

Appendix I: Procedure Codes Covered under the Medicaid Capitated Behavioral Health Benefit

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

Units are defined by 15 Minutes (15 M), 1 Hour (1 H), Encounter (E), Day (D), or Month (M)

The right two columns of this appendix indicate when a code must be processed by commercial insurance or Medicare (and Medicare replacement) before billing Medicaid.

The last page of this appendix lists the revenue codes that are covered under the Capitated Behavioral Health Benefit.

Code	Description	Primary Category	Unit	Comm Insure First	Medi-cae First
90785	Interactive complexity add-on	Treatment	E	X	X
90791	Psychiatric diagnostic eval	Assessment	E	X	X
90792	Psychiatric diagnostic eval with medical services	Assessment	E		X
90832	Psychotherapy w/ patient, 30 mins	Treatment	E	X	X
90833	Psychotherapy w/ patient when performed with an E/M service, 30 mins	E&M	E	X	X
90834	Psychotherapy w/ patient, 45 mins	Treatment	E	X	X
90836	Psychotherapy w/ patient when performed with an E/M service, 45 mins	E&M	E	X	X
90837	Psychotherapy w/ patient, 60 mins	Treatment	E	X	X
90838	Psychotherapy w/ patient when performed with an E/M service, 60 mins	E&M	E	X	X
90839	Psychotherapy for crisis, first 60 mins	Crisis	E	X	X
90840	Psychotherapy for crisis add-on, each add'l 30 mins	Crisis	30 M	X	X
90846	Family psychotherapy without the member present	Treatment	E	X	X
90847	Family psychotherapy with the member present	Treatment	E	X	X
90849	Multiple-family group psychotherapy	Treatment	E	X	X
90853	Group psychotherapy (other than of a multi-family group)	Treatment	E	X	X
90870	Electroconvulsive Therapy (ECT)	Treatment	E	X	X
00104	Anesthesia for Electroconvulsive Therapy	Treatment	E	X	X
90875	Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 30 mins	Treatment	E	X	
90876	Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 45 mins	Treatment	E	X	
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other	Assessment	E		X

	accumulated data to family or other responsible persons, or advising them how to assist member				
96116	Neurobehavioral Status Exam, first 60 mins	Assessment	1 H	X	X
96121	Neurobehavioral Status Exam add-on, each add'l 60 mins	Assessment	1 H	X	X
96130	Psychological testing evaluation by physician or other qualified health care professional, with interactive feedback to the member, family member(s) or caregiver(s), when performed, first 60 mins	Assessment	1 H	X	X
96131	Psychological testing evaluation by physician or other qualified health care professional add-on, each add'l 60 mins	Assessment	1 H	X	X
96132	Neuropsychological testing evaluation by physician or other qualified health care professional, with interactive feedback to the member, family member(s) or caregiver(s), when performed, first 60 mins	Assessment	1 H	X	X
96133	Neuropsychological testing evaluation by physician or other qualified health care professional add-on, each add'l 60 mins	Assessment	1 H	X	X
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 mins	Assessment	30 M	X	X
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each add'l 30 mins	Assessment	30 M	X	X
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 mins	Assessment	30 M	X	X
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each add'l 30 mins	Assessment	30 M	X	X
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	Assessment	E	X	X
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	Treatment	E	X	X
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 mins	Treatment	15 M	X	X
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 mins	Treatment	15 M	X	X
98966	Telephone assessment and management provided by qualified non-physician health care prof, 5-10 mins	Assessment	15 M	X	

98967	Telephone assessment and management provided by qualified non-physician health care prof, 11-20 mins	Assessment	15 M	X	
98968	Telephone assessment and management provided by qualified non-physician health care prof, 21-30 mins	Assessment	15 M	X	
99202	New Pt Office or Other Outpt Visit w/ Straightforward MDM, typically 15-29 mins	E&M	E	X	X
99203	New Pt Office or Other Outpt Visit w/ Low MDM, typically 30 - 44 mins	E&M	E	X	X
99204	New Pt Office or Other Outpt Visit w/ Moderate MDM, typically 45 - 59 mins	E&M	E	X	X
99205	New Pt Office or Other Outpt Visit w/ High MDM, typically 60-74 min	E&M	E	X	X
99211	Established Pt Office or Other Outpt Visit not requiring a Physician	E&M	E	X	X
99212	Established Pt Office or Other Outpt Visit w/ Straightforward MDM, typically 10- 19 mins	E&M	E	X	X
99213	Established Pt Office or Other Outpt Visit w/ Low MDM, typically 20- 29 mins	E&M	E	X	X
99214	Established Pt Office or Other Outpt Visit w/ Moderate MDM, typically 30 - 39 mins	E&M	E	X	X
99215	Established Pt Office or Other Outpt Visit w/ High MDM, typically 40 - 54 mins	E&M	E	X	X
99221	Initial hospital care with Straightforward or low level of medical decision making, per day, if using time, at least 40 minutes	E&M	E	X	X
99222	Initial hospital care with Straightforward or low level of medical decision making, per day, if using time, at least 55 minutes	E&M	E	X	X
99223	Initial hospital care with Moderate level of medical decision making, if using time, at least 75 minutes	E&M	E	X	X
99231	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	E&M	E	X	X
99232	Subsequent hospital care with moderate level of medical decision making, if using time, at least 35 minutes	E&M	E	X	X
99233	Subsequent hospital care with moderate level of medical decision making, if using time, at least 50 minutes	E&M	E	X	X
99234	Initial hospital care with same-day admission and discharge with straightforward or low level of medical decision making, per day, if using time, at least 45 minutes	E&M	E	X	X
99235	Initial hospital care with same-day admission and discharge with moderate level of medical decision making, per day, if using time, at least 70 minutes	E&M	E	X	X
99236	Initial hospital care with same-day admission and discharge with high level of medical decision making, per day, if using time, at least 85 minutes	E&M	E	X	X
99238	Inpt Hospital Discharge, 30 mins or less	E&M	E	X	X
99239	Inpt Hospital Discharge, More than 30 mins	E&M	E	X	X

