

# State Behavioral Health Services Billing Manual

## July 2025



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# INTRODUCTION

The first edition of this billing manual was published in 2009 to establish statewide coding standards for Behavioral Health (BH) services covered by various state funding sources. This was created in response to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that initiated a national coding system for medical, mental health, and substance use disorder services. The original title of this manual was the Uniform Service Coding Standards (USCS) Manual. The title was changed in July 2023 to identify the scope of the manual more easily as more providers from various sectors of Colorado's BH system were providing services covered by State funding.

Colorado's BH system has experienced significant transformation over the years this manual has been in use. Most importantly was the creation of the Behavioral Health Administration (BHA) in July 2022. BHA became the single entity responsible for driving coordination and collaboration across State agencies to address behavioral health needs. BHA's mission is to co-create a people-first behavioral health system that meets the needs of all people in Colorado. BHA oversees and regulates Colorado's comprehensive public behavioral health care system for mental health (MH) and substance use disorder (SUD) services [together referred to as Behavioral Health (BH) services]. BHA is responsible for the administration of service contracts that provide BH services provided to the non-Medicaid population, or for services not covered by Medicaid. Specifically, the Community Behavioral Health (CBH) Division of BHA oversees, and purchases substance use and mental health prevention, treatment, and recovery services across Colorado. CBH works to ensure quality and effective behavioral health programming in community settings and in partnership with consumers, families, and communities. Recipients of BH services will be referred to as 'members' throughout this manual even though BHA services do not require enrollment to be eligible for services.

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 BH treatment 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.

This billing manual is published to detail services covered under the Medicaid Capitated Behavioral Health Benefit, provide common service definitions for service codes that are used

by both BHA and HCPF, and outline guidance in coding formats that follow national standards. The clinical coding systems currently used in the United States, and which are used in The Billing Manual, are:

- *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*
- *Current Procedural Terminology (CPT®), Professional Edition*. CPT codes, descriptions and other data only are copyright 1995 - 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association (AMA).
- *Healthcare Common Procedure Coding System (HCPCS)*

This billing manual is a living document that is updated as needed to maintain consistency between BHA contracts, Medicaid State Plan Amendments, the 1915 (b)(3) waiver, Managed Care Entity (MCE) contract, and coding guidelines. For questions seeking clarification or additional guidance related to Medicaid covered services detailed in this manual please email [hcpf\\_bhcoding@state.co.us](mailto:hcpf_bhcoding@state.co.us), or for BHA covered services and contracts, please email [cdhs\\_bha\\_provider\\_support@state.co.us](mailto:cdhs_bha_provider_support@state.co.us). Please submit any suggestions to add, delete or change coding guidance in this manual to your MCE(s) or BHA 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.

## BEHAVIORAL HEALTH POLICIES AND STANDARDS

[Definition of Medical Necessity](#)

[Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#)

[Covered Diagnoses](#)

[Service Documentation Standards](#)

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## PROCEDURE CODE PAGE OUTLINE

Individual procedure code pages are listed in numerical and alphanumerical order. Each CPT code falls into one of ten primary categories of service, or “Service categories”. These categories are

not listed on the individual pages but can be found in Appendix I.

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 Short Description** - A brief narrative description of the procedure code based on the definitions from the *2022 Coders' Desk Reference for Procedures*<sup>14</sup> and/or the CMS.<sup>15</sup>
- **Applicable Population(s)** - Any limitations on the use of the procedure code or service based on age.<sup>16</sup>
- **Unit** - The amount of time for a time-based procedure code (i.e., per 15 minutes [MIN], per hour [HOUR], per diem [DAY], per month [MON]), or the number of occurrences (i.e., session, encounter [ENC]) 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.<sup>17</sup> For encounter-based procedure codes, the minimum and maximum time allowed should be considered general guidance, unless otherwise specified in the procedure code description.
- **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.
  - **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.)
  - **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.
  - **Minimum Documentation Requirements** - This section was deleted from each coding page on Jan 1, 2022. See general documentation guidelines in Section VIII. Service Documentation Standards. Any unique standards for a specific code will be detailed in this center section of the coding page
- **Modifiers/Program Service Category(ies)** - 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.<sup>18</sup>
- **Place of Service (POS)** - CMS maintains a list of Place of Service (POS) codes that indicate the actual place(s) or location(s) where the procedure code or service may 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.

- **Service Provider** - The staff credentials allowed to render the service or procedure, unless specifically restricted by the procedure code description.<sup>19</sup> For a list of service providers with definitions/references to authority see Appendix J.
- **Provider Types That Can Bill** - The individual or organization that bills Medicaid for the ordered/referred service provided to the member. This can be the entity employing or supervising the practitioner who provided the service to the member. A list of Medicaid PTs can be found in Appendix L.

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

CODE	Short Description of HCPCS/CPT Code	UNIT
Modifiers Text Here Modifiers Text Modifiers Text Modifiers Text Modifiers Text Modifiers Text	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> text <b>Max:</b> text
<b>Place of Service</b> <ul style="list-style-type: none"> <li>• 03 School</li> <li>• 04 Shelter</li> <li>• 11 Office</li> <li>• 12 Home</li> <li>• 13 ACF</li> <li>• 14 Grp Home</li> <li>• 15 Mobile Unit</li> <li>• 21 Inpt Hosp</li> <li>• 22 Outpt Hosp</li> <li>• 23 ER</li> <li>• 31 SNF</li> <li>• 32 NF</li> <li>• 33 Cust Care</li> <li>• 34 Hospice</li> <li>• 50 FQHC</li> <li>• 51 Inpt PF</li> <li>• 52 PF-PHP</li> <li>• 53 CMHC</li> <li>• 54 ICF-MR</li> <li>• 56 PRTC</li> <li>• 72 RHC</li> <li>• 99 Other</li> </ul>	<b>Service Description:</b> (Including example activities)	<b>Service Provider</b> <ul style="list-style-type: none"> <li>• Peer Specialist</li> <li>• QMAP</li> <li>• Bach Level</li> <li>• Intern</li> <li>• Unlicensed Master's Level</li> <li>• Unlicensed EdD/ PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/ PhD/PsyD</li> <li>• LAC</li> <li>• CAT</li> <li>• CAS</li> <li>• LPN/LVN</li> <li>• RN</li> <li>• APN</li> <li>• RxN</li> <li>• PA</li> <li>• MD/DO</li> </ul>
	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements)	<b>Provider Types That Can Bill:</b> 01, 02, 05, 10, 16, 20, 21, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64



90785	Interactive complexity add-on	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>55 RSATF</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 90785 is an add-on code specific for psychiatric services and refers to communication difficulties during the psychiatric procedure. Interactive complexity may be reported when at least one of the following communication difficulties is present:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Caregiver emotions/behavior that interfere with implementation of the treatment plan.</li> <li>Evidence/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.</li> <li>Use of play equipment or other physical devices to overcome barriers to therapeutic or diagnostic interaction.</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements). Please see the following link for additional guidance for billing this code: <a href="https://www.apaservices.org/practice/reimbursement/health-codes/2022-reporting-interactive-complexity">https://www.apaservices.org/practice/reimbursement/health-codes/2022-reporting-interactive-complexity</a></p> <p>Do not report 90785 for the purpose of translation or interpretation services.</p> <p><b>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</b></p> <p>Add-on codes may only be reported in conjunction with other codes, never alone. Do not report the CPT add-on code for Interactive Complexity in conjunction with Psychotherapy for crisis codes or in conjunction with E/M services when no psychotherapy service is also reported.</p> <p>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).</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations.</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>

90791	Psychiatric Diagnostic Evaluation	ENC
	<p><b>Service Description:</b> (Including example activities) Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, presenting concerns, determining diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs, and make recommendations and necessary referrals or open to treatment.</p>	<p><b>Min:</b> N/A <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-M</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p>The evaluation may include communication with family, friends, co- workers, or other sources and review and ordering of diagnostic studies. In certain circumstances one or more informants (family members, guardians, or significant others) may be seen in lieu of the member. Report services as being provided to the member and not the informant or other party in such circumstances.</p> <p>* BA-level MHPs use procedure code H0031. * Prescribers use procedure code 90792.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p> <p>Code 90791 is used for assessment(s) and re-assessment(s), if required, and does not include psychotherapeutic services. Psychotherapy services may not be reported on the same day.</p> <p>Code 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.</p> <p><b>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</b></p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>APN</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 51, 52, 64, 77, 78</p>

90792	Psychiatric diagnostic evaluation with medical services	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>55 RSATF</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) Psychiatric diagnostic evaluation is an integrated biophysical and medical assessment, including physical examination elements as indicated, medication history, psychosocial history, presenting concerns, mental status, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs, and make recommendations and necessary referrals or open to treatment. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.</p> <p>In certain circumstances one or more informants (family members, guardians, or significant others) may be seen in lieu of the member. Report services as being provided to the member and not the informant or other party in such circumstances.</p> <p>* This code is for Prescribers (or prescriber interns) only.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p> <p>Code 90792 is used for assessment(s) and re-assessment (s), if required, and does not include psychotherapeutic services. Psychotherapy services may not be reported on the same day.</p> <p>Code 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.</p> <p>Code 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.</p> <p>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Intern</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 25, 26, 30, 32, 39, 41, 45, 51, 52, 64, 77, 78</p>

90832	Psychotherapy with member, 30 mins	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 16 mins Max: 37 mins
	<b>Service Description:</b> (Including example activities) 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.	<b>Service Provider</b> <ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul>
<b>Place of Service</b> <ul style="list-style-type: none"> <li>• 03 School</li> <li>• 04 Shelter</li> <li>• 11 Office</li> <li>• 12 Home</li> <li>• 13 ALF</li> <li>• 14 Grp Home</li> <li>• 15 Mobile Unit</li> <li>• 21 Inpt Hosp</li> <li>• 22 Outpt Hosp</li> <li>• 23 ER</li> <li>• 27 Outreach site/Street</li> <li>• 31 SNF</li> <li>• 32 NF</li> <li>• 33 Cust Care</li> <li>• 34 Hospice</li> <li>• 50 FQHC</li> <li>• 51 Inpt PF</li> <li>• 52 PF-PHP</li> <li>• 53 CMHC</li> <li>• 54 ICF-MR</li> <li>• 56 PRTC</li> <li>• 61 CIRF</li> <li>• 72 RHC</li> <li>• 99 Other</li> </ul>	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.  <b>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</b>  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

90833	ADD-ON Psychotherapy with member when performed with an E/M service, 30 mins	ENC
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 16 mins <b>Max:</b> 37 mins</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Incidental telephone conversations and consultations are not reportable as psychotherapy.</p> <p>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.</p> <p>Services provided to a member in a crisis state should be 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.</p> <p>Use add-on code 90785 for interactive complexity as appropriate.</p> <p>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Intern</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b> 64, 78</p>

90834	Psychotherapy with member, 45 mins	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 38 mins Max: 52 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) Psychotherapy with a member.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.  Services provided to a member in a crisis state should be 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. 90785 cannot be billed if 2 units of 90834 are billed.  <b>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</b>  <b>EXTENDED ENCOUNTER:</b> A provider can bill two units of 90834 as an extended encounter for a session scheduled for more than 74 mins. 90785 cannot be billed with an extended encounter.	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul>
	See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

Psychotherapy Encounter Coding by Minutes	
16-37	90832
38-52	90834
53-74	90837
75-90+	90834 x 2

90836	ADD-ON Psychotherapy with member when performed with an E/M service, 45 mins	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 38 mins Max: 52 mins
	<b>Service Description:</b> (Including example activities) 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.	<b>Service Provider</b> <ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul>
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 21 Inpt Hosp</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 27 Outreach site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 34 Hospice</li> <li>▪ 50 FQHC</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 61 CIRF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Incidental telephone conversations and consultations are not reportable as psychotherapy.  If psychotherapy is provided by a prescriber with an evaluation and management service, 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.  Services provided to a member in a crisis state should be 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.  <b>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</b>  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Provider Types That Can Bill:</b>  64, 78



90837	Psychotherapy with member, 60 mins	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 53 mins Max: 74 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.  <b>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</b>  <b>EXTENDED ENCOUNTER:</b> When an appointment is scheduled for longer than 74 mins to accommodate an evidence-based modality (e.g. EMDR), a provider can bill two units of 90834 for this extended encounter. See Note on 90834.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78



90838	ADD-ON Psychotherapy with member when performed with an E/M service, 60 mins	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 53 mins <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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. Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service. Use add-on code 90785 for interactive complexity as appropriate. See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 64, 78

90839	Psychotherapy for Crisis, first 60 mins	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 31 mins Max: 74 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>49 Ind Clinic</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>57 NRSATF</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <b>Example Activities:</b> <ul style="list-style-type: none"> <li>Unscheduled therapy session (e.g. walk-in, urgent session), or scheduled session that presents a crisis situation, that provides 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.</li> <li>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).</li> <li>Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors.</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) *Less than 30 minutes should be billed as 90832 or 90833. Use 90840 for each additional 30 minutes of service.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/ PsyD</li> <li>LAC</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 24, 25, 26, 30, 32, 37, 38, 39, 41, 45, 51, 64, 77/389, 78,

90839	Mobile Crisis Response (MCR), first 60 mins	ENC
First position modifier: ET	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p> <p><b>Service Description:</b> (Including example activities) Urgent community-based crisis intervention, screening, assessment, de-escalation and stabilization, safety planning, and coordination with and referrals to appropriate resources, including health, social, and other services and supports.</p>	<p><b>Min:</b> 31 mins <b>Max:</b> 74 mins</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>15 Mobile Unit</li> </ul>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>a) Coordination with Colorado Crisis Services/988 dispatch personnel</li> <li>b) Coordination with Law Enforcement and/or Emergency Medical Services personnel</li> <li>c) On-site and/or telehealth response to crisis situations</li> <li>d) Provide de-escalation techniques</li> <li>e) Perform BHA Crisis Assessment, in addition to the Columbia Suicide Severity Rating Scale</li> <li>f) Use of Naloxone or other harm reduction strategies and supplies to address overdose</li> <li>g) Consultation with Intervening Professionals as defined in Section 27-65-102(20), C.R.S.</li> <li>h) Short-term interventions, stabilization in place</li> <li>i) Safety planning</li> <li>j) On-site triage to appropriate treatment modalities</li> <li>k) Referrals to community resources</li> <li>l) Follow-Up post crisis intervention</li> <li>m) Care coordination</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) MCR providers should use H2011 ET for each additional 15 mins of service after the first 60 minutes of contact.</p> <p>MCR providers <b>should</b> include a crisis professional in person or via telehealth for the first hour of service. MCR services are intended to be provided in homes and communities, not in facilities providing 24-hour care, prisons and jails, or outpatient settings that offer crisis services. Any MCR disposition to law enforcement intervention cannot be billed.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Crisis Professional</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b> 78, 95/772</p>

90840	ADD-ON Psychotherapy for Crisis, each additional 30 mins	MINS
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 30 mins <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 21 Inpt Hosp</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 34 Hospice</li> <li>▪ 50 FQHC</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 61 CIRF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities)</p> <ul style="list-style-type: none"> <li>• Unscheduled therapy session (e.g. walk-in, urgent session), or scheduled session that presents a crisis situation, that provides 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.</li> <li>• 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).</li> <li>• Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors.</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  <b>*90840</b> 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.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD /PsyD</li> <li>▪ LAC</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 24, 25, 26, 30, 32, 37, 38, 39, 41, 45, 51, 64, 77/389, 78</p>

90846	Family Psychotherapy without the member present	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 26 mins <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>49 Ind Clinic</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>57 NRSATF</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>Observing and correcting, through psychotherapeutic techniques, a member's interaction(s) with family members</li> <li>Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing member</li> <li>Providing parents specific feedback and strategies for managing child's behavior</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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 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.  <b>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</b>  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

90847	Family Psychotherapy with the member present	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 26 mins <b>Max:</b> 74 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>22 Outpt Hosp</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>49 Ind Clinic</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>57 NRSATF</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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 the 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.</p> <ul style="list-style-type: none"> <li>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)</li> <li>Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session</li> <li>Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing member</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p><b>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</b></p> <p><b>EXTENDED ENCOUNTER:</b> When an appointment is scheduled for longer than 74 mins to address dyadic or family system factors that impact the functioning of the member with family members present, a provider can bill two units of 90834 for this extended encounter. See Note on 90834.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>

90849	Multiple-family Group psychotherapy	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 30 mins <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>22 Outpt Hosp</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other POS</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p>An example would be a multi-family therapy group where the child is not present in the therapy group.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p>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.</p> <p>Multi-family groups that are not therapeutic but provide psychoeducation, prevention or earlier intervention services use code H0025.</p> <p>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>



90853	Group psychotherapy (other than a multiple-family group)	ENC
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 45 mins (adult) 30 mins (children) <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 50 FQHC</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 61 CIRF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Personal dynamics of a member may be discussed by group and dynamics of group may be explored at same time</li> <li>• Interpersonal interactions, support, emotional catharsis, and reminiscing</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p>Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations.</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>



90870	Electroconvulsive Therapy (ECT)	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 1 unit per day <b>Max:</b> 2 units per day
<b>Place of Service</b> <ul style="list-style-type: none"> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>56 PRTC</li> </ul>	<b>Service Description:</b> (Including example activities) 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.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  Anesthesia for this procedure is included in this code. Do not bill separately.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>CRNA</li> <li>MD/DO</li> </ul>
		<b>Provider Types That Can Bill:</b>  01, 02, 05, 26

00104	Anesthesia for Electroconvulsive Therapy	ENC
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> N/A <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>▪ 21 Inpt Hosp</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 56 PRTC</li> </ul>	<p><b>Service Description:</b> (Including example activities) Anesthesia administration to members undergoing Electroconvulsive therapy (90870). ECT is usually administered by a team of trained medical professionals that includes a psychiatrist, an anesthesiologist, and a nurse or physician assistant.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Anesthesia administration can be a part of an all-inclusive encounter rate under the ECT procedure (90870), or as a distinct professional service using 00104 as determined by a provider's contract with the RAE. When billing outside of an all-inclusive rate, anesthesia providers should bill their professional services using 00104.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ CRNA</li> <li>▪ MD/DO</li> </ul>
		<p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 26</p>

90875	Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 30 mins	ENC
<b>Place of Service</b> <ul style="list-style-type: none"> <li>• 11 Office</li> <li>• 22 Outpt Hosp</li> <li>• 50 FQHC</li> <li>• 53 CMHC</li> <li>• 61 CIRF</li> <li>• 72 RHC</li> </ul>	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 16 mins <b>Max:</b> 37 mins
	<b>Service Description:</b> (Including example activities) 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. <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Biofeedback training may not be suitable for some members, including those with a pacemaker/other implantable electrical device: 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 VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>• Intern</li> <li>• Unlicensed Master's Level</li> <li>• Unlicensed EdD/ PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/PsyD</li> <li>• LAC</li> <li>• RN</li> <li>• APN</li> <li>• RxN</li> <li>• PA</li> <li>• MD/DO</li> </ul>
		<b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

90876	Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 45 mins	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 38 mins <b>Max:</b> N/A
	<b>Service Description:</b> (Including example activities) 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.	<b>Service Provider</b> <ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/ PhD/PsyD</li> <li>▪ LAC</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul>
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 11 Office</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 50 FQHC</li> <li>▪ 53 CMHC</li> <li>▪ 61 CIRF</li> <li>▪ 72 RHC</li> </ul>	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Biofeedback training may not be suitable for some members, including those with a pacemaker/other implantable electrical device; 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 VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Provider Types That Can Bill:</b>  01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

