains 24-hours a day in a facility licensed as a hospital by the State.

8. 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 members who have complex needs by coordinating the provision of quality treatment and support services in the most efficient and effective manner. (See Appendix N 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:

    i. Advanced Practice Nurse (APN)

    ii. Licensed Clinical Social Worker (LCSW)

    iii. Licensed Professional Counselor (LPC)

    iv. Licensed Marriage and Family Therapist (LMFT)

    v. Licensed Addiction Counselor (LAC)

    vi. Psychologist, Psy.D/Ph.D.

    vii. Physician/Psychiatrist

    viii. 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.

9. Other Professional Services

a. **Psychoeducational Services** are an adjunct treatment modality that focus on educating members, families and significant others in subject areas that support the goals of treatment, recovery and rehabilitation, specific to the members' BH needs.

b. **Biofeedback Training** involves monitoring a member'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 member in real-time. The member is taught how certain thought processes, stimuli, and actions affect these physiological responses. The member 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 wrap-around plan is the result of a collaborative team planning process that focuses on the identified strengths, values, preferences, needs, strategies and outcomes of the child/youth and family and is developed in partnership with other community agencies. The individualized, community-based clinical interventions identified in the individualized treatment/service plan are delivered as an alternative or adjunct to traditional 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.

e. **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 members 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: A new 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: An established 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 member'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 patient in the emergency department.**

10. 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 member. 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 member. A consultant interviews and examines the member 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,[13] coordination of care or both, the service is coded based upon the length of time spent with the member and/or family.[14]

11. 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 member. 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.[15]

f. 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:

- o Assessment and monitoring of mental and physical health status
- o Assessment and monitoring of safety, including suicidal ideation and other BH issues
- o Assessment of level and quality of social interactions
- o Assessment of/support for motivation for treatment
- o Assessment of ability to provide for daily living needs
- o Observation and assessment of group interactions
- o Behavioral interventions to build effective social behaviors and coping strategies
- o Behavioral interventions to reduce social withdrawal and inappropriate behavior or thought processes
- o Individual psychotherapy
- o Group psychotherapy
- o Family psychotherapy
- o Medication management

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 CRS 25.5-4-103 (19.5) or a Residential Child Care

Facility as defined in CRS 26-6-102 (33) are not covered under the Medicaid Capitated BH Benefit [See CRS 25.5-5-402].

1. Room and Board

   Room and Board services (lodging and meals) are provided to members residing in a facility for at least 24 hours. OBH covers room and board for uninsured/underinsured members in some settings when all contractual and safety net criteria is met by a provider. Check your OBH contract for more details. OBH also covers room and board for some Medicaid members when a facility is contracted with OBH for reimbursement. For example, RSATFs bill room and board to OBH or their designee for Medicaid members. Room and board is not a covered benefit under the Medicaid Capitated Behavioral Health Benefit and is not included in any per diem rate except for PRTF services. Room and board is included in reimbursement when services are rendered in a hospital and billed using a revenue code.

2. Supported Housing

   Supported Housing is a specific program model in which a member 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.

3. 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).

4. 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

   o   Personal services
   o   Protective oversight
   o   Social care due to impaired capacity to live independently
   o   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)).

5. 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).

6. 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 members 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).

7. 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:

    o 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)

    o 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)).

8. Residential Child Care Facility (RCCF)

    An RCCF is a facility licensed by the CDHS, Division of Child Welfare, 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.

9. 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).

10. 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. 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.

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

h. 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
- Member and family support groups
- Warm lines
- Advocacy services

i. 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.

IX. TIME DOCUMENTATION STANDARDS/RULES

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 member 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).[16]

- "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),[17] 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 has elapsed.

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

Some CPT® and HCPCS procedure codes specify that the direct time spent in member 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 member contact. The start and end time of the treatment service should be routinely documented in the member's clinical record as part of the progress note.[18]

b. One-Hour Time-Based Procedure Codes

Some CPT and HCPCS procedure codes specify that the direct time spent in member contact is 1 hour. The provider reports of bills these procedure codes with the appropriate number of 1-hour units of service using the example time intervals given in the table below. The pattern continues in this manner.

Determining Billing Units for 1-Hour or 60 Minutes Timed Procedure Codes	
# of 60 Minute Units	Duration
1 unit	Greater than or equal to (≥) 31 minutes and less than (<) 91 minutes*
2 units	≥ 91 minutes to < 151 minutes
3 units	≥ 151 minutes to < 211 minutes
4 units	≥ 211 minutes to < 271 minutes
5 units	≥ 271 minutes to < 331 minutes
6 units	≥ 331 minutes to < 391 minutes
7 units	≥ 391 minutes to < 451 minutes

c. Encounter Time-Based Procedure Codes

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 member."   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.[19]   The actual start and stop time or the total amount of time (i.e. duration) spent with a member must be documented to support coding for encounters based on time.[20]

d. Per Diem Procedure Codes

Some CPT® and HCPCS procedure codes are reported by "day" units (per diem).   This is defined by a calendar day and may or may not have a minimum duration indicated on the coding page. A per diem code should be claimed for the date of admission even if the member discharged the same day, and regardless of the amount of time the member was actually at the facility/program. A per diem code should not be claimed for the date of discharge unless it was the same date as the admission.

e. 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 member 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-member encounter.[21] (Refer to Section IV.C.)

f. 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 members **cannot** be charged for missed appointments. From a risk management perspective, however, Missed Appointments should be documented in the clinical record.[22]

X.   SERVICE DOCUMENTATION STANDARDS

Providers have the discretion to design the format of a service note that captures documentation in line with these guidelines and general professional standards for clinical care. Documenting clinical encounters is essential to quality clinical care and lays the foundation for coding and billing, as well as telling the story of the person's treatment over time.   Documentation is also evidence of several important factors:

1. That a service was provided;
2. That there is clinical rationale and medical necessity for the service;
3. That the service code utilized is appropriate to the encounter;
4. Whether the individual served is engaged and/or benefiting from the service.

The following information must be documented for all clinical encounters submitted for reimbursement:

1. Date of Service (DOS)
2. Start and end time/duration of session and total contact time with person-served or collateral(s)
3. Session setting/place of service
4. Reason for the encounter, description of services provided, and interventions utilized
5. Provider's dated signature and relevant qualifying credential. A title should be included where no credential is held.

Depending on the purpose and details of the encounter, including the type of service, duration and mode of delivery, details are included to indicate medical necessity of the services provided, including (as appropriate):

1. Documentation of consent to participate in the service (e.g. consenting to telemedicine)
2. The individual's response to the service and/or demonstrated benefit from the service provided
3. Assessments, which may include treatment history, results of screening and/or diagnostic tools, Mental Status Exam (MSE), and clinical impressions
4. Relevance to the treatment plan/plan for service
5. Plan(s) for follow-up, including coordination of care, referrals and recommendations

Shift Notes: Documentation should include description of all individual and group services rendered during the course of the shift/day. These can all be included in the same documentation or in a separate note as applicable (e.g. skills training group, individual therapy, med administration services, although included in the per diem, should be identified separately.)

XI. GENERAL CLAIM INFORMATION

This section outlines claim information for the Colorado Medicaid Capitated Behavioral Health Benefit and is designed to assist providers with the key details to obtain Medicaid reimbursement. For more specific claiming instructions refer to the following RAE links:

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

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 physician's 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.

  1. 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)[23]

     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; the 837I Transaction Data Guide; the 837I Implementation Guide or the Web Portal User Guide; and/or the appropriate RAE provider manual.

  2. 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;[xxiv] the National Uniform Claim Committee (NUCC) *1500 Claim Form Map to the X12 837 Health Care Claim: Professional*;[xxv] 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 G (in addition to those represented in Appendix Q-Revenue Codes in the Appendices section under Billing Manuals on the HCPF website) under the Medicaid Capitated Behavioral Health Benefit.

XII. PROCEDURE CODE PAGE OUTLINE

Individual procedure code pages listed in numerical and alphanumerical order. See a template/sample of a coding page at the beginning of the coding page section. 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*[xxvi] and/or the CMS.[xxvii]

- **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** – This section was deleted from each coding page in Jan 1, 2022. See general documentation guidelines in the following Section X. Service Documentation Standards.

- **Notes** – Additional descriptive information regarding the procedure code or service. Specific documentation requirements that are unique to each code may be listed under this section.

- **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.[xxviii]

- **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 member.

- **Duration** – The minimum and maximum time allowed for the service or procedure, as applicable.[xxix] 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.[xxx]

- **Staff Requirements** – The staff credentials allowed to render the service or procedure, unless specifically restricted by the procedure code description.[xxxi] 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).[xxxii] The appropriate POS codes are identified in parentheses.

Below is a template of a coding page that shows the details/options of information that belong in each box.

Insert Header [Primary Category]		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
Insert HCPC	Insert abbreviated code description	
SERVICE DESCRIPTION		
Insert long description from AMA with any additional descriptions relevant to our program		
NOTES	**EXAMPLE ACTIVITIES**	
Insert billing and coding notes that are not included in the service description but are relevant to provider usage of this code. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:**	• Insert bullet-pointed examples of billable activities • Insert bullet-pointed examples of billable activities • Insert bullet-pointed examples of billable activities • Insert bullet-pointed examples of billable activities	

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

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

STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level ☐ QMAP	☐ CAT/CAC I ☐ CAS/ CAC II ☐ CAS/ CACIII ☐ LAC	☐ Intern ☐ Unlicensed Master's Level ☐ Unlicensed EdD/ PhD/PsyD ☐ Licensed EdD/PhD/PsyD	☐ LCSW ☐ LPC ☐ LMFT	☐ LPN/LVN ☐ RN ☐ APN	☐ RxN ☐ PA ☐ MD/DO

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

COMBINED HCPF/OBH CODING PAGES

For Codes:
80305
80306
82075

Please see the OBH-Only Code Section at the end of the Combined Pages Section

TREATMENT

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
90785* ADD-ON	Interactive complexity (list separately in addition to the code for the primary service)	

SERVICE DESCRIPTION

Code 90785 is an add-on code used to report the interactive complexity. Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Some common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired members. Members that require this service are those who have third parties such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care (see Appendix L for more information).

NOTES	EXAMPLE ACTIVITIES
This code is to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832-90834-90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838, 99202-99255, 99304-99337, 99341-99350), and group psychotherapy (90853). **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Group	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS

☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ PA
	☒ LPC	☒Unlicensed EdD/ PhD/PsyD	☒ APN	☒ MD/DO
	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ RxN	

PLACE OF SERVICE (POS)

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90791	Psychiatric diagnostic evaluation	

SERVICE DESCRIPTION	

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

The MHP interviews the member in a culturally and developmentally appropriate initial diagnostic examination, which includes taking the member'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	**EXAMPLE ACTIVITIES**
In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the member. Codes 90791 may be reported more than once, but not on the same day, for the member, when separate diagnostic evaluations are conducted with the member and other informants. Report services as being provided to the member 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 member. 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 member in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90791 **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	Evaluation to gather psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS				
☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ APN
	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		
	☒ LMFT	☒ Licensed EdD/PhD/PsyD		

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90792	Psychiatric diagnostic evaluation with medical services	

SERVICE DESCRIPTION	

Psychiatric diagnostic evaluation is an integrated biophysical and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.

In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the member.

* This code is for Prescribers (or prescriber interns) only.

NOTES	**EXAMPLE ACTIVITIES**
Codes 90792 may be reported more than once for the member, but not on the same day by the same provider when separate diagnostic evaluations are conducted with the member and other informants. Report services as being provided to the member 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 member. The psychiatric diagnostic evaluation may include interactive complexity services (90785 – add-on code) when factors exist that complicate the delivery of the psychiatric procedure. 90792 is used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services may not be reported on the same day. Psychotherapy provided to a member in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90792. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	Prescriber evaluation to gather medical and medication history, psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS			
☒ Intern	☒ RxN	☒ PA	☒ MD/DO

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90832	Psychotherapy, 30 minutes with the member	

SERVICE DESCRIPTION	
Psychotherapy with a member. If a family member is present, the focus of the session is still on the member and not on the family unit.	

NOTES	**EXAMPLE ACTIVITIES**
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a member 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ Encounter	Minimum: 16 Minutes Maximum: 37 Minutes

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual	☒ HE (SP) ☒ U4 (ICM) ☒ HK (Residential) ☒ TM (ACT)	

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ APN	☒ PA
	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RxN	☒ MD/DO
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			

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

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

SERVICE DESCRIPTION	
Psychotherapy with a member 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 member and not on the family unit.	

NOTES	EXAMPLE ACTIVITIES
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a member 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)			UNIT	DURATION	
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)			☒ Encounter	Minimum: 16 Minutes Maximum: 37 Minutes	

ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)	
☒ Individual		☒ HE (SP) ☒ U4 (ICM) ☒ HK (Residential) ☒ TM (ACT)	

STAFF REQUIREMENTS				
☒ Intern	☒ APN	☒ RxN	☒ PA	☒ MD/DO

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90834	Psychotherapy, 45 minutes with a member	

SERVICE DESCRIPTION

Psychotherapy with a member. If a family member is present, the focus of the session is still on the member and not on the family unit.

NOTES	EXAMPLE ACTIVITIES
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a member 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	Minimum: 38 Minutes
☒ Adol (12-17)	☒ Geriatric (65+)		Maximum: 52 Minutes

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS

☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ APN	☒ RxN
	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD			☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			☒ MD/DO

PLACE OF SERVICE (POS)

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90836* ADD-ON	Psychotherapy, 45 minutes with a member when performed with an evaluation and management service (list separately in addition to the code for primary service)	

SERVICE DESCRIPTION

Psychotherapy with a member 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 member and not on the family unit.

NOTES	EXAMPLE ACTIVITIES
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a member 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	Minimum: 38 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)		Maximum: 52 Minutes

ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)	
☒ Individual		☒ HE (SP)	☒ U4 (ICM)
		☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS

☒ Intern	☒ APN	☒ PA
	☒ RxN	☒ MD/DO

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90837	Psychotherapy, 60 minutes with a member	

SERVICE DESCRIPTION	
Psychotherapy with a member. If a family member is present, the focus of the session is still on the member and not on the family unit.	

NOTES	**EXAMPLE ACTIVITIES**
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a member 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)			**UNIT**	**DURATION**	
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	Minimum: 53 Minutes	
☒ Adol (12-17)		☒ Geriatric (65+)		Maximum: no max	

ALLOWED MODE(S) OF DELIVERY		**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual		☒ HE (SP)	☒ U4 (ICM)
		☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ APN	☒ RxN
	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD			☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			☒ MD/DO

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

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

SERVICE DESCRIPTION	
Psychotherapy with a member 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 member and not on the family unit.	

NOTES	EXAMPLE ACTIVITIES
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a member 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11)　☒ Young Adult (18-20)　☒ Adult (21-64) ☒ Adol (12-17)　　　　　　　　　　☒ Geriatric (65+)		☒ Encounter	Minimum: 53 Minutes Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual	☒ HE (SP)　　　　　　☒ U4 (ICM) ☒ HK (Residential)　☒ TM (ACT)	

STAFF REQUIREMENTS		
☒ Intern　　　　☒ APN　　　　☒ PA ☒ RxN　　　　☒ MD/DO		

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

CRISIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90839	Psychotherapy for Crisis, first 60 min	

SERVICE DESCRIPTION	

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.

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

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Family	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ APN	☒ PA
	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RxN	☒ MD/DO
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			

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

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

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

NOTES	EXAMPLE ACTIVITIES
*90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 74 minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. • Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to pre-crisis level of functioning (e.g. practice DBT Distress Tolerance skills for member who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). • Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors.

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Family	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ APN	☒ PA
	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RxN	☒ MD/DO
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90846	Family psychotherapy (without the member present)	

SERVICE DESCRIPTION	

Meeting with the member's family to evaluate and treat the member's condition. Family dynamics as they relate to the member's mental status and behavior are a focus of the session. Attention is also given to the impact the member's condition has on the family, with therapy aimed at improving the interaction between the member and family members.

NOTES	**EXAMPLE ACTIVITIES**
When the member is not present, the service remains focused on the benefit of attaining the goals identified by the member 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 member'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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Observing and correcting, through psychotherapeutic techniques, a member's interaction(s) with family members • Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing member • Providing parents specific feedback and strategies for managing child's behavior

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Family	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ APN	☒ PA
	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RxN	☒ MD/DO
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90847	Family psychotherapy (conjoint psychotherapy) (with member present)	
SERVICE DESCRIPTION		

Meeting with the member's family to evaluate and treat the member's condition. Family dynamics as they relate to the member's mental status and behavior are a focus of the session. Attention is also given to the impact the member's condition has on the family, with therapy aimed at improving the interaction between the member and family members.

NOTES	**EXAMPLE ACTIVITIES**
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 member'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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• 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 member

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Family	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS

☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ APN	☒ PA
	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RxN	☒ MD/DO
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90849	Multiple-family group therapy	

SERVICE DESCRIPTION	
Meeting with several members' families together to address similar issues of the members' treatment. Attention is also given to the impact the members' conditions have on the families.	

NOTES	**EXAMPLE ACTIVITIES**
90849 is reported once for each family group present. 90849 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document as family therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention services use code H0025. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	An example would be a multi-family therapy group where the child is not present in the therapy group.

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Group ☒ Family	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ APN	☒ PA
	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RxN	☒ MD/DO
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			

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

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

SERVICE DESCRIPTION	
Facilitating emotional and rational cognitive interactions in a group setting with 2/more members (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 members 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.	

NOTES	EXAMPLE ACTIVITIES
90853 is used for group psychotherapy involving members other than the members' 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 member 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Serving special member populations with a particular theoretical framework/addressing a specific problem, such as low self-esteem, poor impulse control, depression, etc., through cognitive behavioral therapy (CBT), motivational enhancement therapy, trauma counseling, anger management, and/or sexual offender (SO) treatment • Personal dynamics of a member may be discussed by group and dynamics of group may be explored at same time • Interpersonal interactions, support, emotional catharsis, and reminiscing

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20)	☒ Adult(21-64)	☒ Encounter	Minimum: 45 min. (adult); 30 min. (children)
☒ Adol (12-17)	☒ Geriatric (65+)		Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Group	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ APN	☒PA
	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RxN	☒ MD/DO
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90870*	Electroconvulsive Therapy (ECT)	
SERVICE DESCRIPTION		
**Electroconvulsive therapy (ECT) is a medical treatment most commonly used in members with severe depression or bipolar disorder that have not responded to other treatments, such as, medications or psychotherapy. ECT involves a brief electrical stimulation of the brain while the member is under anesthesia. It is typically administered by a team of trained medical professionals that includes a psychiatrist, an anesthesiologist, and a nurse or physician assistant.		

NOTES	**EXAMPLE ACTIVITIES**	
* Anesthesia for this procedure (00104) is included in this code. Do not bill separately. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**		

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ Encounter	Minimum: 1 unit per day Maximum: 2 units per day

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS		
☒ Intern	☒ CRNA	☒ MD/DO

PLACE OF SERVICE (POS)			
☒ Office (11)	☒ ALF (13)	☒ NF (32)	☒ PRTC (56)
☒ Inpt Hospital (21)	☒ ER (23)	☒ IPF (51)	
☒ Outp Hospital (22)	☒ SNF (31)	☒ PHP (52)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
00104 * ***Cannot be billed in conjunction with 90870**	Anesthesia for Electroconvulsive Therapy	

SERVICE DESCRIPTION	
Anesthesia administered to member undergoing Electroconvulsive therapy (90870).	

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** See Section X. Service Documentation Standards in this coding manual for documentation expectations	

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS		
☒ Intern	☒ CRNA	☒ MD/DO

PLACE OF SERVICE (POS)			
☒ Office (11) ☒ ALF (13)	☒ Inpt Hospital (21) ☒ Outp Hospital (22) ☒ ER (23)	☒ SNF (31) ☒ NF (32)	☒ IPF (51) ☒ PHP (52) ☒ PRTC (56)

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 30 minutes	

SERVICE DESCRIPTION	
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	

NOTES	EXAMPLE ACTIVITIES
Biofeedback training may not be suitable for some members, 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Encounter	Minimum: 16Minutes
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)		Maximum: 37 Minutes

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒ LAC	☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ FQHC (50)	
☒ Office (11)	☒ RHC (72)	
☒ Outp Hospital (22)		

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 minutes	
SERVICE DESCRIPTION		
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.		

NOTES	**EXAMPLE ACTIVITIES**
Biofeedback training may not be suitable for some members, 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter	Minimum: 38 Minutes Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒LAC	☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)			
☒ CMHC (53) ☒ Office (11)	☒ Outp Hospital (22) ☒ FQHC (50)	☒ RHC (72)	

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
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 member	
SERVICE DESCRIPTION		
The treatment of the member 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 member's condition. Advice is also given as to how the family and other involved persons can best assist the member.		

NOTES	EXAMPLE ACTIVITIES
If interpretation or explanation of psychological testing results are performed by an intern, they must be supervised by a licensed psychologist. The interpretation or explanation of results is under the licensed psychologist's direction, but his/her presence is not required during the actual service. The services provided for procedure code 90887 are considered separate and distinct from the work involved in psychotherapy (see psychotherapy procedure codes) as they have to do with explaining results of testing or an exam to family or other responsible person **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Interpretation of results of exam or testing • Discussion regarding results of exam or testing • Discussion of assistance family members can give member

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☒ Family/collateral	☒ HE (SP)	☒ U4 (ICM)	☒ HJ (Voc)
	☒ HK (Residential)		

STAFF REQUIREMENTS			
☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN	☒ PA
		☒ RxN	☒ MD/DO

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

ASSESSMENT	
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
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 member and time interpreting test results and preparing the report; **first hour.**

SERVICE DESCRIPTION

Meet with member, 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.

NOTES	EXAMPLE ACTIVITIES
If neurobehavioral status exam services are performed by an intern, they must be supervised by a licensed psychologist. The exam includes an initial clinical assessment and evaluation of the member'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 member and family/significant other(s), if appropriate, are used. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• 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) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ 1 Hour	Minimum: Maximum:	

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS

		APN	PA
☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN ☒ RxN	☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
96121 *ADD-ON ***Use in conjunction with 96116**	Each additional hour of a neurobehavioral status exam (list separately in addition to code for primary procedure)	

SERVICE DESCRIPTION

Meet with member, 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.

NOTES	EXAMPLE ACTIVITIES
If neurobehavioral status exam services are performed by an intern, they must be supervised by a licensed psychologist. The exam includes an initial clinical assessment and evaluation of the member'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 member and family/significant other(s), if appropriate, are used. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• 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) ☒ Adol (12-17)	☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)	☒ 1 Hour	Minimum: Maximum:

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS			
☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN ☒ RxN	☒ PA ☒ MD/DO

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of member data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to member, family member(s) or caregiver(s), when performed; **first hour**	

SERVICE DESCRIPTION

Interpret tests; integrate member data; make clinical decision; diagnosis and/or create treatment planning: provide interactive feedback, when performed; and create report.

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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Psychological testing can be helpful when treatment interventions are ineffective and there is a need to learn more about a member's level of functioning, personality, emotional or cognitive abilities. • Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN ☒ RxN	☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
96131 *ADD-ON ***Use in conjunction with 96130**	Each additional hour for psychological testing evaluation services by physician or other qualified health care professional (list separately in addition to code for primary procedure.)	

SERVICE DESCRIPTION	
Interpret tests; integrate member data; make clinical decision; diagnosis and/or create treatment planning: provide interactive feedback, when performed; and create report.	