99242	Outpatient consultation with straightforward medical decision making, if using time, at least 20 minutes	E&M	E	X	
99243	Outpatient consultation with low level of medical decision making, if using time, at least 30 minutes	E&M	E	X	
99244	Outpatient consultation with moderate level of medical decision making, if using time, at least 40 minutes	E&M	E	X	
99245	Outpatient consultation with high level of medical decision making, if using time, at least 55 minutes	E&M	E	X	
99252	Hospital consultation with straightforward medical decision making, if using time, at least 35 minutes	E&M	E	X	
99253	Hospital consultation with low level of medical decision making, if using time, at least 45 minutes	E&M	E	X	
99254	Hospital consultation with moderate level of medical decision making, if using time, at least 45 minutes	E&M	E	X	
99255	Hospital consultation with high level of medical decision making, if using time, at least 80 minutes	E&M	E	X	
99281	Emergency department visit for problem that may not require health care professional	E&M	E	X	X
99282	Emergency department visit with straightforward medical decision making	E&M	E	X	X
99283	Emergency department visit with low level of medical decision making	E&M	E	X	X
99284	Emergency department visit with moderate level of medical decision making	E&M	E	X	X
99285	Emergency department visit with high level of medical decision making	E&M	E	X	X
99304	Initial nursing facility care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	E&M	E	X	X
99305	Initial nursing facility care with moderate level of medical decision making, per day, if using time, at least 35 minutes	E&M	E	X	X
99306	Initial nursing facility care with high level of medical decision making, per day, if using time, at least 45 minutes	E&M	E	X	X
99307	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 10 minutes	E&M	E	X	X
99308	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 15 minutes	E&M	E	X	X
99309	Subsequent nursing facility care with moderate level of medical decision making, per day, if using time, at least 30 minutes	E&M	E	X	X
99310	Subsequent nursing facility care with high level of medical decision making, per day, if using time, at least 45 minutes	E&M	E	X	X
99315	Nursing Facility Discharge, 30 mins or less	E&M	E	X	X
99316	Nursing Facility Discharge, more than 30 mins	E&M	E	X	X
99341	Residence visit for new patient with straightforward medical decision making, per day, if using time, at least 15 minutes	E&M	E	X	X

99342	Residence visit for new patient with low level of medical decision making, per day, if using time, at least 30 minutes	E&M	E	X	X
99344	Residence visit for new patient with moderate level of medical decision making, per day, if using time, at least 60 minutes	E&M	E	X	X
99345	Residence visit for new patient with high level of medical decision making, per day, if using time, at least 75 minutes	E&M	E	X	X
99347	Residence visit for established patient with straightforward medical decision making, per day, if using time, at least 15 minutes	E&M	E	X	X
99348	Residence visit for established patient with low level of medical decision making, per day, if using time, at least 30 minutes	E&M	E	X	X
99349	Residence visit for established patient with moderate level of medical decision making, per day, if using time, at least 40 minutes	E&M	E	X	X
99350	Residence visit for established patient with high level of medical decision making, per day, if using time, at least 60 minutes	E&M	E	X	X
99366	Medical Team Conference w/ Interdisciplinary Team and Pt and/or Family and Participation by Nonphysician Health Care Professional, 30 mins or more	E&M	E	X	X
99367	Medical Team Conference w/ Interdisciplinary Team w/out Pt and/or Family and Participation by Physician, 30 mins or more	E&M	E	X	X
99368	Medical Team Conference w/ Participation by Nonphysician Health Care Professional, 30 mins or more	E&M	E	X	X
99441	Telephone E/M service by a physician or other qualified health care professional, 5-10 mins	E&M	E	X	
99442	Telephone E/M service by a physician or other qualified health care professional, 11-20 mins	E&M	E	X	
99443	Telephone E/M service by a physician or other qualified health care professional, 21-30 mins	E&M	E	X	
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 mins or more	Treatment	E		
G0177	Training and educational services related to the care and treatment of member's disabling mental health problems per session, 45 mins or more	Treatment	E		
H0001	Alcohol and/or Drug (AOD) Assessment	Assessment	E		
H0002	Behavioral Health screening to determine eligibility for admission to treatment program	Screening	E		
H0004	Behavioral Health counseling and therapy, per 15 mins	Treatment	15 M		
H0005	Alcohol and/or drug services; group counseling by a clinician	Treatment	1 H		
H0006	Alcohol and/or drug services; case management	Treatment	15 M		
H0010	Clinically managed residential withdrawal management: ASAM level 3.2WM, per diem	Residential	D		