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	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>• Interpretation of results of exam or testing</li> <li>• Discussion regarding results of exam or testing</li> <li>• Discussion of assistance family members can give member</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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 another responsible person.</p> <p>See Section VIII. Service Documentation Standards in this coding manual or documentation expectations</p>	<b>Service Provider</b>
<b>Place of Service</b>		<ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul>
<ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 21 Inpt Hosp</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 34 Hospice</li> <li>▪ 50 FQHC</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 61 CIRF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>		
		<p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>

96116	Neurobehavioral status exam, first 60 mins	HOUR
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 31 mins <b>Max:</b> 60 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>54 ICF-MR</li> <li>55 RSATF</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) (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; 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.</p> <ul style="list-style-type: none"> <li>Differential diagnosis between psychogenic and neurogenic syndromes</li> <li>Delineation of neurocognitive effects of central nervous system (CNS) disorders</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Intern</li> <li>Licensed EdD/PhD/PsyD</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 78</p>

96121	ADD-ON Neurobehavioral status exam, each add'l 60 mins	HOUR
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 31 mins <b>Max:</b> 60 mins</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 21 Inpt Hosp</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 34 Hospice</li> <li>▪ 50 FQHC</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 55 RSATF</li> <li>▪ 56 PRTC</li> <li>▪ 61 CIRF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>• Differential diagnosis between psychogenic and neurogenic syndromes</li> <li>• Delineation of neurocognitive effects of central nervous system (CNS) disorders</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) <b>*ADD-ON</b> Use in conjunction with 96116 If neurobehavioral status exam services are performed by an intern, they must be supervised by a licensed psychologist.</p> <p>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.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>

96130	Psychological testing evaluation by physician or other qualified health care professional with interactive feedback to member, family member(s) or caregiver(s), when performed, first 60 mins	HOUR
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 31 mins <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>55 RSATF</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) Interpret tests; integrate member data; make clinical decision; diagnosis and/or create treatment planning; provide interactive feedback, when performed; and create report. <ul style="list-style-type: none"> <li>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.</li> <li>Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) If psychological testing services are performed by an intern or unlicensed service provider, services must be supervised and at the direction of a licensed provider, even though their presence is not required during administration. The licensed service provider ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance.  All providers may perform diagnostic psychological and neuropsychological tests only if these services fall within their scope of practice.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78



96131	ADD-ON Psychological testing evaluation services by physician or other qualified health care professional, each add'l 60 mins	HOUR
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 31 mins <b>Max:</b> 60 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>55 RSATF</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) Interpret tests; integrate member data; make clinical decision; diagnosis and/or create treatment planning; provide interactive feedback, when performed; and create report. <ul style="list-style-type: none"> <li>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.</li> <li>Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) <b>*ADD-ON</b> Use in conjunction with 96130  If psychological testing services are performed by an intern or unlicensed service provider, services must be supervised and at the direction of a licensed provider, even though their presence is not required during administration. The licensed service provider ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance.	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul>
	All providers may perform diagnostic psychological and neuropsychological tests only if these services fall within their scope of practice.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Provider Types That Can Bill:</b>  01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

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	HOUR
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 31 mins <b>Max:</b> 60 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) Interprets tests; integrate member data; make clinical decision; diagnose and/or create treatment planning; provide interactive feedback, when performed; and create report. <ul style="list-style-type: none"> <li>Differential diagnosis between psychogenic and neurogenic syndromes</li> <li>Delineation of neurocognitive effects of central nervous system (CNS) disorders</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) If psychological testing services are performed by an intern or unlicensed service provider, services must be supervised and at the direction of a licensed provider, even though their presence is not required during administration. The licensed service provider ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance.  All providers may perform diagnostic psychological and neuropsychological tests only if these services fall within their scope of practice.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/Ps yD</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

96133	ADD-ON Neuropsychological testing evaluation by physician or other qualified health care professional, each add'l 60 mins	HOUR
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 31 mins <b>Max:</b> 60 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) Interprets tests; integrate member data; make clinical decision; diagnose and/or create treatment planning; provide interactive feedback, when performed; and create report. <ul style="list-style-type: none"> <li>Differential diagnosis between psychogenic and neurogenic syndromes</li> <li>Delineation of neurocognitive effects of central nervous system (CNS) disorders</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) <b>*ADD-ON</b> Use in conjunction with 96132 If psychological testing services are performed by an intern or unlicensed service provider, services must be supervised and at the direction of a licensed provider, even though their presence is not required during administration. The licensed service provider ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance.  All providers may perform diagnostic psychological and neuropsychological tests only if these services fall within their scope of practice.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/Ps yD</li> <li>APN</li> <li>RxN</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

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	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 16 mins <b>Max:</b> 30 mins
	<b>Service Description:</b> (Including example activities) 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.	<b>Service Provider</b>
<b>Place of Service</b>	<ul style="list-style-type: none"> <li>Differential diagnosis between psychogenic and neurogenic syndromes</li> <li>Delineation of neurocognitive effects of central nervous system (CNS) disorders</li> </ul>	<ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul>
<ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  If psychological testing services are performed by an intern or unlicensed service provider, services must be supervised and at the direction of a licensed provider, even though their presence is not required during administration. The licensed service provider ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance.</p> <p>All providers may perform diagnostic psychological and neuropsychological tests only if these services fall within their scope of practice.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

96137	ADD-ON 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	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 16 mins <b>Max:</b> 30 mins
	<b>Service Description:</b> (Including example activities) 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.	
<b>Place of Service</b>	<ul style="list-style-type: none"> <li>Differential diagnosis between psychogenic and neurogenic syndromes</li> <li>Delineation of neurocognitive effects of central nervous system (CNS) disorders</li> </ul>	<b>Service Provider</b>
<ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  <b>*ADD-ON</b> Use in conjunction with 96136  If psychological testing services are performed by an intern or unlicensed service provider, services must be supervised and at the direction of a licensed provider, even though their presence is not required during administration. The licensed service provider ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance.</p> <p>All providers may perform diagnostic psychological and neuropsychological tests only if these services fall within their scope of practice.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul>
		<b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

96138	Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method; first 30 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 16 mins <b>Max:</b> 30 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>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.</li> <li>Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) If psychological testing services are performed by an intern or unlicensed service provider, services must be supervised and at the direction of a licensed provider, even though their presence is not required during administration. The licensed service provider ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance.  All providers may perform diagnostic psychological and neuropsychological tests only if these services fall within their scope of practice.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

96139	ADD-ON Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method, each add'l 30 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 16 mins <b>Max:</b> 30 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>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.</li> <li>Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  <b>*ADD-ON</b> *Use in conjunction with 96138  If psychological testing services are performed by an intern or unlicensed service provider, services must be supervised and at the direction of a licensed provider, even though their presence is not required during administration. The licensed service provider ensures that the testing environment offers adequate privacy and confidentiality and maximizes the examinee's performance.  All providers may perform diagnostic psychological and neuropsychological tests only if these services fall within their scope of practice.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b>  01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

96146	Psychological or neuropsychological test administration with single automated instrument via electronic platform, with automated result only	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
	<b>Service Description:</b> (Including example activities) <ul style="list-style-type: none"> <li>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.</li> <li>Computer based testing with a child/adolescent to assess neurocognitive abilities.</li> <li>Testing when treatment interventions are ineffective and neuropsychological deficits are expected.</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) *If test is administered by a physician, other qualified health care professional, or technician, do not report 96146. To report see 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 VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b>
<b>Place of Service</b>		<ul style="list-style-type: none"> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> </ul>
<ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>61 CIRF</li> <li>72 RHC</li> <li>99 Other</li> </ul>		<b>Provider Types That Can Bill:</b>  01, 02, 05, 32, 37, 38, 39, 41, 45, 52, 64, 78



96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 34 Hospice</li> <li>▪ 49 Independent Clinic</li> <li>▪ 50 FQHC</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 55 RSATF</li> <li>▪ 56 PRTC</li> <li>▪ 57 NRSATF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) A therapeutic, prophylactic/diagnostic injection for the administration of medications. Written physician order (required) Actual injectable medication reported/billed separately.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) This code may be used in a clinic/, 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 supports injection of medication ordered. <ol style="list-style-type: none"> <li>1. Injection site</li> <li>2. Medication administered</li> <li>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</li> </ol> See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ Certified/ Registered Medical Assistant</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 05, 78

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	MINS
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p> <p><b>Service Description:</b> (Including example activities) 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.</p>	<p><b>Min:</b> 8 mins <b>Max:</b> 15 mins</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>22 Outpt Hosp</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p>Develop/implement reminder tools or calendars for housekeeping needs, medications, appointments, or other activities.</p> <p>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.</p> <p>Develop and reconcile budget for personal needs/bills.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) This code can be bundled up to a max of 8 hours.</p> <p>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 members' functional level will improve as a result of this service.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, , 37, 38, 39, 41, 45, 64, 77, 78</p>

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	MINS
	Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 8 mins Max: 15 mins
<b>Place of Service</b>	<b>Service Description:</b> (Including example activities) 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.	<b>Service Provider</b>
<ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>18 Place of Employment-Worksite</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p>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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) This code can be bundled up to a max of 8 hours.</p> <p>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 members' functional level will improve as a result of this service. See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<ul style="list-style-type: none"> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>

98966	Telephone discussion provided to an established patient by non-physician professional, 5-10 minutes	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 5 mins <b>Max:</b> 10 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 21 Inpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 50 FQHC</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>• Phone assessment with the member in order to assess his/her needs</li> <li>• Phone assessment with the member/member's family to collect social history information</li> </ul> With the member's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  This code has very specific timeframes and documentation requirements. Follow CPT guidelines  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ CAT</li> <li>▪ CAS</li> <li>▪ RN</li> <li>▪ MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 16, 24, 25, 32, 37, 38, 45, 64, 77, 78

98967	Telephone discussion provided to an established patient by non-physician professional, 11-20 minutes	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 11 mins <b>Max:</b> 20 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>Phone assessment with the member in order to assess his/her needs</li> <li>Phone assessment with the member/member's family to collect social history information</li> <li>With the member's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) This code has very specific timeframes and documentation requirements. Follow CPT guidelines  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAT</li> <li>CAS</li> <li>RN</li> </ul> <b>Provider Types That Can Bill:</b> 16, 24, 25, 32, 37, 38, 45, 64, 77, 78

98968	Telephone discussion provided to an established patient by non-physician professional, 21-30 minutes	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 21 mins <b>Max:</b> 30 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>Phone assessment with the member in order to assess his/her needs</li> <li>Phone assessment with the member/member's family to collect social history information</li> <li>With the member's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) This code has very specific timeframes and documentation requirements. Follow CPT guidelines  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAT</li> <li>CAS</li> <li>RN</li> </ul> <b>Provider Types That Can Bill:</b> 16, 24, 25, 32, 37, 38, 45, 64, 77, 78

A0425	Behavioral Health Secure Transport (BHST), per statute mile	Unit
First Position Modifier: ET	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 0 Max: 250+ miles
<b>Place of Service</b>  Refer to Appendix K: Place of Service Codes. Providers should utilize the appropriate place of service code where the member was picked up by BHST	<b>Service Description:</b> (Including example activities): <ul style="list-style-type: none"> <li>• Voluntary and transportation where restraints were used within the context of a voluntary transport</li> <li>• Transportation from the site of the behavioral health crisis to the closest, most appropriate facility</li> <li>• Transportation between the following types of facilities <ul style="list-style-type: none"> <li>○ An emergency medical services facility, which means a licensed or certified facility that provides emergency medical services, including but not limited to hospitals, hospital units as defined at Section 25-3-101, C.R.S.; freestanding emergency departments as defined at Section 25-1.5114, C.R.S.; psychiatric hospitals; community clinics; behavioral health entities; and community mental health centers, crisis stabilization units, or acute treatment units.</li> <li>○ A facility designated by the Executive Director of DHS for the treatment and evaluation pursuant to Article 65 of Title 27 (These facilities have what is called a "27-65 designation" which means they can treat individuals receiving involuntary treatment)</li> <li>○ An approved treatment facility, as described in Section 27-81-106, C.R.S. (These are substance use disorder treatment providers who hold a Substance Use Disorder (SUD) License with the Behavioral Health Administration)</li> <li>○ A walk-in crisis center (WIC) that is operating as part of the behavioral health crisis response system; or</li> <li>○ A behavioral health entity (BHE) licensed with a current twenty-four (24) hour endorsement pursuant to Section 25-27.6-106, C.R.S.</li> </ul> </li> </ul> <p><b>NOTES:</b> Records of all reimbursed BHST trips must be maintained according to CDPHE rule, county legislation, and provider policy. These records must be made available to the Department upon request. Providers must ensure that CDPHE-required and county-required records of restraint usage are maintained and all relevant documentation surrounding Health First Colorado-reimbursed BHST involving restraints is available to the Department upon request. All Health First Colorado providers are required to "maintain legible, complete, and accurate records necessary to establish that conditions of payment for Medical Assistance Program covered goods and services have been met, and to fully disclose the basis for the type, frequency, extent, duration, and delivery of goods and/or services provided to Medical Assistance Program members." 10 CCR 2505-10, § 8.130.2.A.1.</p> <p><b>Diagnosis Codes</b> A diagnosis is required on all claims. Providers should utilize the appropriate ICD-10 code that aligns with the established behavioral health crisis. If providers do not have a diagnosis from a behavioral health provider, enter code "R69, diagnosis unspecified." Do not fill unused spaces with zeros. The diagnosis must be referenced to each detail line by placing a "1" in the diagnosis indicator field.</p> <p><b>Dates of Services</b> Each detail line includes space to enter two (2) dates of service: a 'From' Date Of Service (FDOS) and a 'To' Date Of Service (TDOS). Both dates must be completed on the electronic record and must be the same date that the transportation took place because 'span billing' is not allowed. For services rendered on a single date, complete the FDOS and the TDOS with the same date.</p> <p><b>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</b></p>	<b>Service Provider</b>  Providers with valid licenses and permits issued by county or counties in which secure transportation service is based
		<b>Provider Types That Can Bill:</b>  13/124, 13/324, 97/773



A0999	Behavioral Health Secure Transport (BHST)	Unit
<p>First Position Modifier: ET</p> <p>76 - multiple trips on same day with same rendering provider</p> <p>77 - multiple trips on same day with different rendering providers</p>	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p>Min: 1 Max: 1</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>Refer to Appendix K: Place of Service Codes. Providers should utilize the appropriate place of service code where the member was picked up by BHST</li> </ul>	<p><b>Service Description:</b> (Including example activities):</p> <ul style="list-style-type: none"> <li>Voluntary and transportation where restraints were used within the context of a voluntary transport</li> <li>Transportation from the site of the behavioral health crisis to the closest, most appropriate facility</li> <li>Transportation between the following types of facilities <ul style="list-style-type: none"> <li>An emergency medical services facility, which means a licensed or certified facility that provides emergency medical services, including but not limited to hospitals, hospital units as defined at Section 25-3-101, C.R.S.; freestanding emergency departments as defined at Section 25-1.5114, C.R.S.; psychiatric hospitals; community clinics; behavioral health entities; and community mental health centers, crisis stabilization units, or acute treatment units.</li> <li>A facility designated by the Executive Director of DHS for the treatment and evaluation pursuant to Article 65 of Title 27 (These facilities have what is called a "27-65 designation" which means they can treat individuals receiving involuntary treatment)</li> <li>An approved treatment facility, as described in Section 27-81-106, C.R.S. (These are substance use disorder treatment providers who hold a Substance Use Disorder (SUD) License with the Behavioral Health Administration)</li> <li>A walk-in crisis center (WIC) that is operating as part of the behavioral health crisis response system; or</li> <li>A behavioral health entity (BHE) licensed with a current twenty-four (24) hour endorsement pursuant to Section 25-27.6-106, C.R.S.</li> </ul> </li> </ul> <p><b>NOTES:</b> Records of all reimbursed BHST trips must be maintained according to CDPHE rule, county legislation, and provider policy. These records must be made available to the Department upon request. Providers must ensure that CDPHE-required and county-required records of restraint usage are maintained and all relevant documentation surrounding Health First Colorado-reimbursed BHST involving restraints is available to the Department upon request. All Health First Colorado providers are required to "maintain legible, complete, and accurate records necessary to establish that conditions of payment for Medical Assistance Program covered goods and services have been met, and to fully disclose the basis for the type, frequency, extent, duration, and delivery of goods and/or services provided to Medical Assistance Program members." 10 CCR 2505-10, § 8.130.2.A.1.</p> <p><b>Diagnosis Codes</b> A diagnosis is required on all claims. Providers should utilize the appropriate ICD-10 code that aligns with the established behavioral health crisis. If providers do not have a diagnosis from a behavioral health provider, enter code "R69, diagnosis unspecified." Do not fill unused spaces with zeros. The diagnosis must be referenced to each detail line by placing a "1" in the diagnosis indicator field.</p> <p><b>Dates of Services</b> Each detail line includes space to enter two (2) dates of service: a 'From' Date Of Service (FDOS) and a 'To' Date Of Service (TDOS). Both dates must be completed on the electronic record and must be the same date that the transportation took place because 'span billing' is not allowed. For services rendered on a single date, complete the FDOS and the TDOS with the same date.</p> <p><b>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</b></p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Providers with valid licenses and permits issued by county or counties in which secure transportation service is based</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>13/124, 13/324, 97/773</p>



<b>G0176</b>	<b>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</b>	<b>ENC</b>
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 45 mins <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>• 22 Outpt Hosp</li> <li>• 52 PF-PHP</li> <li>• 53 CMHC</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p>Per CMS, this procedure code is only used for partial hospitalization programs (PHPs)</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 16, 25, 64/212, 77, 78</p>

G0177	Training and educational services related to the care and treatment of members' disabling mental health problems per session, 45 mins or more	ENC
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 45 mins <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>22 Outpt Hosp</li> <li>52 PF-PHP</li> <li>53 CMHC</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) This is an individual skills training service.</p> <p>Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 16, 25, 64/212, 77, 78</p>

H0001	Alcohol and/or Drug (AOD) Assessment	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> N/A <b>Max:</b> N/A
	<b>Service Description:</b> (Including example activities) 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.	<b>Service Provider</b>
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 21 Inpt Hosp</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 49 Independent Clinic</li> <li>▪ 50 FQHC</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 55 RSATF</li> <li>▪ 56 PRTC</li> <li>▪ 57 NRSATF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<p>* Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ CAS</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78

H0002	Behavioral Health screening to determine eligibility for admission to treatment program	ENC
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> N/A <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 21 Inpt Hosp</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 49 Independent Clinic</li> <li>▪ 50 FQHC</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 57 NRSATF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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. Screening to determine eligibility, treatment needs and treatment options.</p> <p>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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Screening may require not only the evaluation of a member's treatment needs, but also an evaluation of available treatment options.</p> <p>If there is a documented diagnosis, it can be used. If there is not 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.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ CAS</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78</p>

H0004	Behavioral Health counseling and therapy, per 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
	<b>Service Description:</b> (Including example activities) 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).	<b>Service Provider</b>
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>49 Independent Clinic</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>57 NRSATF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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 VIII. Service Documentation Standards in this coding manual for documentation expectations	<ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 30, 32, 37, 38, 39, 41, 52, 45, 64, 77, 78

H0005	Alcohol and/or drug services; group counseling by a clinician	HOUR
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 31 mins <b>Max:</b> N/A
	<b>Service Description:</b> (Including example activities) 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.	<b>Service Provider</b>
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>22 Outpt Hosp</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>49 Independent Clinic</li> <li>50 FQHC</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>57 NRSATF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.  *Use 90853 procedure code for group psychotherapy for members with a primary mental health diagnosis  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAS</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 30, 32, 37, 38, 39, 41, 45, 52, 64, 77, 78