NOTES	**EXAMPLE ACTIVITIES**
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Psychological testing can be helpful when treatment interventions are ineffective, and you want to learn more about a member's level of functioning, personality, emotional or cognitive abilities. • Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS			
☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN ☒ RxN	☒ PA ☒ MD/DO

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of member data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the member, family member(s) or caregiver(s), when performed; **first hour.**	

SERVICE DESCRIPTION	
Interprets tests; integrate member data; make clinical decision; diagnose and/or create treatment planning; provide interactive feedback, when performed; and create report.	

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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	● Differential diagnosis between psychogenic and neurogenic syndromes ● Delineation of neurocognitive effects of central nervous system (CNS) disorders

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS			
☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN	☒ PA
		☒ RxN	☒ MD/DO

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
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

Interprets tests; integrate member data; make clinical decision; diagnose and/or create treatment planning; provide interactive feedback, when performed; and create report.

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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Differential diagnosis between psychogenic and neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN ☒ RxN	☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
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 DESCRIPTION

Administer a series of tests (standardized, rating scales, and/or projective). Record behavioral observations made during testing. Score test protocol(s) according to latest methods for each test.

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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Differential diagnosis between psychogenic and neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders

APPLICABLE POPULATION(S)			UNIT	DURATION	
☒ Child (0-11)	☒ Young Adult (18-	☒ Adult (21-64)	UNIT?	Minimum: N/A	
☒ Adol (12-17)	20)	☒ Geriatric (65+)		Maximum: N/A	

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN	☒ PA
		☒ RxN	☒ MD/DO

PLACE OF SERVICE (POS)

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

ASSESSMENT	
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
96137 *ADD-ON ***Use in conjunction with 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

Administer a series of tests (standardized, rating scales, and/or projective). Record behavioral observations made during testing. Score test protocol(s) according to latest methods for each test.

NOTES	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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Differential diagnosis between psychogenic and neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11)	☒ Young Adult (18-	☒ Adult (21-64)		Minimum:
☒ Adol (12-17)	20)	☒ Geriatric (65+)		Maximum:

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN ☒ RxN	☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
96138	Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method; **first 30 minutes**	

SERVICE DESCRIPTION	
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.	

NOTES	EXAMPLE ACTIVITIES
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Psychological testing can be helpful when treatment interventions are ineffective, and you want to learn more about a member's level of functioning, personality, emotional or cognitive abilities. • Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)		Minimum: Maximum:

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS			
☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN ☒ RxN	☒ PA ☒ MD/DO

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
96139 *ADD-ON ***Use in conjunction with 96138**	Each additional 30 minutes of psychological or neuropsychological test administration and scoring by a technician (List separately in addition to code for primary procedure).	

SERVICE DESCRIPTION

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.

NOTES	EXAMPLE ACTIVITIES
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Psychological testing can be helpful when treatment interventions are ineffective, and you want to learn more about a member's level of functioning, personality, emotional or cognitive abilities. • Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.

APPLICABLE POPULATION(S)			UNIT	DURATION	
☒ Child (0-11)	☒ Young Adult (18-	☒ Adult (21-64)		Minimum:	
☒ Adol (12-17)	20)	☒ Geriatric (65+)		Maximum:	

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS

		☒ APN	☒ PA
☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ RxN	☒ MD/DO

PLACE OF SERVICE (POS)

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

ASSESSMENT	
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
96146	Psychological or neuropsychological test administration with single automated, standardized instrument via electronic platform, with automated result only	

SERVICE DESCRIPTION	

NOTES	**EXAMPLE ACTIVITIES**
*If test is administered by a physician, other qualified health care professional, or technician, do not report 96146, To report see 96127, 96136, 96137, 96138, 96139. **Do Not use for administration of 2 or more tests and/or if test administration is performed by a professional or technician.** **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Psychological testing can be helpful when treatment interventions are ineffective, and you want to learn more about a member's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. • Computer based testing with a child/adolescent to assess neurocognitive abilities. • Testing when treatment interventions are ineffective and neuropsychological deficits are expected.

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS		
☒ Intern	☒ Licensed EdD/PhD/PsyD	☒ APN ☒ PA ☒ RxN ☒ MD/DO

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	

SERVICE DESCRIPTION

A therapeutic, prophylactic/diagnostic injection for the administration of medications.
Written physician order (required)
Actual injectable medication reported/billed separately.

NOTES	EXAMPLE ACTIVITIES
This code may be used in a clinic/CMHC, even if member 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 member's home/ administration for a member in a LTC facility may be billed by a pharmacy. A certified medical assistant may administer an injection under a physician's/APN's order, but billing and service must be under the signature of the MD/APN. The service code is used when an individual sees a nurse or other trained nurse's aide or medical technician for services that do not require the physician to perform the service, in this case, an injection. Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211 instead. (AMA CPT 2016) 96372 should not be reported *with* a 99211 E&M code as this is considered to be an included service. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** Documentation supports injection of medication ordered 1. Injection site 2. Medication administered 3. Member response to medication, e.g. is the member tolerating medication well or are there complaints of side effects. If not tolerating medication actions taken	

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern	☒ Certified/Registered Medical Assistant	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)

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

TREATMENT	
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**
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

Direct one-on-one contact in which the provider instructs and trains a member in the performance of essential self-care and home management activities related to his/her ability to function in the community. Activities are designed to address the specific needs of the member, including but not limited to Activities of Daily Living (ADLs) and compensatory training for impairments, meal preparation, safety procedures, and use of assistive technology devices/adaptive equipment.

NOTES	EXAMPLE ACTIVITIES
Member 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 member's functional level will improve as a result of this service. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	Develop/implement reminder tools or calendars for housekeeping needs, medications, appointments, or other activities. Step-by-step problem-solving interventions: develop shopping list to obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; cook foods following recipes for basic meal preparation skills. Develop and reconcile budget for personal needs/bills.

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Geriatric (65+)	☒ 15 Minutes	Minimum: 8 mins Maximum: 8 hours

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☒ Individual	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT)	☒ HJ (Voc) ☒ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level		☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ LAC	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

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

TREATMENT	
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	

SERVICE DESCRIPTION	
Direct one-on-one contact in which the provider instructs and trains a member 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 member 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	**EXAMPLE ACTIVITIES**
Member 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 member's functional level will improve as a result of this service. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	Applying for transportation assistance by planning bus route and stop times, scheduling transportation service rides, practicing route to and from work site. Resume, interview, and job coaching skills to obtain employment and ensure success. Review and address hygiene, proper dress attire, interpersonal skills and expectations for workplace environment.

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Young Adult (18-20)	☒ Adult (21-64) ☒Geriatric (65+)	☒ 15 Minutes	Minimum: 8 mins Maximum: 8 hours

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**		
☒ Individual	☒ HE (SP)	☒ U4 (ICM)	☒ HJ (Voc)
	☒ HK (Residential)	☒ TM (ACT)	☒ HT (Prev/EI)

STAFF REQUIREMENTS				
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD ☒LAC	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ APN	☒ MD/DO

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
98966 **This code has very specific timeframes and documentation requirements. Follow CPT guidelines.**	Telephone medical discussion provided by nonphysician professional, 5-10 minutes	

SERVICE DESCRIPTION	
Telephone assessment and management service provided by a qualified non-physician health care professional to an established member, 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.	

NOTES	EXAMPLE ACTIVITIES
See Section X. Service Documentation Standards in this coding manual for documentation expectations	• Phone assessment with the member in order to assess his/her needs • Phone assessment with the member/member's family to collect social history information • With the member's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ Encounter	Minimum: 5 mins Maximum: 10 mins

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☒ Individual	☒ HE (SP)	☒ U4 (ICM)	☒ TM (ACT)

STAFF REQUIREMENTS			
☒ Bachelor's Level ☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒ LAC ☒ CAT ☒ RN ☒ CAS

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
98967 **This code has very specific timeframes and documentation requirements. Follow CPT guidelines.**	Telephone medical discussion provided by nonphysician professional, 11-20 minutes	

SERVICE DESCRIPTION

Telephone assessment and management service provided by a qualified non-physician health care professional to an established member, 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.

NOTES	EXAMPLE ACTIVITIES
See Section X. Service Documentation Standards in this coding manual for documentation expectations	• Phone assessment with the member in order to assess his/her needs • Phone assessment with the member/member's family to collect social history information • With the member's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☒ Individual	☒ HE (SP)	☒ U4 (ICM)	☒ TM (ACT)

STAFF REQUIREMENTS

☒ Bachelor's Level ☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒LAC ☒CAT ☒ RN ☒CAS

PLACE OF SERVICE (POS)

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
98968 **This code has very specific timeframes and documentation requirements. Follow CPT guidelines.**	Telephone medical discussion provided by nonphysician professional, 21-30 minutes	

SERVICE DESCRIPTION	
Telephone assessment and management service provided by a qualified non-physician health care professional to an established member, 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.	

NOTES	EXAMPLE ACTIVITIES
See Section X. Service Documentation Standards in this coding manual for documentation expectations	• Phone assessment with the member in order to assess his/her needs • Phone assessment with the member/member's family to collect social history information • With the member's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter	Minimum: 21 mins Maximum: 30 mins

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☒ Individual	☒ HE (SP)	☒ U4 (ICM)	☒ TM (ACT)

STAFF REQUIREMENTS			
☒ Bachelor's Level ☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒ LAC ☒ CAT ☒ RN ☒ CAS

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
New Patient 99202 99203 - 30-44 minutes 99204 - 45-59 minutes 99205 - 60-74 minutes **Established Patient** 99212 - 10-19 minutes 99213 - 20-29 minutes 99214 - 30-39 minutes 99215 - 40-54 minutes	Office or Other Outpatient Visit.	

SERVICE DESCRIPTION	
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 member is considered outpatient until inpatient admission to a hospital occurs.	

NOTES	EXAMPLE ACTIVITIES
See Section X. Service Documentation Standards in this coding manual for documentation expectations	

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS		
☒ Intern	☒ APN ☒ RxN	☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)			
☒ CMHC (53) ☒ Office (11) ☒ Mobile Unit (15)	☒ FQHC (50) ☒ RHC (72) ☒ Outpt Hospital (22)	☒ Independent Clinic (49) ☒ School (03) ☒ NRSATF (57)	☒ Other (99)

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99211	Office or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional	

SERVICE DESCRIPTION	
This service is an "incident to" service and can only be provided if the member is an **established patient** and the physician or qualified NPP is in the office suite and available to provide direct supervision.	

This 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

NOTES	EXAMPLE ACTIVITIES
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. 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	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 (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ Encounter	Time: 5 minutes or less

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS		
☒ Intern	☒ Certified/Registered Medical Assistant	☒ LPN/LVN ☒ RxN ☒ RN ☒ PA ☒ APN ☒ MD/DO

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99217	Observation Care discharge day management when provided on a day other than day of admission.	

SERVICE DESCRIPTION

This code is to be utilized to report all services provided to a member on discharge from Observation status if discharged on a day other than the initial date of Observation status.

To report services to a member designated as Observation status or inpatient status admitted and discharged on the same date use code range 99234-99236.

NOTES	EXAMPLE ACTIVITIES	
The final examination of the member, discussion of the stay, instructions for continuing care and preparation of discharge records. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**		

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS		
☒ Intern	☒ APN	☒ PA
	☒ RxN	☒ MD/DO

PLACE OF SERVICE (POS)				
☒ Off Campus Outpt Hosp (19)	☒ Inpt PF (51)	☒ PF-PHP (52)	☒ PRTC (56)	☒ ESRDTF (65)
☒ On Campus Outpt Hospital (22)	☒ Inpt Hosp (21)	☒ CMHC (53)	☒ CIRF (61)	
☒ Ambulatory Surgical center (24)	☒ ER (23)	☒ RSATF (55)	☒ CORF (62)	

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99218 Initial hospital observation care per day, typically 30 minutes 99219 Initial hospital observation care per day, typically 50 minutes 99220 Initial hospital observation care per day, typically 70 minutes	Initial observation care, per day, for the evaluation and management of a member	

SERVICE DESCRIPTION	

The following codes are used to report the encounter(s) by the supervising physician or other qualified health care professional with the member 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.

NOTES	EXAMPLE ACTIVITIES	
See Section X. Service Documentation Standards in this coding manual for documentation expectations		

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	See Procedure Code Description
☒ Adol (12-17)		☒ Geriatric (65+)		

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS		
☒ Intern	☒ APN	☒ PA
	☒ RxN	☒ MD/DO

PLACE OF SERVICE (POS)			
☒ Off Campus Outpt Hosp (19)	☒ Inpt Hosp (21)	☒ PF-PHP (52)	☒ PRTC (56)
☒ Urgent Care facility (20)	☒ ER (23)	☒ CMHC (53)	☒ CIRF (61)
☒ On Campus Outpt Hospital (22)	☒ Inpt PF (51)	☒ RSATF (55)	☒ CORF (62)
☒ Ambulatory Surgical center (24)			☒ ESRDTF (65)

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99221	Initial hospital inpatient care per day, typically 30 minutes	

SERVICE DESCRIPTION

Initial inpatient/partial hospital encounter, per day, with the member by the admitting MD/DO. Usually, the problem(s) requiring admission are low severity. Three key components are required:

- *Detailed/comprehensive history*
- *Detailed/comprehensive examination*
- *Medical decision-making that is straightforward/of low complexity*

When counseling and/or coordination of care dominates (more than 50%) the MD/DO-member and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.

NOTES	EXAMPLE ACTIVITIES	
This procedure code represents all services rendered on the DOS. Only one 99221 should be rendered per admission. MD/DO typically spends 30 minutes at the member's bedside. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Reason for encounter and relevant history, physical examination findings and prior diagnostic tests • Past diagnoses • Appropriate health risk factors • revision in diagnosis if applicable		

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS		
☒ Intern	☒ APN	☒RxN ☒ MD/DO

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99222	Initial hospital inpatient care per day, typically 50 minutes	

SERVICE DESCRIPTION

Initial inpatient/partial hospital encounter, per day, with the member 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-member and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.

NOTES	**EXAMPLE ACTIVITIES**
This procedure code represents all services rendered on the DOS. Only one 99222 should be rendered per admission. MD/DO typically spends 50 minutes at the member's bedside. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Reason for encounter and relevant history, physical examination findings and prior diagnostic tests • Past diagnoses • Appropriate health risk factors • revision in diagnosis if applicable	• Partial hospital admission for an adolescent member from chaotic blended family, transferred from inpatient setting, for continued treatment to control symptomatic expressions of hostility and depression.

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS		
☒ Intern	☒ APN	☒ RxN ☒ MD/DO

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99223	Initial hospital inpatient care per day, typically 70 minutes	

SERVICE DESCRIPTION

Initial inpatient/partial hospital encounter, per day, with the member 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-member and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.

NOTES	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 member's bedside. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Reason for encounter and relevant history, physical examination findings and prior diagnostic tests • Past diagnoses • Appropriate health risk factors • revision in diagnosis if applicable	• Initial hospital visit for 55-year-old female in chronic pain who has attempted suicide. • Initial partial hospital admission for 16-year-old male, sullen and subdued, with 6-month history of declining school performance, increasing self-endangerment, and resistance to parental expectations.

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern	☒ APN	☒ RxN ☒ MD/DO

PLACE OF SERVICE (POS)

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99224 Follow-up observation care per day, typically 15 minutes 99225 Follow-up observation care per day, typically 25 minutes 99226 Follow-up observation care per day, typically 35 minutes	Follow-up observation care per day	

SERVICE DESCRIPTION

All levels of subsequent observation care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the member's status (i.e., changes in history, physical condition, and response to management) since the last assessment.

This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the Observation care, regardless of the number of days since admission.

The physician who is the admitting physician must append modifier AI to all claims.

The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations, e.g. ER or office should be included in the single code.

Services provided subsequent to the initial hospital care should be billed using one of the subsequent care codes.

Choose the code based on the whether the service is initial or subsequent care and by the level of code.

NOTES	EXAMPLE ACTIVITIES	
See Section X. Service Documentation Standards in this coding manual for documentation expectations		

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS		
☒ Intern	☒ APN	☒ PA
	☒ RxN	☒ MD/DO

PLACE OF SERVICE (POS)
☒ Outpt Hospital (22)

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99231	Follow-up hospital inpatient care per day, typically 15 minutes	

SERVICE DESCRIPTION

Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in member'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-member and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.

NOTES	EXAMPLE ACTIVITIES	
Usually, the member is stable, recovering/improving. The MD/DO typically spends 15 minutes at the member's bedside. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Any changes in relevant history, physical examination findings and/or prior diagnostic tests • Past and present diagnoses • Appropriate health risk factors • Revision in diagnosis if applicable	• 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 (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ Encounter	

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern		☒ APN	☒ RxN ☒ MD/DO

PLACE OF SERVICE (POS)

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99232	Follow-up hospital inpatient care per day, typically 25 minutes	

SERVICE DESCRIPTION

Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in member'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-member 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.

NOTES	EXAMPLE ACTIVITIES
Usually, the member is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the member's bedside. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Any changes in relevant history, physical examination findings and/or prior diagnostic tests • Past and present diagnoses • Appropriate health risk factors • Revision in diagnosis if applicable	• Subsequent hospital visit for a 46-year-old male who complains of symptoms related to recent adjustments to psychotropic medications.

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern	☒ APN	☒RxN ☒ MD/DO

PLACE OF SERVICE (POS)

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99233	Follow-up hospital inpatient care per day, typically 35 minutes	

SERVICE DESCRIPTION

Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in member's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components:

- *A detailed interval history*
- *A detailed examination*
- *Medical decision-making of high complexity*

When counseling and/or coordination of care dominates (more than 50%) the MD/DO-member and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.

NOTES	EXAMPLE ACTIVITIES
Usually, the member is unstable/has developed a significant complication/new problem. The MD/DO typically spends 35 minutes at the member's bedside. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Any changes in relevant history, physical examination findings and/or prior diagnostic tests • Past and present diagnoses • Appropriate health risk factors • Revision in diagnosis if applicable	• Subsequent hospital visit for an adolescent member who is violent, unsafe, and noncompliant with multiple expectations for participation in treatment/service plan and behavior on unit.

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern	☒ APN	☒RxN ☒ MD/DO

PLACE OF SERVICE (POS)

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99234 Hospital observation or inpatient care admitted and discharged on the same day for low severity problem, typically 40 minutes 99235 Hospital observation or inpatient care admitted and discharged on the same day for moderate severity problem, typically 50 minutes 99236 Hospital observation or inpatient care admitted and discharged on the same day for high severity problem, typically 55 minutes	Hospital observation or inpatient care admitted and discharged on the same day	
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
The following codes are used to report evaluation and management services provided to hospital inpatient members. Hospital inpatient services include those services provided to members 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 members admitted and discharged on the same date of service. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier AI to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations (e.g. ER or office) should be included in the single code. Services provided subsequent to the initial observation care should be billed using one of the subsequent observation care codes.		
NOTES	**EXAMPLE ACTIVITIES**	
See Section X. Service Documentation Standards in this coding manual for documentation expectations		
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18- ☒ Adult (21-64) ☒ Adol (12-17) 20) ☒ Geriatric (65+)	☒ Encounter	
ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual	☒ HE (SP)	
STAFF REQUIREMENTS		
☒ Intern	☒ APN ☒ PA ☒ RxN ☒ MD/DO	
PLACE OF SERVICE (POS)		
☒ Outpt Hospital (22) ☒ Inpt PF (51) ☒ Inpt Hosp (21) ☒ PF-PHP (52)		

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99238	Discharge day management; 30 minutes or less	

SERVICE DESCRIPTION	
The total duration of MD/DO time spent (The total time spent may or may not be continuous and need not be in direct contact with the member) for hospital discharge of a member, including as appropriate, final examination of the member, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions and referral forms.	

NOTES	EXAMPLE ACTIVITIES
Documentation details in addition to the guidance found in Section X. Service Documentation Standards: • Final examination of member • Continuing care instructions • Prescriptions • Referrals	

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS
☒ Intern
☒ APN
☒ RxN
☒ MD/DO

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99239	Discharge day management; more than 30 minutes	

SERVICE DESCRIPTION

The total duration of MD/DO time spent (The total time spent may or may not be continuous and need not be in direct contact with the member) for hospital discharge of a member, including as appropriate, final examination of the member, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions and referral forms.

NOTES	EXAMPLE ACTIVITIES	
Documentation details in addition to the guidance found in Section X. Service Documentation Standards: • Final examination of member • Continuing care instructions • Prescriptions • Referrals		

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern
☒ APN
☒ RxN
☒ MD/DO

PLACE OF SERVICE (POS)

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99241 **This consultation code may only be utilized as telephonic prescriber-to-prescriber consultation regarding a member.**	Office consultation, typically 15 minutes	

SERVICE DESCRIPTION	
A consultation is a service rendered by an MD/DO/prescribing Nurse whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO/prescribing Nurse consultant utilizes this code for the purposes of providing direct consultation services to another MD/DO/prescribing Nurse for the purposes of "counseling and/or coordination of care with other physicians/qualified health care professionals….consistent with the nature of the problem(s) and the member's and/or family's needs".	

NOTES	EXAMPLE ACTIVITIES
Only one consultation is reported by the consultant for the day of service. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Documentation of written, verbal/shared medical records request in member record • Request for consultation from attending MD/DO • Referring MD/DO's name • Reason for consultation • Services and supplies performed/ordered by consultant • Counseling and/or activities performed to coordinate member care • Advice and/or opinion regarding member's condition • Copy of report/consultant's note sent to referring MD/DO	An RN sees a member to follow-up on side effects per order of the physician. The member does not see the physician on that day. **BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.**

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20)		☒ Adult (21-64)	☒ Encounter	Min: 8 min
☒ Adol (12-17)		☒ Geriatric (65+)		Max: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS
☒ Intern
☒ APN
☒ RxN
☒ PA
☒ MD/DO

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ NF (32)	☒ RHC (72)	☒ ER (23)
☒ Office (11)	☒ SNF (31)	☒ Independent	☒ NRSATF (57)
☒ Outpt Hospital(22)	☒ FQHC (50)	Clinic (49)	

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99242 Office consultation, typically 30 minutes 99243 Office consultation, typically 40 minutes 99244 Office consultation, typically 60 minutes 99245 Office consultation, typically 80 minutes	Office consultation	
SERVICE DESCRIPTION		

A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit.

The services of the billing prescriber must be face-to-face.
Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the member's condition(s), the appropriate E/M procedure code is used in lieu of 99251.

NOTES	**EXAMPLE ACTIVITIES**
Documentation details in addition to the guidance found in Section X. Service Documentation Standards: •Documentation of written, verbal/shared medical records request in member record •Request for consultation from attending MD/DO •Referring MD/DO's name •Reason for consultation •Services and supplies performed/ordered by consultant •Counseling and/or activities performed to coordinate member care •Advice and/or opinion regarding member's condition •Copy of report/consultant's note sent to referring MD/DO	An RN sees a member to follow-up on side effects per order of the physician. The member does not see the physician on that day. **BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.**

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS
☒ Intern
☒ APN
☒ RxN
☒ PA
☒ MD/DO

PLACE OF SERVICE (POS)			
☒ Office (11)	☒ SNF (31)	☒ ER (23)	☒ Independent Clinic (49)
☒Outpt Hospital (22)	☒ FQHC (50)	☒ NRSATF (57)	
☒ NF (32)	☒ RHC (72)	☒ CMHC (53)	

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

SERVICE DESCRIPTION

A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:

- *Problem-focused history*
- *Problem-focused examination*
- *Straightforward medical decision-making*

When counseling and/or coordination of care dominates (more than 50%) the MD/DO-member and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.