H0011	Clinically managed residential withdrawal management: ASAM level 3.7WM, per diem	Residential	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	D		
H0018	Behavioral Health; short-term residential (non-hospital residential treatment program), without room and board, per diem	Residential	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	D		
H0020	Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program)	Treatment	E		
H0023	Behavioral Health outreach service (planned approach to reach a population)	Prev/EI	15 M		
H0025	Behavioral Health prevention education service	Prev/EI	E		
H0031	Mental health assessment by non-physician	Assessment	E		
H0032	Mental health service plan development by non-physician	Assessment	E		
H0033	Oral medication administration, direct observation	Treatment	E		
H0034	Medication training and support, per 15 mins	Treatment	15 M		
H0035	Mental health partial hospitalization, less than 24 hours	Treatment	E		
H0036	Community psychiatric supportive treatment, per 15 mins	Treatment	15 M		
H0037	Community psychiatric supportive treatment, per diem	Treatment	D		
H0038	Self-help/peer services, per 15 mins	Peer Support/ Recovery	15 M		
H0039	Assertive community treatment, per 15 mins	Treatment	15 M		
H0040	Assertive community treatment program, per diem	Treatment	D		
H0043	Supported housing, per diem	Residential	D		
H0044	Supported housing, per month	Residential	M		
H0045	Respite care services, not in the home, per diem	Respite Care	D		
H0046	Drop-In Center	Prev/EI or Treatment	15M		
H2000	Comprehensive multidisciplinary evaluation	Assessment	E		
H2001	Rehabilitation program, per ½ day	Treatment	E		
H2011	Crisis intervention service, per 15 mins	Crisis	15 M		
H2012	Behavioral Health day treatment, per hour	Treatment	1 H		
H2014	Skills training and development, per 15 mins	Treatment	15 M		
H2015	Comprehensive community support services, per 15 mins	Peer Support/ Recovery	15 M		

H2016	Comprehensive community support services, per diem	Peer Support/ Recovery	D		
H2017	Psychosocial rehabilitation services, per 15 mins	Treatment	15 M		
H2018	Psychosocial rehabilitation services, per diem	Treatment	D		
H2021	Community-based wrap-around services, per 15 mins	Treatment	15 M		
H2022	Community-based wrap-around services, per diem	Treatment	D		
H2023	Supported employment, per 15 mins	Treatment	15 M		
H2024	Supported employment, per diem	Treatment	D		
H2025	Ongoing support to maintain employment, per 15 mins	Treatment	15 M		
H2026	Ongoing support to maintain employment, per diem	Treatment	D		
H2027	Psychoeducational service, per 15 mins	Treatment	15 M		
H2030	Mental health Clubhouse services, per 15 mins	Treatment	15 M		
H2031	Mental health Clubhouse services, per diem	Treatment	D		
H2032	Activity therapy, per 15 mins	Treatment	15 M		
H2033	Multisystemic therapy for juveniles, per 15 mins	Treatment	15 M		
H2036	Alcohol and/or other drug treatment program, per diem	Residential	D		
S5150	Unskilled respite care, not hospice; per 15 mins	Respite Care	15 M		
S5151	Unskilled respite care, not hospice; per diem	Respite Care	D		
S9445	Member education, not otherwise classified, non-physician provider, individual	Treatment	E		
S9453	Smoking cessation classes, non-physician provider, per session	Prev/EI	E		
S9454	Stress management classes, non-physician provider, per session	Prev/EI	E		
S9480	Intensive outpatient psychiatric (IOP) services, per diem	Treatment	D		
S9485	Crisis intervention mental health services, per diem	Crisis	D		
T1005	Respite care services, 15 mins	Respite Care	15 M		
T1017	Targeted Case management, each 15 mins	Treatment	15 M		

The following revenue codes (in addition to those represented in Appendix Q) are covered under the Medicaid Capitated Behavioral Health Benefit:

Code	Description
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
0911	BEHAVIORAL HEALTH TREATMENT/SERVICES-EXTENSION OF 090X*** Psychiatric Residential Treatment Facilities (PRTF) should bill using this code
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
1002	Medically Monitored Inpatient Withdrawal Management**
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