H0006	Alcohol and/or drug services; case management	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 8 mins Max: 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 21 Inpt Hosp</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 49 Independent Clinic</li> <li>▪ 50 FQHC</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 57 NRSATF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<b>Service Description: (Including example activities)</b> Services designed to assist and support a member diagnosed with or being assessed for a substance use disorder, to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services, including: <ul style="list-style-type: none"> <li>• Assessing service needs               <ul style="list-style-type: none"> <li>• Assessing the need for service.</li> <li>• Identifying and investigating available resources.</li> <li>• Explaining options to members and assisting in application process.</li> </ul> </li> <li>• Service plan development               <ul style="list-style-type: none"> <li>• Specifying goals and actions to address member needs.</li> <li>• Ensuring member participation, identifying a course of action; includes transition plan development with member.</li> </ul> </li> <li>• Referral and related activities to obtain needed services:               <ul style="list-style-type: none"> <li>• Working with member/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process.</li> <li>• Informing members of services available, addresses and telephone numbers of agencies providing services.</li> <li>• Care Coordination between other service agencies, healthcare providers, and member's family for assistance helping member access services.</li> </ul> </li> <li>• Monitoring and follow-up               <ul style="list-style-type: none"> <li>• Follow-up of a transition plan.</li> <li>• Contacting member/others to ensure member is following the agreed upon service or transition plan.</li> <li>• Monitoring progress and impact of plan.</li> </ul> </li> </ul> <b>Notes: (Including specific documentation and/or diagnosis requirements)</b> Use T1017 procedure code for case management for members with a primary mental health diagnosis  Case management involves linking the member to the direct delivery of needed services, but it 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 VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ CAT</li> <li>▪ CAS</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 05, 24, 25, 26, 37, 38, 41, 32, 39, 45, 64, 77/389, 78

H0010	Clinically managed residential withdrawal management: ASAM level 3.2WM, per diem	DAY
	Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: 24 hrs.
<b>Place of Service</b> <ul style="list-style-type: none"> <li>21 Inpt Hosp</li> <li>51 Inpt PF</li> <li>55 RSATF</li> </ul>	<b>Service Description:</b> (Including example activities) 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. This per diem could include services such as: <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Physical examination</li> <li>3. Individual and group therapy</li> <li>4. Peer recovery support services</li> <li>5. Medical and nursing care, including daily medical evaluation</li> <li>6. Medication management and administration</li> <li>7. Health education</li> <li>8. Service planning</li> <li>9. Discharge planning</li> </ol> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Room and board is billed separately to BHA or their designee, using HCPCS code S9976. See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul> <b>Provider Types That Can Bill:</b> 64/875



H0011	Medically monitored inpatient withdrawal management: ASAM level 3.7 WM, per diem	DAY
	Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> N/A <b>Max:</b> 24 hrs.
<b>Place of Service</b> <ul style="list-style-type: none"> <li>21 Inpt Hosp</li> <li>51 Inpt PF</li> <li>55 RSATF</li> </ul>	<b>Service Description:</b> (Including example activities) 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. This per diem could include services such as: <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Physical examination</li> <li>3. Individual and group therapy</li> <li>4. Peer recovery support services</li> <li>5. Medical and nursing care, including daily medical evaluation</li> <li>6. Medication management and administration</li> <li>7. Health education</li> <li>8. Service planning</li> <li>9. Discharge planning</li> </ol> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) These services will be billed using revenue code 1002 by hospitals (general or specialty) instead of using the HCPCS code. Room and board is billed separately to BHA or their designee, using HCPCS code S9976. See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 64/876

H0015	Alcohol and/or drug services. Intensive Outpatient Program (IOP), ASAM level 2.1	ENC
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 3 hrs. <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 22 Outpt</li> </ul> Hosp <ul style="list-style-type: none"> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 49</li> </ul> Independent Clinic <ul style="list-style-type: none"> <li>▪ 50 FQHC</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 57 NRSATF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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.	<b>Service Provider</b> <ul style="list-style-type: none"> <li>• Peer Support Professional</li> <li>• QBHA</li> <li>• Bach Level</li> <li>• Intern</li> <li>• Unlicensed</li> <li>• Master's Level</li> <li>• Unlicensed EdD/PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/PsyD</li> <li>• LAC</li> <li>• CAS</li> <li>• APN</li> <li>• RxN</li> <li>• PA</li> <li>• MD/DO</li> </ul>
	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements) For services that do not meet the minimum daily hours, providers should bill for the component services they provide.	
	Programs may occur during the day or evening, on the weekend, or after school for adolescents. Intensive outpatient programing for substance use treatment must be a minimum of 3 hours per day.  These services will be billed using revenue code 0906 by hospitals (general or specialty) instead of using the HCPCS code.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	
		<b>Provider Types That Can Bill:</b> 64/373, 78

H0016	Alcohol and/or drug services; less than 24 hours, Partial Hospitalization Program (PHP), ASAM level 2.5	ENC
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 4 hrs. <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 13 ALF</li> <li>▪ 14 Group Home</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 49 Independent Clinic</li> <li>▪ 50 FQHC</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 57 NRSATF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<b>Service Description: (Including example activities)</b> 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.  Partial hospitalization programs provide clinically intensive programming to support patients who are living with an SUD condition and an unstable medical and/or psychiatric condition in need of daily monitoring and management in a structured outpatient setting. Partial Hospitalization programing for substance use treatment must be a minimum of 4 hours per day.  <b>Notes: (Including specific documentation and/or diagnosis requirements)</b> For services that do not meet the minimum daily hours, providers should bill for the component services they provide.  These services will be billed using revenue code 0912 or 0913 by hospitals (general or specialty) instead of using the HCPCS code.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>• Peer Support Professional</li> <li>• QBHA</li> <li>• Bach Level</li> <li>• Intern</li> <li>• Unlicensed</li> <li>• Master's Level</li> <li>• Unlicensed EdD/PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/PsyD</li> <li>• LAC</li> <li>• CAS</li> <li>• APN</li> <li>• RxN</li> <li>• PA</li> <li>• MD/DO</li> </ul>
		<b>Provider Types That Can Bill</b>  64/212, 78

H0017	Acute Treatment Unit (ATU) - Behavioral Health; residential (community-based treatment program), without room and board, per diem	DAY
	Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: 24 hrs.
	A facility or a distinct part of a facility for short-term psychiatric care, which may include treatment for substance use disorders, that provides a 24-hour therapeutically planned and professionally staffed environment for persons who do not require inpatient hospitalization but need more intense and individual services than are available on an outpatient basis, such as crisis management and stabilization services.	<b>Service Provider</b>
<b>Place of Service</b>		Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.
51 Inpatient Psychiatric Facility	<p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p> <p>All services provided by residential staff in the residential setting are covered with this code. Any discrete service provided by external professionals (non- residential staff) are documented and billed separately from H0017 as long as it is not a duplication of a service already provided by the residential facility.</p> <p>This code should not be used for Psychiatric Residential Treatment Facilities (PRTF). PRTFs are required to use revenue code 0911.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Provider Types That Can Bill:</b> 95/386</p>

H0018	Crisis Stabilization Unit (CSU) - Behavioral Health; short-term residential (non-hospital residential treatment program), without room and board, per diem	DAY
<b>Place of Service</b> 51 Inpatient Psychiatric Facility	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> N/A <b>Max:</b> 24 hrs.
	<b>Service Description:</b> (Including example activities) A facility that provides short-term, bed-based crisis stabilization services in a 24-hour environment for individuals who cannot be served in a less restrictive environment.	<b>Service Provider</b> Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.
	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements)	
	<p>All services provided by residential staff in the residential setting are covered with this code. Any discrete service provided by external professionals (non- residential staff) are documented and billed separately from H0018 as long as it is not a duplication of a service already provided by the residential facility.</p> <p>This code should not be used for Psychiatric Residential Treatment Facilities (PRTF). PRTFs are required to use revenue code 0911.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<b>Provider Types That Can Bill:</b> 95/387

<b>H0019</b>	<b>Qualified Residential Treatment Program (QRTP) - Behavioral Health; long-term residential, without room and board, per diem</b>	<b>DAY</b>
First position modifier: U1	Child (0-11), Adol (12-17), Young Adult (18-20)	Min: N/A Max: 24 hrs.
<b>Place of Service</b> • 56 PRTC	<p><b>Service Description: (Including example activities)</b> A QRTP is a facility that provides residential trauma-informed treatment for members 5 to 18 years old, 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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p> <p>All services provided by residential staff in the residential setting are covered with this code. Any discrete service provided by external professionals (non- residential staff) are documented and billed separately from H0019 as long as it is not a duplication of a service already provided by the residential facility.</p> <p>This code should not be used for Psychiatric Residential Treatment Facilities (PRTF). PRTFs are required to use revenue code 0911.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b> Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</p> <p><b>Provider Types That Can Bill:</b> 68</p>

H0019	Behavioral Health; long-term residential care in a residential treatment program, without room and board, per diem	DAY
Place of Service 56 PRTC	Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: 24 hrs.
	<p><b>Service Description: (Including example activities)</b> 24-hour staffed habilitative and rehabilitative programming designed for individuals who have the potential and motivation to ameliorate skills deficits through a structured program that stresses normalization and maximum community involvement and integration, including daily living and socialization skills training; case management, benefit attainment, community supports; recreational activities; educational and support activities; and access to therapeutic interventions, as needed. There are three (3) program options, each using a unique modifier to differentiate program criteria and reimbursement. In addition to meeting the criteria above, specific details for each program are below.</p> <p><b>Adult Mental Health Residential:</b> 24-hour supervised residential treatment in a structured, community-oriented environment. Services include organized rehabilitation services as well as assistance in obtaining appropriate long-term living arrangements.</p> <p><b>Adult Mental Health Transitional Living Level 2 Homes:</b> 24-hour clinically managed residential treatment in a structured residential setting. Level 2 Homes are focused on clinical treatment.</p> <p><b>Adult Eating Disorder Residential Treatment:</b> 24-hour clinically managed treatment for eating disorders, in a residential setting.</p> <p><b>First Position Modifiers:</b>  <b>HB:</b> Used for Adult Mental Health Residential  <b>U2:</b> Used for Adult Mental Health Transitional Living Level 2 Homes  <b>U3:</b> Used for Adult Eating Disorder Residential Treatment</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul>
	<p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements). All services provided by residential staff in the residential setting are covered with this code and appropriate modifier. Any discrete service provided by external professionals (non- residential staff) are documented and billed separately from H0019 as long as it is not a duplication of a service already provided by the residential facility.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Provider Types That Can Bill:</b></p> <p>96/561</p>

H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)	ENC
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>12 Home</li> <li>15 Mobile Unit*</li> <li>*Only BHA-approved Mobile Units can use POS 15</li> <li>49 Ind Clinic</li> <li>55 RSATF</li> <li>57 Non-Residential SATF</li> </ul>	<p><b>Service Description:</b> (Including example activities) Members receiving Methadone administration should also be receiving an array /set of services, such as SUD group and individual therapy. These other outpatient services should be established as the members’ treatment protocol and be carefully monitored for adherence by the treatment facility. The methadone dose should be established and directed by a qualified physician, physician assistant or nurse practitioner who is responsible for the patient’s treatment plan. The dispensing and administration of the medication may be performed by an appropriate service provider (Intern, APN, RxN, PA, MD/DO or RN) under the general supervision of an allowed billing provider.</p> <p>This service includes the acquisition and cost of Methadone and administration of the drug.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Methadone administration must be provided by a facility with a controlled substance license from BHA, 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 BHA 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 BHA Rule 21.320 and reported in claims with one-unit H0020 per claim line, per date the dose given, with POS “home” for dates when a dose was provided to take at home, and POS “independent clinic” for date take-home doses physically handed to the member.</p> <p>*For members 17 and under, Federal regulations must be followed for this service.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Intern</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>APN</li> <li>RN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b> 64/213, 64/214, 64/371, 64/372, 64/374</p>



H0023	Behavioral Health Outreach Service (planned approach to reach a population)	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 21 Inpt Hosp</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 34 Hospice</li> <li>▪ 50 FQHC</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>• Developing an alliance with a consumer to bring them into ongoing treatment</li> <li>• Re-engagement effort including utilizing drop-in center services</li> <li>• Prevention/Intervention activities for individuals and family</li> <li>• Initiating non-threatening conversation and informally identifying need for Behavioral Health services, with repeat contact over time to engage an individual into services</li> <li>• 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</li> <li>• Outreach to re-engage individuals who are at risk for disengaging from services</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Activities occur often off-site (e.g., food bank, public shelter, etc.), or by phone, but can be at other POS.  See Section IX.a. for bundling units for this service.  H0023 does not need a covered diagnosis.  service.  <b>Only PT 89/889, 78/887 and 64/371 can utilize Peer Support Professionals to deliver this service</b>  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>▪ Peer Support Professional</li> <li>▪ QBHA</li> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ CAT</li> <li>▪ CAS</li> <li>▪ Certified/Registered Medical Assistant</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78, 89/889

H0025	Behavioral Health Prevention Education Service	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
<b>Place of Service</b>	<b>Service Description:</b> (Including example activities) 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.	<b>Service Provider</b>
<ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 50 FQHC</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 57 NRSATF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<ul style="list-style-type: none"> <li>• Classroom educational activities for children or parents focused on skill building and CBT skills to prevent anxiety/depression</li> <li>• Education services/programs for youth on substance use</li> <li>• Parenting/family management services focused on life/social skills</li> <li>• Peer leader/helper programs teaching drug refusal skills and commitment to a drug free lifestyle</li> <li>• Small group sessions involving interaction amongst participants</li> <li>• Nurturing Parent Program</li> <li>• Educational programs (safe and stable families)</li> <li>• “Love and Logic” (healthy parenting skills)</li> <li>• Multi-family groups that are educational in nature (not therapeutic)</li> </ul>	<ul style="list-style-type: none"> <li>▪ QBHA</li> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master’s Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ CAT</li> <li>▪ CAS</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul>
	<p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities.</p> <p>One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve health.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78</p>

H0031	Mental health assessment by a non-physician	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 21 Inpt Hosp</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 23 ER</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 50 FQHC</li> <li>▪ 51 Inpt PF</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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 members' 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</p> <ul style="list-style-type: none"> <li>• Meeting with the member in order to assess his/her needs</li> <li>• Meeting with the member/member's family to collect social history information</li> <li>• With the member's permission, meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.)</li> <li>• Administering acceptable instruments to the member to document substantial impairment in role functioning</li> </ul> <p>Notes: (Including specific documentation and/or diagnosis requirements) * Licensed MHPs, when completing a full assessment with mental status and diagnosis, should use procedure code 90791</p> <p>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.</p> <p>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) 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.</p> <p>Review of psychosocial and family history, member functioning and other assessment information</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ RN</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78</p>

H0032	Mental health service plan development by non-physician	ENC
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> N/A <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 50 FQHC</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p>Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:</p> <ul style="list-style-type: none"> <li>• Description of the service (should include discussion of treatment/service plan development)</li> <li>• Completion of or substantial progress toward plan development including required signatures according to agency policies</li> <li>• Treatment/service plan revisions should include progress and/or completion of goals</li> </ul> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ CAS</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ PA</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78</p>

H0033	Oral medication administration, direct observation	ENC
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p> <p><b>Service Description: (Including example activities)</b> Observing member taking oral prescribed medication(s) to ensure adequate maintenance of medication regimen to deter/prevent deterioration of member's condition. 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.</p>	<p><b>Min:</b> N/A <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 49 Independent Clinic</li> <li>▪ 50 FQHC</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 55 RSATF</li> <li>▪ 56 PRTC</li> <li>▪ 57 NRSATF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Cannot be billed if the service is part of the E&amp;M service by the same provider on the same day. This code should be billed for the <i>administration</i> of the medication. The medication itself is billed to Fee for Service Medicaid. Physicians administering Buprenorphine products through the DATA Waive provider's office are reimbursed through FFS.</p> <p>Administration of Buprenorphine products must be provided within a facility with a controlled substance license from BHA (BHA), 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.</p> <p>When administration of Buprenorphine products is within a methadone clinic, dosing is only conducted by a qualified physician, physician assistant, or nurse practitioner. These providers can administer take-home doses in accordance with BHA Rule and reported in claims with one unit H0033 per claim line, per date the dose given, with POS "home" for dates when a dose was provided to take at home, and POS or "independent clinic" for date take-home doses physically handed to the member.</p> <p>For members 17 years and under, Federal regulations must be followed for administering Buprenorphine</p> <ul style="list-style-type: none"> <li>• One-on-one cueing/encouraging and observing member taking prescribed medications</li> <li>• Reporting back to MHPs licensed to perform medication management services for direct benefit of member</li> <li>• 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.</li> </ul> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ QMAP</li> <li>▪ Intern</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>05, 39, 41, 64, 78</p>

H0034	Medication training and support, per 15 mins	MINS
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 8 mins <b>Max:</b> 15 mins</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 34 Hospice</li> <li>▪ 50 FQHC</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 55 RSATF</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) Activities to instruct, prompt, guide, remind and/or educate patients, families, and/or significant others, based on an understanding of the nature of an adult patient's SPMI or a child/adolescent's SED, including understanding the role of specific prescribed medication(s), reducing symptoms, identifying potential side effects and contraindications, self-administration training, and overdose precautions.</p> <ul style="list-style-type: none"> <li>• Understanding nature of adult patient's SPMI or child/adolescent's SED</li> <li>• Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning</li> <li>• Identifying and managing symptoms and potential side effects of medication(s)</li> <li>• Learning contraindications of medication(s)</li> <li>• Understanding overdose precautions of medication(s)</li> <li>• Learning self-administration of medication(s)</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) The training/instructions provided and the individual's response to the training and support</p> <p>Documentation details in addition to the guidance found in Section X. Service Documentation Standards:</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Intern</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> <li>▪ Certified/Registered Medical Assistant</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>

H0035	Mental Health Partial Hospitalization Program (PHP), less than 24 hours	ENC
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 4 hrs. <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>• 11 Office</li> <li>• 22 Outpt Hosp</li> <li>• 52 PF-PHP</li> <li>• 53 CMHC</li> <li>• 56 PRTC</li> <li>• 99 Other</li> </ul>	<p><b>Service Description: (Including example activities)</b> A structured treatment program focusing on assisting members to develop skills to regain stability in their lives and to build a foundation based upon recovery.</p> <p>Partial hospitalization programs provide clinically intensive programming to support patients who are living with a psychiatric condition and an unstable medical condition in need of daily monitoring and management in a structured outpatient setting. Partial Hospitalization programing must be a minimum of 4 hours per day.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) For services that do not meet the minimum daily hours, providers should bill for the component services they provide.</p> <p>These services will be billed using revenue code 0912 or 0913 by hospitals (general or specialty) instead of using the HCPCS code.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Peer Support Professional</li> <li>▪ QBHA</li> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ QMAP</li> <li>▪ Unlicensed Masters Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/ PsyD</li> <li>▪ LAC</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ PA</li> <li>▪ RxN</li> <li>▪ MD/DO</li> </ul>
		<p><b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 77, 78</p>