NOTES	EXAMPLE ACTIVITIES
Only one consultation is reported by the consultant per admission. For 99251, the presenting problem(s) are usually self-limited/minor. The consultant typically spends 20 mins at the member's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the member's condition(s), the appropriate E/M procedure code is used in lieu of 99251. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** •Documentation of written, verbal/shared medical records request in member record •Request for consultation from attending MD/DO •Referring MD/DO's name •Reason for consultation •Services and supplies performed/ordered by consultant •Counseling and/or activities performed to coordinate member care •Advice and/or opinion regarding member's condition •Copy of report/consultant's note sent to referring MD/DO	

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern
☒ MD/DO

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**	
99252	Inpatient consultation for a new or established member; the presenting problem(s) are of low severity	

SERVICE DESCRIPTION

A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:

- *Expanded problem-focused history*
- *Expanded problem-focused examination*
- *Straightforward medical decision-making*

When counseling and/or coordination of care dominates (more than 50%) the physician-member and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.

NOTES	EXAMPLE ACTIVITIES
Only one consultation is reported by the consultant per admission. For 99252, the presenting problem(s) are usually of low severity. The consultant typically spends 40 minutes at the member's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the member's condition(s), the appropriate E/M procedure code is used in lieu of 99252. **Documentation details in addition to the guidance found in Section X. Service Documentation Standard:** •Documentation of written, verbal/shared medical records request in member record •Request for consultation from attending MD/DO •Referring MD/DO's name •Reason for consultation •Services and supplies performed/ordered by consultant •Counseling and/or activities performed to coordinate member care •Advice and/or opinion regarding member's condition •Copy of report/consultant's note sent to referring MD/DO	• Initial hospital consultation for a 53-year-old male member, previously abstinent alcoholic, who relapsed and was admitted for management of gastritis; member readily accepts the need for further treatment.

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	Minimum: 40 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)		Maximum:

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern
☒ MD/DO

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99253	Inpatient consultation for a new or established member; the presenting problem(s) are of moderate severity	

SERVICE DESCRIPTION

A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/or other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:

- *Detailed history*
- *Detailed examination*
- *Medical decision-making of low complexity*

When counseling and/or coordination of care dominates (more than 50%) the physician-member and/or family encounter (face-to-face time on the floor/unit or hospital), time is considered the key/controlling factor to qualify for the level of service.

NOTES	EXAMPLE ACTIVITIES
Only one consultation is reported by the consultant per admission. For 99253, the presenting problem(s) are usually of moderate severity. The consultant typically spends 55 mins at the member's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the member's condition(s), the appropriate E/M procedure code is used in lieu of 99253. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Documentation of written, verbal/shared medical records request in member record • Request for consultation from attending MD/DO • Referring MD/DO's name • Reason for consultation • Services and supplies performed/ordered by consultant • Counseling and/or activities performed to coordinate member care • Advice and/or opinion regarding member's condition • Copy of report/consultant's note sent to referring MD/DO	

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	Minimum: 55 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)		Maximum:

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern
☒ MD/DO

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**	
99254	Inpatient consultation for a new or established member; the presenting problem(s) are of moderate to high severity.	

SERVICE DESCRIPTION

A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:

- *Comprehensive history*
- *comprehensive examination*
- *Medical decision-making of moderate complexity*

When counseling and/or coordination of care dominates (more than 50%) the physician-member and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.

NOTES	EXAMPLE ACTIVITIES
Only one consultation is reported by the consultant per admission. For 99254, the presenting problem(s) are usually of moderate to high severity. The consultant typically spends 80 minutes at the member's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the member's condition(s), the appropriate E/M procedure code is used in lieu of 99254. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Documentation of written, verbal/shared medical records request in member record • Request for consultation from attending MD/DO • Referring MD/DO's name • Reason for consultation • Services and supplies performed/ordered by consultant • Counseling and/or activities performed to coordinate member care • Advice and/or opinion regarding member's condition • Copy of report/consultant's note sent to referring MD/DO	• Initial hospital consultation for a 27-year-old female member with a diffusely positive medical review of systems and a history of multiple surgeries.

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	Minimum: 80 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)		Maximum:

ALLOWED MODE(S) OF DELIVERY | | | **PROGRAM SERVICE CATEGORY(IES)** |

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern
☒ MD/DO

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

SERVICE DESCRIPTION

A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:

- *Comprehensive history*
- *Comprehensive examination*
- *Medical decision-making of high complexity*

When counseling and/or coordination of care dominates (more than 50%) the physician-member and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.

Not a Covered Benefit Under Medicare

NOTES	EXAMPLE ACTIVITIES
Only one consultation is reported by the consultant per admission. For 99255, the presenting problem(s) are usually of moderate to high severity. The consultant typically spends 110 mins at the member's bedside and on the member's hospital floor or unit. If subsequent to the completion of consultation, the consultant assumes responsibility for management of a portion/all of the member's condition(s), the appropriate E/M procedure code is used in lieu of 99255. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Documentation of written, verbal/shared medical records request in member record • Request for consultation from attending MD/DO • Referring MD/DO's name • Reason for consultation • Services and supplies performed/ordered by consultant • Counseling and/or activities performed to coordinate member care • Advice and/or opinion regarding member's condition • Copy of report/consultant's note sent to referring MD/DO	• Initial hospital consultation for a 27-year-old female member with a diffusely positive medical review of systems and a history of multiple surgeries.

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)			☒ Encounter	Minimum: 110 minutes
☒ Adol (12-17) ☒ Geriatric (65+)				Maximum:

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern
☒ MD/DO

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**	
99281 Emergency department visit for problem of mild severity 99282 Emergency department visit for problem of mild to moderate severity 99283 Emergency department visit for problem of moderate severity 99284 Emergency department visit for problem of high severity 99285 Emergency department visit for life threatening or functioning severity	Emergency Department Services.	
SERVICE DESCRIPTION		
These codes are used for services in an emergency department for the evaluation and management of an individual with presenting problem(s) of varying severity. No distinction is made between new and established members in the emergency department.		
NOTES	**EXAMPLE ACTIVITIES**	
See Section X. Service Documentation Standards in this coding manual for documentation expectations		
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter	
ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual ☒ Family (HR) ☒ Family	☒ HE (SP)	
STAFF REQUIREMENTS		
☒ Intern ☒ APN ☒ RxN ☒ PA ☒ MD/DO		
PLACE OF SERVICE (POS)		
☒ ER (23)		

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99304 Initial nursing facility visit per day, typically 25 minutes 99305 Initial nursing facility visit per day, typically 35 minutes 99306 Initial nursing facility visit per day, typically 45 minutes	Initial Nursing Facility Care Services	
SERVICE DESCRIPTION		
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.		
NOTES	**EXAMPLE ACTIVITIES**	
See Section X. Service Documentation Standards in this coding manual for documentation expectations		
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter	
ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual ☒ Family	☒ HE (SP)	
STAFF REQUIREMENTS		
☒ Intern ☒ APN ☒ RxN ☒ PA ☒ MD/DO		
PLACE OF SERVICE (POS)		
☒ NF (32) ☒ SNF (31)		

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99307 Follow-up nursing facility visit per day, typically 10 minutes 99308 Follow-up nursing facility visit per day, typically 15 minutes 99309 Follow-up nursing facility visit per day, typically 25 minutes 99310 Follow-up nursing facility visit per day, typically 35 minutes	Follow-up Nursing Facility Services.	
SERVICE DESCRIPTION		
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 member's status (i.e., changes in history, physical condition, and response to management) since the last assessment by the physician or other qualified health are professional.		
NOTES	**EXAMPLE ACTIVITIES**	
See Section X. Service Documentation Standards in this coding manual for documentation expectations		
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter	
ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual ☒ Family	☒ HE (SP)	
STAFF REQUIREMENTS		
☒ Intern ☒ APN ☒ RxN ☒ PA ☒ MD/DO		
PLACE OF SERVICE (POS)		
☒ NF (32) ☒ SNF (31)		

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99315 nursing facility discharge day management; 30 minutes or less 99316 nursing facility discharge day management; more than 30 minutes	Nursing Facility discharge services.	

SERVICE DESCRIPTION	
Used to report total duration of time spent by physician or other qualified health care professional for the final nursing facility discharge of a member, the codes include as appropriate final examination of the member, discussion of the nursing facility stay even if the time spent on that date is not continuous. Instructions are given for continuing care to all relevant care givers, the preparation of discharge records, prescriptions and referral forms.	

NOTES	**EXAMPLE ACTIVITIES**
See Section X. Service Documentation Standards in this coding manual for documentation expectations	

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS
☒ Intern
☒ APN
☒ RxN
☒ PA
☒ MD/DO

PLACE OF SERVICE (POS)
☒ NF (32)
☒ SNF (31)

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99318	Annual Nursing Facility Assessment	
SERVICE DESCRIPTION		
This is an annual Nursing Facility Assessment. Requires detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30 minutes		
NOTES	**EXAMPLE ACTIVITIES**	
See Section X. Service Documentation Standards in this coding manual for documentation expectations		
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Encounter	
ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual ☒ Family	☒ HE (SP)	
STAFF REQUIREMENTS		
☒ Intern ☒ APN ☒ RxN ☒ PA ☒ MD/DO		
PLACE OF SERVICE (POS)		
☒ NF (32) ☒ SNF (31)		

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
New Patient 99324 New patient custodial care facility, group care, or assisted living visit, typically 20 minutes 99325 New patient custodial care facility, group care, or assisted living visit, typical time 30 minutes 99326 New patient custodial care facility, group care, or assisted living visit, typical time 45 minutes 99327 New patient custodial care facility, group care, or assisted living visit, typical time 60 minutes 99328 New patient custodial care facility, group care, or assisted living visit, typical time 75 minutes **Established Patient** 99334 Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes 99335 Established patient custodial care facility, group care, or assisted living visit, typical time 25 minutes 99336 Established patient custodial care facility, group care, or assisted living visit, typical time 40 minutes 99337 Established patient custodial care facility, group care, or assisted living visit, typical time 60 minutes	Custodial care facility, group care, or assisted living visit	

SERVICE DESCRIPTION	
These codes are used to report E/M services in a facility which provides room, board and other personal assistance services, generally on a long-term basis. They are also used to report E/M services in an assisted living facility. The facility services do not include a medical component.	

NOTES	EXAMPLE ACTIVITIES
See Section X. Service Documentation Standards in this coding manual for documentation expectations	

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS
☒ Intern
☒ APN
☒ RxN
☒ PA
☒ MD/DO

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
New Member 99341 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes 99342 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes 99343 requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes 99344 home visit, typically 60 minutes 99345 requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes **Established member** 99347 requires problem focused interval history, problem focused examination straight forward medical decision making, average time 15 minutes 99348 requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making average time 25 minutes 99349 requires detailed interval history, detailed examination moderate complexity medical decision making, average time 40 minutes 99350 home visit, typically 60 minutes	Home care services	
SERVICE DESCRIPTION		
These codes are used for services in a private home for the evaluation and management of an individual with presenting problem(s) of varying severity.		
NOTES	**EXAMPLE ACTIVITIES**	
See Section X. Service Documentation Standards in this coding manual for documentation expectations		
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11)　　☒ Young Adult (18-20)　　☒ Adult (21-64) ☒ Adol (12-17)　　　　　　　　　　　　☒ Geriatric (65+)	☒ Encounter	
ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual ☒ Family	☒ HE (SP)	
STAFF REQUIREMENTS		
☒ Intern ☒ APN ☒ RxN ☒ PA ☒ MD/DO		
PLACE OF SERVICE (POS)		
☒ Grp Home (14)　　　☒ Home (12)		

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99366	Medical team conference with interdisciplinary team, direct contact with member and/or family, 30 minutes or more, participation by a non-physician qualified health care professional	

SERVICE DESCRIPTION

Participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the member, with the member 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 member.

*Not to be used for supervision

Team conference services by a physician with the member and/or family present are reported with an appropriate E/M procedure code.

NOTES	EXAMPLE ACTIVITIES
Reporting/billing participants have rendered evaluation(s) /treatment(s) to the member, 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. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? • Description of the service provided. • Participants in team conference including: • Specific providers with credentials • Member and any family members who attend • Summary of contributed information and treatment recommendations • Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), any follow-up or coordination needed with 3rd parties	Member and/or family participate in a multi-disciplinary team conference.

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family/collateral	☒ HE (SP)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ Licensed EdD/PhD/PsyD	☒CAT	☒ RN
☒ Bachelor's Level	☒ LCSW	☒CAS	☒ APN
☒ Intern	☒ LPC	☒LAC	☒ RxN
☒ Unlicensed Master's Level	☒ LMFT	☒ LPN/LVN	☒ PA
☒ Unlicensed EdD/ PhD/PsyD			

PLACE OF SERVICE (POS)

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99367	Medical team conference with interdisciplinary team, member and/or family not present, 30 minutes or more, participation by physician	

SERVICE DESCRIPTION

Participation by a minimum of 3 practitioners, including a Psychiatrist, from different specialties/disciplines, each of whom provide direct care to the member, without the member 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 member.

*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	**EXAMPLE ACTIVITIES**
Reporting/billing participants have rendered evaluation(s)/ treatment(s) to the member, 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. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? • Description of the service provided. • Participants in team conference including: • Specific providers with credentials • Member and any family members who attend • Summary of contributed information and treatment recommendations • Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), any follow-up or coordination needed with 3rd parties	No member and/or family is present during this multidisciplinary team conference with a physician.

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
	☒ HE (SP)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ CAT	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAS	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ LAC	☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99368	Medical team conference with nonphysician health care professionals. 30 minutes or more	

SERVICE DESCRIPTION

Participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the member, with the member 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 member.

 *Not to be used for supervision

NOTES	EXAMPLE ACTIVITIES
Reporting/billing participants have rendered evaluation(s)/ treatment(s) to the member, 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. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? • Description of the service provided. • Participants in team conference including: • Specific providers with credentials • Member and any family members who attend • Summary of contributed information and treatment recommendations • Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), any follow-up or coordination needed with 3rd parties	No member and/or family is present during a multidisciplinary team conference without a physician present.

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
	☒ HE (SP)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒CAS	☒ APN	

PLACE OF SERVICE (POS)

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99441 ***This code has very specific timeframes and documentation requirements. Follow CPT guidelines.**	Telephone medical discussion with physician, 5-10 minutes	

SERVICE DESCRIPTION	
E/M services provided by a physician or other qualified health professional to a member using the telephone, upon initiation by an established member (i.e., member, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.	

NOTES	EXAMPLE ACTIVITIES
99441 may be reported only for **established** members. The member/member'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 member follow up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 994441-994443 if you have reported 994441-99444 in the previous 7 days. The call is not reportable if the call relates to a previous call within 7 days since these codes are themselves an E/M service. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	An established member 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 member, reviews the member'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 member's chart. Discussion with other providers is included in the code.

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS
☒ Intern
☒ RxN
☒ PA
☒ MD/DO

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99442 **This code has very specific timeframes and documentation requirements. Follow CPT guidelines.**	Telephone medical discussion with physician, 11-20 minutes	

SERVICE DESCRIPTION	
E/M services provided by a Psychiatrist to a member using the telephone, upon initiation by an established member (i.e., member, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.	

NOTES	EXAMPLE ACTIVITIES
99442 may be reported only for **established** members. The member/member'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 member 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	An established member 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 member, reviews the member'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 member's chart. Discussion with other providers is included in the code.

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS
☒ Intern
☒ RxN
☒ PA
☒ MD/DO

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

EVALUATION AND MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
99443 ***This code has very specific timeframes and documentation guidelines. Follow CPT guidelines.**	Telephone medical discussion with physician, 21-30 minutes	

SERVICE DESCRIPTION	
E/M services provided by a Psychiatrist to a member using the telephone, upon initiation by an established member (i.e., member, parent or guardian), who is seeking advice/ treatment for a problem that does not require a face-to-face visit.	

NOTES	EXAMPLE ACTIVITIES
99443 may be reported only for **established** members. The member or member'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 member follow up) then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M service. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	An established member 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 theHH member, reviews the member'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 member's chart. Discussion with other providers is included in the code.

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ Encounter	Minimum: 21 Minutes Maximum: 30 Minutes

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS
☒ Intern ☒ RxN ☒ PA ☒ MD/DO

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of member's disabling mental health problems per session (45 minutes or more)	

SERVICE DESCRIPTION	
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.	

NOTES	EXAMPLE ACTIVITIES
Interventions cannot be purely recreational/diversionary in nature. Interventions must be individualized and based on the goals specified in the member's treatment/service plan. ***Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).*** **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adol (12-17)		☒ Adult (21-64) ☒Geriatric (65+)	☒ Encounter	Minimum: 45 Minutes Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Group	☒ HE (SP)

STAFF REQUIREMENTS					
☒ Bachelor's Level ☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒LAC	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
G0177	Training and educational services related to the care and treatment of member's disabling mental health problems per session (45 minutes or more)	

SERVICE DESCRIPTION

Psychosocial skills development and rehabilitation services to improve social functioning in areas important to maintaining/re-establishing residency in the community. Interventions are delivered on an individual basis and are individualized to meet specific goals and measurable objectives in the treatment/service plan. Interventions focus on developing and strengthening competencies in areas such as anger management, stress management, conflict resolution, money management, community mobility, symptom management and reduction.

NOTES	EXAMPLE ACTIVITIES
This is an individual skills training service. *Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).* **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)	UNIT	DURATION
☒ Young Adult (18-20) ☒ Adult (21-64) ☒Geriatric (65+)	☒ Encounter	Minimum: 45 Minutes Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS

☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RN	☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

☒Outp Hospital (22)	☒ PF-PHP (52)	☒ CMHC (53)

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0001	Alcohol and/or Drug (AOD) Assessment	

SERVICE DESCRIPTION	

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	**EXAMPLE ACTIVITIES**
For assessment of a primary mental health diagnosis use the 90791 procedure code. H0001 is used for assessment(s) and re-assessment (s), if required, related to SUD diagnoses, and does not include psychotherapeutic services. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒LAC ☒CAS	☒ APN	☒ RxN ☒PA ☒ MD/DO

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

SCREENING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0002	Behavioral Health screening to determine eligibility for admission to treatment program	

SERVICE DESCRIPTION

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.

NOTES	EXAMPLE ACTIVITIES
Screening may require not only the evaluation of a member'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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	Screening to determine eligibility, treatment needs and treatment options. In an integrated care setting, a Behavioral Health Professional may do a brief assessment such as a PHQ-9 to assess for the presence/severity of depression.

APPLICABLE POPULATION(S)

			UNIT		DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒		Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)	Encounter		Maximum: N/A

ALLOWED MODE(S) OF DELIVERY / **PROGRAM SERVICE CATEGORY(IES)**

ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)		
☒ Individual ☒ Family		☒ HE (SP)	☒ U4 (ICM)	☒ HJ (Voc)
		☒ HK (Residential)	☒ TM (ACT)	☒ TT (Recovery)
		☒ HM (Respite)	☒ HT (Prev/EI)	

STAFF REQUIREMENTS

☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAS	☒ RN	☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

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

For Code:
H0003
Please see the OBH-Only Code Section at the end of the Combined Pages Section

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0004	Behavioral Health counseling and therapy, per 15 minutes	

SERVICE DESCRIPTION	
Individual counseling/therapy outlined in the treatment/service plan. Problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management, reduction/resolution of the identified problem(s).	

NOTES	EXAMPLE ACTIVITIES
H0004 offers flexibility in terms of time increments and POS. H0004 may include unplanned telephone contact and/or planned contact if medically necessary, clinically justified, and included in the treatment/service plan. Crisis intervention is reported using H2011 in lieu of H0004. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)		☒ 15 Minutes	Minimum: 8 minutes
☒ Adol (12-17) ☒ Geriatric (65+)			Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☒ Individual ☒ Family	☒ HE (SP)	☒ U4 (ICM)	☒ HJ (Voc)
	☒ HK (Residential)	☒ TM (ACT)	

STAFF REQUIREMENTS					
☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAS	☒ RN	☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0005	Alcohol and/or drug services; group counseling	

SERVICE DESCRIPTION	

A planned therapeutic or counseling activity conducted by the Behavioral Health clinician in a group setting with 2/more members (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 members with a primary SUD in achieving their AOD treatment goals.

   *Use 90853 procedure code for group psychotherapy for members with a primary mental health diagnosis

NOTES	EXAMPLE ACTIVITIES
H0005 is used for group counseling involving members other than the members' 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☒ Group	☒ HE (SP)	☒ U4 (ICM)	☒ TM (ACT)

STAFF REQUIREMENTS					
☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ APN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAS		☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			☒ MD/DO

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

TARGETED CASE MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0006	Alcohol and/or drug services; case management	

SERVICE DESCRIPTION

Services designed to assist and support a member 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** – member history, identifying member needs, completing related documents, gathering information from other sources;
- **Service plan development** – specifying goals and actions to address member needs, ensuring member participation, identifying a course of action; includes transition plan development with member
- **Referral** and related activities to obtain needed services – arranging initial appointments for member with service providers/informing member of services available, addresses and telephone numbers of agencies providing services; working with member/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and
- **Monitoring and follow-up –** contacting member/others to ensure member is following the agreed upon service or transition plan and monitoring progress and impact of plan.

    *Use T1017 procedure code for case management for members with a primary mental health diagnosis

NOTES	EXAMPLE ACTIVITIES
Case management involves linking the member to the direct delivery of needed services but is not itself the direct delivery of a service to which the member has been referred. Case management does not include time spent transporting the member to required services/time spent waiting while the member attends a scheduled appointment. However, it includes time spent participating in an appointment with the member for purposes of referral and/or monitoring and follow-up. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Assessing the need for service, identifying and investigating available resources, explaining options to member and assisting in application process • Contact with member's family members for assistance helping member access services • Care Coordination between other service agencies, healthcare providers

APPLICABLE POPULATION(S)	UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ 15 Minutes	Minimum: 8 minutes Maximum: N/A

ALLOWED MODE(S) OF DELIVERY

	PROGRAM SERVICE CATEGORY(IES)		
☒ Individual ☒ Family	☒ HE (SP) ☒ HM (Respite) ☒ HT (Prev/EI)	☒ U4 (ICM) ☒ TM (ACT)	☒ HJ (Voc) ☒ TT (Recovery)

STAFF REQUIREMENTS

☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒CAT	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAS	☒ RN	☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒LAC	☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

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

For Code:
H0007
Please see the OBH-Only Code Section at the end of the Combined Pages Section

RESIDENTIAL – ASAM 3.2 WM		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0010	Clinically managed residential withdrawal management: ASAM level 3.2WM. Alcohol and/or drug services, acute detoxification (residential addiction program inpatient), per diem	

SERVICE DESCRIPTION

An organized clinical service that provides 24-hour structure, support and supervision for members 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.

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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	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 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) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Day	Minimum: 12 hrs. Maximum: 24 hrs.

FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)
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).	☒ HF (SUD) (First position)

PLACE OF SERVICE (POS)
☒ Outp Hospital (22)   ☒ Independent Clinic (49)   ☒ CMHC (53)

RESIDENTIAL – ASAM 3.7 WM		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0011 These services will be billed using revenue code 1002 by hospitals (general or specialty) instead of using the HCPCS code.	Medically monitored inpatient withdrawal management: ASAM level 3.7WM. Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	

SERVICE DESCRIPTION	
Inpatient care in which services are delivered by medical and nursing staff to address a member's withdrawal from substances. 24-hour observation, monitoring and treatment are available.	

NOTES	**EXAMPLE ACTIVITIES**
Procedure code H0011 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	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 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) ☒ Adol (12-17)	☒ Young Adult (18-20)　☒ Adult (21-64) ☒ Geriatric (65+)	☒ Day	Minimum: N/A Maximum: 24 hours

FACILITY TYPE	**PROGRAM SERVICE CATEGORY(IES)**
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).	☒ HF (SUD) (First position)

PLACE OF SERVICE (POS)		
☒ Inpt Hosp (21)	☒ Inpt PF (51)	☒ RSATF (55)

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0015	Alcohol and/or drug services; intensive outpatient program	

SERVICE DESCRIPTION	
A structured substance use treatment program focusing on assisting members 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.	

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). **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Sessions focus on reducing/eliminating problematic substance use by providing recovery oriented multimodal therapy and education

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Adol (12-17) ☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter	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)

STAFF REQUIREMENTS					
☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ APN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAS		☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD			☒ MD/DO

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

RESIDENTIAL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0017	Behavioral Health; residential (hospital residential treatment program), without room and board, per diem	
SERVICE DESCRIPTION		
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.		
NOTES	**EXAMPLE ACTIVITIES**	
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented and reported or billed separately from H0017. *External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**		

APPLICABLE POPULATION(S)			**UNIT**	**DURATION**
☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Geriatric (65+)	☒ Day	Minimum: N/A Maximum: 24 hours
			PROGRAM SERVICE CATEGORY(IES)	
			☒ HE (SP) *young adult ☒ HK (Residential)	

PLACE OF SERVICE (POS)
☒ CMHC (53)
☒ ACF (13)
☒ PRTC (56)
☒ Other POS (99)

RESIDENTIAL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0018	Behavioral Health; short-term residential (non-hospital residential treatment program), without room and board, per diem	

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 for the treatment of a mental health disorder. This type of program is appropriate for members who need concentrated therapeutic services prior to community residence. The focus of services is to stabilize the member and provide a safe and supportive living environment.

This code cannot be used for the treatment of a substance use disorder.

NOTES	EXAMPLE ACTIVITIES
All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented and reported or billed separately from H0018. This does not include services for children who are in custody of the Department of Human Services. *External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Day	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)		Maximum: 24 Hours
			PROGRAM SERVICE CATEGORY(IES)	
			☒ HE (SP) *child/adol/young adult ☒ HK (Residential)	

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ PRTC (56)	⊠ Grp Home (14)
☒ ACF (13)		*if RCCF, use POS 14

RESIDENTIAL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0018	**Crisis Stablization Unit** (CSU) - Behavioral Health; short-term residential (non-hospital residential treatment program), without room and board, per diem	

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 for the treatment of a mental health disorder. This type of program is appropriate for members who need concentrated therapeutic services prior to community residence. The focus of services is to stabilize the member and provide a safe and supportive living environment.

This code cannot be used for the treatment of a substance use disorder.

NOTES	**EXAMPLE ACTIVITIES**
All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented and reported or billed separately from H0018. This does not include services for children who are in custody of the Department of Human Services. *External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)			**UNIT**	**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Day	Minimum: N/A
☒ Adol (12-17)		☒ Geriatric (65+)		Maximum: 24 Hours
			PROGRAM SERVICE CATEGORY(IES)	
			☒ HE (SP) *child/adol/young adult ☒ ET	

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ PRTC (56)	⬚ Grp Home (14)
☒ ACF (13)		*if RCCF, use POS 14

RESIDENTIAL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
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	
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.	

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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)			**UNIT**	**DURATION**
☒ Child (0-11)	☒ Young Adult	☒ Adult (21-64)	☒ Day	Minimum: N/A
☒ Adol (12-17)	(18-20)	☒ Geriatric (65+)		Maximum: 24 Hours
			PROGRAM SERVICE CATEGORY(IES)	
			☒ HE (SP) *child/adol/young adult ☒ HK (Residential)	

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ PRTC (56)	☒ Grp Home (14)
☒ ACF (13)		*if RCCF, use POS 14

RESIDENTIAL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0019	Behavioral Health; long-term residential (non-medical, non-acute care in a **Qualified Residential Treatment Program (QRTP)**, without room and board) per diem	
SERVICE DESCRIPTION		
A QRTP is a facility that provides residential trauma-informed treatment that is designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances. As appropriate, QRTP treatment facilitates the participation of family members in the child's treatment program, and documents outreach to family members, including siblings.		
NOTES	**EXAMPLE ACTIVITIES**	
All services provided by internal professionals in the residential settings are covered with this code. *This does not include services for children who are in custody of the Department of Human Services.* **See Section X. Service Documentation Standards in this coding manual for documentation expectations**		
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Adol (12-17) ☒ Young Adult (18-20)	☒ Day	Minimum: N/A Maximum: 24 Hours
	PROGRAM SERVICE CATEGORY(IES)	
	First Position Modifier: ☒ HE (SP) *child/adol/young adult	Second Position Modifier: ☒ U1
PLACE OF SERVICE (POS)		
☒ PRTC (56)		

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)	

SERVICE DESCRIPTION	

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 members 17 and under, Federal regulations must be followed for this service.

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 member. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• The measuring, diluting and/or mixing of Methadone into a dosage that is appropriate for the member's plan of care, administered by a qualified physician, physician assistant, or nurse practitioner, which is subsequently delivered to the member for oral ingestion. • Note: this code includes the acquisition of the Methadone used for treatment as a pre-requisite to the actual administration of the drugs.

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Adol (12-17)* ☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ packaged for take home	☒ HE (SP)

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒LAC	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ Home (12)	☒ Independent Clinic (49)
☒ Office (11)	☒ FQHC (50)	☒ PF-PHP (52)
☒ Outp Hospital (22)	☒ RHC (72)	☒ NRSATF (57)

For Code:
H0022
Please see the OBH-Only Code Section at the end of the Combined Pages Section

PREVENTION/EARLY INTERVENTION or TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0023	Behavioral Health outreach service (planned approach to reach a population)	

SERVICE DESCRIPTION	

A planned approach to reach a population within their environment for the purpose of preventing and/or addressing Behavioral Health issues and problems. These individuals may or may not have currently consented to receive services and may or may not have a covered diagnosis.

- Developing an alliance with a consumer to bring them into ongoing treatment
- Re-engagement effort including utilizing drop-in center services
  Prevention/Interv activities for individuals and family

NOTES	EXAMPLE ACTIVITIES
Activities occur often off-site (e.g., food bank, public shelter, etc.), or by phone, but can be at other POS. Do not need confirmed diagnosis **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	- Initiating non-threatening conversation and informally identifying need for Behavioral Health services, with repeat contact over time in an effort to engage an individual into services - Respond to referrals as requested by police, landlords, etc., of individuals suspected of having an SMI/SPMI/SED and in need of Behavioral Health services - Outreach to re-engage individuals who are at risk for disengaging from services

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒15 Minutes	Min: 8 Mins Max: N/A

	PROGRAM SERVICE CATEGORY(IES)
	For children/adol/young adult: 1st modifier: HE 2nd modifier: HT to distinguish as outreach **For adult/geriatric**: 1st modifier: HT

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒CAS	☒ APN	☒ MD/DO

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

PREVENTION/EARLY INTERVENTION or TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0023	Drop- In Center	

SERVICE DESCRIPTION	

A planned approach to reach a population within their environment for the purpose of preventing and/or addressing Behavioral Health issues and problems. These individuals may or may not have currently consented to receive services and may or may not have a covered diagnosis.

- 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.

NOTES	**EXAMPLE ACTIVITIES**
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 **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	- Information and referral - Action plan & Support groups - Recreational activities that are part of scheduled activities in a club-like setting - Behavioral Health education

APPLICABLE POPULATION(S)			**UNIT**	**DURATION**
☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒15 Minutes	Min: 8 Mins Max: N/A

			PROGRAM SERVICE CATEGORY(IES)
			For adol/young adult: 1st modifier: HE; 2nd modifier: HQ to distinguish as drop-in center **For adult/geriatric**: 1st modifier: HQ

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒CAS	☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)
☒ CMHC (53)   ☒ Other POS (99)

For Code:
H0024
Please see the OBH-Only Code Section at the end of the Combined Pages Section

PREVENTION/EARLY INTERVENTION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0025	Behavioral Health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)	

SERVICE DESCRIPTION	

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.

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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Classroom educational activities for children or parents focused on skill building and CBT skills to prevent anxiety/depression • Education services/programs for youth on substance use • Parenting/family management services focused on life/social skills • Peer leader/helper programs teaching drug refusal skills and commitment to a drug free lifestyle • Small group sessions involving interaction amongst participants • Nurturing Parent Program • Educational programs (safe and stable families) • "Love and Logic" (healthy parenting skills) • Multi-family groups that are educational in nature (not therapeutic)

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Group ☒ Family	☒ HE (SP) *child/adol/young adult	☒ HT (Prev/EI)

STAFF REQUIREMENTS				
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN ☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN ☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APN ☒ MD/DO

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	☒ NRSATF (57)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ FQHC (50)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Grp Home (14)	☒ PRTC (56)	☒ RHC (72)	
	☒ Home (12)	☒ Shelter (04)	☒ School (03)	

For Codes:
H0027
H0028
H0029
H0030
Please see the OBH-Only Code Section at the end of the Combined Pages Section

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0031	Mental health assessment, by a non–physician	

SERVICE DESCRIPTION

A clinical assessment that identifies factors of mental illness, functional capacity, and other additional information used for the treatment of mental illness. Information may be obtained from collaterals. This assessment results in the identification of the member's Behavioral Health service needs and recommendations for treatment.

The service can also be used by any MHP when an update of the assessment is necessary, for example a referral to a different Level of Care or program.

* Licensed MHPs, when completing a full assessment with mental status and diagnosis should use procedure code 90791.

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 member and is still current. **OPTIONAL DOCUMENTATION REQUIREMENTS** If a Mental Status Exam and Diagnosis evaluation is completed, it needs to be completed by staff with at least the minimum requirements for a 90791. Otherwise a deferred diagnosis should be used. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards**: Review of psychosocial and family history, member functioning and other assessment information	• Meeting with the member in order to assess his/her needs • Meeting with the member/member's family to collect social history information • With the member's permission, meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) • Administering acceptable instruments to the member to document substantial impairment in role functioning

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Family	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS

☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ RN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		
	☒ LMFT	☒ Licensed EdD/PhD/PsyD		

PLACE OF SERVICE (POS)

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

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0032	Behavioral Health treatment service plan development by non-physician	

SERVICE DESCRIPTION

Activities to develop, evaluate, or modify a member's treatment/service plan, including the statement of individualized treatment/service goals, clinical interventions designed to achieve goals, and an evaluation of progress toward goals. The treatment/service plan is reviewed by the clinician and clinical supervisor and revised with the member as necessary or when a major change in the member's condition/service needs occurs.

NOTES	EXAMPLE ACTIVITIES
H0032 is used in lieu of individual psychotherapy procedure codes (see psychotherapy procedure codes) when the focus of the session is on treatment/service planning and no psychotherapy occurs during the session. Use a psychotherapy code if more than 50% of the session is psychotherapy. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards**: • Description of the service (should include discussion of treatment/service plan development) • Completion of or substantial progress toward plan development including required signatures according to agency policies • Treatment/service plan revisions should include progress and/or completion of goals	

APPLICABLE POPULATION(S)

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☒ Individual ☒ Family	☒ HE (SP)	☒ U4 (ICM)	☒ HJ (Voc)
	☒ HK (Residential)	☒ TM (ACT)	☒ TT (Recovery)
	☒ HM (Respite)	☒ HT (Prev/EI)

STAFF REQUIREMENTS

STAFF REQUIREMENTS					
☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒CAS	☒ LPN/LVN	☒ PA
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒LAC	☒ RN	
	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0033	Oral medication administration, direct observation	

SERVICE DESCRIPTION

Observing member taking oral prescribed medication(s) to ensure adequate maintenance of medication regimen to deter/prevent deterioration of member'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 members 17 years and under, Federal regulations must be followed for administering Buprenorphine

NOTES	EXAMPLE ACTIVITIES
This service is designed to facilitate medication compliance and positive outcomes. Members with low medication compliance history/members 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 **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Documentation that supports observation of medications administered, including name and dosage • Member response to medications, e.g. is the member tolerating the medication well or are there complaints of side effects, problems sleeping; is there improvement or not in symptoms. If not tolerating the medication actions taken. • Every encounter should have its own notation. • For Buprenorphine induction notes (when applicable) & daily acknowledgement form signed by member is present	• One-on-one cueing/encouraging and observing member taking prescribed medications • Reporting back to MHPs licensed to perform medication management services for direct benefit of member • The administration of Buprenorphine products appropriate to a member's plan of care to the member for oral ingestion, conducted by a qualified physician, physician assistant, or nurse practitioner or within a licensed methadone facility.

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

ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)	
☒ Individual	☒ HE (SP) *child/adol/young adult ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☒ HM (Respite)	☒ HJ (Voc)

STAFF REQUIREMENTS			
☒ Intern ☒ LPN/LVN	☒ RN ☒ APN	☒ QMAP ☒ RxN	☒ PA ☒ MD/DO

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0034	Medication training and support, per 15 minutes	

SERVICE DESCRIPTION	

Activities to instruct, prompt, guide, remind and/or educate members, families, and/or significant others, based on an understanding of the nature of an adult member'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.

NOTES	**EXAMPLE ACTIVITIES**
Documentation details in addition to the guidance found in Section X. Service Documentation Standards: • The training/instructions provided and the individual's response to the training and support	• Understanding nature of adult member's SPMI or child/adolescent's SED • Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning • Identifying and managing symptoms and potential side effects of medication(s) • Learning contraindications of medication(s) • Understanding overdose precautions of medication(s) • Learning self-administration of medication(s)

APPLICABLE POPULATION(S)			**UNIT**	**DURATION**
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ 15 Minutes	Minimum: 8 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)		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)	☒ HM (Respite)

STAFF REQUIREMENTS
☒ Intern
☒ LPN/LVN
☒ RN
☒ APN
☒ RxN
☒ PA
☒ MD/DO
☒ Certified/Registered Medical Assistant

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	
SERVICE DESCRIPTION		
A treatment alternative to inpatient psychiatric hospitalization, which includes comprehensive, structured Behavioral Health services of a nature and intensity (including medical and nursing care) generally provided in an inpatient setting, as a step toward community reintegration. Services include assessment; psychological testing; family, group and individual psychotherapy; medical and nursing support; medication management; skill development; psychosocial education and training; and expressive and activity therapies.		
NOTES	**EXAMPLE ACTIVITIES**	

NOTES:

The use of PHP as a setting of care presumes that member 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 member's present treatment needs.

Service Content

- Initial/intake documenting symptoms/problems necessitating treatment
- Individualized treatment/service plan
  - Services must be prescribed by an MD/DO and provided under plan of treatment established by an MD/DO after consultation with appropriate staff
  - Plan must state type, amount, frequency, and duration of services to be furnished and indicate goals
  - Describes coordination of services wrapped around particular needs of member
- Target symptoms, goals of therapy and methods of monitoring outcome
- Why chosen therapy is appropriate modality either in lieu of/in addition to another form of treatment
- Progress notes document services rendered, member's response and relation to treatment/service plan goals
- Specify estimated duration of treatment, in sessions
- For an acute problem, document that treatment is expected to improve health status/function of member
- For chronic problems, document that stabilization/ maintenance of health status/function is expected

See Section X. Service Documentation Standards in this coding manual for documentation expectations

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)		☒ Encounter	Minimum: + 4 hrs./day, 5 days/week
☒ Adol (12-17) ☒ Geriatric (65+)			

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Group ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RN	☒ PA
☒ QMAP	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53)

☒ Outp Hospital (22)

☒ PF-PHP (52)

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0036	Community psychiatric supportive treatment, per 15 minutes	

SERVICE DESCRIPTION	

Comprehensive Psychiatric Support Treatment (CPST) services consist of mental health rehabilitation/resiliency services. **A team-based approach** to the provision of treatment, rehabilitation/resiliency and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the consumer's ability to cope and relate to others and enhancing the highest level of functioning in the community.

*H0036 may be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT fidelity review process.

* This code is not to be used for children under age 6.

NOTES	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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Support of age appropriate daily living skills • Encourage engagement with peer support services • Development of discharge/transition goals and related planning • Advocating on behalf of members • Crisis intervention • Medication training and monitoring • Educating regarding symptom management • Facilitating access to health care • Skills teaching to help member meet transportation needs or access transportation services • Help finding and keeping safe, affordable housing • Home visits

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ 15 Minutes	Minimum: 8 mins Maximum: 4 hrs. 7 mins

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group ☒ Family	☒ HE (SP) ☒ U4 (ICM)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0037	Community psychiatric supportive treatment, per diem	

SERVICE DESCRIPTION	

Comprehensive Psychiatric Support Treatment (CPST) services consist of mental health rehabilitation/resiliency services. **A team-based approach** to the provision of treatment, rehabilitation/resiliency and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the consumer's ability to cope and relate to others and enhancing the highest level of functioning in the community.

*H0036 may be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT fidelity review process.

   * This code is not to be used for children under age 6.

NOTES	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. 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Support of age appropriate daily living skills • Encourage engagement with peer support services • Development of discharge/transition goals and related planning • Advocating on behalf of members • Crisis intervention • Medication training and monitoring • Educating regarding symptom management • Facilitating access to health care • Skills teaching to help member meet transportation needs or access transportation services • Help finding and keeping safe, affordable housing • Home visits

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)			☒ Day	Minimum: 4 hrs. 8 mins
☒ Adol (12-17) ☒ Geriatric (65+)				Maximum: 8 hours

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Group ☒ Family	☒ HE (SP)	☒ U4 (ICM)

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

PEER SUPPORT/RECOVERY SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0038	Self-help/peer services, per 15 minutes	

SERVICE DESCRIPTION

Member services (individual/group) provided by person meeting Peer Specialist definition on page 28. Activities are member-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by:

- Exploring member purposes beyond the identified MI or substance use disorder and the possibilities of recovery
- Tapping into member 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 members develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired)

Assisting members with relapse prevention planning

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 under the Service Provider Section. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	- 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 (18-20) ☒ Adol (12-17)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ 15 Minutes	Minimum: 8 Minutes Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Group ☒ Family	☒ HE (SP) *child/adol/young adult	☒ TT (Recovery)

STAFF REQUIREMENTS

☒ Peer Specialist

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0039	Assertive community treatment, per 15 minutes	

SERVICE DESCRIPTION

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 member's ability to cope and relate to others and enhancing the highest level of functioning in the community.

NOTES	EXAMPLE ACTIVITIES
Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service planning and coordination. The 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".** **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Medication prescription, administration, monitoring and documentation • Dual diagnosis services, including assessment and intervention • Support Activities of Daily Living skills (ADLs) through skills training and practice activities • Encourage engagement with peer support services • Development of discharge/transition goals and related planning

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Young Adult (18-20)	☒ Adult (21-64)	☒ 15 Minutes	Minimum: 8 mins
	☒ Geriatric (65+)		Maximum: 4 hrs. 7 mins

		PROGRAM SERVICE CATEGORY(IES)	
		☒ HE (SP) *for young adult only	☒ TM (ACT)

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0040	Assertive community treatment program, per diem	

SERVICE DESCRIPTION

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 member's ability to cope and relate to others and enhancing the highest level of functioning in the community.

NOTES	EXAMPLE ACTIVITIES
Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service planning and coordination. The 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.** For ACT up to 4 hours, report/bill using H0039; for ACT more than 4 hours, report/bill using H0040. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Medication prescription, administration, monitoring and documentation • Dual diagnosis services, including assessment and intervention • Support Activities of Daily Living skills (ADLs) through skills training and practice activities • Encourage engagement with peer support services • Development of discharge/transition goals and related planning

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Day	Minimum: 4 hrs. 8 mins
	☒ Geriatric (65+)		Maximum: N/A
		PROGRAM SERVICE CATEGORY(IES)	
		☒ HE (SP) *for young adult only	☒ TM (ACT)

PLACE OF SERVICE (POS)

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

RESIDENTIAL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0043	Supported housing, per diem	

SERVICE DESCRIPTION	
Behavioral Health support provided in the home or in another natural setting for members living in a private residence, either alone or with others, to foster the member's development of independence and eventually move to independent living. Services are provided as needed to ensure successful tenancy and to support the person's recovery and engagement in community life. The member has the opportunity to live in a less restrictive living situation while continuing to receive Behavioral Health treatment, training, support, and a limited amount of supervision. Services individualized and are available whenever people need them, including after working hours and on weekends when necessary.	

NOTES	EXAMPLE ACTIVITIES
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0043. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Teaching a member how to cook in their own home • Helping a member with money management

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Day	Minimum: N/A
	☒ Geriatric (65+)		Maximum: 24 Hours

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Group	☒ HE (SP) *for young adult only	☒ U4 (ICM)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APN	☒ MD/DO
☒ QMAP					

PLACE OF SERVICE (POS)	
☒ CMHC (53)	☒ FQHC (50)
☒ Office (11)	☒ RHC (72)
☒ Home (12)	☒ Other POS (99)

RESIDENTIAL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0044	Supported housing, per month	

SERVICE DESCRIPTION

Behavioral Health support provided in the home or in another natural setting for members living in a private residence, either alone or with others, to foster the member's development of independence and eventually move to independent living. Services are provided as needed to ensure successful tenancy and to support the person's recovery and engagement in community life. The member has the opportunity to live in a less restrictive living situation while continuing to receive Behavioral Health treatment, training, support, and a limited amount of supervision. Services individualized and are available whenever people need them, including after working hours and on weekends when necessary.

NOTES	EXAMPLE ACTIVITIES
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0044. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Teaching a member how to cook in their own home • Helping a member with money management

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Month	Minimum: 1 Month
	☒ Geriatric (65+)		Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Group	☒ HE (SP) *for young adult only	☒ U4 (ICM)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APN	☒ MD/DO
☒ QMAP					

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ FQHC (50)
☒ Office (11)	☒ RHC (72)
☒ Home (12)	☒ Other POS (99)

RESPITE CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H0045	Respite care services, not in the home, per diem	
SERVICE DESCRIPTION		

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 member and prevent relapse/hospitalization. Services include assessment, supervision, structure and support, and care coordination. Respite care should be flexible to ensure that the member's daily routine is maintained.

NOTES	**EXAMPLE ACTIVITIES**
Unlike respite procedure codes S5150 – S5151, H0045 requires skilled practical/professional nursing care to meet the health and physical needs of the member. 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. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Respite services/activities rendered • Special instructions and that those instructions were followed	• 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 member • Assistance/supervision needed by member to participate in social, recreational/community activities

APPLICABLE POPULATION(S)			**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)			☒ Day	Minimum: 4.25 Hours Maximum: 24 Hours

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Group	☒ HM (Respite)

STAFF REQUIREMENTS

☒ Intern
☒ LPN/LVN
☒ RN
☒ APN
☒ RxN
☒ PA
☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Hospice (34)	☒ PRTC (56)	☒ RHC (72)
☒ ACF (13)	☒ ICF-MR (54)	☒ SNF (31)	
☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	

For Codes:

H0047

H0048

H1000

H1002

H1003

H1004

H1011

Please see the OBH-Only Code Section at the end of the Combined Pages Section

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2000	Comprehensive multidisciplinary evaluation	

SERVICE DESCRIPTION

A multidisciplinary evaluation and assessment of a member'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).

NOTES	EXAMPLE ACTIVITIES
A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the member, involved in the provision of integrated and coordinated services, including evaluation and assessment activities and development of an individualized treatment/service plan. If multiple MHPs from the same agency are present, one note for service written and signed by writer only (usually facilitator). The consumer does not have to be present. Family and/or other involvement as requested by the consumer. At least 3 or more disciplines or professions must be present. All 3 do not need to be from one agency. The facilitator must be from agency. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • List of other professionals present and agency affiliation • Identified risks • Review of psychosocial and family history • Conclusions and recommendations of the Multidisciplinary team	• Complex case reviews • To review level of care

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Family	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS

☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAT	☒ RN	☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒CAS	☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2001	Rehabilitation program, per ½ day	

SERVICE DESCRIPTION

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.