H0036	Functional Family Therapy (FFT) or Community Psychiatric Supportive Treatment (CPST), 15 mins	MINS
Use HA as a first position modifier when billed for FFT	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>22 Outpt Hosp</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities)  <b>Functional Family Therapy (FFT)</b> is a systematic, evidenced-based, manual driven, family-based treatment program used for a wide range of problems (including drug use and abuse, conduct disorder, mental health concerns, truancy, and related family problems) affecting youth ages 11-18 and their families.</p> <p><b>Community Psychiatric Supportive Treatment (CPST)</b> is 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. Services include but are not limited to:</p> <ul style="list-style-type: none"> <li>Symptom assessment and management</li> <li>Individual and family counseling</li> <li>Support of age-appropriate daily living skills</li> <li>Encourage engagement with peer support services</li> <li>Development of discharge/transition goals and planning</li> <li>Advocating on behalf of members</li> <li>Crisis intervention</li> <li>Medication training and monitoring</li> <li>Educating regarding symptom management</li> <li>Facilitating access to health care</li> <li>Skills teaching to help member meet transportation needs or access transportation services</li> <li>Help finding and keeping safe, affordable housing</li> <li>Home visits</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  * The FFT modifier can only be billed for youth ages 11-18 by programs meeting model fidelity as a certified FFT program.  * This code is not to be used for children under age 6.  * H0036 may be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT fidelity review process.  Units can be bundled up to a total of 4 hrs. 7 mins</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>



H0037	Functional Family Therapy (FFT) or Community Psychiatric Supportive Treatment (CPST), per diem	DAY
Use HA as a first position modifier when billed for FFT	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 4 hrs. 8 mins <b>Max:</b> 8 hrs.</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 50 FQHC</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities)</p> <p><b>Functional Family Therapy (FFT)</b> is a systematic, evidenced-based, manual driven, family-based treatment program used for a wide range of problems (including drug use and abuse, conduct disorder, mental health concerns, truancy, and related family problems) affecting youth ages 11-18 and their families.</p> <p><b>Community Psychiatric Supportive Treatment (CPST)</b> is 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.</p> <p>Services include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Symptom assessment and management</li> <li>• Individual and family counseling</li> <li>• Support of age-appropriate daily living skills</li> <li>• Encourage engagement with peer support services</li> <li>• Development of discharge/transition goals and planning</li> <li>• Advocating on behalf of members</li> <li>• Crisis intervention</li> <li>• Medication training and monitoring</li> <li>• Educating regarding symptom management</li> <li>• Facilitating access to health care</li> <li>• Skills teaching to help member meet transportation needs or access transportation services</li> <li>• Help finding and keeping safe, affordable housing</li> <li>• Home visits</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p> <p>* The FFT modifier can only be billed for youth ages 11-18 by programs meeting model fidelity as a certified FFT program.</p> <p>* This code is not to be used for children under age 6.</p> <p>*H0036 may be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT fidelity review process.</p> <p>Services provided up to 4 hrs. 7 mins are reported/billed under H0036</p> <p>For CPST, discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0036.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul>
		<p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>

H0038	Self-help/peer services, 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<ul style="list-style-type: none"> <li><b>Service Description:</b> (Including example activities) Member services (individual/group) provided by person meeting Peer Support Professional definition in Appendix P. 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: <ul style="list-style-type: none"> <li>Providing intervention-based, therapeutic leisure activities to promote social skills building</li> <li>Exploring member purposes beyond the identified MI or substance use disorder and the possibilities of recovery</li> <li>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)</li> <li>Emphasizing hope and wellness</li> <li>Helping members develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired)</li> <li>Assisting members with relapse prevention planning</li> </ul> </li> <li><b>Example Activities include:</b> <ul style="list-style-type: none"> <li>Peer-run employment services</li> <li>Peer mentoring for children/adolescents</li> <li>Recovery groups</li> <li>Warm lines</li> <li>Advocacy service</li> </ul> </li> </ul> <p>Peer Services may be delivered through a variety of activities as long as the interaction is of a therapeutic or skill-building nature. For example, activities may include building social connections and networks, such as community or recreational activities. This may also include transportation activities such as riding with a member on a bus line to help them learn a transit system or becoming comfortable with using the bus to get groceries.</p>	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Peer Support Professional</li> </ul>
	<p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p> <p><b>Units can be bundled up to a total of 8 hours</b></p> <p>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 Wrap-around, 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.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<b>Provider Types That Can Bill:</b> 64/371, 78/887, 89/889

H0039	Assertive community treatment, 15 mins	MINS
	<p>Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 8 mins <b>Max:</b> 15 mins</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>Symptom assessment and management (i.e., ongoing assessment, psychoeducation, and symptom management efforts)</li> <li>Supportive counseling and psychotherapy on a planned and as-needed basis</li> <li>Medication prescription, administration, monitoring, and documentation</li> <li>Dual diagnosis services, including assessment and intervention</li> <li>Support Activities of Daily Living skills (ADLs) through skills training and practice activities</li> <li>Encourage engagement with peer support services</li> <li>Development of discharge/transition goals and related planning</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Units can be bundled up to a total of 4 hrs. 7 mins</p> <p>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 is enrolled in an ACT program.</p> <p>Note that the ACT code should only be used for individuals enrolled in an ACT program that is overseen by BHA and that maintains a minimum score of "good fidelity".</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>

H0040	Assertive community treatment program, per diem	DAY
	<p>Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 4 hrs. 8 mins <b>Max:</b> N/A</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>• 03 School</li> <li>• 04 Shelter</li> <li>• 11 Office</li> <li>• 12 Home</li> <li>• 13 ALF</li> <li>• 14 Grp Home</li> <li>• 15 Mobile Unit</li> <li>• 31 SNF</li> <li>• 32 NF</li> <li>• 33 Cust Care</li> <li>• 50 FQHC</li> <li>• 53 CMHC</li> <li>• 54 ICF-MR</li> <li>• 72 RHC</li> <li>• 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>• Symptom assessment and management (i.e., ongoing assessment, psychoeducation, and symptom management efforts)</li> <li>• Supportive counseling and psychotherapy on a planned and as-needed basis</li> <li>• Medication prescription, administration, monitoring, and documentation</li> <li>• Dual diagnosis services, including assessment and intervention</li> <li>• Support Activities of Daily Living skills (ADLs) through skills training and practice activities</li> <li>• Encourage engagement with peer support services</li> <li>• Development of discharge/transition goals and related planning</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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 is enrolled in an ACT program.</p> <p>Note that the ACT code should only be used for individuals enrolled in an ACT program that is overseen by BHA and that maintains a minimum score of "good fidelity."</p> <p>For ACT up to 4 hours 7 mins report/bill using H0039</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>• Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>

H0045	Respite care services, not in the home, per diem	DAY
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 4 hrs. 8 mins <b>Max:</b> 24 hrs.</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>13 ALF</li> <li>14 Grp Home</li> <li>31 SNF</li> <li>32 NF</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc.</li> <li>Assistance with monitoring health status and physical condition</li> <li>Assistance with medication and other medical needs</li> <li>Cueing and prompting for preparation and eating of meals</li> <li>Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.)</li> <li>Support to assure the safety of member</li> <li>Assistance/supervision needed by member to participate in social, recreational/community activities</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p>Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:</p> <ul style="list-style-type: none"> <li>Respite services/activities rendered</li> <li>Special instructions and that those instructions were followed</li> </ul> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations.</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Intern</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>

H0046	Drop-In Center	MINS
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>53 CMHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) Drop-In centers are a form of safe outreach to and engagement with adolescents and adults with mental health conditions. Sites may be peer driven and may be operated independently of other Behavioral Health services. Drop-In sites offer structured and unstructured activities daily and staff-led education about and connection to Behavioral Health services.</p> <p>Services and Activities offered include:</p> <ul style="list-style-type: none"> <li>Information and referral support</li> <li>Action plan &amp; support groups</li> <li>Scheduled, intervention-based activities in a club-like setting</li> <li>Behavioral Health education</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Drop-In centers promote ongoing recovery through peer support, advocacy, empowerment, and social skills development activities. Participants do not need a confirmed diagnosis to attend drop-in services.</p> <p>See Section IX.a. for bundling units for this service. Inform provider of attendance if in treatment</p> <p>Clinical consultation by MA-level or licensed staff available during hours of operation.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAT</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>32, 78</p>

H2000	Comprehensive multidisciplinary evaluation	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> N/A <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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).</p> <ul style="list-style-type: none"> <li>Complex case reviews</li> <li>To review level of care</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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).</p> <p>The consumer does not have to be present. Family and/or other involvement as requested by the consumer.</p> <p>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.</p> <p>Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:</p> <ul style="list-style-type: none"> <li>List of other professionals present and agency affiliation</li> <li>Identified risks</li> <li>Review of psychosocial and family history</li> <li>Conclusions and recommendations of the Multidisciplinary team</li> </ul>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAT</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78</p>



H2000	Enhanced Standardized Assessment (ESA)	UNIT
First Position Modifier: HA	Child (0-11), Adol (12-17), Young Adult (18-20)	Min: N/A Max: N/A
Place of Service	<p><b>Service Description:</b> Standardized robust biopsychosocial assessment (which includes the Child and Adolescent Needs and Strengths tool) by a Licensed Behavioral Health Clinician, Licensed Psychologist, or licensure candidate behavioral health provider with CO CANS certification and has completed the Behavioral Health Administration's Enhanced Standardized Assessment Training. The most current State Approved Enhanced Standardized Assessment (ESA) for Children and Youth narrative template is required in order to centrally document all assessment information.</p> <p>The Enhanced Standardized Assessment (ESA) is a non-medical encounter conducted by a non-physician licensed or licensure candidate behavioral health professional. The SA is a comprehensive, clinical assessment process completed by a behavioral health provider to assist in determining appropriate treatment/service recommendations for children, youth, and families. This process must include the following components and activities:</p> <ul style="list-style-type: none"> <li>• Face-to face clinical assessment of the child/youth</li> <li>• CO CANS Assessment Tool</li> <li>• CO CANS Decision Support Matrix upon availability</li> <li>• Review of records (see notes)</li> <li>• Collateral interviews &amp; information (see notes)</li> <li>• DSM-5 diagnosis</li> <li>• Completion of the BHA-provided and approved Enhanced Standardized Assessment Narrative Template which includes, but is not limited to, the following elements: <ul style="list-style-type: none"> <li>○ Child/Youth Identifying Information &amp; Demographics</li> <li>○ Tools used during the Assessment (e.g., required CO CANS, Columbia, PHQ-A, GAD-7, etc.)</li> <li>○ Documentation Review</li> </ul> </li> <li>• The provider shall make reasonable documented efforts to interview the following individuals and integrate information disclosed in the SA: <ul style="list-style-type: none"> <li>○ Child/youth</li> <li>○ Parents/caregivers</li> <li>○ County Department of Human Services caseworker</li> <li>○ DYS client manager</li> <li>○ RAE care coordinator</li> <li>○ Primary behavioral health treatment provider</li> <li>○ Psychiatrist or person authorized to prescribe medications</li> <li>○ Other relevant individuals, if they are a part of the child/youth's team: Court Appointed Special Advocate (CASA), Guardian ad Litem (GAL), Counsel For Youth (CFY), Mentor, Probation Officer, Diversion Officer etc.</li> </ul> </li> </ul>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>• Unlicensed Master's Level</li> <li>• Unlicensed EdD/ PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/PsyD</li> <li>• LAC</li> </ul>
		<p><b>Provider Types That Can Bill:</b></p> <p>77/388, 77/389, 37, 38</p>



H2001	Rehabilitation program, per ½ day	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> N/A <b>Max:</b> ½ Day (4 hrs.)
	<b>Service Description:</b> (Including example activities) 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.	<b>Service Provider</b>
<b>Place of Service</b> <ul style="list-style-type: none"> <li>22 Outpt Hosp</li> <li>53 CMHC</li> </ul>	Household management, nutrition, hygiene, money management, parenting skills, etc. <ul style="list-style-type: none"> <li>Individual/group skill-building activities focused on development of skills used by members in living, learning, working and social environments</li> <li>Interventions address co-occurring disabilities, mental health and substance use</li> <li>Promotion of self-directed engagement in leisure, recreational and community social activities</li> <li>Engaging member to have input into service delivery programming</li> <li>Member participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) <b>* This code is not to be used for children under age 6.</b> 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 VIII. Service Documentation Standards: Daily attendance log showing number of hours in attendance for reporting/billing purposes	<ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

H2011	Crisis intervention service, 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 8 mins Max: 15 mins
	<p><b>Service Description:</b> (Including example activities) 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.</p> <p>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.</p> <ul style="list-style-type: none"> <li>Contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with member and, as necessary, with members' caretakers/ family members</li> <li>Referral to other applicable Behavioral Health services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff</li> <li>Consultation with physician/ hospital staff regarding need for psychiatric consultation or placement</li> <li>Contact with another provider to help that provider deal with a specific member's crisis</li> <li>Consultation with one's own provider staff to address the crisis</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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. Services over 4 hours 7 mins should be billed with S9485</p> <p>Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:</p> <ul style="list-style-type: none"> <li>The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention</li> <li>The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s)</li> <li>Behavioral Health history</li> <li>Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available</li> <li>Other problems identified (mental health, substance use, medical, etc.)</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3rd parties</li> </ul>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>CAT</li> <li>CAS</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 30, 32, 37, 38, 39, 41, 45, 64, 77, 78</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>49 Independent Clinic</li> <li>50 FQHC</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>57 NRSATF</li> <li>72 RHC</li> <li>99 Other</li> </ul>		

H2011	Mobile Crisis Response (MCR), each additional 15 mins	Mins
First position modifier: ET	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
	<p><b>Service Description:</b> (Including example activities)  Urgent community-based crisis intervention, screening, assessment, de-escalation and stabilization, safety planning, and coordination with and referrals to appropriate resources, including health, social, and other services and supports.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  To bill this code 90839 ET must have been delivered within the previous 7 days.  Urgent community-based crisis intervention, screening, assessment, de-escalation and stabilization, safety planning, and coordination with and referrals to appropriate resources, including health, social, and other services and supports.  Examples include:  a) Coordination with Colorado Crisis Services/988 dispatch personnel  b) Coordination with Law Enforcement and/or Emergency Medical Services personnel  c) On-site and/or telehealth response to crisis situations  d) Provide de-escalation techniques  e) Perform BHA Crisis Assessment, in addition to the Columbia Suicide Severity Rating Scale  f) Use of Naloxone or other harm reduction strategies and supplies to address overdose  g) Consultation with Intervening Professionals as defined in Section 27-65-102(20), C.R.S.  h) Short-term interventions, stabilization in place  i) Safety planning  j) On-site triage to appropriate treatment modalities  k) Referrals to community resources  l) Follow-Up post crisis intervention  m) Care coordination  MCR services are intended to be provided in homes and communities, not in facilities providing 24-hour care, prisons and jails, or outpatient settings that offer crisis services.</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>▪ Crisis Professional</li> <li>▪ Peer Support Professional</li> <li>▪ QBHA</li> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD /PsyD</li> <li>▪ CAT</li> <li>▪ CAS</li> <li>▪ LAC</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>▪ 15 Mobile Unit</li> </ul>	<p>Any MCR disposition to law enforcement intervention cannot be billed.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Provider Types That Can Bill:</b></p> <p>78, 95/772</p>

H2012	Behavioral health day treatment, per hour	HOUR
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 31 mins. <b>Max:</b> N/A
	<b>Service Description:</b> (Including example activities) 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 in an integrated with an accredited education program. In programs serving adults, the facility is appropriately licensed and individualized community-based services are provided to promote stabilization of the member.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) The amount, frequency, and duration of the service is based on the documented acuity and clinical needs of the member.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ CAS</li> <li>▪ LAC</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul>
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 14 Grp Home</li> <li>▪ 22 Outpt Hosp</li> <li>▪ 52 PF-PHP</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 56 PRTC</li> <li>▪ 99 Other</li> </ul>		<b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24,25, 26, 32, 37, 38, 41, 45, 64, 77, 78

H2014	Skills training and development, 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
	<b>Service Description:</b> (Including example activities) 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 social functioning.  For Children, example activities could include: <ul style="list-style-type: none"> <li>• Development of early childhood skills to maintain placement in a daycare, home, or community-based setting</li> <li>• Promote stable attachments, positive caregiver-child interactions, and overall safety</li> <li>• Strengthen communication, emotional identification/ regulation, and impulse control skills</li> </ul> For adolescent and older members, example activities could include: <ul style="list-style-type: none"> <li>• 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)</li> <li>• Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal</li> <li>• Development of basic language skills necessary to enable member to function independently</li> <li>• Training in appropriate use of community services</li> <li>• Development of skills related to finding and keeping stable housing (i.e. housing navigation, lease assistance, move-in orientation, assistance renewing leases and vouchers, landlord communication, crisis/conflict management and resolution, personal hygiene and like skills coaching).</li> </ul>	<b>Service Provider</b>
<b>Place of Service</b> <ul style="list-style-type: none"> <li>• 03 School</li> <li>• 04 Shelter</li> <li>• 11 Office</li> <li>• 12 Home</li> <li>• 13 ALF</li> <li>• 14 Grp Home</li> <li>• 22 Outpt Hosp</li> <li>• 27 Outreach Site/Street</li> <li>• 31 SNF</li> <li>• 32 NF</li> <li>• 33 Cust Care</li> <li>• 50 FQHC</li> <li>• 53 CMHC</li> <li>• 54 ICF-MR</li> <li>• 72 RHC</li> <li>• 99 Other</li> </ul>		<ul style="list-style-type: none"> <li>• QBHA</li> <li>• Bach Level</li> <li>• Intern</li> <li>• Unlicensed Master's Level</li> <li>• Unlicensed EdD/ PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/PsyD</li> <li>• CAT</li> <li>• CAS</li> <li>• LAC</li> <li>• LPN/LVN</li> <li>• RN</li> <li>• APN</li> <li>• RxN</li> <li>• PA</li> <li>• MD/DO</li> </ul>
	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  Skills training and development must be related to a covered behavioral health diagnosis.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

H2015	Comprehensive community support services, 15 mins	MINS
	Child (0-11), Adol (12-17)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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 maintain community placement.</p> <ul style="list-style-type: none"> <li>Assist with identifying existing natural supports for developing a natural support team</li> <li>Assist with identifying individual strengths, resources, preferences, and choices</li> <li>Assist in development and coordination of recovery/resiliency plan, crisis management plan.</li> <li>Skill building to assist member in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by member's MI</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  <b>Units can be bundled up to 4 hrs. 7 mins</b></p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>QMAP</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>

H2016	Comprehensive community support services, per diem	DAY
	Child (0-11), Adol (12-17)	<b>Min:</b> 4 hrs. 8 mins <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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. to maintain community placement rather than to meet basic human needs.</p> <ul style="list-style-type: none"> <li>Assist with identifying existing natural supports for developing a natural support team</li> <li>Assist with identifying individual strengths, resources, preferences, and choices</li> <li>Assist in development and coordination of recovery/resiliency plan, crisis management plan, and/or advance directives (i.e., WRAP)</li> <li>Skill building to assist member in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by member's MI</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  <b>CCSS up to 4 hours 7 mins (16 units) is reported/billed as H2015</b></p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>QMAP</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>



H2017	Psychosocial rehabilitation services, 15 mins	MINS
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 8 mins Max: 15 mins
<b>Place of Service</b>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p>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)</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being</li> <li>• Development of a crisis plan</li> <li>• Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends)</li> <li>• Identification and development of organizational support, including such areas as sustaining personal entitlements, locating, and using community resources or other supportive programs</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) <b>Only PT78/887 and 64/371 can utilize Peer Support Professionals to deliver this service</b> Units can be bundled up to 4 hrs. 7 mins</p> <ul style="list-style-type: none"> <li>• Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self- image, regaining the ability to maintain positive relationships)</li> <li>• Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules).</li> <li>• 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)</li> </ul> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>• Peer Support Professional</li> <li>• QBHA</li> <li>• Bach Level</li> <li>• Intern</li> <li>• Unlicensed Master's Level</li> <li>• Unlicensed EdD/ PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/ PsyD</li> <li>• LAC</li> <li>• CAT</li> <li>• CAS</li> <li>• LPN/LVN</li> <li>• RN</li> <li>• APN</li> <li>• RxN</li> <li>• PA</li> <li>• MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>



H2018	Psychosocial rehabilitation services, per diem	DAY
<b>Place of Service</b>	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 4 hrs. 8 mins <b>Max:</b> N/A
<ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>22 Outpt Hosp</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p>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)</p> <ul style="list-style-type: none"> <li>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.</li> <li>Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being</li> <li>Development of a crisis plan</li> <li>Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends)</li> <li>Identification and development of organizational support, including such areas as sustaining personal entitlements, locating, and using community resources or other supportive programs</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) PSR up to 4 hours 7 mins (16 units) is reported/billed as H2017 Only PT78/887 and 64/371 can utilize Peer Support Professionals to deliver this service</p> <p>Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships)</p> <ul style="list-style-type: none"> <li>Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules).</li> <li>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)</li> </ul> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAT</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>

H2021	Community-based wrap-around services, 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>15 Mobile Unit</li> <li>49 Independent Clinic</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>57 NRSATF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p><b>Units can be bundled up to 4 hrs. 7 mins</b></p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>

H2022	Community-based wrap-around services, per diem	DAY
	Child (0-11), Adol (12-17), Young Adult (18-20)	<b>Min:</b> 4 hrs. 8 mins <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>15 Mobile Unit</li> <li>49 Independent Clinic</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>57 NRSATF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  <b>Community-based wrap-around services up to 4 hours 7 mins (16 units) is reported/billed as H2021</b></p> <p>Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2022.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>

H2023	Supported employment, 15 mins	MINS
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>18 Place of Employment-</li> <li>Worksite</li> <li>22 Outpt Hosp</li> <li>27 Outreach Site/Street</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>Assessing members' work history, skills, training, education, and personal career goals to help match the person with a suitable job</li> <li>Providing member with information regarding how employment affects disability income and benefits</li> <li>Preparation skills (i.e., resume development, interview skills)</li> <li>Working with individuals and their employers to identify needed accommodations</li> <li>Helping individuals to conduct an individualized job search</li> <li>Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p><b>Units can be bundled up to 4 hrs. 7 mins</b></p> <p><b>Only PT78/887 and 64/371 can utilize Peer Support Professionals to deliver this service</b></p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>QMAP</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAT</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>

H2024	Supported employment, per diem	DAY
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 4 hrs. 8 mins <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>18 Place of Employment -Worksite</li> <li>22 Outpt Hosp</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>Assessing members' work history, skills, training, education, and personal career goals to help match the person with a suitable job</li> <li>Providing member with information regarding how employment affects disability income and benefits</li> <li>Preparation skills (i.e., resume development, interview skills)</li> <li>Working with individuals and their employers to identify needed accommodations</li> <li>Helping individuals to conduct an individualized job search</li> <li>Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p><b>Supported employment up to 4 hours 7 mins (16 units) is reported/billed as H2023.</b></p> <p><b>Only PT78/887 and 64/371 can utilize Peer Support Professionals to deliver this service</b></p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>QMAP</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAT</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>

H2025	Ongoing support to maintain employment, 15 mins	MINS
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>18 Place of Employment-Worksite</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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, and 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.</p> <ul style="list-style-type: none"> <li>Talking with member about changes in health, work environment/personal environment to identify needed support changes and avoid crises</li> <li>Teaching member pre-vocational skills</li> <li>Helping member identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position</li> <li>Visiting member at job site to identify and address issues pertinent to job retention</li> <li>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</li> <li>Contacting member's family/significant other to monitor support network and/or resolve issues</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p><b>Units can be bundled up to 4 hrs. 7 mins</b></p> <p><b>Only PT78/887 and 64/371 can utilize Peer Support Professionals to deliver this service</b></p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>QMAP</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAT</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, , 37, 38, 41, 45, 64, 77, 78</p>

H2026	Ongoing support to maintain employment, per diem	DAY
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 4 hrs. 8 mins <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>• 03 School</li> <li>• 04 Shelter</li> <li>• 11 Office</li> <li>• 12 Home</li> <li>• 13 ALF</li> <li>• 14 Grp Home</li> <li>• 18 Place of Employment-Worksite</li> <li>• 50 FQHC</li> <li>• 53 CMHC</li> <li>• 56 PRTC</li> <li>• 72 RHC</li> <li>• 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>• Talking with member about changes in health, work environment/personal environment to identify needed support changes and avoid crises</li> <li>• Teaching member pre-vocational skills</li> <li>• Helping member identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position</li> <li>• Visiting member at job site to identify and address issues pertinent to job retention</li> <li>• 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</li> <li>• Contacting member's family/significant other to monitor support network and/or resolve issues</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p>Ongoing support to maintain employment up to 4 hours 7 mins (16 units) is reported/billed as H2025.</p> <p>Only PT78/887 and 64/371 can utilize Peer Support Professionals to deliver this service</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>• Peer Support Professional</li> <li>• QBHA</li> <li>• QMAP</li> <li>• Bach Level</li> <li>• Intern</li> <li>• Unlicensed Master's Level</li> <li>• Unlicensed EdD/ PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/PsyD</li> <li>• LAC</li> <li>• CAT</li> <li>• CAS</li> <li>• LPN/LVN</li> <li>• RN</li> <li>• APN</li> <li>• RxN</li> <li>• PA</li> <li>• MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>



H2027	Psychoeducational service, 15 mins	MINS
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 8 mins <b>Max:</b> 15 mins</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>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)</li> <li>Increasing knowledge of MI and member-specific diagnoses (e.g., latest research on causes and treatments, brain chemistry and functioning)</li> <li>Understanding importance of members individualized treatment/service plans</li> <li>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)</li> <li>Information, education, and training to assist members, families and significant others with medication management, symptom management, behavior management, stress management, and/or crisis management</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master’s Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAT</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>



H2030	Mental Health Clubhouse services, 15 mins	MINS
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>53 CMHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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 members' 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). Vocational and educational services; resume and interview skills <ul style="list-style-type: none"> <li>Intervention-based, therapeutic leisure activities to promote social skills building</li> <li>Peer support &amp; Recovery groups: increasing engagement, empowerment, hope</li> <li>Self-help and skills training: collaborative meal prep, interpersonal skills, etc.</li> <li>Outreach &amp; Engagement: identify and resolve barriers to seeking care, relationship building exercises</li> </ul> Clinical consultation by a master's level person should be available during hours of operation. <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) <ul style="list-style-type: none"> <li>Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation.</li> <li>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.</li> <li>Skill building and psycho-education groups are curriculum-based.</li> <li>The individual can receive services outside of Clubhouse, e.g. individual therapy and medication management, which should be separately documented and encountered.</li> <li>Should have recent assessment and current treatment/service plan or access through an EHR.</li> <li>The Clubhouse may develop a program- specific plan</li> <li>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).               <ul style="list-style-type: none"> <li>Activities address the specific needs of the member by promoting skill development and training, which reduces symptomatology and promotes community integration and social functioning.</li> <li>Activities are member-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills.</li> </ul> </li> </ul> Units can be bundled up to 4 hrs. 7 mins. Only BHA-contracted providers can bill for Clubhouse Services.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> </ul> <b>Provider Type That Can Bill:</b> 78

H2031	Mental health Clubhouse services, per diem	DAY
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 4 hrs. 8 mins Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>53 CMHC</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p>Services are provided with staff and members working as teams to address members’ 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).</p> <ul style="list-style-type: none"> <li>Vocational and educational services; resume and interview skills</li> <li>Intervention-based, therapeutic leisure activities to promote social skills building</li> <li>Peer support &amp; Recovery groups: increasing engagement, empowerment, hope</li> <li>Self-help and skills training: collaborative meal prep, interpersonal skills, etc.</li> <li>Outreach &amp; Engagement: identify and resolve barriers to seeking care, relationship building exercises.</li> </ul> <p>Clinical consultation by a master’s level person should be available during hours of operation.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p> <ul style="list-style-type: none"> <li>Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation.</li> <li>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.</li> <li>Skill building and psycho-education groups are curriculum-based.</li> <li>The individual can receive services outside of Clubhouse, e.g. individual therapy and medication management, which should be separately documented and encountered.</li> <li>Should have recent assessment and current treatment/service plan or access through an EHR</li> <li>The Clubhouse may develop a program- specific plan</li> </ul> <p>Only BHA-contracted providers can bill for Clubhouse Services.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master’s Level</li> <li>Unlicensed EdD/ PhD/ PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>78</p>

H2032	Activity therapy, 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>▪ 03 School</li> <li>▪ 04 Shelter</li> <li>▪ 11 Office</li> <li>▪ 12 Home</li> <li>▪ 13 ALF</li> <li>▪ 14 Grp Home</li> <li>▪ 15 Mobile Unit</li> <li>▪ 27 Outreach Site/Street</li> <li>▪ 31 SNF</li> <li>▪ 32 NF</li> <li>▪ 33 Cust Care</li> <li>▪ 50 FQHC</li> <li>▪ 53 CMHC</li> <li>▪ 54 ICF-MR</li> <li>▪ 72 RHC</li> <li>▪ 99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>• Playing basketball with group of adolescents to facilitate prosocial behavior and passing/taking turns.</li> <li>• Hiking in community to help a member with depressive symptoms reinforce the connection between healthy mind and body with exercise.</li> <li>• Puppet play with a child to identify feelings and interpersonal dynamics</li> <li>• Art/music activities to improve self-esteem, concentration, etc.</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) "Structured setting" does not preclude community POS.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>▪ Bach Level</li> <li>▪ Intern</li> <li>▪ Unlicensed Master's Level</li> <li>▪ Unlicensed EdD/ PhD/PsyD</li> <li>▪ LCSW</li> <li>▪ LPC</li> <li>▪ LMFT</li> <li>▪ Licensed EdD/PhD/PsyD</li> <li>▪ LAC</li> <li>▪ LPN/LVN</li> <li>▪ RN</li> <li>▪ APN</li> <li>▪ RxN</li> <li>▪ PA</li> <li>▪ MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

H2033	Multi-systemic therapy (MST) for juveniles, 15 mins	MINS
	Adol (12-17)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>15 Mobile Unit</li> <li>49 Independent Clinic</li> <li>53 CMHC</li> <li>57 NRSATF</li> <li>99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>Strategic family therapy</li> <li>Structural family therapy</li> <li>Behavioral parent training</li> <li>Cognitive behavior therapies</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery.</p> <p>Providers of MST must meet the specific training and supervision requirements.</p> <p>MST can be used for youth ages 10-11 based on severity of behaviors on a case-by-case basis.</p> <p>See Section VIII. Service Documentation Standards in this coding manual for documentation expectations</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master’s Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>

H2036	ASAM level 3.1 - Clinically managed low-intensity residential services, per diem	DAY
<p>First position modifier: U1</p> <p>For Special Connections <b>ONLY:</b> HD (second position)</p>	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p> <p><b>Service Description:</b> (Including example activities) 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. This per diem could include services such as:</p> <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Individual and family therapy</li> <li>3. Group therapy</li> <li>4. Alcohol/drug screening counseling</li> <li>5. Service planning</li> <li>6. Discharge planning</li> </ol> <p>Notes: (Including specific documentation and/or diagnosis requirements) 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. Medication Assisted Treatment (MAT) billed under 90792, H0033, H0034, and 96372, medication management services as indicated on APPENDIX E, and neuro/psychological evaluations as indicated on APPENDIX N are not included in this per diem and can be billed separately. Medication products such as buprenorphine are billed through Medicaid fee-for-service. Room and board is billed separately to BHA or their designee, using HCPCS code S9976. For members under 18, withdrawal management services are included in this code.</p> <p>Shift Notes or Daily Note should include:</p> <ul style="list-style-type: none"> <li>• Participation in treatment</li> <li>• Pertinent physical health status information</li> <li>• Any other member activities or member general behaviors in milieu</li> </ul> <p>Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards</p>	<p><b>Min:</b> N/A <b>Max:</b> 24 hrs.</p> <p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>• Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>• 55 RSATF</li> </ul>		<p><b>Provider Types That Can Bill:</b></p> <p>64/871</p>

H2036	ASAM level 3.3 - Clinically managed population-specific high-intensity residential services, per diem	DAY
First position modifier: U3	Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: 24 hrs.
For Special Connections <b>ONLY</b> : HD (Second position)	<p><b>Service Description:</b> (Including example activities) 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 <u>cognitive limitations</u>. 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.</p> <p>This per diem could include services such as:</p> <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Individual and family therapy</li> <li>3. Group therapy</li> <li>4. Alcohol/drug screening counseling</li> <li>5. Service planning</li> <li>6. Discharge planning</li> </ol> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p>Medication Assisted Treatment (MAT) billed under 90792, H0033, H0034, and 96372, medication management services as indicated on APPENDIX E, and neuro/psychological evaluations as indicated on APPENDIX N are not included in this per diem and can be billed separately. Medication products such as buprenorphine are billed through Medicaid fee-for-service.</p> <p>Room and board is billed separately to BHA or their designee, using HCPCS code S9976.</p> <p>Shift Notes or Daily Note should include:</p> <ul style="list-style-type: none"> <li>• Participation in treatment</li> <li>• Pertinent physical health status information</li> <li>• Any other member activities or member general behaviors in milieu</li> </ul> <p>Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>• Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>• 55 RSATF</li> </ul>		<p><b>Provider Types That Can Bill:</b></p> <p>64/872</p>

H2036	ASAM level 3.5 - Clinically managed high-intensity residential services, per diem	DAY
First position modifier: U5	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: 24 hrs.
For Special Connections ONLY: HD (Second position)	<b>Service Description:</b> (Including example activities) 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 members' needs.	<b>Service Provider</b>
<b>Place of Service</b> <ul style="list-style-type: none"> <li>55 RSATF</li> </ul>	<p>This per diem could include services such as:</p> <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Individual and family therapy</li> <li>3. Group therapy</li> <li>4. Alcohol/drug screening counseling</li> <li>5. Occupational therapy</li> <li>6. Recreational therapy</li> <li>7. Vocational rehabilitation</li> <li>8. Service planning</li> <li>9. Discharge planning</li> </ol> <p>Notes: (Including specific documentation and/or diagnosis requirements) 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.</p> <p>Medication Assisted Treatment (MAT) billed under 90792, H0033, H0034, and 96372, medication management services as indicated on APPENDIX E, and neuro/psychological evaluations as indicated on APPENDIX N are not included in this per diem and can be billed separately. Medication products such as buprenorphine are billed through Medicaid fee-for-service.</p>	<ul style="list-style-type: none"> <li>Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul>
		<b>Provider Types That Can Bill:</b> 64/873
	<p>Room and board is billed separately to BHA or their designee, using HCPCs code S9976.</p> <p>For members under 18, withdrawal management services are included in this code.</p> <p>Shift Notes or Daily Note should include:</p> <ul style="list-style-type: none"> <li>• Participation in treatment</li> <li>• Pertinent physical health status information</li> <li>• Any other member activities or member general behaviors in milieu</li> </ul> <p>Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards</p>	



H2036	ASAM level 3.7 - Medically monitored intensive inpatient services, per diem	DAY
<p>First position modifier: U7</p> <p>For Special Connections <b>ONLY:</b> HD (Second position)</p>	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> N/A <b>Max:</b> 24 hrs.</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>21 Inpt Hospital</li> <li>51 Inpt PF</li> <li>55 RSATF</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p>This per diem could include services such as:</p> <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Individual and family therapy</li> <li>3. Group therapy</li> <li>4. Alcohol/drug screening counseling</li> <li>5. Occupational therapy</li> <li>6. Recreational therapy</li> <li>7. Vocational rehabilitation</li> <li>8. Service planning</li> <li>9. Discharge planning</li> <li>10. Medical or nursing services</li> </ol> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) These services will also be billed using revenue code 1000 by hospitals (general or specialty) instead of using the HCPCS code.</p> <p>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.</p> <p>Medication Assisted Treatment (MAT) billed under 90792, H0033, H0034, and 96372, medication management services as indicated on APPENDIX E, and neuro/psychological evaluations as indicated on APPENDIX N are not included in this per diem and can be billed separately. Medication products such as buprenorphine are billed through Medicaid fee-for-service.</p> <p>Room and board is billed separately to BHA or their designee, using HCPCS code S9976.</p> <p>For members under 18, withdrawal management services are included in this code.</p> <p>Shift Notes or Daily Note should include:</p> <ul style="list-style-type: none"> <li>Participation in treatment</li> <li>Pertinent physical health status information</li> <li>Any other member activities or member general behaviors in milieu</li> </ul> <p>Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards</p>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 64/874</p>



S5150	Unskilled respite care, not hospice; 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 8 mins Max: 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>12 Home*</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>Support to assure the safety of member (e.g. developing safety plan, identifying triggers and resources, WRAP plan development, etc.).</li> <li>Referral to and establishing a stronger connection to community resources</li> <li>Relationship building with natural environmental support system</li> <li>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.</li> <li>Assistance implementing health status and physical condition instructions</li> <li>Assistance with implementing medication reminders and practically addressing medical needs</li> <li>Assistance/supervision needed by member to participate in social, recreational/community activities</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) S5150 does not include skilled practical/professional nursing services; members who need that level of monitoring should receive respite care under H0045/T1005. Units can be bundled up to 4 hrs. 7 mins 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 VIII. Service Documentation Standards: <ul style="list-style-type: none"> <li>Respite services/activities rendered</li> <li>Special instructions and that those instructions were followed</li> </ul>	<b>Service Provider</b> <ul style="list-style-type: none"> <li>QBHA</li> <li>QMAP</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/</li> <li>CAT</li> <li>CAS</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

S5151	Unskilled respite care, not hospice; per diem	DAY
	<p>Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)</p>	<p><b>Min:</b> 4 hrs. 8 mins <b>Max:</b> 24 hrs.</p>
<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>• 12 Home*</li> <li>• 13 ALF</li> <li>• 14 Grp Home</li> <li>• 50 FQHC</li> <li>• 53 CMHC</li> <li>• 56 PRTC</li> <li>• 72 RHC</li> <li>• 99 Other</li> </ul>	<p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>• Support to assure the safety of member (e.g. developing safety plan, identifying triggers and resources, WRAP plan development, etc.).</li> <li>• Referral to and establishing a stronger connection to community resources</li> <li>• Relationship building with natural environmental support system</li> <li>• 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.</li> <li>• Assistance implementing health status and physical condition instructions</li> <li>• Assistance with implementing medication reminders and practically addressing medical needs</li> <li>• Assistance/supervision needed by member to participate in social, recreational/community activities</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) S5151 does not include skilled practical or professional nursing services; members who need that level of monitoring should receive respite care under H0045/T1005.</p> <p><b>Unskilled respite care up to 4 hours 7 mins (16 units maximum) is reported as S5150.</b></p> <p>Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from S5151.</p> <p>*When POS Home (12) is used this refers to either the Respite Worker's home or the member's home, for this procedure code.</p> <p>Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:</p> <ul style="list-style-type: none"> <li>• Respite services/activities rendered</li> <li>• Special instructions and that those instructions were followed</li> </ul>	<p><b>Service Provider</b></p> <ul style="list-style-type: none"> <li>• QBHA</li> <li>• QMAP</li> <li>• Bach Level</li> <li>• Intern</li> <li>• Unlicensed Master's Level</li> <li>• Unlicensed EdD/ PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/PsyD</li> <li>• CAT</li> <li>• CAS</li> <li>• LAC</li> <li>• LPN/LVN</li> <li>• RN</li> <li>• APN</li> <li>• RxN</li> <li>• PA</li> <li>• MD/DO</li> </ul> <p><b>Provider Types That Can Bill:</b></p> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>