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. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** Daily attendance log showing number of hours in attendance for reporting/billing purposes	Household management, nutrition, hygiene, money management, parenting skills, etc. • Individual/group skill-building activities focused on development of skills used by members 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 member to have input into service delivery programming • Member participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Encounter	Minimum: N/A
☒ Adol (12-17)	☒ Geriatric (65+)		Maximum: ½ Day (4 Hrs.)

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Group ☒ Family	☒ HE (SP)	☒ TT (Recovery)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53)
☒ Outp Hospital (22)

CRISIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2011	Crisis intervention service, per 15 minutes	

SERVICE DESCRIPTION

Unanticipated services rendered in the process of resolving a member crisis, requiring immediate attention, that without intervention, could result in the member 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 member has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is followed with the member's permission.

NOTES	EXAMPLE ACTIVITIES
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other provider as appropriate. May be provided by more than one direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified and documented. H2011 or 90839/90840 are used in lieu of individual psychotherapy procedure codes when the session is unscheduled (e.g., member walk-in), focused on a member crisis, and involves immediate and/or special interventions in response. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention • The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s) • Behavioral Health history • Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available • Other problems identified (mental health, substance use, medical, etc.) • Plan for next contact(s) including any follow-up or coordination needed with 3rd parties	• Contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with member and, as necessary, with member'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 member's crisis • Consultation with one's own provider staff to address the crisis

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ 15 Minutes	Minimum: 8 mins Maximum: 4 hrs. 7 mins

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Family	☒ HE (SP) ☒ U4 (ICM) ☒ HK (Residential) ☒ TM (ACT)	

STAFF REQUIREMENTS

☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RN	☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2012	Behavioral Health day treatment, per hour	

SERVICE DESCRIPTION

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.

NOTES	EXAMPLE ACTIVITIES
The amount, frequency, and duration of the service is based on the documented acuity and clinical needs of the member. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAS	☒ RN	☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ PF-PHP (52)	☒ School (03)
☒ Outp Hospital (22)	☒ ICF-MR (54)	☒Other POS (99)
☒ Grp Home (14)	☒ PRTC (56)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2014	Skills training and development, per 15 minutes	

SERVICE DESCRIPTION	

Therapeutic activities designed to reduce/resolve identified barriers and improve social functioning in areas essential to establishing and maintaining a member in the community (e.g., home, peer group, work/school). Activities address the specific needs of the member by promoting skill development and training, which reduces symptomatology and promotes community integration and job readiness.

*This code is not to be used for children under age 6.

NOTES	EXAMPLE ACTIVITIES
See Section X. Service Documentation Standards in this coding manual for documentation expectations	• Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment) • Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal • Development of basic language skills necessary to enable member to function independently • Training in appropriate use of community services

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☒ Individual ☒ Group	☒ HE (SP) ☒ U4 (ICM) ☒ HJ (Voc) ☒ HK (Residential) ☒ TM (ACT) ☒ TT (Recovery)		

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level		☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ LAC	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

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

PEER SUPPORT/RECOVERY SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2015	Comprehensive community support services, per 15 minutes	
SERVICE DESCRIPTION		

Treatment services rendered to community-based children and adolescents and collaterals by trained Behavioral Health staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist 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.

NOTES	EXAMPLE ACTIVITIES
See Section X. Service Documentation Standards in this coding manual for documentation expectations	- Assist with identifying existing natural supports for developing a natural support team - Assist with identifying individual strengths, resources, preferences and choices - Assist in development and coordination of recovery/resiliency plan, crisis management plan. - Skill building to assist member in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by member's MI

APPLICABLE POPULATION(S)	UNIT	DURATION
☒ Child (0-11)　　☒ Adol (12-17)	☒ 15 Minutes	Minimum: 8 mins Maximum: 4 hrs. 7 mins

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO
☒ QMAP					

PLACE OF SERVICE (POS)

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

PEER SUPPORT/RECOVERY SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2016	Comprehensive community support services, per diem	

SERVICE DESCRIPTION

Treatment services rendered to community-based children and adolescents and collaterals by trained Behavioral Health staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist 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.

NOTES	EXAMPLE ACTIVITIES
CCSS up to 4 hours (16 units) is reported/billed as H2015; CCSS over 4 hours is reported/billed as H2016 (per diem). **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	- 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 member in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by member's MI

APPLICABLE POPULATION(S)	UNIT	DURATION
☒ Child (0-11) ☒ Adol (12-17)	☒ Day	Minimum: 4 hrs. 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO
☒ QMAP					

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2017	Psychosocial rehabilitation services, per 15 minutes	

SERVICE DESCRIPTION

An array of services, rendered in a variety of settings, designed to help members 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)

NOTES	EXAMPLE ACTIVITIES
Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships) Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn) PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem). **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Direct skills teaching, practice/coaching and skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building. • Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being • Development of a crisis plan • Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends) • Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive programs

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)		☒ 15 Minutes	Minimum: 8 mins Maximum: 4 hrs. 7 mins

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Individual ☒ Group ☒ Family (HR) ☒ Family	☒ HE (SP)	☒ TT (Recovery)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAS	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAT	☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2018	Psychosocial rehabilitation services, per diem	

SERVICE DESCRIPTION

An array of services, rendered in a variety of settings, designed to help members 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)

NOTES	**EXAMPLE ACTIVITIES**
Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships) Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn)	• Direct skills teaching, practice/coaching and skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building.
	• Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being
PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).	• Development of a crisis plan
	• Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends)
See Section X. Service Documentation Standards in this coding manual for documentation expectations	• Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive programs

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64)		☒ Day	Minimum: 4 hrs. 8 mins
☒ Geriatric (65+)			Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual ☒ Group ☒ Family	☒ HE (SP)	☒ TT (Recovery)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAS	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒CAT	☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2021	Community-based wrap-around services, per 15 minutes	

SERVICE DESCRIPTION	
Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.	

NOTES	EXAMPLE ACTIVITIES
Community-based wrap-around services up to 8 hours. Discrete therapy services (e.g., family, group and individual psychotherapy, psychiatric services) are documented, and reported or billed separately from H2021. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)	UNIT	DURATION
☒ Child (0-11)　☒ Adol (12-17)　☒ Young Adult (18-20)	☒ 15 Minutes	Minimum: 8 mins Maximum: 4 hrs. 7 mins

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual　☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Home (12)	☒ RHC (72)	☒ NRSATF (57)
☒ Office (11)	☒ Shelter (04)	☒ Independent Clinic (49)	☒ Other POS (99)
☒ Mobile Unit (15)	☒ FQHC (50)	☒ School (03)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2022	Community-based wrap-around services, per diem	

SERVICE DESCRIPTION	

Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.

NOTES	EXAMPLE ACTIVITIES
Community-based wrap-around services up to 4 hours (16 units) is reported/billed as H2021; over 4 hours is reported/billed as H2022 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2022. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Day	Minimum: 4 hrs. 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	☒ HE (SP)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Home (12)	☒ Independent Clinic (49)	☒ Other POS (99)
☒ Office (11)	☒ Shelter (04)	☒ School (03)	☒ RHC (72)
☒ Mobile Unit (15)	☒ FQHC (50)	☒ NRSATF (57)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2023	Supported employment, per 15 minutes	

SERVICE DESCRIPTION	
Employment services, provided by an employment specialist, to assist members, requiring intensive supportive employment services, in gaining and maintaining competitive employment. When appropriate, services may be provided without the member being present. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensity of support may change over time, based on the needs of the member.	

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). **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Assessing member's work history, skills, training, education and personal career goals to help match the person with a suitable job • Providing member 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
☒ Adol (12-17)　☒ Young Adult (18-20)　☒ Adult (21-64) ☒ Geriatric (65+)	☒ 15 Minutes	Minimum: 8 mins Maximum: 4 hrs. 7 mins

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HJ (Voc)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APN	☒ MD/DO
☒ QMAP					

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ ACF (13)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ FQHC (50)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ RHC (72)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2024	Supported employment, per diem	

SERVICE DESCRIPTION	
Employment services, provided by an employment specialist, to assist members, requiring intensive supportive employment services, in gaining and maintaining competitive employment. When appropriate, services may be provided without the member being present. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensity of support may change over time, based on the needs of the member.	

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). **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Assessing member's work history, skills, training, education and personal career goals to help match the person with a suitable job • Providing member 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
☒ Adol (12-17)　☒ Young Adult (18-20)　☒ Adult (21-64) ☒ Geriatric (65+)		☒ Day	Minimum: 4 hrs. 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HJ (Voc)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APN	☒ MD/DO
☒ QMAP					

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ ACF (13)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Grp Home (14)	☒ FQHC (50)	☒ Other POS (99)
☒ Outp Hospital (22)	☒ Home (12)	☒ RHC (72)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2025	Ongoing support to maintain employment, per 15 minutes	

SERVICE DESCRIPTION	
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 member. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.	

NOTES	**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). **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Talking with member about changes in health, work environment/personal environment to identify needed support changes and avoid crises • Teaching member pre-vocational skills • Helping member identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position • Visiting member at job site to identify and address issues pertinent to job retention • Working with member and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance • Contacting member's family/significant other to monitor support network and/or resolve issues

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)		☒ 15 Minutes	Minimum: 8 mins Maximum: 4 hrs. 7 mins

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Group	☒ HJ (Voc)

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APN	☒ MD/DO
☒ QMAP					

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Home (12)	☒ FQHC (50)	☒ Other POS (99)
☒ ACF (13)	☒ PRTC (56)	☒ RHC (72)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2026	Ongoing support to maintain employment, per diem	

SERVICE DESCRIPTION

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 member. When appropriate, services may be provided without the member being present. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.

NOTES	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). **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Talking with member about changes in health, work environment/personal environment to identify needed support changes and avoid crises • Teaching member pre-vocational skills • Helping member identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position • Visiting member at job site to identify and address issues pertinent to job retention • Working with member and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance • Contacting member's family/significant other to monitor support network and/or resolve issues

APPLICABLE POPULATION(S)	UNIT	DURATION
☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)	☒ Day	Minimum: 4 hrs. 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group	☒ HJ (Voc)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APN	☒ MD/DO
☒ QMAP					

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Grp Home (14)	☒ Shelter (04)	☒ School (03)
☒ Office (11)	☒ Home (12)	☒ FQHC (50)	☒ Other POS (99)
☒ ACF (13)	☒ PRTC (56)	☒ RHC (72)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2027	Psychoeducational service, per 15 minutes	

SERVICE DESCRIPTION	
Activities rendered by a trained MHP to provide information and education to members, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the members.	

NOTES	**EXAMPLE ACTIVITIES**
This service acknowledges the importance of involving family and/or significant others who may be essential in assisting a member 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Information, education and training to assist members, families and significant others in managing psychiatric conditions (e.g., symptoms, crisis "triggers," decompensation, medication actions and interactions) • Increasing knowledge of MI and member-specific diagnoses (e.g., latest research on causes and treatments, brain chemistry and functioning) • Understanding importance of members' individualized treatment/service plans • Information, education and training to assist members, families and significant others in accessing community resources (e.g., first responders with crisis intervention training [CIT], member advocacy groups) • Information, education and training to assist members, families and significant others with medication management, symptom management, behavior management, stress management, and/or crisis management

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ 15 Minutes	Minimum: 8 Minutes Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**		
☒ Individual ☒ Group ☒ Family	☒ HE (SP) ☒ HK (Residential)	☒ U4 (ICM) ☒ TM (ACT) ☒ HM (Respite)	☒ HJ (Voc) ☒ TT (Recovery) ☒ HT (Prev/EI)

STAFF REQUIREMENTS					
☒ Bachelor's Level ☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒ CAT ☒ CAS ☒ LAC	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

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 (54) ☒ NF (32) ☒ PRTC (56) ☒ Shelter (04)	☒ SNF (31) ☒ FQHC (50) ☒ RHC (72) ☒ School (03)	☒ Other POS (99)

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2030	Mental health Clubhouse services, per 15 minutes	

SERVICE DESCRIPTION

Structured, community-based services designed to strengthen and/or regain the member's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the member thrive in the community and meet employment and other life goals, and promote recovery from mental illness.

Services are provided with staff and members working as teams to address member's life goals and to perform the tasks necessary for Clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The Clubhouse must be open to a CMHC or independent Provider Network (IPN).

Clinical consultation by a master's level person should be available during hours of operation.

NOTES	EXAMPLE ACTIVITIES
- Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. - For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. - Skill building and psycho-education groups are curriculum-based. - The individual can receive services outside of Clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. - Should have recent assessment and current treatment/service plan or access through an EHR. - The Clubhouse may develop a program- specific plan **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** - Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. - A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. - Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of Clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.	- 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
☒ Adol (12-17) ☒ Young Adult (18-20)		☒ Adult (21-64) ☒ Geriatric (65+)	☒ 15 Minutes	Minimum: 8 mins Maximum: 4 hrs. 7 mins

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group	☒ HE (SP) *for adol/young adult only ☒ HQ (Clubhouse)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RN
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN

PLACE OF SERVICE (POS)

☒ CMHC (53)
☒ Other POS (99)

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2031	Mental health Clubhouse services, per diem	

SERVICE DESCRIPTION	

Structured, community-based services designed to strengthen and/or regain the member's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the member thrive in the community and meet employment and other life goals, and promote recovery from mental illness.

Services are provided with staff and members working as teams to address member's life goals and to perform the tasks necessary for Clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The Clubhouse must be open to a CMHC or independent Provider Network (IPN).

Clinical consultation by a master's level person should be available during hours of operation.

NOTES	**EXAMPLE ACTIVITIES**
• Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. • For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. • Skill building and psycho-education groups are curriculum-based. • The individual can receive services outside of Clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. • Should have recent assessment and current treatment/service plan or access through an EHR • The Clubhouse may develop a program- specific plan **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. • A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. • Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of Clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.	• 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**
☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)		☒ Day	Minimum: 4 hrs. 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Group	☒ HE (SP) *for adol/young adult only ☒ HQ (Clubhouse)

STAFF REQUIREMENTS				
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level		☒ LPN/LVN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒LAC	☒ RN
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN

PLACE OF SERVICE (POS)
☒ CMHC (53) ☒ Other POS (99)

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2032	Activity therapy, per 15 minutes	

SERVICE DESCRIPTION	
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 member'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	**EXAMPLE ACTIVITIES**
"Structured setting" does not preclude community POS. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Playing basketball with group of adolescents to facilitate prosocial behavior and passing/taking turns. • Hiking in community to help a member with depressive symptoms reinforce the connection between healthy mind and body with exercise. • Puppet play with a child to identify feelings and interpersonal dynamics • Art/music activities to improve self-esteem, concentration, etc.

APPLICABLE POPULATION(S)			**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20)	☒ Adult (21-64)		☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)	☒ Geriatric (65+)			Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**		
☒ Individual ☒ Group	☒ HE (SP)	☒ U4 (ICM)	☒ HJ (Voc)
	☒ HK (Residential)	☒ TM (ACT)	☒ TT (Recovery)

STAFF REQUIREMENTS					
☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD		☒ RN	☒ PA
	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN	☒ MD/DO

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2033	Multi-systemic therapy for juveniles, per 15 minutes	

SERVICE DESCRIPTION	
An intensive, home-, family- and community-based treatment focusing on factors in an adolescent's environment that contribute to his/her anti-social behavior, including adolescent characteristics, family relations, peer relations, and school performance.	

NOTES	**EXAMPLE ACTIVITIES**
Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery. Providers of MST must meet the specific training and supervision requirements. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Strategic family therapy • Structural family therapy • Behavioral parent training • Cognitive behavior therapies

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Adol (12-17)	☒ 15 Minutes	Minimum: 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual ☒ Family	☒ HE (SP)	☒ U4 (ICM)

STAFF REQUIREMENTS			
☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	
	☒ LMFT	☒ Licensed EdD/PhD/PsyD	

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ Home (12)	☒ School (03)
☒ Office (11)	☒ Shelter (04)	☒ NRSATF (57)
☒ Mobile Unit (15)	☒ Independent Clinic (49)	☒ Other POS (99)

For Code:
H2034
Please see the OBH-Only Code Section at the end of the Combined Pages Section

RESIDENTIAL – ASAM 3.1	
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**
H2036	Clinically managed low-intensity residential services: ASAM level 3.1. Alcohol and/or other drug treatment program, per diem

SERVICE DESCRIPTION	
Structured alcohol and/or drug treatment program to provide therapy and treatment toward rehabilitation. A planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and/or drug addiction disorders.	

NOTES	EXAMPLE ACTIVITIES

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 3.1 services are as follows:
 	
First position: HF
Second position: U1
 	
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.
 	
Documentation details in addition to the guidance found in Section X. Service Documentation Standards:
Shift Notes or Daily Note should include:
• Participation in treatment
• Pertinent physical health status information
• Any other member activities or member general behaviors in milieu
	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. Service planning
	  6. Discharge planning

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Day	Minimum: N/A Maximum: 24 Hours

FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.1 Specialty Provider Type (871) and SUD Clinic Provider Type (64).	☒ HF (SUD) (First position) ☒ U1 (Second position) For Special Connections **ONLY**: ☒ HD (Third position)

PLACE OF SERVICE (POS)
☒RSATF (55)

RESIDENTIAL – ASAM 3.3		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2036	Clinically managed population-specific high-intensity residential services: ASAM level 3.3. Alcohol and/or other drug treatment program, per diem	
SERVICE DESCRIPTION		
Structured alcohol and/or drug treatment program specifically tailored to meet the needs of individuals who are unable to participate in other levels of care due to **cognitive 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, care and treatment for persons with alcohol and/or drug addiction disorders.		
NOTES	**EXAMPLE ACTIVITIES**	
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 3.3 services are as follows: First position: HF Second position: U3 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. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** Shift Notes or Daily Note should include: • Participation in treatment • Pertinent physical health status information • Any other member activities or member general behaviors in milieu	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. Service planning 6. Discharge planning	
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Day	Minimum: N/A Maximum: 24 Hours
FACILITY TYPE	**PROGRAM SERVICE CATEGORY(IES)**	
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.3 Specialty Provider Type (872) and SUD Clinic Provider Type (64).	☒ HF (SUD) (First position) ☒ U3 (Second position) For Special Connections **ONLY**: ☒ HD (Third position)	
PLACE OF SERVICE (POS)		
☒RSATF (55)		

RESIDENTIAL – ASAM 3.5		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2036	Clinically managed high-intensity residential services: ASAM level 3.5. Alcohol and/or other drug treatment program, per diem	
SERVICE DESCRIPTION		
24-hour supportive treatment environment to assist with the initiation or continuation of a member's recovery process. Daily clinical services are provided as outlined in an individualized treatment plan to address the member's needs.		
NOTES	**EXAMPLE ACTIVITIES**	
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 3.5 services are as follows: First position: HF Second position: U5 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. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** Shift Notes or Daily Note should include: • Participation in treatment • Pertinent physical health status information • Any other member activities or member general behaviors in milieu	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	
APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)	☒ Day	Minimum: N/A Maximum: 24 Hours
FACILITY TYPE	**PROGRAM SERVICE CATEGORY(IES)**	
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.5 Specialty Provider Type (873) and SUD Clinic Provider Type (64).	☒ HF (SUD) (First position) ☒ U5 (Second position) For Special Connections **ONLY**: ☒ HD (Third position)	
PLACE OF SERVICE (POS)		
☒RSATF (55)		

RESIDENTIAL – ASAM 3.7		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
H2036 These services will also be billed using revenue code 1000 by hospitals (general or specialty) instead of using the HCPCS code.	Medically monitored intensive inpatient services: ASAM level 3.7 - Alcohol and/or other drug treatment program, per diem	

SERVICE DESCRIPTION

Inpatient services for members 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.

NOTES	EXAMPLE ACTIVITIES
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. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** Shift Notes or Daily Note should include: • Participation in treatment • Pertinent physical health status information • Any other member activities or member general behaviors in milieu	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) ☒ Adol (12-17)	☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)	☒ Day	Minimum: N/A Maximum: 24 Hours

FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)
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).	☒ HF (SUD) (First position) ☒ U7 (Second position) For Special Connections **ONLY**: ☒ HD (Third position)

PLACE OF SERVICE (POS)		
☒ Inpt Hosp (21)	☒ Inpt PF (51)	☒ RSATF (55)

RESPITE CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
S5150	Unskilled respite care, not hospice; per 15 minutes	

SERVICE DESCRIPTION

Services rendered in the member'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 member in an outpatient setting. Services include observation, support, direct assistance with, or monitoring of the physical, emotional, social and Behavioral Health needs of the member by someone other than the primary caregivers. Respite care should be flexible to ensure that the member's daily routine is maintained.

NOTES	**EXAMPLE ACTIVITIES**
S5150 does not include skilled practical/professional nursing services; members 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 member's home, for this procedure code. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Respite services/activities rendered • Special instructions and that those instructions were followed	• Support to assure the safety of member (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 member to participate in social, recreational/community activities

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)		☒ 15 Minutes	Minimum: 8 Minutes
☒ Adol (12-17) ☒ Geriatric (65+)			Maximum: 4 Hrs. (16 Units)

ALLOWED MODE(S) OF DELIVERY / **PROGRAM SERVICE CATEGORY(IES)**

☒ Individual ☒ Group	☒ HM (Respite)

STAFF REQUIREMENTS

☒ Peer Specialist ☒ Bachelor's Level ☒ Intern ☒ QMAP	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒LAC	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

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**	
S5151	Unskilled respite care, not hospice; per diem	

SERVICE DESCRIPTION

Services rendered in the member'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 member in an outpatient setting. Services include observation, support, direct assistance with, or monitoring of the physical, emotional, social and behavioral; health needs of the member by someone other than the primary caregivers. Respite care should be flexible to ensure that the member's daily routine is maintained.

NOTES	EXAMPLE ACTIVITIES
S5151 does not include skilled practical or professional nursing services; members who need that level of monitoring should receive respite care under H0045/T1005. Unskilled respite care up to 4 hours (16 units maximum) is reported as S5150; respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from S5151. *When POS Home (12) is used this refers to *either* the Respite Worker's home or the member's home, for this procedure code. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Respite services/activities rendered • Special instructions and that those instructions were followed	• Support to assure the safety of member (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 member to participate in social, recreational/community activities

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64)			☒ Day	Minimum: 4 7 min
☒ Adol (12-17) ☒ Geriatric (65+)				Maximum: 24 Hours

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group	☒ HM (Respite)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level		
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒LAC	☒ QMAP
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Home (12)*	☒ RHC (72)
☒ ACF (13)	☒ PRTC (56)	☒ Other POS (99)
☒ Grp Home (14)	☒ FQHC (50)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
S9445	Member education, not otherwise classified, non-physician provider, individual	

SERVICE DESCRIPTION	
A brief one-on-one session in which concerns about a member'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 member 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.

NOTES	EXAMPLE ACTIVITIES
Substance use counseling/education services shall be provided along with screening to discuss results with member. 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. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	Collection of specimen and counseling of the results.

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual	☒ HE (SP)

STAFF REQUIREMENTS					
☒ Bachelor's Level ☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒LAC ☒CAS	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

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

PREVENTION/EARLY INTERVENTION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
S9453	Smoking cessation classes, non-physician provider, per session	

SERVICE DESCRIPTION	
Structured classes rendered for the treatment of tobacco dependence.	