S9445	Member education, not otherwise classified, non-physician provider, individual	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>22 Outpt Hosp</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>49 Independent Clinic</li> <li>50 FQHC</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>57 NRSATF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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 does not 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.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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 VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 05/505, 26/501, 37, 38, 41/034, 41/035, 41/335, 64, 78

S9453	Smoking cessation classes, non-physician provider, per session	ENC
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> N/A <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>22 Outpt Hosp</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>57 NRSATF</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) Structured classes rendered for the treatment of tobacco dependence.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) This service is for members with a diagnosis of tobacco dependence or a history of tobacco dependence.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> </ul>
		<b>Provider Types That Can Bill:</b>  01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78

S9454	Stress management classes, non-physician provider, per session	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>22 Outpt Hosp</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>50 FQHC</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) Structured classes designed to educate members on the management of stress.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>CAS</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> </ul>
		<b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78

S9480	Mental Health Intensive Outpatient Program (IOP), per diem	DAY
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 3 hrs. <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>11 Office</li> <li>22 Outpt Hosp</li> <li>52 PF- PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) A structured treatment program focusing on assisting members to develop skills to regain stability in their lives and to build a foundation based upon recovery.  Programs may occur during the day or evening, on the weekend, or after school for adolescents. Intensive outpatient programing must be a minimum of 3 hours per day.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) For services that do not meet the minimum daily hours, providers should bill for the component services they provide.  These services will be billed using revenue code 0905 by hospitals (general or specialty) instead of using the HCPCS code.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Peer Support Professional</li> <li>QBHA</li> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed</li> <li>Master's Level</li> <li>Unlicensed EdD/PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul>
		<b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 77, 78

S9485	Crisis intervention mental health services, per diem	DAY
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 4 hrs. 8 min <b>Max:</b> N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>Contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with member and, as necessary, with members' caretakers/ family members</li> <li>Referral to other applicable Behavioral Health services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff</li> <li>Consultation with physician/ hospital staff regarding need for psychiatric consultation or placement</li> <li>Contact with another provider to help that provider deal with a specific member's crisis</li> <li>Consultation with one's own provider staff to address the crisis</li> </ul>	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul>
	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  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 VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

T1005	Respite care services, 15 mins	MINS
<b>Place of Service</b> <ul style="list-style-type: none"> <li>12 Home*</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>50 FQHC</li> <li>53 CMHC</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
	<b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc.</li> <li>Assistance with monitoring health status and physical condition</li> <li>Assistance with medication and other medical needs</li> <li>Cueing and prompting for preparation and eating of meals</li> <li>Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.)</li> <li>Support to assure the safety of member</li> <li>Assistance/supervision needed by member to participate in social, recreational/community activities</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Unlike respite procedure codes S5150 - S5151, T1005 requires skilled practical or professional nursing care to meet the health and physical needs of the member.	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Intern</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul>
	<p>Respite care up to 4 hrs. and 7 mins (16 units maximum) is reported as T1005; respite care over 4 hrs. 7 mins is reported as H0045 (per diem).</p> <p>Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from T1005.</p> <p>*POS Home (12): Refers to either the Respite Worker's home or the member's home, for this procedure code.</p> <p>Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:</p> <ul style="list-style-type: none"> <li>Respite services/activities rendered</li> <li>Special instructions and that those instructions were followed</li> </ul>	<b>Provider Types That Can Bill:</b> <p>01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78</p>



T1017	Targeted case management, 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	<b>Min:</b> 8 mins <b>Max:</b> 15 mins
<b>Place of Service</b> <ul style="list-style-type: none"> <li>03 School</li> <li>04 Shelter</li> <li>11 Office</li> <li>12 Home</li> <li>13 ALF</li> <li>14 Grp Home</li> <li>15 Mobile Unit</li> <li>21 Inpt Hosp</li> <li>22 Outpt Hosp</li> <li>23 ER</li> <li>27 Outreach Site/Street</li> <li>31 SNF</li> <li>32 NF</li> <li>33 Cust Care</li> <li>34 Hospice</li> <li>50 FQHC</li> <li>51 Inpt PF</li> <li>52 PF-PHP</li> <li>53 CMHC</li> <li>54 ICF-MR</li> <li>56 PRTC</li> <li>72 RHC</li> <li>99 Other</li> </ul>	<b>Service Description:</b> (Including example activities) Services designed to assist and support a member diagnosed with or being assessed for a mental health diagnosis, to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services, including: <ul style="list-style-type: none"> <li>Assessing service needs               <ul style="list-style-type: none"> <li>Assessing the need for service.</li> <li>Identifying and investigating available resources.</li> <li>Explaining options to members and assisting in application process.</li> </ul> </li> <li>Service plan development               <ul style="list-style-type: none"> <li>Specifying goals and actions to address member needs.</li> <li>Ensuring member participation, identifying a course of action; includes transition plan development with member.</li> </ul> </li> <li>Referral and related activities to obtain needed services:               <ul style="list-style-type: none"> <li>Working with member/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process.</li> <li>Informing members of services available, addresses and telephone numbers of agencies providing services.</li> <li>Care Coordination between other service agencies, healthcare providers, and member's family for assistance helping member access services.</li> </ul> </li> <li>Monitoring and follow-up               <ul style="list-style-type: none"> <li>Follow-up of a transition plan.</li> <li>Contacting member/others to ensure member is following the agreed upon service or transition plan.</li> <li>Monitoring progress and impact of plan.</li> </ul> </li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Use H0006 procedure code for case management for members with a primary substance use disorder. Case management involves linking the member to the direct delivery of needed services, but it 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 VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>Bach Level</li> <li>Intern</li> <li>Unlicensed Master's Level</li> <li>Unlicensed EdD/ PhD/PsyD</li> <li>LCSW</li> <li>LPC</li> <li>LMFT</li> <li>Licensed EdD/PhD/PsyD</li> <li>LAC</li> <li>LPN/LVN</li> <li>RN</li> <li>APN</li> <li>RxN</li> <li>PA</li> <li>MD/DO</li> </ul> <b>Provider Types That Can Bill:</b> 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

T2022	Enhanced Functional Family Therapy (EFFT)	UNIT
First Position Modifier: HK	Adol (12-17)	Min: 1 month Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>• 02 Telehealth</li> <li>• 03 School</li> <li>• 04 Shelter</li> <li>• 05 IHS Free Standing</li> <li>• 06 HIS Facility</li> <li>• 07 Tribal 638 Free Standing</li> <li>• 08 Tribal 638 Facility</li> <li>• 10 Telehealth Members Home</li> <li>• 11 Office</li> <li>• 12 Home</li> <li>• 13 Assisted Living Facility (ALF)</li> <li>• 14 Group Home</li> <li>• 15 Mobile Unit</li> <li>• 16 Temporary Lodging</li> <li>• 18 Place of Employment - Worksite</li> <li>• 21 Inpatient Hospital</li> <li>• 22 Outpatient Hospital</li> <li>• 23 Emergency Room - Hospital</li> <li>• 27 Outreach Site/Street</li> <li>• 31 Skilled Nursing Facility (SNF)</li> <li>• 32 Nursing Facility (NF)</li> <li>• 33 Custodial Care Facility (CCF)</li> <li>• 49 Independent Clinic</li> <li>• 50 Federally Qualified Health Center (FQHC)</li> <li>• 51 Inpatient Psychiatric Facility (IPF)</li> <li>• 52 Psychiatric Facility - Partial Hospitalization (PF-PHP)</li> <li>• 55 Residential Substance Abuse Treatment Facility (PRTC)</li> <li>• 57 Non-Residential Substance Abuse Treatment Center</li> <li>• 72 Rural Health Clinic (RHC)</li> <li>• 99 Other POS</li> </ul>	<b>Service Description:</b> Enhanced Functional Family Therapy (EFFT) is a systematic, evidence-based, manual driven, family-based treatment program used for a wide range of problems (including drug use and abuse, conduct disorder, mental health concerns, truancy, and related family problems) affecting youth ages 12-17 and their families. EFFT can be used for youth ages 10-11 and age 18 based on severity of behaviors on a case-by-case basis and in accordance to model fidelity. <ul style="list-style-type: none"> <li>• Enhanced Functional Family Therapy (EFFT) is an intensive in-home evidence based practice. EFFT Serves youth 12-17 years of age. EFFT is short term based average of 12-16 sessions, ( 2 hours a week per family with an addition to 30 minute phone call) 10-12 hours a month per family, ranging from 8-30 depending on the severity of risk factors), family-based therapeutic intervention for delinquent youth at risk for institutionalization and their families.</li> <li>• Enhanced Functional Family Therapy (EFFT) designed to serve families with children aged 17 or younger. EFFT aims to improve child and family outcomes and keep families together by offering a continuum of services tailored to individual family needs.</li> <li>• Families assessed as high-risk receive EFFT intervention, enhanced behavioral and mental health targets delivered in five phases by a trained clinical therapist.</li> <li>• The first three phases focus on increasing engagement, building motivation for change, and understanding relational patterns. The next phase focuses on behavior change and identifying and addressing family needs. The final phase helps families generalize these behavior changes to their everyday lives and to contexts outside the immediate family.</li> <li>• For families with younger children, program content is more parent-driven, focusing on building skills for creating a family context in which children can flourish.</li> <li>• For families with adolescents, program content focuses on how problem behaviors can motivate families to engage in change.</li> </ul>	<b>Service Provider</b> <ul style="list-style-type: none"> <li>• Bach Level</li> <li>• Intern</li> <li>• Unlicensed Master's Level</li> <li>• Unlicensed EdD/ PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/PsyD</li> <li>• LAC</li> </ul>
	<b>Provider Requirements:</b> Providers of EFFT must meet the specific training and supervision requirements. This includes being certified by FFT, LLC.  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Provider Types That Can Bill:</b> 77/388, 77/389, 37, 38

T2022	Enhanced High Fidelity Wraparound (EHFW)	UNIT
First Position Modifier: HT	Child (0-11), Adol (12-17), Young Adult (18-20)	Min: 1 month Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>• 02 Telehealth</li> <li>• 03 School</li> <li>• 04 Shelter</li> <li>• 05 IHS Free Standing</li> <li>• 06 HIS Facility</li> <li>• 07 Tribal 638 Free Standing</li> <li>• 08 Tribal 638 Facility</li> <li>• 10 Telehealth Members Home</li> <li>• 11 Office</li> <li>• 12 Home</li> <li>• 13 Assisted Living Facility (ALF)</li> <li>• 14 Group Home</li> <li>• 15 Mobile Unit</li> <li>• 16 Temporary Lodging</li> <li>• 18 Place of Employment - Worksite</li> <li>• 21 Inpatient Hospital</li> <li>• 22 Outpatient Hospital</li> <li>• 23 Emergency Room - Hospital</li> <li>• 27 Outreach Site/Street</li> <li>• 31 Skilled Nursing Facility (SNF)</li> <li>• 32 Nursing Facility (NF)</li> <li>• 33 Custodial Care Facility (CCF)</li> <li>• 49 Independent Clinic</li> <li>• 50 Federally Qualified Health Center (FQHC)</li> <li>• 51 Inpatient Psychiatric Facility (IPF)</li> <li>• 52 Psychiatric Facility - Partial Hospitalization (PF-PHP)</li> <li>• 55 Residential Substance Abuse Treatment Facility (PRTC)</li> <li>• 57 Non-Residential Substance Abuse Treatment Center</li> <li>• 72 Rural Health Clinic (RHC)</li> <li>• 99 Other POS</li> </ul>	<b>Service Description:</b> Enhanced High Fidelity Wraparound (EHFW) is a team based, evidence-informed, structured approach with 24/7 availability providing care coordination that adheres to required procedures for child and family engagement, individualized care planning, to include developing and implementing crisis safety plans, identifying and leveraging strengths and natural supports while monitoring progress and fidelity to the model.  EHFW providers need to be certified/credentialed in the National Wraparound Implementation Center (NWIC) under the Workforce capacity center.  The goal of EHFW is to help the youth, under 21, and family reach success while remaining in their home communities. The process involves a facilitator, regular team meetings that include the child, youth, family, friends, community resources, and professionals.  EHFW includes a broad set of activities designed to assess, plan, and monitor the service needs of the child and family these include: <ul style="list-style-type: none"> <li>• Engagement and outreach to children and families, including education on Systems of Care and Wraparound processes.</li> <li>• Organization and facilitation of a child and family treatment team that meets on a regular basis.</li> <li>• Reviewing and updating the individual's Integrated Assessment and care plan, which includes the identification of needs and strengths and the development of a service plan.</li> <li>• Crisis assessment, Crisis plan development and 24/7 on call for safety, crisis plan implementation and prevention planning.</li> <li>• Coordination and consultation with providers and formal and informal supports involved with the child's care.</li> <li>• Referring, linking, and following up with service providers and social service agencies for services recommended by the child and family treatment team on the service plan; and,</li> <li>• Assisting children in transitioning from an institutional setting to a community-based living arrangement</li> <li>• Assisting children with community-based services and supports so they can remain in their home or in the community</li> </ul> See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>• Bach Level</li> <li>• Unlicensed Master's Level</li> <li>• Unlicensed EdD/PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/PsyD</li> <li>• LAC</li> </ul> <b>Provider Types That Can Bill:</b> 77/388, 77/389, 37, 38

T2022	Enhanced Multi-Systemic Therapy (EMST)	UNIT
First Position Modifier: HA	Adol (12-17)	Min: 1 month Max: N/A
<b>Place of Service</b> <ul style="list-style-type: none"> <li>• 02 Telehealth</li> <li>• 03 School</li> <li>• 04 Shelter</li> <li>• 05 IHS Free Standing</li> <li>• 06 HIS Facility</li> <li>• 07 Tribal 638 Free Standing</li> <li>• 08 Tribal 638 Facility</li> <li>• 10 Telehealth Members Home</li> <li>• 11 Office</li> <li>• 12 Home</li> <li>• 13 Assisted Living Facility (ALF)</li> <li>• 14 Group Home</li> <li>• 15 Mobile Unit</li> <li>• 16 Temporary Lodging</li> <li>• 18 Place of Employment - Worksite</li> <li>• 21 Inpatient Hospital</li> <li>• 22 Outpatient Hospital</li> <li>• 23 Emergency Room - Hospital</li> <li>• 27 Outreach Site/Street</li> <li>• 31 Skilled Nursing Facility (SNF)</li> <li>• 32 Nursing Facility (NF)</li> <li>• 33 Custodial Care Facility (CCF)</li> <li>• 49 Independent Clinic</li> <li>• 50 Federally Qualified Health Center (FQHC)</li> <li>• 51 Inpatient Psychiatric Facility (IPF)</li> <li>• 52 Psychiatric Facility - Partial Hospitalization (PF-PHP)</li> <li>• 55 Residential Substance Abuse Treatment Facility (PRTC)</li> <li>• 57 Non-Residential Substance Abuse Treatment Center</li> <li>• 72 Rural Health Clinic (RHC)</li> <li>• 99 Other POS</li> </ul>	<b>Service Description:</b> 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. EMST Serves youth 12-17 years of age based on EMST model fidelity. EMST can be used for youth ages 10-11 based on severity of behaviors on a case-by-case basis and in accordance to model fidelity.  <b>Examples include:</b> <ul style="list-style-type: none"> <li>• Strategic family therapy</li> <li>• Structural family therapy</li> <li>• Behavioral parent training</li> <li>• Cognitive behavior therapies</li> </ul> <b>Provider Qualifications</b> Providers of EMST must meet MST specific training and supervision requirements. This includes being certified by MST Services or one of their affiliates.  Providers are expected to adhere to MST Frequency and Availability Standards and MST Nine Core Principles, utilize the MST Analytic Process, and maintain observance of the MST Fidelity Monitoring Tools for supervisors and clinicians  See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	<b>Service Provider</b> <ul style="list-style-type: none"> <li>• Bach Level</li> <li>• Unlicensed Master’s Level</li> <li>• Unlicensed EdD/ PhD/PsyD</li> <li>• LCSW</li> <li>• LPC</li> <li>• LMFT</li> <li>• Licensed EdD/PhD/PsyD</li> <li>• LAC</li> </ul> <b>Provider Types That Can Bill:</b> 77/388, 77/389, 37, 38

## APPENDIX A: ABBREVIATIONS & ACRONYMS

This information can be found at <https://hcpf.colorado.gov/bh-policies#Abbreviation>

## APPENDIX B: BHA-ONLY CODES

In addition to the codes covered by both Medicaid and BHA listed in the body of this billing manual, BHA has additional codes included within their programs. For entities and behavioral health providers that contract with BHA, the following codes apply to programs and initiatives requiring client level data submissions. Please contact [cdhs\\_bha\\_provider\\_support@state.co.us](mailto:cdhs_bha_provider_support@state.co.us) or your BHA program manager with questions regarding data submissions or additional services being provided to clients.

Age categories referred to in the table below:

Child (0-11), Adolescent (12-17), Young Adult (18-20), Adult (21-64) Older Adult (65+)

BHA Only Code	Description	Places of Service	Service Provider
<b>80305</b>	<b>Drug Screen, presumptive, optical observation</b>	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC 99 Other	Intern MD DO PA APN RxN
ENC  Min: n/a Max: n/a  AGES: ALL	<p><b>Service Description:</b> (Including example activities) 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.</p> <p>Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.</p> <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Member consent</li> <li>3. Screening results</li> <li>4. Member's identified treatment/service plan (if applicable)</li> <li>5. Referral for treatment (if applicable)</li> <li>6. Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>		

<p><b>80306</b></p> <p><b>ENC</b></p> <p>Min: n/a Max: n/a</p> <p><b>AGES:</b> ALL</p>	<p><b>Drug Screen, presumptive, read by instrument</b></p> <p><b>Service Description:</b> (Including example activities) 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</p> <p>Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.</p> <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Member consent</li> <li>3. Screening results</li> <li>4. Member's identified treatment/service plan (if applicable)</li> <li>5. Referral for treatment (if applicable)</li> <li>6. Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>	<p>03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC 99 Other</p>	<p>Intern LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APN RxN PA MD/DO</p>
<p><b>82075</b></p> <p><b>ENC</b></p> <p>Min: n/a Max: n/a</p> <p><b>AGES:</b> ALL</p>	<p><b>Alcohol (ethanol): breath</b></p> <p><b>Service Description:</b> (Including example activities) Alcohol breathalyzer administered to test for evidence or the degree of alcohol intoxication of an individual.</p> <p>Breathalyzer administered to test for the degree of alcohol intoxication</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Staff performing breathalyzers shall be knowledgeable of collection, handling, recording, and storing procedures assuring sample viability for evidentiary and therapeutic purposes.</p> <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Member consent</li> <li>3. Screening results</li> <li>4. Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>	<p>03 School 04 Shelter 11 Office 12 Home 13 ALF 14 Grp Home 15 Mobile Unit 21 Inpt Hosp 22 Outpt Hosp 23 ER 31 SNF 32 NF 33 Cust Care 34 Hospice 50 FQHC 51 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 55 RSATF 56 PRTC 57 NRSATF 72 RHC 99 Other</p>	<p>Peer Specialist QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APN RxN PA MD/DO</p>

<b>H0003</b>  <b>ENC</b>  Min: n/a Max: n/a  <b>AGES:</b> ALL	<b>Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs</b>  <b>Service Description:</b> (Including example activities) 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.  Screening questionnaire  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Screening results</li> <li>3. Referral for treatment (if applicable)</li> <li>4. Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 13 ALF 14 Grp Home 5 Mobile Unit 21 Inpt Hosp 22 Ou tpt Hosp 23 ER 31 SNF 32 NF 33 Cust Care 34 Hospice 50 FQHC 51 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 55 RSATF 56 PRTC 57 NRSATF 72 RHC 99 Other	Peer Specialist QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN RxN PA MD/DO
<b>H0007</b>  <b>ENC</b>  Min: n/a Max: n/a  <b>AGES:</b> Adolescent Young Adult Adult Older Adult	<b>Alcohol and/or drug services; crisis intervention (outpatient)</b>  <b>Service Description:</b> (Including example activities) A planned alcohol and/or drug crisis intervention used to assist a person to abstain from alcohol and or drug usage.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Member demographic information</li> <li>3. Specific intervention service used</li> <li>4. Members response</li> <li>5. Referral for treatment (if necessary)</li> <li>6. Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 21 Inpt Hosp 22 Ou tpt Hosp 32 NF 33 Cust Care 34 Hospice 50 FQHC 51 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 56 PRTC 57 NRSATF 72 RHC 99 Other	Intern LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAS LPN/LVN RN APRN (SA) RxN PA MD/DO



<b>H0022</b>  <b>ENC</b>  Min: n/a Max: n/a  <b>AGES:</b> ALL	<b>Alcohol and/or drug intervention service (planned facilitation)</b>  <b>Service Description:</b> (Including example activities) 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.  Staff time spent talking to involuntary commitment manager involving involuntary commitment members.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Member demographic information 3. Specific intervention service used 4. Member's response 5. Referral for treatment (if necessary) 6. Signed with 1 <sup>st</sup> initial, last name & credentials	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 55 RSATF 57 NRSATF 72 RHC 99 Other	Intern LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN RxN PA MD/DO
<b>H0024</b>  <b>ENC</b>  Min: n/a Max: n/a  <b>AGES:</b> ALL	<b>Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)</b>  <b>Service Description:</b> (Including example activities) Services delivered to target audiences with the intent of affecting knowledge, attitude and/or behavior through one-way direct communication education and information dissemination. Pamphlets, educational presentations, Billboards.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities. 1. Number of participants 2. Type of service	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 14 Grp Home 15 Mobile Unit 33 Cust Care 34 Hospice 50 FQHC 53 CMHC 55 RSATF 57 NRSATF 72 RHC 99 Other	Peer Specialist Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN RxN PA MD/DO



<b>H0027</b>  <b>ENC</b>  Min: n/a Max: n/a  <b>AGES:</b> ALL	<b>Alcohol and/or drug prevention environmental service</b> <b>(Broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)</b>  <b>Service Description:</b> (Including example activities) 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. <ul style="list-style-type: none"> <li>• Review of school policies</li> <li>• Community technical assistance</li> <li>• Revised advertising practices</li> <li>• Pricing strategies</li> <li>• Setting minimum age requirements</li> <li>• Product use restrictions</li> <li>• Workplace substance abuse policies</li> <li>• New or revised environmental codes</li> <li>• New or revised ordinances, regulations, or legislation</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) <ol style="list-style-type: none"> <li>1. Number of participants</li> <li>2. Type of service</li> </ol>	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 14 Grp Home 15 Mobile Unit 33 Cust Care 50 FQHC 53 CMHC 72 RHC 99 Other	Peer Specialist Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN (SA) RxN PA MD/DO
<b>H0028</b>  <b>MINS</b>  Min: 8 Max: n/a  <b>AGES:</b> ALL	<b>Alcohol and/or drug prevention problem identification and referral service</b> <b>(e.g., student assistance and employee assistance programs), does not include assessment</b> <b>Service Description:</b> (Including example activities) 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.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Start and stop time (duration)</li> <li>3. Number of participants</li> <li>4. Type of service</li> <li>5. Referral to treatment if necessary</li> </ol>	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 14 Grp Home 15 Mobile Unit 33 Cust Care 50 FQHC 53 CMHC 55 RSATF 57 NRSATF 72 RHC 99 Other	Peer Specialist Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN RxN PA MD/DO

<b>H0029</b>  <b>ENC</b>  Min: n/a Max: n/a  <b>AGES:</b> Adolescent Young Adult Adult Older Adult	<b>Alcohol and/or drug prevention alternatives service</b> <b>(Services for populations that exclude alcohol and other drug use e.g., alcohol free social events)</b>  <b>Service Description:</b> (Including example activities) 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.  <ul style="list-style-type: none"> <li>• Alcohol/tobacco/drug free social and or recreational events</li> <li>• Community drop in centers</li> <li>• Community services</li> <li>• Leadership functions</li> <li>• Activities involving athletics, art, music, movies, etc.</li> </ul> <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 1. Number of participants 2. Type of service	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 14 Grp Home 15 Mobile Unit 33 Cust Care 50 FQHC 53 CMHC 72 RHC 99 Other	Peer Specialist Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN RxN PA MD/DO
<b>H0030</b>  <b>ENC</b>  Min: n/a Max: n/a  <b>AGES:</b> ALL	<b>Behavioral Health, Hotline Services</b>  <b>Service Description:</b> (Including example activities) 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. There is no requirement for the caller to become a member of the hotline program.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Intervention or support services provided 3. Members response 4. Referral for treatment (if necessary) 5. Signed with 1 <sup>st</sup> initial, last name & credentials	02 Telehealth Provided Other than in Patient's home 10 Telehealth Provided in Patient's Home	Peer Specialist Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN (SA) RxN PA MD/DO

<b>H0047</b>  <b>MINS</b>  Min: 8 Max: n/a  <b>AGES:</b> ALL	<b>Alcohol and/or other drug abuse services; not otherwise specified</b>  <b>Service Description:</b> (Including example activities) Services provided to persons with alcohol and/or other drug problems in outpatient settings, not elsewhere classified.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Start and stop time (duration) 3. Signed with 1 <sup>st</sup> initial, last name & credentials	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC	Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAS MD/DO
<b>H0048</b>  <b>ENC</b>  Min: n/a Max: n/a  <b>AGES:</b> ALL	<b>Alcohol and/or other drug testing; collection of handling only, specimens other than blood</b>  <b>Service Description:</b> (Including example activities) "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 <b>does not include</b> 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 BHA rules, policies, and procedures.  Collection of hair, saliva, or urine for the purpose of testing for the presence of alcohol or drugs.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.  1. Date of service 2. Screening results 3. Signed with 1 <sup>st</sup> initial, last name & credential	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 13 ALF 14 Grp Home 15 Mobile Unit 21 Inpt Hosp 22 Outpt Hosp 23 ER 31 SNF 32 NF 33 Cust Care 34 Hospice 50 FQHC 51 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 55 RSATF 56 PRTC 57 NRSATF 72 RHC 99 Other	QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT  CAS LPN/LVN RN APRN (SA) RxN PA MD/DO

H1000	Prenatal Care, At Risk Assessment		
<p><b>ENC</b></p> <p>Min: n/a Max: 3 hrs</p> <p><b>AGES:</b> Adolescent Young Adult Adult Older Adult</p>	<p><b>Service Description:</b> (Including example activities) 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.</p> <p>Risk assessment to determine level of risk to the pregnancy based upon the individual's substance use disorder and other biopsychosocial factors.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p> <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Start and stop time (Duration)</li> <li>3. Pregnancy verification and documentation of issues</li> <li>4. Documentation of prenatal care</li> <li>5. Clinical notes</li> <li>6. Type of session</li> <li>7. Duration or start/stop time</li> <li>8. Progress towards treatment goals</li> <li>9. Goal attainment</li> <li>10. Treatment/service plan goals and objectives</li> <li>11. Signed with 1<sup>st</sup> initial, last name &amp; credential</li> </ol>	<p>03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC</p>	<p>LAC CAS</p>

<b>H1002</b>  <b>MINS</b>  Min: 8 Max: n/a  <b>AGES:</b> Adolescent Young Adult Adult Older Adult	<b>Care Coordination prenatal/case management</b>  <b>Service Description:</b> (Including example activities) 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.  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.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Start and stop time (duration) 3. Clinical notes 1. Type of session 2. Duration or start/stop time 3. Progress towards treatment goals 4. Goal Attainment 4. Signed with 1 <sup>st</sup> initial, last name & credentials	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC	LAC CAS
<b>H1003</b>  <b>HOUR</b>  Min: n/a Max: n/a  <b>AGES:</b> Adolescent Young Adult Adult	<b>Prenatal Care, at risk enhanced service, education</b>  <b>Service Description:</b> (Including example activities) Services facilitated by a certified drug/alcohol treatment counselor to help a member develop health and life management skills.  HIV Prevention class delivered with the context of a substance user disorder treatment program. <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 1. Date of service Start and stop time (duration) 2. Attendance documentation 3. Documentation of topics covered 4. Signed with 1 <sup>st</sup> initial, last name & credentials	11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC 99 Other	LAC CAS

<b>H1004</b>	<b>Prenatal follow up home visit</b>	04 Shelter 12 Home	LAC CAS
<b>MINS</b>  Min: n/a Max: n/a  <b>AGES:</b> Adolescent Young Adult Adult	<b>Service Description:</b> (Including example activities) Prenatal Care Coordination follow-up visits provided in the home  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) <ul style="list-style-type: none"> <li>1. Date of service</li> <li>2. Start and stop time (duration)</li> <li>3. Description of service rendered</li> <li>4. Recommendations</li> <li>5. Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ul>		
<b>H1011</b>	<b>Family assessment by a licensed Behavioral Health professional</b>	03 School 04 Shelter 11 Office 12 Home 13 ALF 14 Grp Home 15 Mobile Unit 21 Inpt Hosp 23 ER 31 SNF 32 NF 33 Cust Care 34 Hospice 49 Ind Clinic 50 FQHC 51 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 56 PRTC 57 NRSATF 72 RHC 99 Other	Intern LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC LPN/LVN RN APN RxN PA MD/DO
<b>ENC</b>  Min: n/a Max: n/a  <b>AGES:</b> Child Adolescent	<b>Service Description:</b> (Including example activities) A non-medical visit with a member's family conducted by a non-physician Behavioral Health professional), for a State-defined purpose  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.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Functional/risk assessments, genograms, and/or ecomaps may be utilized as part of the family assessment.  <b>Technical Documentation Requirements</b> See Section X <b>Service Content</b>  <ul style="list-style-type: none"> <li>1. Family's presenting concern(s)/problem(s)</li> <li>2. Review of medical and medication history, psychosocial, family, and treatment history</li> <li>3. Mental status exam</li> <li>4. DSM-5 diagnosis</li> <li>5. Disposition - need for Behavioral Health services, referral, etc.</li> </ul>		

<b>H2034</b>  <b>DAY</b>  Min: 4 hrs 8 min Max: n/a  <b>AGES:</b> Adolescent Young Adult Adult Older Adult	<b>Halfway house</b>  <b>Service Description:</b> (Including example activities) 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.  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2034  <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Start and stop time (duration)</li> <li>3. Member demographic information</li> <li>4. Shift notes</li> <li>5. Consent for emergency medical treatment</li> <li>6. Member program orientation form</li> <li>7. Sign with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>	14 Grp Home 55 RSATF	Peer Specialist QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN RxN PA MD/DO
<b>S9976</b>  <b>DAY</b>  Min: n/a Max: n/a  <b>AGES:</b> Adolescent Young Adult Adult Older Adult	<b>Lodging/Room &amp; Board, per diem, not otherwise specified</b>  <b>Service Description:</b> (Including example activities) Room and board costs per day  <b>Notes:</b> (Including specific documentation and/or diagnosis requirements) <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Start and stop time (duration)</li> <li>3. Sign with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>	21 Inpt Hosp 22 Ou tpt Hosp 49 Ind Clinic 51 Inpt PF 53 CMHC 55 RSATF	Peer Specialist QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS

T1006	<p><b>Alcohol and/or substance use services, family/couple counseling</b></p> <p><b>Service Description:</b> (Including example activities) 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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p> <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Start and stop time (duration)</li> <li>3. Focus of session</li> <li>4. Progress toward treatment/service plan goals and objectives</li> <li>5. Intervention strategies utilized</li> <li>6. Member response</li> <li>7. Outcome/plan</li> <li>8. Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>	<p>03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 51 Inpt PF 52 PF-PHP 53 CMHC 57 NRSATF 72 RHC 99 Other</p>	<p>Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAS</p>
<p><b>HOUR</b></p> <p>Min: n/a Max: n/a</p> <p><b>AGES:</b> Adolescent Young Adult Adult Older Adult</p>			



<b>T1009</b>	<b>Child sitting services for the children of the individual receiving alcohol and/or substance use services</b>	11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC 99 Other	Peer Specialist QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN RxN PA MD/DO
<b>MINS</b>			
Min: 8 Max: n/a	<b>Service Description:</b> (Including example activities) Care of the children of members undergoing treatment for alcoholism or drug abuse while the member is in treatment		
<b>AGES:</b> Child Adolescent	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Start and stop time (duration) 3. Signed with 1 <sup>st</sup> initial, last name & credentials		

<p><b>T1012</b></p> <p><b>15 MINS</b></p> <p>Min: 8 Max: n/a</p> <p>AGES: ALL</p>	<p><b>Alcohol and/or substance use services, skills development</b></p> <p><b>Service Description:</b> (Including example activities) 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.</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal</li> <li>• Development of basic language skills necessary to enable member to function independently</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p> <ol style="list-style-type: none"> <li>1. Date of service</li> <li>2. Start and stop times (duration)</li> <li>3. Description of service rendered</li> <li>4. Recommendations</li> <li>5. Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>	<p>03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 14 Grp Home 50 FQHC 53 CMHC 55 RSATF 56 PRTC 57 NRSATF 72 RHC 99 Other</p>	<p>Peer Specialist QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN (SA) RxN PA MD/DO</p>
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<b>T1013</b>  <b>15 MINS</b>  Min: 8 Max: n/a  <b>AGES:</b> ALL	<b>Sign language or oral interpreter for alcohol and/or substance use services</b>  <b>Service Description:</b> (Including example activities)  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.  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.	ALL	DHOH Interpreter
	<b>Notes:</b> (Including specific documentation and/or diagnosis requirements)  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:  <ul style="list-style-type: none"> <li>• Sign language interpreter</li> <li>• Interpreter for the deaf</li> <li>• ASL-English interpreter</li> <li>• American sign language (ASL) interpreter</li> <li>• Certified sign language interpreter</li> <li>• Certified interpreter for the deaf</li> <li>• Certified deaf interpreter</li> <li>• Certified ASL-English interpreter</li> <li>• Certified American sign language (ASL) interpreter</li> </ul> <ol style="list-style-type: none"> <li>1.</li> <li>2. Date of service</li> <li>3. Start and stop time (duration)</li> <li>4. Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>		

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BHA Only Code	Description	Places of Service	Service Provider
	<ul style="list-style-type: none"> <li>• <b>Monitoring and follow-up</b> - contacting member/others to ensure member is following the agreed upon treatment/ service plan and monitoring progress and impact of plan.</li> <li>• Assessing the need for service, identifying, and investigating available resources, explaining options to member and assisting in application process</li> <li>• Contact with member's family members for assistance helping member access services</li> <li>• Care Coordination between other service agencies and healthcare providers</li> </ul> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements) 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.</p> <p><b>Service Content</b></p> <ol style="list-style-type: none"> <li>1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>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)</li> <li>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)</li> <li>4. How did the service impact the individual's progress towards goals/objectives?</li> <li>5. Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol>		
<b>T2001</b>	<b>Non-emergency transportation</b>	55 RSATF 57 NRSATF 99 Other	Peer Specialist QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC
<b>15 MINS</b>  Min: 8 Max: n/a  AGES: ALL	<p><b>Service Description:</b> (Including example activities) 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.</p> <p><b>Notes:</b> (Including specific documentation and/or diagnosis requirements)</p>		

## APPENDIX C: CURRENT PROCEDURAL TERMINOLOGY (CPT) SERVICE CATEGORIES

This information can be found at <https://hcpf.colorado.gov/bh-policies#CPT>

## APPENDIX D: MEDICAID DIRECTED PAYMENTS

This information can be

[https://hcpf.colorado.gov/sites/hcpf/files/Appendix%20D\\_July%20PPS%20for%20ATU%20CSU%20CSNP.Final.pdf](https://hcpf.colorado.gov/sites/hcpf/files/Appendix%20D_July%20PPS%20for%20ATU%20CSU%20CSNP.Final.pdf)

## APPENDIX E: EVALUATION AND MANAGEMENT (E/M) CODES COVERED UNDER THE MEDICAID CAPITATED BEHAVIORAL HEALTH BENEFIT

The purpose of this appendix is to demonstrate when E/M services are covered under the Medicaid Capitated Behavioral Health Benefit. E/M codes that are not covered may be billed to a member's MCO, or to FFS if the member is not enrolled with an MCO.

For the purposes of this guidance, the following billing provider types (PT) are considered Behavioral Health Specialty Providers.

PT	Specialty Type	Type Description
64	All Specialty Types <b>EXCEPT 213, 214 and 477</b> (OTP providers still need to bill E/M services to FFS under PT 16)	Substance Use Continuum
78	877	Comprehensive

E/M codes are covered under the Capitated Behavioral Health Benefit when they are billed by a Behavioral Health Specialty Provider for a primary diagnosis of either a covered mental health or covered substance use disorder, with the following exceptions:

- **Consultation Codes** - E/M Codes 99242-99245, 99252-99255 are reimbursed when the service is provided for a covered BH diagnosis, regardless of the billing provider. 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. Only the provider being consulted can bill for this service.
- **Emergency Department Codes** - E/M Codes 99281-99285 are reimbursed when the service is provided for a covered BH diagnosis, regardless of the billing provider.

E/M Add-on Codes 90785, 90833, 90836, and 90838 are reimbursed under the Capitated Behavioral Health Benefit when they are billed with an E/M code covered under the Capitated Behavioral Health Benefit.

E/M codes are defined by level of Medical Decision Making (MDM), Level of Complexity, or Risk of Complication. You can see these criteria in many of the code descriptions. These codes are all billed as encounter units.