NOTES	EXAMPLE ACTIVITIES
This service is for members with a diagnosis of tobacco dependence or a history of tobacco dependence. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Adol (12-17) ☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☒ Group	☒ HE (SP) *for adol/young adult only	☒ HT (Prev/EI)

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAS	☒ RN
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ ICF-MR (54)	☒ Shelter (04)	☒ RHC (72)	☒ Other POS (99)
☒ Office (11)	☒ Cust Care (33)	☒ NF (32)	☒ SNF (31)	☒ School (03)	
☒Outp Hospital (22)	☒ Grp Home (14)	☒ PRTC (56)	☒ FQHC (50)	☒ NRSATF (57)	

PREVENTION/EARLY INTERVENTION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
S9454	Stress management classes, non-physician provider, per session	
SERVICE DESCRIPTION		
Structured classes designed to educate members on the management of stress.		
NOTES	**EXAMPLE ACTIVITIES**	
See Section X. Service Documentation Standards in this coding manual for documentation expectations		

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**		
☒ Group	☒ HE (SP) *child/adol/young adult		☒ HT (Prev/EI)

STAFF REQUIREMENTS				
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒LAC	☒ LPN/LVN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒CAS	☒ RN
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD		☒ APN

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
S9480	Intensive outpatient psychiatric (IOP) services, per diem	

SERVICE DESCRIPTION	
Services focus on maintaining and improving functional abilities for a member 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.	

NOTES	**EXAMPLE ACTIVITIES**
While services are available 3 hours per day, 3 days per week, at minimum, the amount of weekly services per member is directly related to the goals and objectives specified in the member's treatment/service plan. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization.

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

STAFF REQUIREMENTS				
☒ Bachelor's Level ☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒LAC ☒ Licensed EdD/PhD/PsyD	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)		
☒ CMHC (53) ☒ Office (11) ☒Outp Hospital (22)	☒ ICF-MR (54) ☒ PRTC (56) ☒ PF-PHP (52)	☒ Other POS (99)

CRISIS		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
S9485	Crisis intervention mental health services, per diem	

SERVICE DESCRIPTION

Unanticipated services rendered in the process of resolving a member crisis, requiring immediate attention, that without intervention, could result in the member 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 member has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is followed with the member's permission.

NOTES	**EXAMPLE ACTIVITIES**
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other provider as appropriate. May be provided by more than one direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified and documented. H2011 or 90839/90840 are used in lieu of individual psychotherapy procedure codes when the session is unscheduled (e.g., member walk-in), focused on a member crisis, and involves immediate and/or special interventions in response. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with member and, as necessary, with member'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 member's crisis • Consultation with one's own provider staff to address the crisis

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20)	☒ Adult (21-64)	☒ Day	Minimum: 4 hrs. 8 mins
☒ Adol (12-17)	☒ Geriatric (65+)		Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**	
☒ Individual ☒ Family ☒ Family	☒ HE (SP)	☒ U4 (ICM)
	☒ HK (Residential)	☒ TM (ACT)

STAFF REQUIREMENTS

☒ Bachelor's Level ☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒LAC ☒ Licensed EdD/PhD/PsyD	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)

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

For Code:
S9976
Please see the OBH-Only Code Section at the end of the Combined Pages Section

RESPITE CARE		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
T1005	Respite care services, up to 15 minutes	

SERVICE DESCRIPTION

Services to temporarily substitute for primary caregivers to maintain members 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 member's daily routine is maintained.

NOTES	EXAMPLE ACTIVITIES
Unlike respite procedure codes S5150 – S5151, T1005 requires skilled practical or professional nursing care to meet the health and physical needs of the member. Respite care up to 4 hours and 7 minutes (16 units maximum) is reported as T1005; respite care over 4 hours is reported as H0045 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from T1005. *POS Home (12): Refers to *either* the Respite Worker's home or the member's home, for this procedure code. **Documentation details in addition to the guidance found in Section X. Service Documentation Standards:** • Respite services/activities rendered • Special instructions and that those instructions were followed	• 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 member • Assistance/supervision needed by member to participate in social, recreational/community activities

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Child (0-11)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ 15 Minutes	Minimum: 8 Minutes
☒ Adol (12-17)		☒ Geriatric (65+)		Maximum: 4 hrs. 7 min (16 Units)

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group	☒ HM (Respite)

STAFF REQUIREMENTS

☒ Intern
☒ LPN/LVN
☒ RN
☒ APN
☒ RxN
☒ PA
☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Home (12)*	☒ RHC (72)
☒ ACF (13)	☒ PRTC (56)	☒ Other POS (99)
☒ Grp Home (14)	☒ FQHC (50)	

For Codes:
T1006
T1009
T1012
T1013
T1016
Please see the OBH-Only Code Section at the end of the Combined Pages Section

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	
T1017	Targeted case management, each 15 minutes	

SERVICE DESCRIPTION

Services designed to assist and support a member diagnosed with or being assessed for a mental health disorder, to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services, including:

- **Assessing service needs** – gathering member history/collateral info, treatment needs;
- **Service plan development** – specifying goals and actions to address member needs, ensuring participation, identifying a course of action; includes transition plan development
- **Referral** and related activities to obtain needed services – arranging initial appointments for member with service providers/informing member of services and/providing contact information for available services; working with member/collaterals to secure access to services, including contacting agencies for appointments/services after initial referral process; and
- **Monitoring and follow-up** – contacting member/others to ensure member is following the agreed upon service or transition plan and monitoring progress and impact of plan.

See Appendix N: Targeted Case Management

NOTES	**EXAMPLE ACTIVITIES**
Case management involves linking the member to the direct delivery of needed services but is not itself the direct delivery of a service to which the member has been referred. Case management does not include time spent transporting the member to required services/time spent waiting while the member attends a scheduled appointment. However, it includes time spent participating in an appointment with the member for purposes of referral and/or monitoring and follow-up. **See Section X. Service Documentation Standards in this coding manual for documentation expectations**	• Assessing the need for service, identifying and investigating available resources, explaining options to member and assisting in application process • Contact with member's family members for assistance helping member 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**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20)	☒ Adult (21-64)	☒ 15 Minutes	Minimum: 8 mins
☒ Adol (12-17)	☒ Geriatric (65+)		Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**		
☒ Individual ☒ Family	☒ HE (SP)	☒ U4 (ICM)	☒ HJ (Voc)
		☒ TM (ACT)	☒ TT (Recovery)
		☒ HM (Respite)	☒ HT (Prev/EI)

STAFF REQUIREMENTS				
☒ Bachelor's Level ☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ LAC ☒ Licensed EdD/PhD/PsyD	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

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

For Code:
T2001
Please see the OBH-Only Code Section at the end of the Combined Pages Section

OBH-ONLY CODING PAGES

SCREENING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
80305	Drug screen, presumptive, optical observation	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service.	1. Date of service 2. Member consent 3. Screening results 4. Member's identified treatment/service plan (if applicable) 5. Referral for treatment (if applicable) 6. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.	Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**

STAFF REQUIREMENTS					
☒Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒CAT ☒CAS ☒LAC	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

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

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	1. Date of service 2. Member consent 3. Screening results 4. Member's identified treatment/service plan (if applicable) 5. Referral for treatment (if applicable) 6. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.	Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**

STAFF REQUIREMENTS					
☒Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒CAT ☒CAS ☒LAC	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

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

SCREENING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
82075	Alcohol (ethanol); breath	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Alcohol breathalyzer administered to test for evidence or the degree of alcohol intoxication of an individual.	1. Date of service 2. Member consent 3. Screening results 4. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
Staff performing breathalyzers shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes.	Breathalyzer administered to test for the degree of alcohol intoxication

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ CAT	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAS	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ LAC	☒ APRN	☒ MD/DO
				☒ QMAP	

PLACE OF SERVICE (POS)

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

SCREENING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
An alcohol and/or drug screening occurs when specific instruments or procedures are used to detect the presence of an alcohol and/ or drug problem. The screening should determine the appropriateness for treatment at a specific treatment agency and should occur prior to administering differential assessments.	- Date of service - Screening results - Referral for treatment (if applicable) - Signed with 1st initial, last name & credentials

NOTES	EXAMPLE ACTIVITIES
	Screening questionnaire

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group	

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ QMAP	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Bachelor's Level	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APRN (SA)	☒ MD/DO
☒ Intern					

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)	☒ ER (23)
☒ Office (11)	☒ Grp Home (14)	☒ PRTC (56)	☒ RSATF (55)	☒ PF-PHP (52)
☒ Mobile Unit (15)	☒ Home (12)	☒ Shelter (04)	☒ NRSATF (57)	☒ Prison/CF (09)
☒ Outp Hospital (22)	☒ Hospice (34)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ School (03)
☒ ACF (13)	☒ ICF-MR (54)	☒ FQHC (50)	☒ Inpt PF (51)	☒ Other POS (99)

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
A planned alcohol and/or drug crisis intervention used to assist a person to abstain from alcohol and or drug usage.	1. Date of service 2. Member demographic information 3. Specific intervention service used 4. Members response 5. Referral for treatment (if necessary) 6. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64)	☒ Geriatric (65+)	☒ Encounter	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Group ☒ Family	

STAFF REQUIREMENTS

☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ LAC ☒ CAS	☒ LPN/LVN ☒ RN ☒ APRN (SA)	☒ RxN ☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Home (12)	☒ PRTC (56)	☒ NRSATF (57)	☒ Prison/CF (09)
☒ Office (11)	☒ Hospice (34)	☒ Shelter (04)	☒ Inpt Hosp (21)	☒ School (03)
☒ Outp Hospital (22)	☒ ICF-MR (54)	☒ FQHC (50)	☒ Inpt PF (51)	☒ Other POS (99)
☒ Cust Care (33)	☒ NF (32)	☒ RHC (72)	☒ PF-PHP (52)	

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.	1. Date of service 2. Member demographic information 3. Specific intervention service used 4. Members response 5. Referral for treatment (if necessary) 6. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
	Staff time spent talking to involuntary commitment manager involving involuntary commitment members.

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Group ☒ Family	

STAFF REQUIREMENTS					
☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ LAC ☒ CAT ☒ CAS	☒ LPN/LVN ☒ RN ☒ APRN	☒ RxN ☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)			
☒ School (03) ☒ Shelter (04)	☒ Prison/CF (09) ☒ Office (11) ☒ Home (12)	☒ FQHC (50) ☒ RHC (72)	☒ CMHC (53) ☒ RSATF (55) ☒ NRSATF (57)

PREVENTION/EARLY INTERVENTION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)	☑ OBH
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
Services delivered to target audiences with the intent of affecting knowledge, attitude and/or behavior through one-way direct communication education and information dissemination.	1. Number of participants 2. Type of service	
NOTES	**EXAMPLE ACTIVITIES**	
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities.	Pamphlets, educational presentations, Billboards	

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group ☒ Family	

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APRN	☒ MD/DO

PLACE OF SERVICE (POS)			
☒ School (03)	☒ Home (12)	☒ FQHC (50)	☒ RHC (72)
☒ Shelter (04)	☒ Grp Home (14)	☒ CMHC (53)	☒ Other POS (99)
☒ Prison/CF (09)	☒ Mobile Unit (15)	☒ RSATF (55)	
☒ Office (11)	☒ Cust Care (33)	☒ NRSATF (57)	

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)	☑ OBH
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
Environmental strategies use a broad range of external activities in order to mainstream prevention through policies and law. These strategies establish or change community standards, codes, and attitudes, which decreases the prevalence of alcohol and other drugs within the community.	1. Number of participants 2. Type of service	
NOTES	**EXAMPLE ACTIVITIES**	
	• Review of school policies • Community technical assistance • Revised advertising practices • Pricing strategies • Setting minimum age requirements • Product use restrictions • Workplace substance abuse policies • New or revised environmental codes • New or revised ordinances, regulations, or legislation	

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Group	

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APRN (SA)	☒ MD/DO

PLACE OF SERVICE (POS)

☒ School (03)	☒ Office (11)	☒ Cust Care (33)	☒ RHC (72)
☒ Shelter (04)	☒ Home (12)	☒ FQHC (50)	☒ Other POS (99)
☒ Prison/CF (09)	☒ Grp Home (14)	☒ CMHC (53)	☒ Mobile Unit (15)

PREVENTION/EARLY INTERVENTION		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Alcohol and/or drug prevention problem identification and referral services include screening for tendencies toward substance abuse and referral for preventive treatment for curbing such tendencies if indicated. This service is provided to address the following risk factors: individual attitudes towards substance use, and perceived risks for substance use. Identification and referral programs look at the relationship between substance use and a variety of other problems such as mental health problems, family problems, sexually transmitted diseases, school or employment failures and delinquency.	1. Date of service 2. Start and stop time (duration) 3. Number of participants 4. Type of service 5. Referral to treatment if necessary

NOTES	EXAMPLE ACTIVITIES

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ 15 Minutes	Minimum: 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group ☒ Family	

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APRN (SA)	☒ MD/DO

PLACE OF SERVICE (POS)			
☒ CMHC (53)	☒ Cust Care (33)	☒ FQHC (50)	☒ Prison/CF (09)
☒ Office (11)	☒ Grp Home (14)	☒ RHC (72)	☒ School (03)
☒ Mobile Unit (15)	☒ Home (12)	☒ RSATF (55)	☒ Other POS (99)
	☒ Shelter (04)	☒ NRSATF (57)	

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)	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Alternative services provide opportunities for recognition and organized leisure activities that exclude alcohol and drugs. The goal of these alternative services is to halt or reduce risk taking behaviors. Alternative programs include a wide range of social, recreational, cultural and community service activities that would appeal to populations of all ages.	1. Number of participants 2. Type of service

NOTES	**EXAMPLE ACTIVITIES**
	• Alcohol/tobacco/drug free social and or recreational events • Community drop in centers • Community services • Leadership functions Activities involving athletics, art, music, movies, etc.

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Adol (12-17) ☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Encounter	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Group ☒ Family	

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APRN (SA)	☒ MD/DO

PLACE OF SERVICE (POS)				
☒ CMHC (53)	☒ Grp Home (14)	☒ Prison/CF (09)		
☒ Office (11)	☒ Home (12)	☒ School (03)		
☒ Mobile Unit (15)	☒ Shelter (04)	☒ Other POS (99)		
☒ Cust Care (33)	☒ FQHC (50)	☒ RHC (72)		

PHONE – CRISIS- BEHAVIORAL HEALTH		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0030	Behavioral Health, Hotline Services	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Hotline Services are provided through a program with telephone support services that are available twenty-four (24) hours per day, seven (7) days per week. Callers often call a hotline anonymously during a crisis situation. There is no requirement for the caller to become a member of the hotline program.	1. Date of service 2. Intervention or support services provided 3. Members response 4. Referral for treatment (if necessary) 5. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**	

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	

STAFF REQUIREMENTS					
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APRN (SA)	☒ MD/DO

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0047	Alcohol and/or other drug abuse services; not otherwise specified	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Services provided to persons with alcohol and/or other drug problems in outpatient settings, not elsewhere classified.	1. Date of service 2. Start and stop time (duration) 3. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Child (0-11) ☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Adol (12-17) ☒ Geriatric (65+)		☒ 15 Minutes	Minimum: 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Group	

STAFF REQUIREMENTS

☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒ LAC ☒ CAS	☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ Shelter (04)	☒ NRSATF (57)
☒ Office (11)	☒ FQHC (50)	☒ Prison/CF (09)
☒ Home (12)	☒ RHC (72)	☒ School (03)

SCREENING		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H0048	Alcohol and/or other drug testing; collection of handling only, specimens other than blood	☑ OBH
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
"Specimen Collection" means the collection and handling of hair, saliva, or urine for the purposes of analysis for the presence of alcohol and/or other drugs, and **does not include** the laboratory analysis of such specimens. Appropriate and approved samples for drug testing shall be collected and analyzed in accordance with applicable state and federal statutes and regulations, and OBH rules, policies and procedures.	1. Date of service 2. Screening results 3. Signed with 1st initial, last name & credentials	
NOTES	**EXAMPLE ACTIVITIES**	
Staff collecting urine, breath, and blood samples shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes.	Collection of hair, saliva, or urine for the purpose of testing for the presence of alcohol or drugs.	

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

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	

STAFF REQUIREMENTS

☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ QMAP	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APRN (SA)	☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ ACF (13)	☒ Hospice (34)	☒ Shelter (04)	☒ NRSATF (57)	☒ PF-PHP (52)
☒ Office (11)	☒ Cust Care (33)	☒ ICF-MR (54)	☒ SNF (31)	☒ Inpt Hosp (21)	☒ Prison/CF (09)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒ NF (32)	☒ FQHC (50)	☒ Inpt PF (51)	☒ School (03)
☒ Outp Hospital (22)	☒ Home (12)	☒ PRTC (56)	☒ RHC (72)	☒ ER (23)	☒ Other POS (99)
			☒ RSATF (55)		

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H1000	Prenatal Care, At Risk Assessment	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**

Prenatal assessment that is designed to determine the level of drug/alcohol abuse or dependence and the comprehensive treatment needs of a drug/alcohol abusing pregnant member.	1. Date of service
	2. Start and stop time (Duration)
	3. Pregnancy verification and documentation of issues
	4. Documentation of prenatal care
	5. Clinical notes
	   • Type of session
	   • Duration or start/stop time
	   • Progress towards treatment goals
	   • Goal attainment
	6. Treatment/service plan goals and objectives
	7. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
	Risk assessment to determine level of risk to the pregnancy based upon the individual's substance use disorder and other biopsychosocial factors.

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64)		☒ Encounter	Minimum: N/A Maximum: 3 hours

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	☒ HD (Preg/Parent)

STAFF REQUIREMENTS
☒ LAC ☒ CAS

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

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H1002	Care coordination prenatal/case management	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Case management means services provided by a certified drug/alcohol treatment counselor to include treatment/service planning, linkage to other service agencies and monitoring. Case management means medically necessary coordination and planning services provided with or on behalf of a member who is pregnant with a substance use disorder.	1. Date of service 2. Start and stop time (duration) 3. Clinical notes • Type of session • Duration or start/stop time • Progress towards treatment goals • Goal Attainment 4. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
	Referring a current member to a residential treatment program (making sure she gets there) and obtaining benefits on behalf of the member. Coordinating transitions between residential and outpatient care; Linking members to primary medical care (prenatal care) Maintaining service coordination with other systems, such as child welfare, probation and TANF

APPLICABLE POPULATION(S)			**UNIT**	**DURATION**
☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ 15 Minutes	Minimum: 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Group	☒ HD (Preg/Parent)

STAFF REQUIREMENTS
☒ LAC ☒ CAS

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 service, education	☑ OBH
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
Services facilitated by a certified drug/alcohol treatment counselor to help a member develop health and life management skills.	1. Date of service 2. Start and stop time (duration) 3. Attendance documentation 4. Documentation of topics covered 5. Signed with 1st initial, last name & credentials	
NOTES	**EXAMPLE ACTIVITIES**	
	HIV Prevention class delivered with the context of a substance user disorder treatment program.	

APPLICABLE POPULATION(S)			UNIT	DURATION
☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64)	☒ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group	☒ HD (Preg/Parent)

STAFF REQUIREMENTS
☒ LAC ☒ CAS

PLACE OF SERVICE (POS)		
☒ CMHC (53)	☒ FQHC (50)	☒ Other POS (99)
☒ Office (11)	☒ RHC (72)	
☒ Home (12)	☒ NRSATF (57)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H1004	Prenatal follow up home visit	☑ OBH
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
Prenatal Care Coordination follow-up visits provided in the home	1. Date of service 2. Start and stop time (duration) 3. Description of service rendered 4. Recommendations 5. Signed with 1st initial, last name & credentials	
NOTES	**EXAMPLE ACTIVITIES**	
Use procedure code H1004 for follow-up visits provided in the home. The only valid POS (place of service) for H1004 is "12" (home).		

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Adol (12-17) ☒ Young Adult (18-20) ☒ Adult (21-64)	☒ 15 Minutes	Minimum: 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	☒ HD (Preg/Parent)

STAFF REQUIREMENTS
☒ LAC
☒ CAS

PLACE OF SERVICE (POS)
☒ Home (12)
☒ Shelter (04)

ASSESSMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H1011	Family assessment by a licensed Behavioral Health professional	☒ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
A non-medical visit with a member'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 POPULATION(S)	UNIT	DURATION
☒ Child (0-11) ☒ Adol (12-17)	☒ Encounter	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Family	☒ HE (SP)

STAFF REQUIREMENTS

☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ LAC	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)

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

RESIDENTIAL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
H2034	Halfway house	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
In-home Behavioral Health support for members living in a halfway house to foster the member's development of independence and eventually move to independent living. The member 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.	1. Date of service 2. Start and stop time (duration) 3. Member demographic information 4. Shift notes 5. Consent for emergency medical treatment 6. Member program orientation form 7. Sign with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2034.	

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Adol (12-17) ☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Day	Minimum: 4hrs 8min Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	

STAFF REQUIREMENTS

☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APRN	☒ MD/DO
☒ QMAP					

PLACE OF SERVICE (POS)

☒ Grp Home (14)
☒ RSATF (55)

RESIDENTIAL		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
S9976	Lodging, per diem, not otherwise specified	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Room and board costs per day	1. Date of service 2. Start and stop time (duration) 3. Sign with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
	Room and board provided to member.