Code	Description	POS		Service Provider
99202	New Pt Office or Other Outpt Visit w/ Straightforward MDM, typically 15-29 mins	53-CMHC 11-Office 15-Mobile Unit 50-FQHC 72-RHC	22-Outpt Hosp 49- Ind Clinic 03-School 57-NRSTF 99-Other	Intern MD DO PA APN RxN
99203	New Pt Office or Other Outpt Visit w/ Low MDM, typically 30-44 mins	53 - CMHC 11 - Office 15 - Mobile Unit 72 - RHC	22 - Outpt Hosp 49 - Ind Clinic 57 - NRSATF 99 - Other	Intern MD DO APN RxN
99204	New Pt Office or Other Outpt Visit w/ Moderate MDM, typically 45-59 mins	53 - CMHC 11 - Office 15 - Mobile Unit 50 - FQHC 72 - RHC	22 - Outpt Hosp 49 - Ind Clinic 03 - School 57 - NRSATF 99 - Other	Intern MD DO PA APN RxN
99205	New Pt Office or Other Outpt Visit w/ High MDM, typically 60-74 min	53 - CMHC 11 - Office 15 - Mobile Unit 50 - FQHC 72 - RHC	22 - Outpt Hosp 49 - Ind Clinic 03 - School 57 - NRSATF 99 - Other	Intern MD DO PA APN RxN
99211	Established Pt Office or Other Outpt Visit not requiring a Physician	53 - CMHC 11 - Office 15 - Mobile Unit 50 - FQHC 72 - RHC	22 - Outpt Hosp 49 - Ind Clinic 03 - School 57 - NRSATF 99 - Other	Certified/ Registered Medical Assistant Intern MD DO PA LPN RN APN RxN
99212	Established Pt Office or Other Outpt Visit w/ Straightforward MDM, typically 10-19 mins	53 - CMHC 11 - Office 15 - Mobile Unit 50 - FQHC 72 - RHC	22 - Outpt Hosp 49 - Ind Clinic 03 - School 57 - NRSATF 99 - Other	Intern MD DO PA APN RxN
99213	Established patient office or other outpatient visit with low level of decision making, if using time, 20 minutes or more	53 - CMHC 11 - Office 15 - Mobile Unit 50 - FQHC 72 - RHC	22 - Outpt Hosp 49 - Ind Clinic 03 - School 57 - NRSATF 99 - Other	Intern MD DO PA APN RxN



Code	Description	POS	Service	Code
99214	Established Pt Office or Other Outpt Visit w/ Moderate MDM, typically 30-39 mins	53 - CMHC 11 - Office 15 - Mobile Unit 50 - FQHC 72 - RHC	22 - Outpt Hosp 49 - Ind Clinic 03 - School 57 - NRSATF 99 - Other	Intern MD DO PA APN RxN
99215	Established Pt Office or Other Outpt Visit w/ High MDM, typically 40-54 mins	53 - CMHC 11 - Office 15 - Mobile Unit 50 - FQHC 72 - RHC	22 - Outpt Hosp 49 - Ind Clinic 03 - School 57 - NRSATF 99 - Other	Intern MD DO PA APN RxN
99221	Initial hospital care with Straightforward or low level of medical decision making, per day, if using time, at least 40 minutes	21 - Inpt Hosp 22 - Outpt Hosp 51 - Inpt PF 52 - PF-PHP 61 - Comprehensive Inpatient Rehabilitation Facility		Intern MD DO PA APN RxN
99222	Initial hospital inpatient or observation care with moderate level of medical decision making. If using time, 55 minutes or more	21 - Inpt Hosp 22 - Outpt Hosp 51 - Inpt PF 52 - PF-PHP 61 - Comprehensive Inpatient Rehabilitation Facility		Intern MD DO PA APN RxN
99223	Initial hospital care with Moderate level of medical decision making, if using time, at least 75 minutes	21 - Inpt Hosp 22 - Outpt Hosp 51 - Inpt PF 52 - PF-PHP 61 - Comprehensive Inpatient Rehabilitation Facility		Intern MD DO PA APN RxN
99231	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	21 - Inpt Hosp 22 - Outpt Hosp 51 - Inpt PF 52 - PF-PHP 61 - Comprehensive Inpatient Rehabilitation Facility		Intern MD DO PA APN RxN
99232	Subsequent hospital inpatient or observation care with high level of medical decision making, if using time, 35 minutes or more	21 - Inpt Hosp 22 - Outpt Hosp 51 - Inpt PF 52 - PF-PHP 61 - Comprehensive Inpatient Rehabilitation Facility		Intern MD DO PA APN RxN
99233	Subsequent hospital care with moderate level of medical decision making, if using time, at least 50 minutes	21 - Inpt Hosp 22 - Outpt Hosp 51 - Inpt PF 52 - PF-PHP 61 - Comprehensive Inpatient Rehabilitation Facility		Intern MD DO PA APN RxN

Code	Description	POS	Service Provider
99222	Initial hospital inpatient or observation care with moderate level of medical decision making. If using time, 55 minutes or more	21 - Inpt Hosp 22 - Outpt Hosp 51 - Inpt PF 52 - PF-PHP 61 - Comprehensive Inpatient Rehabilitation Facility	Intern MD DO PA APN RxN
99223	Initial hospital care with Moderate level of medical decision making, if using time, at least 75 minutes	21 - Inpt Hosp 22 - Outpt Hosp 51 - Inpt PF 52 - PF-PHP 61 - Comprehensive Inpatient Rehabilitation Facility	Intern MD DO PA APN RxN
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	22 - Outpt Hosp 21 - Inpt Hosp 51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
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	22 - Outpt Hosp 21 - Inpt Hosp 51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
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	22 - Outpt Hosp 21 - Inpt Hosp 51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
99238	Inpt Hospital Discharge, 30 mins or less	21 - Inpt Hosp 51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
99239	Inpt Hospital Discharge, more than 30 mins	21 - Inpt Hosp 51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN

Code	Description	POS	Service	Code
99242	Outpatient consultation with straightforward medical decision making, if using time, at least 20 minutes	53 - CMHC 11 - Office 22 - Outpt Hosp 32 - NF 31 - SNF	50 - FQHC 72 - RHC 23 - ER 57 - NRSATF 49 - Ind Clinic	Intern MD DO PA APN RxN
99243	Outpatient consultation with low level of medical decision making, if using time, at least 30 minutes	11 - Office 22 - Outpt Hosp 32 - NF 31 - SNF 50 - FQHC	72 - RHC 23 - ER 57 - NRSATF 53 - CMHC 49 - Ind Clinic	Intern MD DO PA APN RxN
99244	Outpatient consultation with moderate level of medical decision making, if using time, at least 40 minutes	11 - Office 22 - Outpt Hosp 32 - NF 31 - SNF 50 - FQHC	72 - RHC 23 - ER 57 - NRSATF 53 - CMHC 49 - Ind Clinic	Intern MD DO PA APN RxN
99245	Outpatient consultation with high level of medical decision making, if using time, at least 55 minutes	11 - Office 22 - Outpt Hosp 32 - NF 31 - SNF 50 - FQHC	72 - RHC 23 - ER 57 - NRSATF 53 - CMHC 49 - Ind Clinic	Intern MD DO PA APN RxN
99252	Hospital consultation with straightforward medical decision making, if using time, at least 35 minutes	32 - NF 31 - SNF 21 - Inpt Hosp	51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
99253	Hospital consultation with low level of medical decision making, if using time, at least 45 minutes	32 - NF 31 - SNF 21 - Inpt Hosp	51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
99254	Hospital consultation with moderate level of medical decision making, if using time, at least 45 minutes	32 - NF 31 - SNF 21 - Inpt Hosp	51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN

Code	Description	POS		Service Provider
99255	Hospital consultation with high level of medical decision making, if using time, at least 80 minutes	32 - NF 31 - SNF 21 - Inpt Hosp	51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
99281	Emergency department visit for problem that may not require health care professional	23 - ER		Intern MD DO PA APN RxN
99282	Emergency department visit with straightforward medical decision making	23 - ER		Intern MD DO PA APN RxN
99283	Emergency department visit with low level of medical decision making	23 - ER		Intern MD DO PA APN RxN
99284	Emergency department visit with moderate level of medical decision making	23 - ER		Intern MD DO PA APN RxN
99285	Emergency department visit with high level of medical decision making	23 - ER		Intern MD DO PA APN RxN
99304	Initial nursing facility care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	32 - NF 31 - SNF		Intern MD DO PA APN RxN
99305	Initial nursing facility care with moderate level of medical decision making, per day, if using time, at least 35 minutes	32 - NF 31 - SNF		Intern MD DO PA APN RxN

Code	Description	POS	Service Provider
99306	Initial nursing facility care with high level of medical decision making, per day, if using time, at least 45 minutes	32 - NF 31 - SNF	Intern MD DO PA APN RxN
99307	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 10 minutes	32 - NF 31 - SNF	Intern MD DO PA APN RxN
99308	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 15 minutes	32 - NF 31 - SNF	Intern MD DO PA APN RxN
99309	Subsequent nursing facility care with moderate level of medical decision making, per day, if using time, at least 30 minutes	32 - NF 31 - SNF	Intern MD DO PA APN RxN
99310	Subsequent nursing facility care with high level of medical decision making, per day, if using time, at least 45 minutes	32 - NF 31 - SNF	Intern MD DO PA APN RxN
99315	Nursing Facility Discharge, 30 mins or less	32 - NF 31 - SNF	Intern MD DO PA APN RxN
99316	Nursing Facility Discharge, more than 30 mins	32 - NF 31 - SNF	Intern MD DO PA APN RxN
99341	Residence visit for new patient with straightforward medical decision making, per day, if using time, at least 15 minutes	12 - Home 13 - ALF 14 - Group Home 33 - Custodial Care Facility 55 - RSATF	Intern MD DO PA APN RxN

Code	Description	POS	Service Provider
99342	Residence visit for new patient with low level of medical decision making, per day, if using time, at least 30 minutes	12 - Home 13 - ALF 14 - Group Home 33 - Custodial Care Facility 55 - RSATF	Intern MD DO PA APN RxN
99344	Residence visit for new patient with moderate level of medical decision making per day, if using time, at least 60 minutes	12 - Home 13 - ALF 14 - Group Home 33 - Custodial Care Facility 55 - RSATF	Intern MD DO PA APN RxN
99345	Residence visit for new patient with high level of medical decision making, per day, if using time, at least 75 minutes	12 - Home 13 - ALF 14 - Group Home 33 - Custodial Care Facility 55 - RSATF	Intern MD DO PA APN RxN
99347	Residence visit for established patient with straightforward medical decision making per day, if using time, at least 15 minutes	12 - Home 13 - ALF 14 - Group Home 33 - Custodial Care Facility 55 - RSATF	Intern MD DO PA APN RxN
99348	Residence visit for established patient with low level of medical decision making, per day, if using time, at least 30 minutes	12 - Home 13 - ALF 14 - Group Home 33 - Custodial Care Facility 55 - RSATF	Intern MD DO PA APN RxN
99349	Residence visit for established patient with moderate level of medical decision making, per day, if using time, at least 40 minutes	12 - Home 13 - ALF 14 - Group Home 33 - Custodial Care Facility 55 - RSATF	Intern MD DO PA APN RxN
99350	Residence visit for established patient with high level of medical decision making, per day, if using time, at least 60 minutes	12 - Home 13 - ALF 14 - Group Home 33 - Custodial Care Facility 55 - RSATF	Intern MD DO PA APN RxN

Code	Description	POS		Service Provider
99366	Medical Team Conference w/ Interdisciplinary Team and Pt and/or Family and Participation by Nonphysician Health Care Professional, 30 mins or more	03 - School 04 - Homeless Shelter 11 - Office 12 - Home 13 - ALF - Group Home 31 - SNF	32 - NF 33 - Cust Care 53 - CMHC 54 - ICF - MR 56 - PRTC 50 - FQHC 72 - RHC 99 - Other	No Restrictions
99367	Medical Team Conference w/ Interdisciplinary Team w/out Pt and/or Family and Participation by Physician, 30 mins or more	03 - School 04 - Homeless Shelter 11 - Office 12 - Home 13 - ALF - Group Home 31 - SNF	32 - NF 33 - Cust Care 53 - CMHC 54 - ICF - MR 56 - PRTC 50 - FQHC 72 - RHC 99 - Other	No Restrictions
99368	Medical Team Conference w/ Participation by Nonphysician Health Care Professional, 30 mins or more	03 - School 04 - Homeless Shelter 11 - Office 12 - Home 13 - ALF - Group Home 31 - SNF	32 - NF 33 - Cust Care 53 - CMHC 54 - ICF - MR 56 - PRTC 50 - FQHC 72 - RHC 99 - Other	No Restrictions

## APPENDIX F: FEE-FOR-SERVICE (FFS) COVERED SERVICES

Information about services that can be billed to HCPF (paid FFS) when a Member is not assigned to an MCE or when the service is not for a diagnosis covered by the Medicaid Capitated BH Benefit can be found here <https://hcpf.colorado.gov/behavioral-health-ffs-manual>

## APPENDIX G: MEDICAID STATE PLAN SERVICES

This information can be found at <https://hcpf.colorado.gov/bh-policies#StatePlanServices>

## APPENDIX H: MEDICAID 1915(B)(3) WAIVER SERVICES

An explanation of 1915 B3 Services can be found at <https://hcpf.colorado.gov/bh-policies#1915b3Services>

Below is the list of alternative services provided under the 1915 B3 Waiver Program.

CPT Code	Description
G1076	Activity therapy related to care and treatment of member's disabling mental health problems per session, 45 mins or more
G1077	Training and educational services related to the care and treatment of members disabling mental health problems per session, 45 mins or more
H0002	Behavioral Health screening to determine eligibility for admission to treatment program
H0004	Behavioral health counseling and therapy, per 15 mins
H0006	Alcohol and/or drug service - Case Management
H0017	Acute Treatment Unit (ATU); Behavioral Health residential (hospital residential treatment program), without room and board, per diem
H0018	Crisis Stabilization Unit (CSU); Behavioral Health; short term residential, without room and board, per diem
H0019 +U1	Qualified Residential Treatment Program (QRTP); Behavioral Health; long term residential, without room and board, per diem
H0019 +HB	Adult Mental Health Transitional Living; Residential, without room and board, per diem
H0019 +U2	Adult Mental Health Transitional Living Level 2 Homes, per diem
H0019 +U3	Adult Eating Disorder Residential Treatment, per diem
H0023	Behavioral Health Outreach
H0025	Behavioral Health prevention education service
H0031	Mental Health Assessment by a non-physician
H0032	Mental health service plan development by non-physician
H0033	Oral medication administration, direct observation
H0034	Medication training and support, per 15 mins
H0035	Mental health partial hospitalization, less than 24 hours
H0036	Community psychiatric supportive treatment, per 15 mins
H0036 +HA	Functional Family Therapy (FFT) or Community Psychiatric Supportive Treatment (CPST), per 15 mins.
H0037	Community psychiatric supportive treatment, per diem
H0037 +HA	Functional Family Therapy (FFT) or Community Psychiatric Supportive Treatment (CPST), per diem



CPT Code	Description
H0038	Self-help/peer services, per 15 mins
H0039	Assertive community treatment, per 15 mins
H0040	Assertive community treatment, per diem
H0045	Respite care services, not in the home, per diem
H0046	Drop-In Center
H2000	Comprehensive multidisciplinary evaluation
H2001	Rehabilitation program, per 1/2 day
H2011	Crisis intervention service, per 15 mins
H2011 ET	Mobile Crisis Response, each additional 15 mins
H2012	Behavioral health day treatment, per hour
H2014	Skills training and development evaluation
H2015	Comprehensive community support services, per 15 mins
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 mins
H2018	Psychosocial rehabilitation services, per diem
H2021	Community-based wrap-around services, per 15 mins
H2022	Community-based wrap-around services, per diem
H2023	Supported employment, per 15 mins
H2024	Supported employment, per diem
H2025	Ongoing support to maintain employment, per 15 mins
H2026	Ongoing support to maintain employment, per 15 diem
H2027	Psychoeducational service, per 15 mins
H2030	Mental health Clubhouse services, per 15 mins
H2031	Mental health Clubhouse services, per diem
H2032	Activity therapy, per 15 mins
H2033	Multi-systemic therapy (MST) for juveniles, per 15 mins
S5150	Unskilled respite care, not hospice, per 15 mins
S5151	Unskilled respite care, not hospice, per diem
S9445	Member education, not otherwise classified, non-physician provider
S9453	Smoking Cessation, not otherwise classified, non-physician provider
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
T1005	Respite care services, per 15 mins
T1017	Targeted case management

## 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.

Codes highlighted in blue indicate services provided to members under the age of 21 that can be billed with a SDOH diagnosis, per SB 23-174.

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. If a member has Commercial Insurance or Medicare you must submit a claim to the Commercial Plan or Medicare first. If there is a denial that information must be on the Medicaid claim

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	Medicare 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
90839 ET	Mobile Crisis Response, 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 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	

Code	Description	Primary Category	Unit	Comm Insure First	Medi-care First
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	Assessment	E		X
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

Code	Description	Primary Category	Unit	Comm Insure First	Medicare First
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 discussion provided to an established patient by nonphysician professional, 5-10 minutes	Assessment	15 M	X	
98967	Telephone discussion provided to an established patient by nonphysician professional, 11-20 minutes	Assessment	15 M	X	
98968	Telephone discussion provided to an established patient by nonphysician professional, 21-30 minutes	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 patient office or other outpatient visit with low level of decision making, if using time, 20 minutes or more	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 inpatient or observation care with moderate level of medical decision making. If using time, 55 minutes or more	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 inpatient or observation care with high level of medical decision making, if using time, 35 minutes or more	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

Code	Description	Primary Category	Unit	Comm Insure First	Medicare First
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

Code	Description	Primary Category	Unit	Comm Insure First	Medicare First
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



Code	Description	Primary Category	Unit	Comm Insure First	Medi-care First
A0425 +ET	Behavioral Health Secure Transport ground mileage, per statute mile	Transport	Mile		
A0999 +ET	Behavioral Health Secure Transport One way trip	Transport	Trip		
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		
H0016	Alcohol and/or drug service; partial hospitalization program (PHP)	Treatment	E		
H0017	Acute Treatment Unit (ATU) Behavioral Health; residential (hospital residential treatment program), without room and board, per diem	Residential	D		
H0018	Crisis Stabilization Unit (CSU); Behavioral Health; short term residential, without room and board, per diem	Residential	D		
H0019 +U1	Qualified Residential Treatment Program (Q RTP). Behavioral Health; long term residential, without room and board, per diem	Residential	D		
H0019 +HB	Adult Mental Health Residential, without room and board, per diem	Residential	D		
H0019 + U2	Adult Mental Health Transitional Living; residential, without room and board, per diem. Level 2 Homes	Residential	D		
H0019 +U3	Adult Eating Disorder Residential Treatment, without room and board, per diem	Residential	D		

Code	Description	Primary Category	Unit	Comm Insure First	Medicare First
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)	Prevention/ EI or Treatment	15 M		
H0025	Behavioral Health prevention education service	Prevention/ 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		
H0036 + HA	Functional Family Therapy (FFT) or Community Psychiatric Supportive Treatment (CPST), per 15 mins.	Treatment	15 M		
H0037	Community psychiatric supportive treatment, per diem	Treatment	D		
H0037 + HA	Functional Family Therapy (FFT) or Community Psychiatric Supportive Treatment (CPST), 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		
H0045	Respite care services, not in the home, per diem	Respite Care	D		
H0046	Drop-In Center	Peer Support/ Recovery	15 M		
H2000	Comprehensive multidisciplinary evaluation	Assessment	E		
H2001	Rehabilitation program, per ½ day	Treatment	E		
H2011	Crisis intervention service, per 15 mins	Crisis	15 M		
H2011 ET	Mobile Crisis Response, each additional 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		
H2000	Enhanced Standardized Assessment (ESA)	Treatment	E		



Code	Description	Primary Category	Unit	Comm Insure First	Medi-care First
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 +U1	ASAM level 3.1 - Clinically managed low-intensity residential services, per diem	Residential	D		
H2036 +U3	ASAM level 3.3 - Clinically managed population-specific high-intensity residential services, per diem	Residential	D		
H2036 +U5	ASAM level 3.5 - Clinically managed high-intensity residential services, per diem	Residential	D		
H2036 +U7	ASAM level 3.7 - Medically monitored intensive inpatient services, 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	Prevention/ EI	E		
S9454	Stress management classes, non-physician provider, per session	Prevention/ 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		
T2022 + HK	Enhanced Functional Family Therapy (EFFT)	Treatment	Month		
T2022 +HT	Enhanced High Fidelity Wraparound (EHFW)	Treatment	Month		
T2022 +HA	Enhanced Multi-Systemic Therapy (EMST)	Treatment	Month		

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**
Code	Description
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*** <b>Psychiatric Residential Treatment Facilities (PRTF) should bill using this code</b>
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

## APPENDIX J: SERVICE PROVIDERS

This information can be found at <https://hcpf.colorado.gov/bh-policies#MedicaidProviders>

## APPENDIX K: PLACE OF SERVICE CODES

This information can be found at <https://hcpf.colorado.gov/bh-policies#ServiceCodes>

## APPENDIX L: MEDICAID BILLING PROVIDER TYPES

This information can be found at <https://hcpf.colorado.gov/bh-policies#BillingProviderTypes>

## APPENDIX M: MODIFIERS FOR MEDICAID CAPITATED BEHAVIORAL HEALTH BENEFIT

This information can be found at <https://hcpf.colorado.gov/bh-policies#Modifiers>