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Adol (12-17) ☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ Day	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	

STAFF REQUIREMENTS			
☒ Peer Specialist	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC
☒ Bachelor's Level	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT
☒ Intern	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS

PLACE OF SERVICE (POS)		
☒ Inpt Hospital (21)	☒ Inpt PF (51)	
☒ Outp Hospital (22)	☒ CMHC (53)	
☒ Independent Clinic (49)	☒ RSATF (55)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1006	Alcohol and/or substance use services, family/couple counseling	☑ OBH
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
Utilization of special skills in sessions with individuals and their family members and/or significant others under the guidance of a counselor to address family and relationship issues related to alcohol and other drug abuse and/or dependence for the purpose of promoting recovery from addiction.	1. Date of service 2. Start and stop time (duration) 3. Focus of session 4. Progress toward treatment/service plan goals and objectives 5. Intervention strategies utilized 6. Member response 7. Outcome/plan 8. Signed with 1st initial, last name & credentials	
NOTES	**EXAMPLE ACTIVITIES**	

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Adol (12-17) ☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ 1 Hour	Minimum: N/A Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Family	

STAFF REQUIREMENTS			
☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒ LAC ☒ CAS

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

SUPPORT 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	☑ OBH
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**	
Care of the children of members undergoing treatment for alcoholism or drug abuse while the member is in treatment	1. Date of service 2. Start and stop time (duration) 3. Signed with 1st initial, last name & credentials	
NOTES	**EXAMPLE ACTIVITIES**	

APPLICABLE POPULATION(S)	**UNIT**	**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ 15 Minutes	Minimum: 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual ☒ Group ☒ Family	

STAFF REQUIREMENTS

☒ Peer Specialist					
☒ Bachelor's Level	☒ LCSW	☒ Unlicensed Master's Level	☒ LAC	☒ LPN/LVN	☒ RxN
☒ Intern	☒ LPC	☒ Unlicensed EdD/ PhD/PsyD	☒ CAT	☒ RN	☒ PA
☒ QMAP	☒ LMFT	☒ Licensed EdD/PhD/PsyD	☒ CAS	☒ APRN	☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53)	☒ FQHC (50)	☒ Other POS (99)
☒ Office (11)	☒ RHC (72)	
☒ Home (12)	☒ NRSATF (57)	

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1012	Alcohol and/or substance use services, skills development	☑ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
For those involved in Alcohol and/or substance treatment, this component helps facilitate their management of day to day activities. The skills development is aimed at fostering self-sufficiency and independence.	1. Date of service 2. Start and stop times (duration) 3. Description of service rendered 4. Recommendations 5. Signed with 1st initial, last name & credentials

NOTES	**EXAMPLE ACTIVITIES**
	• Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment) • Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal • Development of basic language skills necessary to enable member to function independently

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20)	☒ Adult (21-64) ☒ Geriatric (65+)	☒ 15 Minutes	Minimum: 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**
☒ Individual	

STAFF REQUIREMENTS

☒ Peer Specialist ☒ Bachelor's Level ☒ Intern ☒ QMAP	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒ LAC ☒ CAT ☒ CAS	☒ LPN/LVN ☒ RN ☒ APRN (SA)	☒ RxN ☒ PA ☒ MD/DO

PLACE OF SERVICE (POS)

☒ CMHC (53) ☒ Office (11) ☒ Grp Home (14)	☒ Home (12) ☒ PRTC (56) ☒ Shelter (04)	☒ FQHC (50) ☒ RHC (72) ☒ RSATF (55)	☒ NRSATF (57) ☒ Prison/CF (09) ☒ School (03)	☒ Other POS (99)

SUPPORT SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1013	Sign language or oral interpreter for alcohol and/or substance use services	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
An additional service to assure the treatment for Behavioral Health members is understood or received for members who require sign language or oral interpretation, including but limited to those services required by the Americans with Disabilities Act.	1. Date of service 2. Start and stop time (duration) 3. Signed with 1st initial, last name & credentials

NOTES	EXAMPLE ACTIVITIES
DHOH Interpreter: Interpreters are part of a treatment team, and as with all other members of the treatment team, an organization should use interpreters who are competent, professional and will behave in an ethical manner. Certification by the Registry of Interpreters for the Deaf (RID) conveys that an interpreter has met a nationally recognized standard of competence and professionalism. Colorado law (Colorado Revised Statutes 6-1-707) requires that anyone using certain terms must be registered with the Registry of Interpreters for the Deaf (RID) or a successor organization. Such terms include: • Sign language interpreter • Interpreter for the deaf • ASL-English interpreter • American sign language (ASL) interpreter • Certified sign language interpreter • Certified interpreter for the deaf • Certified deaf interpreter • Certified ASL-English interpreter • Certified American sign language (ASL) interpreter	Sign language or oral interpretation provided to a member to assure they understand the treatment or services being provided to them in relation to alcohol and/or drug abuse services

APPLICABLE POPULATION(S)		UNIT	DURATION
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)	☒ 15 Minutes	Minimum: 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Group ☒ Family	

STAFF REQUIREMENTS
☒ DHOH Interpreter

PLACE OF SERVICE (POS)					
☒ CMHC (53)	☒ACF (13)	☒Hospice (34)	☒ Shelter (04)	☒ NRSATF (57)	☒Prison/CF (09)
☒ Office (11)	☒Cust Care (33)	☒ICF-MR (54)	☒SNF (31)	☒Inpt Hosp (21)	☒School (03)
☒ Mobile Unit (15)	☒ Grp Home (14)	☒NF (32)	☒ FQHC (50)	☒Inpt PF (51)	☒Other POS (99)
☒Outp Hospital (22)	☒ Home (12)	☒PRTC (56)	☒ RHC (72)	☒ER (23)	☒RSATF (55)
					☒PF-PHP (52)

TREATMENT		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T1016	Case management, each 15 minutes	☒ OBH

SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Services designed to assist and support a member to gain access to needed medical, social, educational, and other services. Case management includes: • **Assessing service needs** – member history, identifying member needs, completing related documents, gathering information from other sources; • **Treatment/Service plan development** – specifying goals and actions to address member needs, ensuring member participation, identifying a course of action; • **Referral** and related activities to obtain needed services – arranging initial appointments for member with service providers/informing member of services available, addresses and telephone numbers of agencies providing services; working with member/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and • **Monitoring and follow-up** – contacting member/others to ensure member is following the agreed upon treatment/service plan and monitoring progress and impact of plan.	**Technical Documentation Requirements** See Section X **Service Content** 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

NOTES	**EXAMPLE ACTIVITIES**
Case management involves linking the member to the direct delivery of needed services, but is not itself the direct delivery of a service to which the member has been referred. Case management does not include time spent transporting the member to required services/time spent waiting while the member attends a scheduled appointment. However, it includes time spent participating in an appointment with the member for purposes of referral and/or monitoring and follow-up.	• Assessing the need for service, identifying and investigating available resources, explaining options to member and assisting in application process • Contact with member's family members for assistance helping member access services • Care Coordination between other service agencies, healthcare providers

APPLICABLE POPULATION(S)		**UNIT**	**DURATION**
☒ Child (0-11) ☒ Adol (12-17)	☒ Young Adult (18-20) ☒ Adult (21-64) ☒ Geriatric (65+)	☒ 15 Minutes	Minimum: 8 mins Maximum: N/A

ALLOWED MODE(S) OF DELIVERY	**PROGRAM SERVICE CATEGORY(IES)**		
☒ Individual ☒ Family	☒ HE (SP) ☒ HT (Prev/EI)	☒ U4 (ICM) ☒ TM (ACT) ☒ HM (Respite)	☒ HJ (Voc) ☒ HQ (Clubhouse) ☒ TT (Recovery)

STAFF REQUIREMENTS				
☒ Bachelor's Level ☒ Intern	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒ LPN/LVN ☒ RN ☒ APN	☒ RxN ☒ PA ☒ MD/DO

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

SUPPORT SERVICES		
CPT®/HCPCS PROCEDURE CODE	**PROCEDURE CODE DESCRIPTION**	**USAGE**
T2001	Non-emergency transportation	☑ OBH

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Providing transportation service for those who are not able to reach their destination independently, be it for competency issues, age of member, or unavailability of means to reach destination.	1. Date of service 2. Start and stop time (duration) 3. Description of service rendered 4. Reason for transportation 5. Origin of pick up and destination 6. Purpose of transportation to destination 7. Signed with 1st initial, last name & credentials

NOTES	EXAMPLE ACTIVITIES

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

ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☒ Individual ☒ Family	

STAFF REQUIREMENTS

☒ Peer Specialist ☒ Bachelor's Level ☒ Intern ☒ QMAP	☒ LCSW ☒ LPC ☒ LMFT	☒ Unlicensed Master's Level ☒ Unlicensed EdD/ PhD/PsyD ☒ Licensed EdD/PhD/PsyD	☒ CAT ☒ CAS ☒ LAC	☒ LPN/LVN ☒ RN ☒ APRN (SA)	☒ RxN ☒ PA ☒MD/DO

PLACE OF SERVICE (POS)

☒ RSATF (55)
☒ NRSATF (57)
☒ Other POS (99)

APPENDIX A: ABBREVIATIONS & ACRONYMS

Term/Acronym	Definition
ABPN	American Board of Psychiatry and Neurology
ACMCS	American College of Medical Coding Specialists
ACF	Assisted Care Facility *or* Alternative Care Facility
ACS	Affiliated Computer Services
ACT	Assertive Community Treatment
ADL	Activities of Daily Living
Adol	Adolescent
AHA	American Hospital Association
AHIMA	American Health Information Management Association
ALR	Assisted Living Residence
AMA	American Medical Association *OR* Against Medical Advice
AOD	Alcohol and/or Other Drugs
APN	Advanced Practice Nurse
APA	American Psychological Association
APR	Advanced Practice Registry
ASAM	American Society of Addiction Medicine
ATU	Acute Treatment Unit
(b)(3)/B3	Mental Health Program 1915(b)(3) Waiver
BEST	Bipolar Education & Skills Training
BH	Behavioral Health
C	Conditional
C/A	Child/Adolescent
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
CASASTART[SM]	The National Center on Addiction & Substance Abuse at Columbia University Striving Together to Achieve Rewarding Tomorrows
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 Aide
CNM	Certified Nurse Midwife
CNS	Clinical Nurse Specialist *or* Central Nervous System
COA	Council on Accreditation of Services for Families and Children

Term/Acronym	Definition
CP	Clinical Psychologist
CPST	Community Psychiatric Supportive Treatment
CPT®	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
CSW	Clinical Social Worker
CSWE	Council on Social Work Education
Cust Care	Custodial Care Facility
DC:0–03R	*Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*
DD	Developmental Disability(ies)
Detox	Detoxification
DHS	Colorado Department of Human Services
DHS-OBH	Colorado Department of Human Services, 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 Corrections
DORA	Colorado Department of Regulatory Agencies
DRDC	Denver Regional Diagnostic Center
DRG	Diagnosis-Related Group
DSM-5	*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*
DYS	Division of Youth Services
ECI	External Cause of Injury
ECS	Early Childhood Specialist
EGHP	Employer Group Health Plan
EHR	Electronic Health Record
EI	Early Intervention
E/M	Evaluation and Management
EMC	Electronic Media Claim
EMG	Emergency
EOB	Explanation of Benefits
EPSDT	Early Periodic Screening Diagnosis and Treatment Program
ER	Emergency Room
FARS/DFARS	Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement
FCLN	Flat File Control Line Number
FDA	US Food and Drug Administration
FECA	Federal Employees' Compensation Act
FFP	Federal Financial Participation
FFS	Fee-For-Service
FL	Form Locator
FQHC	Federally Qualified Health Center
FTE	Full-Time Equivalent
FY	Fiscal Year
GED	General Education Diploma
Grp Home	Group Home
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System

Term/Acronym	Definition
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
IEP	Individualized Education Program
IMD	Institution(s) for Mental Disease
Inpt Hosp	Inpatient Hospital
Inpt PF	Inpatient Psychiatric Facility
IOP	Intensive Outpatient Psychiatric/Program
Intox	Intoxication
JCAHO	Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
LAC	Licensed Addiction Counselor
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LMHP	Licensed Mental Health Professional
LOC	Level of Care
LOF	Level of Functioning
LPC	Licensed Professional Counselor
LPN	Licensed Practical Nurse
LSW	Licensed Social Worker
LVN	Licensed Vocational Nurse
MAC	Master Addiction Counselor *OR* Medicaid Authorization Card
MAP	Medical Assistance Program
MCO	Managed Care Organization
MD	Doctor of Medicine
MH	Mental Health
MHP	Mental Health Professional
MH/SA	Mental Health/Substance Abuse
MI	Mental Illness
MMDDYY or MMDDYYYY	Month Day Year
MMPI	Minnesota Multiphasic Personality Inventory
MR	Mental Retardation
MSA	Metropolitan Statistical Area
MSP	Medicare Secondary Payer
MST	Multi-Systemic Therapy
NAADAC	National Association of Alcohol and Drug Abuse Counselors
NAMI	National Alliance on Mental Illness
NBCC	National Board for Certified Counselors
NCAC	Nationally Certified Addiction Counselor

Term/Acronym	Definition
NCHS	National Center for Health Statistics
NEC	Not Elsewhere Classified
NF	Nursing Facility
NH	Nursing Home
NP	Nurse Practitioner
NPI	National Provider Identifier
NPP	Non-Physician Practitioner
NOS	Not Otherwise Specified
OIG	Office of Inspector General
OPPS/PHP	*Outpatient Prospective Payment System/Partial Hospitalization Program*
P	*Professional*
PA	*Physician Assistant*
PCP	*Primary Care Physician*
Peer Spec	Peer Specialist
PF – PHP	*Psychiatric Facility – Partial Hospital*
PHP	Partial Hospital Program
POS	Place of Service
PPS	Prospective Payment System
Prev	Prevention
Prev/EI	Prevention/Early Intervention
Prison/CF	Prison/Correctional Facility
PRTC	Psychiatric Residential Treatment Facility
PSA	Physician Scarcity Area
PSR	Psychosocial Rehabilitation
PRTC	Psychiatric Residential Treatment Center
QMAP	Qualified Medication Administration Person
QRTP	Qualified Residential Treatment Program
R	Required
RCCF	Residential Child Care Facility
RAE	Regional Accountable Entity
RN	Registered Nurse or Registered Professional Nurse
RTC	Residential Treatment Center
RTF	Residential Treatment Facility
RxN	Advanced Practice Nurse with Prescriptive Authority
SA	Substance abuse
SED	Serious Emotional Disturbance(s)
SFT	Strategic/Structural Family Therapy
SI	Suicidal Ideation
SMI	Serious/Severe Mental Illness
SNF	Skilled Nursing Facility
SO	Sexual Offender
SOF	Signature on File
SP	State Plan (Medicaid)
SPMI	Serious /Severe and Persistent Mental Illness
SSA	Single State Agency
SSN	Social Security Number
SW	Social Worker
TB	Tuberculosis
TBI	Traumatic Brain Injury

Term/Acronym	Definition
TBS	Therapeutic Behavioral Services
TCM	Targeted Case Management
Temp Lodging	Temporary Lodging
TIN	Tax Identification Number
TOB	Type of Bill
UA	Urinalysis
UB	Uniform Bill
US	United States of America
USCS	Uniform Service Coding Standards
Voc	Vocational
WAIS	Wechsler Adult Intelligence Scale
WRAP	Wellness Recovery Action Plan
YYYYMMDD	Year Month Day

APPENDIX B: MEDICAID STATE PLAN SERVICE CATEGORIES

Medicaid State Plan 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 Residential and Inpatient	Substance use disorder (SUD) treatment and withdrawal management services including services along the continuum of care defined by the American Society of Addiction Medicine (ASAM). Services are provided to Medicaid beneficiaries with one or more diagnosed SUD(s). Services are determined according to medical necessity which include an 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 member to his/her best possible functional level, including: 1. **Individual BH Therapy**: Therapeutic contact with one member. 2. **Individual Brief BH Therapy**: Therapeutic contact with one member. 3. **Group BH Therapy**: Therapeutic contact with more than one member. 4. **Family BH Therapy:** Therapeutic contact with a member and family member(s), or other persons significant to the member, for improving member-family functioning. Family BH therapy is appropriate when intervention in the family interactions is expected to improve the member's emotional/BH. The primary purpose of family BH therapy is treatment of the member. 5. **Behavioral Health Assessment**: Clinical assessment of a member by a BH professional that determines the nature of the member's problem(s), factors contributing to the problem(s), a member'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 members 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 member in a structured, non-residential program of therapeutic activities. Services include assessment and monitoring; individual/group/family therapy; medical/nursing

Medicaid State Plan Service Categories	
Category	**Description**
	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 member/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 member.
	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.

APPENDIX C: MEDICAID 1915(B)(3) WAIVER SERVICE CATEGORIES

1915(B)(3) WAIVER 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	Services designed to help adult and adolescent members who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, vocational assessment, and job coaching.
Intensive Case Management	Community-based services averaging more than one hour per week, provided to adults with serious 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. Intensive case management may be provided to children/youth under the *Early Periodic Screening, Diagnosis, and Treatment* (*EPSDT*) program.
Prevention/Early Intervention Activities	Proactive efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that promote positive BH. Services include BH screenings; educational programs promoting safe and stable families; senior workshops related to aging disorders; and parenting skills classes.
Clubhouse and Drop-in Centers	Peer support services for people who have 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 members. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting and supporting recovery.
Residential Services	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the member is living, in real-time, with immediate interventions available as needed. Clinical interventions are assessment and monitoring of mental and physical health status; assessment and monitoring of safety; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and/or family therapy; medication management; and behavioral interventions. Residential services may be provided to children/youth under EPSDT.

Assertive Community Treatment (ACT)	Comprehensive, locally based, individualized treatment for adults with serious 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.
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.
Respite Services	Temporary or short-term care of a child, youth or adult member provided by adults other than the birth parents, foster/adoptive parents, family members member. Respite is designed to give the caregivers some time away from the member 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.

APPENDIX D: MEDICAID CAPITATED BEHAVIORAL HEALTH BENEFIT 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
E	Encounter (Session/Visit)
D	Day
M	Month

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

Code	Description	Primary Category	SP	(b)3	Unit
90785	Interactive complexity add-on (for psychotherapy codes)	Treatment	X		E
90791	Psychiatric or psychological intake interview without medical services	Assessment	X	X	E
90792	Psychiatric intake interview with medical services	Assessment	X	X	E
90832	Thirty minutes of individual psychotherapy	Treatment	X	X	E
90833	Thirty minutes of individual psychotherapy performed with an E/M service	E&M	X	X	E
90834	Forty-five minutes of individual psychotherapy	Treatment	X	X	E
90836	Forty-five minutes of individual psychotherapy performed with an E/M service	E&M	X	X	E
90837	Sixty minutes of individual psychotherapy	Treatment	X	X	E
90838	Sixty minutes of individual psychotherapy performed with an E/M service	E&M	X	X	E
90839	Member in crisis −Sixty minutes	Crisis	X	X	E
90840	Member in crisis add-on−Each additional 30 minutes	Crisis	X	X	30 M
90846	Family psychotherapy without the member present	Treatment	X	X	E
90847	Family psychotherapy with the member present	Treatment	X	X	E
90849	Multiple-family group psychotherapy	Treatment	X	X	E
90853	Group psychotherapy	Treatment	X	X	E
90870	Electroconvulsive Therapy (ECT)	Treatment	X		E
00104	Anesthesia for Electroconvulsive Therapy	Treatment	X		E
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 30 minutes	Treatment	X	X	E
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 minutes	Treatment	X		E
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other	Assessment	X		E

Code	Description	Primary Category	S P	(b) 3	Unit
	accumulated data to family or other responsible persons, or advising them how to assist member				
96116	Sixty minutes Neurobehavioral Status Exam (clinical assessment of thinking, reasoning, and judgment)	Assessment	X		1 H
96121	Add on to 96116. Each additional hour (List separately in addition to code for primary procedure)	Assessment	X		1 H
96130	Sixty minutes Psychological testing evaluation services by physician or other qualified health care professional, including integration of member data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the member, family member(s) or caregiver(s), when performed each additional hour (List separately in addition to code for primary procedure)	Assessment	X		1 H
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of member data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the member, family member(s) or caregiver(s), when performed, each additional hour (List separately in addition to code for primary procedure)	Assessment	X		1 H
96132	Psychological testing evaluation services by physician or other qualified health care professional, including integration of member data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the member, family member(s) or caregiver(s), when performed, each additional hour (List separately in addition to code for primary procedure)	Assessment	X		1 H
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of member data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the member, family member(s) or caregiver(s), when performed, each additional hour (List separately in addition to code for primary procedure)	Assessment	X		1 H
96136	Thirty minutes Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method	Assessment	X		30 M
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes (List separately in addition to code for primary procedure)	Assessment	X		30 M

Code	Description	Primary Category	S P	(b) 3	Unit
96138	First thirty minutes Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method	Assessment	X		30 M
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Assessment	X		30 M
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	Assessment			
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	Treatment	X		E
97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	Treatment	X		15 M
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	Treatment	X	X	15 M
98966	Telephone assessment and management provided by qualified non-physician health care professional.	Assessment	X	X	15 M
98967	Telephone assessment and management provided by qualified non-physician health care professional.	Assessment	X	X	15 M
98968	Telephone assessment and management provided by qualified non-physician health care professional.	Assessment	X	X	15 M
99201	Deleted effective 1/1/2021	E&M	X	X	E
99202	Office or other outpatient visit for the evaluation and management of a new member, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	E&M	X		E
99203	Office or other outpatient visit for the evaluation and management of a new member, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	E&M	X		E
99204	Office or other outpatient visit for the evaluation and management of a new member, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	E&M	X		E

Code	Description	Primary Category	S P	(b) 3	Unit
99205	Office or other outpatient visit for the evaluation and management of a new member, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	E&M	X		E
99211	Office or Other outpatient Services: Office or other inpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.	E&M	X		E
99212	Office or other outpatient visit for the evaluation and management of an established member, 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 the date of the encounter.	E&M	X		E
99213	Office or other outpatient visit for the evaluation and management of an established member, 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 the date of the encounter.	E&M	X		E
99214	Office or other outpatient visit for the evaluation and management of an established member, 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 the date of the encounter.	E&M	X		E
99215	Office or other outpatient visit for the evaluation and management of an established member, 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 the date of the encounter.	E&M	X		E
99217	Observation Care discharge day management when provided on a day other than day of admission.	E&M	X		E
99218	Initial observation care, per day, for the evaluation and management of a member: requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes	E&M	X		E
99219	Initial observation care, per day, for the evaluation and management of a member: requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes	E&M	X		E
99220	Initial observation care, per day, for the evaluation and management of a member: requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes	E&M	X		E
99221	Initial hospital care, per day, for the evaluation and management of a member (low severity)	E&M	X		E

Code	Description	Primary Category	S P	(b) 3	Unit
99222	Initial hospital care, per day, for the evaluation and management of a member (moderate severity)	E&M	X		E
99223	Initial hospital care, per day, for the evaluation and management of a member (high severity)	E&M	X		E
99224	Subsequent hospital care, per day, for the evaluation and management of a member: requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes.	E&M	X		E
99225	Subsequent hospital care, per day, for the evaluation and management of a member: expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes.	E&M	X		E
99226	Subsequent hospital care, per day, for the evaluation and management of a member: requires detailed interval history, detailed exam, high complexity medical decision-making Typical time is 35 minutes.	E&M	X		E
99231	Subsequent hospital care, per day (stable, recovering or improving member)	E&M	X		E
99232	Subsequent hospital care, per day (member responding inadequately to therapy or has developed a minor complication)	E&M	X		E
99233	Subsequent hospital care, per day (unstable member or the development of significant complications or problems)	E&M	X		E
99234	Same day admit/discharge observation/inpatient Evaluation and Management services: requires detailed or comprehensive history, detailed or comprehensive exam, straight forward or low complexity med decision making, Typical time 40 minutes	E&M	X		E
99235	Same day admit/discharge observation/inpatient Evaluation and Management services: requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes	E&M	X		E
99236	Same day admit/discharge observation/inpatient Evaluation and Management services: requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes	E&M	X		E
99238	Discharge day management; 30 minutes or less	E&M	X		E
99239	Discharge day management; more than 30 minutes	E&M	X		E
99241	Office or other outpatient consultation for a new or established member. Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.	E&M	X		E
99242	Office or other outpatient Consultations Evaluation and Management Services: requires expanded problem	E&M	X		E

Code	Description	Primary Category	S P	(b) 3	Unit
	focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes				
99243	Office or other outpatient Consultations Evaluation and Management Services: requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes	E&M	X		E
99244	Office or other outpatient Consultations Evaluation and Management Services: requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes	E&M	X		E
99245	Office or other outpatient Consultations Evaluation and Management Services: requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes	E&M	X		E
99251	Inpatient consultation for a new or established member; the presenting problem(s) are self-limited or minor	E&M	X		E
99252	Inpatient consultation for a new or established member; the presenting problem(s) are of low severity	E&M	X		E
99253	Inpatient consultation for a new or established member; the presenting problem(s) are of moderate severity	E&M	X		E
99254	Inpatient consultation for a new or established member; the presenting problem(s) are of moderate to high severity.	E&M	X		E
99255	Inpatient consultation for a new or established member; the presenting problem(s) are of moderate to high severity.	E&M	X		E
99281	Emergency Department Services: requires problem focused history, problem focused examination straight forward medical decision making	E&M	X		E
99282	Emergency Department Services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making	E&M	X		E
99283	Emergency Department Services: requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making	E&M	X		E
99284	Emergency Department Services: requires detailed history, detailed examination moderate complexity medical decision making	E&M	X		E
99285	Emergency Department Services: requires comprehensive history, comprehensive examination high complexity medical decision making.	E&M	X		E
99304	Initial Nursing Facility Care Services: requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes	E&M	X		E
99305	Initial Nursing Facility Care Services: requires comprehensive history, comprehensive examination	E&M	X		E

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

Code	Description	Primary Category	S P	(b) 3	Unit
	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	E&M	X		E
99335	Domiciliary, rest home, custodial care services: requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision-making Typical time 25 minutes	E&M	X		E
99336	Domiciliary, rest home, custodial care services: requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes	E&M	X		E
99337	Domiciliary, rest home, custodial care services: requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes	E&M	X		E
99341	Home care services: requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes	E&M	X		E
99342	Home care services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision-making Typical time 30 minutes	E&M	X		E
99343	Home care services: requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes	E&M	X		E
99344	Home care services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes	E&M	X		E
99345	Home care services: requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes	E&M	X		E
99347	Home care services: requires problem focused interval history, problem focused examination straight forward medical decision making, average time 15 minutes	E&M	X		E
99348	Home care services: requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision-making average time 25 minutes	E&M	X		E
99349	Home care services: requires detailed interval history, detailed examination moderate complexity medical decision making, average time 40 minutes	E&M	X		E
99350	Home care services: requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, average time 60 minutes	E&M	X		E

Code	Description	Primary Category	S P	(b) 3	Unit
99366	Medical team conference with interdisciplinary team, with member and/or family, 30 minutes or more, participation by a non-physician qualified health care professional	E&M	X		E
99367	Medical team conference with interdisciplinary team, member and/or family not present, 30 minutes or more, participation by physician	E&M	X		E
99368	Medical team conference with interdisciplinary team, member and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional	E&M	X		E
99441	Telephone evaluation and management (E/M) service provided by a physician to an established member, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5 – 10 minutes of medical discussion	E&M	X		E
99442	Telephone evaluation and management (E/M) service provided by a physician to an established member, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 – 20 minutes of medical discussion	E&M	X		E
99443	Telephone evaluation and management (E/M) service provided by a physician to an established member, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 – 30 minutes of medical discussion	E&M	X		E
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of member's disabling mental health problems per session (45 minutes or more)	Treatment	X		E
G0177	Training and educational services related to the care and treatment of member's disabling mental health problems per session (45 minutes or more)	Treatment	X		E
H0001	Alcohol and/or Drug (AOD) Assessment	Assessment	X		E
H0002	Behavioral Health screening to determine eligibility for admission to treatment program	Screening	X		E
H0004	Behavioral Health counseling and therapy, per 15 minutes	Treatment	X	X	15 M
H0005	Alcohol and/or drug services; group counseling	Treatment	X	X	1 H
H0006	Alcohol and/or drug services; case management	Treatment	X	X	15 M
H0010	Alcohol and/or drug services, acute detoxification (residential addiction program inpatient)	Residential	X		D

Code	Description	Primary Category	S P	(b) 3	Unit
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Residential	X		D
H0015	Alcohol and/or drug services; intensive outpatient program	Treatment			E
H0017	Behavioral Health; residential (hospital residential treatment program), without room and board, per diem	Residential	X		D
H0018	Behavioral Health; short-term residential (non-hospital residential treatment program), without room and board, per diem	Residential	X	X	D
H0019	Behavioral Health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Residential	X	X	D
H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)	Treatment	X	X	E
H0023	Behavioral Health outreach service (planned approach to reach a population) /Drop- In Center	Prevention/ Early Intervention or Treatment	X		15 M
H0025	Behavioral Health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)	Prevention/ Early Intervention	X		E
H0031	Mental health assessment, by non-physician	Assessment	X		E
H0032	Mental health service plan development by non-physician	Assessment	X	X	E
H0033	Oral medication administration, direct observation	Treatment	X	X	E
H0034	Medication training and support, per 15 minutes	Treatment	X	X	15 M
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Treatment	X	X	E
H0036	Community psychiatric supportive treatment, per 15 minutes	Treatment	X		15 M
H0037	Community psychiatric supportive treatment, per diem	Treatment	X	X	D
H0038	Self-help/peer services, per 15 minutes	Peer Support/ Recovery	X	X	15 M
H0039	Assertive community treatment, per 15 minutes	Treatment	X	X	15 M
H0040	Assertive community treatment program, per diem	Treatment	X	X	D
H0043	Supported housing, per diem	Residential	X	X	D
H0044	Supported housing, per month	Residential	X	X	M
H0045	Respite care services, not in the home, per diem	Respite Care		X	D
H2000	Comprehensive multidisciplinary evaluation	Assessment	X		E
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	X	X	1 H
H2014	Skills training and development, per 15 minutes	Treatment	X		15 M

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

APPENDIX E: CODES THAT REQUIRE MEDICARE PROCESSING BEFORE BILLING THE MEDICAID 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 Medicaid 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 member)
90847	Family psychotherapy (with member)
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

HCPCS	DESCRIPTION
99201	Deleted effective 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
99281	Requires problem focused history, problem focused examination straight forward medical decision making
99282	Requires expanded problem focused history, expanded problem focused examination low complexity medical decision making
99283	Requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making
99284	Requires detailed history, detailed examination moderate complexity medical decision making
99285	Requires comprehensive history, comprehensive examination high complexity medical decision making.
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

HCPCS	DESCRIPTION
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/member by hc pro
99367	Team conf w/o member by phys.
99368	Team conf w/member 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 F: CODES THAT REQUIRE COMMERCIAL INSURANCE PROCESSING BEFORE BILLING THE MEDICAID CAPITATED BEHAVIORAL HEALTH BENEFIT

When a Member has commercial insurance in addition to Medicaid, providers must process the following codes for payment through commercial insurance before billing the Medicaid 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 member)
90847	Family psychotherapy (with member)
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

HCPCS	DESCRIPTION
98966	Hc pro phone call 5-10 min
98967	Hc pro phone call 11-20 min
98968	Hc pro phone call 21-30 min
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
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.
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, 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/member by hc pro
99367	Team conf w/o member by phys.
99368	Team conf w/member by hc pro
99441	Telephone by phys 5-10 min
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.

APPENDIX G: REVENUE CODES COVERED UNDER THE MEDICAID CAPITATED BEHAVIORAL HEALTH BENEFIT

Medicaid allows the use of the following revenue codes (in addition to those represented in Appendix Q) under the Medicaid Capitated Behavioral Health Benefit:

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 H: 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 Medicaid Capitated Behavioral Health Benefit.

For the purposes of this guidance, the following billing provider types are considered Behavioral Health Specialty Provider Types:
Federal Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), for the purposes of this guidance, are not defined as Behavioral Health Specialty Providers.

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

Evaluation and Management (E/M) Codes
Evaluation and management codes are covered by the Medicaid 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 Medicaid 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 Medicaid 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 Medicaid Capitated Behavioral Health Benefit when they are billed with an E/M code covered under the Medicaid Capitated Behavioral Health Benefit.

90785	90833	90836	90838

Note: E/M codes that are not covered under the Medicaid 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 Medicaid 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 inpatient 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 Medicaid 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 Medicaid 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 Medicaid 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 Medicaid Capitated Behavioral Health Benefit when they are billed by a Behavioral Health Specialty Provider.

APPENDIX I: 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 member and/or family member
90833	Psychotherapy, 30 minutes with the member and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)
90834	Psychotherapy, 45 minutes with the member and/or family member
90836	Psychotherapy, 45 minutes with the member and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)
90837	Psychotherapy, 60 minutes with the member and/or family member
90838	Psychotherapy, 60 minutes with the member and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)
90839	Psychotherapy for Crisis, first 60 min
90840	Psychotherapy for Crisis, each additional 30 minutes (List separately in addition to code 90839 for primary service)
90846	Family psychotherapy (without the member present)
90847	Family psychotherapy (conjoint psychotherapy) (with member 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
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 30 minutes
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 minutes
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist member
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

CDHS – OBH Approved Behavioral Health Procedure Code List	
CPT/HCPCS Procedure Code	Description
	care professional, both time with the member and time interpreting test results and preparing the report; first hour
96121	Add on for 96116. Each additional hour (list separately in addition to code for primary procedure)
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of member data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to member, family member(s) or caregiver(s) when performed; first hour
96131	Add on for 96130. Each additional hour (list separately in addition to code for primary procedure)
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of member data, Interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to member, family member(s) or caregiver(s) when performed; first hour
96133	Add on for 96132. Each additional hour (list separately in addition to code for primary procedure)
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes
96137	Add on for 96136. Each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes
96139	Add on for 96138. Each additional 30 minutes (List separately in addition to code for primary procedure)
96146	Psychological or neuropsychological test administration with single automated instrument via electronic platform, with automated result only
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular
97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
98960	Education and training for member self-management
98962	Education and training for member 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.

CDHS - OBH Approved Behavioral Health Procedure Code List	
CPT/HCPCS Procedure Code	Description
98968	Telephone assessment and management provided by qualified non-physician health care professional.
99201	Code Deleted on 1/1/21
99202	Office or Other Outpatient Services: requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 1 5-29 minutes.
99203	Office or Other Outpatient Services: requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30-44 minutes.
99204	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and moderate complexity medical decision making. Typical time spent is 45-59 minutes.
99205	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 60-74 minutes.
99211	Office or Other Outpatient Services: Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.
99212	Office or Other outpatient Services: requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10-19 minutes.
99213	Office or Other outpatient Services: requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is 20-29 minutes.
99214	Office or Other Outpatient Services: requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 30-39 minutes.
99215	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40-54 minutes.
99217	Observation Care discharge day management when provided on a day other than day of admission.
99218	Initial observation care, per day, for the evaluation and management of a member: requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes
99219	Initial observation care, per day, for the evaluation and management of a member: requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes
99220	Initial observation care, per day, for the evaluation and management of a member: requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes
99221	Initial hospital care, per day, for the evaluation and management of a member (low severity)
99222	Initial hospital care, per day, for the evaluation and management of a member (moderate severity)

CDHS - OBH Approved Behavioral Health Procedure Code List	
CPT/HCPCS Procedure Code	**Description**
99223	Initial hospital care, per day, for the evaluation and management of a member (high severity)
99224	Subsequent hospital care, per day, for the evaluation and management of a member: requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes.
99225	Subsequent hospital care, per day, for the evaluation and management of a member: expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes.
99226	Subsequent hospital care, per day, for the evaluation and management of a member: requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 35 minutes.
99231	Subsequent hospital care, per day (stable, recovering or improving member)
99232	Subsequent hospital care, per day (member responding inadequately to therapy or has developed a minor complication)
99233	Subsequent hospital care, per day (unstable member or the development of significant complications or problems)
99234	Same day admit/discharge observation/inpatient Evaluation and Management services: requires detailed or comprehensive history, detailed or comprehensive exam, straight forward or low complexity med decision making, Typical time 40 minutes
99235	Same day admit/discharge observation/inpatient Evaluation and Management services: requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes
99236	Same day admit/discharge observation/inpatient Evaluation and Management services: requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes
99238	Discharge day management; 30 minutes or less
99239	Discharge day management; more than 30 minutes
99241	Office or other outpatient consultation for a new or established member. Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.
99242	Office or other Outpatient Consultations Evaluation and Management Services: requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes
99243	Office or other Outpatient Consultations Evaluation and Management Services: requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes
99244	Office or other Outpatient Consultations Evaluation and Management Services: requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes
99245	Office or other Outpatient Consultations Evaluation and Management Services: requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes

CDHS - OBH Approved Behavioral Health Procedure Code List	
CPT/HCPCS Procedure Code	**Description**
99251	Inpatient consultation for a new or established member; the presenting problem(s) are self-limited or minor
99252	Inpatient consultation for a new or established member; the presenting problem(s) are of low severity
99253	Inpatient consultation for a new or established member; the presenting problem(s) are of moderate severity
99254	Inpatient consultation for a new or established member; the presenting problem(s) are of moderate to high severity.
99255	Inpatient consultation for a new or established member; the presenting problem(s) are of moderate to high severity.
99281	Emergency Department Services: requires problem focused history, problem focused examination straight forward medical decision making
99282	Emergency Department Services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making
99283	Emergency Department Services: requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making
99284	Emergency Department Services: requires detailed history, detailed examination moderate complexity medical decision making
99285	Emergency Department Services: requires comprehensive history, comprehensive examination high complexity medical decision making.
99304	Initial Nursing Facility Care Services: requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes
99305	Initial Nursing Facility Care Services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes
99306	Initial Nursing Facility Care Services: requires comprehensive history, comprehensive examination high complexity medical decision-making Typical time is 45 minutes
99307	Subsequent Nursing Facility Services: requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes
99308	Subsequent Nursing Facility Services: requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes
99309	Subsequent Nursing Facility Services: requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes
99310	Subsequent Nursing Facility Services: requires comp interval history, comprehensive examination high complexity medical decision making, Typical time is 35 minutes
99315	Nursing Facility discharge services: nursing facility discharge day management; 30 minutes or less
99316	Nursing Facility discharge services: nursing facility discharge day management; more than 30 minutes

CDHS - OBH Approved Behavioral Health Procedure Code List	
CPT/HCPCS Procedure Code	Description
99318	Annual Nursing Facility Assessment: require detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30 minutes
99324	Domiciliary, rest home, custodial care services: requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes
99325	Domiciliary, rest home, custodial care services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes
99326	Domiciliary, rest home, custodial care services: requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes
99327	Domiciliary, rest home, custodial care services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes
99328	Domiciliary, rest home, custodial care services: requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes
99334	Domiciliary, rest home, custodial care services: requires problem focused interval history, problem focused examination straight forward medical decision making, Typical time 15 minutes
99335	Domiciliary, rest home, custodial care services: requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes
99336	Domiciliary, rest home, custodial care services: requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes
99337	Domiciliary, rest home, custodial care services: requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes
99341	Home care services: requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes
99342	Home care services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes
99343	Home care services: requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes
99344	Home care services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes
99345	Home care services: requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes
99347	Home care services: requires problem focused interval history, problem focused examination straight forward medical decision making, average time 15 minutes
99348	Home care services: requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making average time 25 minutes

CPT/HCPCS Procedure Code	Description
	CDHS – OBH Approved Behavioral Health Procedure Code List
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 member and/or family, 30 minutes or more, participation by a non-physician qualified health care professional
99367	Medical team conference with interdisciplinary team, member and/or family not present, 30 minutes or more, participation by physician
99368	Medical team conference with interdisciplinary team, member and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional
99441	Telephone evaluation and management (E/M) service provided by a physician to an established member, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5 – 10 minutes of medical discussion
99442	Telephone evaluation and management (E/M) service provided by a physician to an established member, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 – 20 minutes of medical discussion
99443	Telephone evaluation and management (E/M) service provided by a physician to an established member, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 – 30 minutes of medical discussion
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of member's disabling mental health problems per session (45 minutes or more)
G0177	Training and educational services related to the care and treatment of member's disabling mental health problems per session (45 minutes or more)
H0001	Alcohol and/or Drug (AOD) Assessment
H0002	Behavioral Health screening to determine eligibility for admission to treatment program
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs
H0004	Behavioral Health counseling and therapy, per 15 minutes
H0005	Alcohol and/or drug services; group counseling
H0006	Alcohol and/or drug services; case management
H0007	Alcohol and/or drug services; crisis intervention (outpatient)
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)

CDHS – OBH Approved Behavioral Health Procedure Code List	
CPT/HCPCS Procedure Code	**Description**
H0014	Alcohol and/or drug services; ambulatory detoxification
H0015	Alcohol and/or drug services; intensive outpatient program
H0017	Behavioral Health; residential (hospital residential treatment program), without room and board, per diem
H0018	Behavioral Health; short-term residential (non-hospital residential treatment program), without room and board, per diem
H0019	Behavioral Health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)
H0022	Alcohol and/or drug intervention service (planned facilitation)
H0023	Behavioral Health outreach service (planned approach to reach a population) /Drop- In Center
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)
H0025	Behavioral Health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol-free social events)
H0030	Behavioral Health, Hotline Services
H0031	Mental health assessment, by non-physician
H0032	Mental health service plan development by non-physician
H0033	Oral medication administration, direct observation
H0034	Medication training and support, per 15 minutes
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H0036	Community psychiatric supportive treatment, 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
H0040	Assertive community treatment program, per diem
H0043	Supported housing, per diem
H0044	Supported housing, per month
H0045	Respite care services, not in the home, per diem
H0046	Mental Health Services, Not Otherwise Specified
H0047	Alcohol and/or other drug abuse services; not otherwise specified
H0048	Alcohol and/or other drug testing; collection of handling only, specimens other than blood
H1000	Prenatal Care, At Risk Assessment
H1002	Care coordination prenatal/case management

CDHS – OBH Approved Behavioral Health Procedure Code List	
CPT/HCPCS Procedure Code	Description
H1003	Prenatal Care, at risk enhanced service, education
H1004	Prenatal follow up home visit
H1011	Family Assessment by a licensed Behavioral Health professional
H2000	Comprehensive multidisciplinary evaluation
H2001	Rehabilitation program, per ½ day
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral Health day treatment, per hour
H2013	Psychiatric Health Facility Service, Per Diem
H2014	Skills training and development, per 15 minutes
H2015	Comprehensive community support services, per 15 minutes
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2021	Community-based wrap-around services, per 15 minutes
H2022	Community-based wrap-around services, per diem
H2023	Supported employment, per 15 minutes
H2024	Supported employment, per diem
H2025	Ongoing support to maintain employment, per 15 minutes
H2026	Ongoing support to maintain employment, per diem
H2027	Psychoeducational service, per 15 minutes
H2030	Mental health Clubhouse services, per 15 minutes
H2031	Mental health Clubhouse services, per diem
H2032	Activity therapy, per 15 min
H2033	Multi-systemic therapy for juveniles, per 15 minutes
H2034	Halfway House
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
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S9445	Member 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
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

CDHS – OBH Approved Behavioral Health Procedure Code List	
CPT/HCPCS Procedure Code	Description
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
T2001	Non-emergency transportation

APPENDIX J: MEDICAID CAPITATED BEHAVIORAL HEALTH BENEFIT 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.
HK	Residential Services	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the member 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.
TM	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.
HM	Respite Services	Temporary or short-term care of a child, youth or adult member provided by adults other than the birth parents, foster/adoptive parents, family members or caregivers that the member normally resides with. Respite is designed to give the caregivers some time away from the member 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 members 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 members. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting, and supporting recovery.
TT	Recovery Services	Community-based services that promote self-management of 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.

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 *telemedicine (telehealth)* service/procedure was rendered. The modifier may be placed in modifier places 2-4.
HR	Family/Couple with Member Present	The modifier may be placed in modifier places 2-4.
HS	Family/Couple without Member Present	The modifier may be placed in modifier places 2-4.

APPENDIX K: PLACE OF SERVICE CODES

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 members.
02	Telehealth Provided Other than in Member's Home	The location where health services and health related services are provided or received, through telecommunication technology. Member is not located in their home when receiving health services or health related services through telecommunication technology.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service (IHS), which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
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	Telehealth Provided in Member's Home	The location where health services and health related services are provided or received through telecommunication technology. Member is located in their home (which is a location other than a hospital or other facility where the member receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Place of Service (POS) Codes		
Code	Name	Description
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 member 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 members 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 member 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 member 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 members seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under the supervision of physicians to members 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.

Place of Service (POS) Codes

Code	Name	Description
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 members 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[33]	A facility, other than a member's home, in which palliative and supportive care for terminally ill members 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 members 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)[34]	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

Place of Service (POS) Codes		
Code	Name	Description
		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 members 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)[35]	A facility which primarily provides health-related care and services above the level of custodial care to individuals with MR but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-Residential Substance Abuse Treatment Center	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, and psychological testing.
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as a public health center, pharmacy or mall, but may include a physician office setting.
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 members 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.

Place of Service (POS) Codes		
Code	Name	Description
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.

APPENDIX L: INTERACTIVE COMPLEXITY

Interactive Complexity
Revised 11/3/12

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

Definition
A new concept in 2013, interactive complexity refers to 4 specific communication factors *during* a visit that complicate delivery of the primary psychiatric procedure. Report with CPT add-on code **90785**.

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

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

Use in Conjunction With
The following psychiatric "primary procedures":
- Psychiatric diagnostic evaluation, 90791, 90792
- Psychotherapy, 90832, 90834, 90837
- Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M
- Group psychotherapy, 90853

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

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

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

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

Report 90785
When at least one of the following communication factors is present during the visit:
1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions or behaviors that interfere with implementation of the treatment plan.
3. Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

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

Complicating Communication Factor Must Be Present *During* the Visit
The following examples are *NOT* interactive complexity:
- Multiple participants in the visit with straightforward communication
- Patient attends visit individually with no sentinel event or language barriers
- Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors

APPENDIX M: 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
Members' 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
Interpersonal Skills - 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 - Promote shared decision-making	Trauma-Informed Support - Understand impact of trauma and responses to trauma - Demonstrate sensitivity and acceptance of individual experiences - Practice cultural sensitivity - Promote shared decision-making
Resources - Knowledge of community resources and those specific to Behavioral Health and physical Health and how to navigate the benefits system - Help individuals and families recognize their natural supports *Knowledge of public education and special education system and other child-serving systems	

*Item pertains specifically to Family Advocates Family Systems Navigators

Sources of Information and Input:

1. Advocates for Recovery – Colorado Core Competencies for Recovery Coaches, (2010)
2. Blanch, A., Filson, B., & Penney, D. Engaging Women in Trauma-Informed Peer Support: A Guidebook (2012)
3. Colorado Mental Health Advocates' Forum Peer Specialist Core Competencies, as adopted by the Colorado Department of Health Care Policy and Financing (HCPF) in its Medicaid Community Mental Health SeNicesProgram Request for Proposals released December 2008.
4. Colorado Mental Health Advocates' Forum Consensus Statement on Resiliency (2012)
5. Colorado Mental Health Advocates' Forum Consensus Statement on Trauma-Informed Care (2012)
6. National Federation of Families for Children's Mental Health Certified Parent Support Specialist Self- Assessment Training Checklist, Sept. 2011, from the National Federation website.
7. SAMHSA's Working Definition of Recovery (Dec. 2011), retrieved from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration website
8. House Bill 1193- Concerning Integrated System-of-Care Family Advocacy Programs for Mental Health Juvenile Justice Populations. (2011)

APPENDIX N: 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 member 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 member 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 member has been referred.
- Activities integral to the administration of foster care programs.
- Activities, for which a Medicaid eligible member may be eligible, but are integral to the administration of another non-medical program.

END NOTES

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

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

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

[4] 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).

[5] 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).

[6] 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] "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.

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

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

[11] 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.

[12] 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.

[13] With regard to inmember consultation, "counseling" refers to a discussion with the member 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 member and family education.

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

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

[16] 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.

[17] 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.

[18] 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).

[19] 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).

[20] 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.

[21] 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).

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

[23] Colorado Department of Health Care Policy & Financing (HCPF) (February, 2007). *Colorado Medical Assistance Program Provider Billing Manuals*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page B-35 – B-72.

[33] Colorado Department of Health Care Policy & Financing (HCPF) (October, 2004). *Colorado Medical Assistance Program Provider Billing Manuals*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page B-7 – B-33.

[xxv] National Uniform Claim Committee (NUCC) (November, 2008). *1500 Claim Form Map to the X12 837 Health Care Claim: Professional*. Falls Church, VA: Data Interchange Standards Association (DISA).

[xxvi] Ingenix (2008). *2009 Coders' Desk Reference for Procedures*. Eden Prairie, MN: Ingenix.

[xxvii] 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.

[xxviii] 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.

[xxix] 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.

[xxx] 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.

[xxxi] 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.

[xxxii] 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.

[33] § 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."

[34] §§ 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: inmember services; outmember 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."

[35] § 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.