State Behavioral Health Services Billing Manual

July 2024

COLORADO
Behavioral Health Administration

COLORADO
Department of Health Care Policy & Financing

I. 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. The BHA became the single entity responsible for driving coordination and collaboration across State agencies to address behavioral health needs. The BHA's mission is to co-create a people-first behavioral health system that meets the needs of all people in Colorado. The 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]. The BHA is responsible for the administration of service contracts that provide for BH services provided to the non-Medicaid population, or for services not covered by Medicaid. Specifically, the Community Behavioral Health (CBH) Division of the 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.

BHA and HCPF publish this billing manual to provide common definitions of the program service categories and standard guidance in documenting and reporting BHA covered services, Colorado

Medicaid State Plan (required services), Behavioral Health Program 1915(b)(3) Waiver services (alternative or (b)(3) services), and in coding formats that follow national standards. The clinical coding systems currently used in the United States, and which are used in The Coding Manual, are:

- *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*[1]
- *Current Procedural Terminology (CPT®), Professional Edition.*[2] 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)* [3]

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, or for BHA covered services and contracts, please email 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.

II. PROVIDERS

a) BHA Providers

The BHA's mission is to co-create a people-first behavioral health system that meets the needs of all people in Colorado. To deliver on its mission, the BHA contracts with a variety of Managed Service Organizations (MSO), Administrative Service Organizations (ASO), Community Mental Health Centers (CMHC), Specialty Clinics, Recovery Support Service Organizations (RSSO), as well as other non-traditional behavioral health providers to deliver behavioral health services to Coloradans across the state. These coding guidelines apply to these entities, providers, and subcontractors for service-level encounter data submissions as required in BHA contracts.

MSOs are entities designated by the BHA to manage substance use services for adults and adolescents who are uninsured or underinsured across Colorado. The MSO provides systems and financial management, data and tracking systems, and quality assurance functions. MSOs subcontract with behavioral health provider agencies for a variety of direct services such as withdrawal management (detox), residential treatment, medication assisted treatment and

outpatient treatment to individuals with substance use conditions and their families who are unable to pay for care.

ASOs provide a network of walk-in crisis centers, crisis stabilization centers, and respite and mobile crisis services in their regions. The ASOs manage the state's comprehensive behavioral health crisis system across seven regions, aligning directly with the state's Medicaid regions. Each ASO is tasked with creating a sustainable network of providers to deliver crisis services to Coloradans.

The BHA also contracts with 18 CMHCs and 2 Specialty Clinics for the provision of mental health treatment services to individuals and families who are low-income or not covered by insurance and they cover all counties throughout Colorado. CMHCs are statutorily mandated to provide: (1) inpatient; (2) outpatient; (3) partial hospitalization; (4) emergency; and (5) consultative and educational services (C.R.S. §27.66.101). CMHCs provide these and other services through a variety of individual programs that are tailored to the specific needs of their communities.

RSSOs offer non-clinical, person-centered care to individuals in recovery. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), recovery is a process of change through which individuals with mental and/or substance use disorders improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is supported through four key dimensions:

- Health (access to quality health and behavioral health treatment)
- Home (housing with needed supports)
- Purpose (education, employment, and other pursuits)
- Community (peer, family, and other social supports)

The continuum of care includes psychiatric and psychosocial interventions to address acute episodes or recurrence of symptoms associated with an individual's mental or substance use disorder. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations. Because mental and substance use disorders are chronic conditions, systems and services are necessary to facilitate the initiation, stabilization, and management of long-term recovery.

b) Medicaid Providers

Medicaid has two categories of providers with separate requirements addressing each. The Medicaid Provider is the provider agency or independent practitioner who has a direct relationship with the state. It has a signed agreement with the state and MCE, when appropriate. The Medicaid Provider

is documented as overseeing the member's course of treatment, and can order, prescribe, or refer a member for services. This is the provider that can bill for services. The state specifies the requirements to be a Medicaid provider and the qualifications to enroll with Medicaid.

Medicaid Providers must enroll with Medicaid as a defined provider type (PT). A PT is distinct from a license, credential, or service category since some of our PTs are for groups of providers or do not require a specific professional license. For example, an LPC, LCSW, or LAC in private practice would enroll as PT 38 - "Licensed Behavioral Health Clinician". Each PT also has specialty types - additional information/qualifications on the PT. For example, an SUD Clinic (PT 64) has different Specialty Types for the ASAM level of treatment offered. Many of our PTs have the same PT and Specialty Type. For example, a Licensed Psychologist (PT 37) has a specialty type of Licensed Psychologist. A list of Medicaid PTs can be found in Appendix L.

c) Service Providers

The Medicaid Provider may in turn establish a relationship with a clinician, therapist, program staff, or paraprofessional who provides hands-on care to the Medicaid member. These are known as Service Providers. Any non-licensed professional that delivers Medicaid billable services must operate under the clinical supervision of a licensed professional, and the name of that licensed professional appears on the claim as the Rendering Provider.

Each coding page identifies the service providers that are acceptable to provide hands-on care if the service is within the scope of practice for the practitioner. Scope of Practice "means the extent of the authorization to provide health services granted to a health practitioner by a license issued to the practitioner in the state in which the principal part of the practitioner's services is rendered, including any conditions imposed by the licensing authority (§ 12-245-101)."

Depending on the type of Medicaid service (physician services or BH services) and whether a professional practice act applies, there may be very specific requirements associated with who is eligible to provide hands-on care. If this is the case, such requirements must be followed for the service to be properly provided and reimbursed. For a list of service providers with definitions/references to authority see Appendix J.

III. COLORADO'S BH SYSTEM – LICENSING

There are four state agencies that license/regulate BH Providers in the state of Colorado.

a) The Behavioral Health Administration (BHA)

The BHA is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs. The BHA has the authority to create rules for behavioral health providers (27-50-106, C.R.S. and 27-50-107, C.R.S.), regulate Behavioral Health Entities (BHE), Recovery Support Services Organizations (RSSO), and Controlled Substance Licenses (CSL), and to designate facilities to operate with the authority described in Title 27-65 C.R.S.

A Behavioral Health Entity (BHE) means a facility or provider organization engaged in providing community-based health services, which may include services for a behavioral health disorder, but does not include, detention and commitment facilities operated by the division of youth services within the department of human services, or services provided by a licensed or certified mental health-care provider under the provider's individual professional practice act on the provider's own premises.

A Recovery Support Services Organization (RSSO) is a peer-run, peer-led organization providing peer support to individuals in or seeking recovery from a behavioral health disorder. An RSSO may apply for reimbursement through Medicaid for services delivered by peer support professionals which are supervised by a licensed clinician who serves as the Rendering Provider.

A Controlled Substance License (CSL) is a license for agencies who dispense, compound, or administer (pursuant to section 27-80-204, C.R.S) a controlled substance in order to treat a substance use disorder or to manage the withdrawal symptoms of a substance use disorder, from stock medication. An office-based opioid treatment (OBOT) provider that does not dispense, compound, or administer a controlled substance from stock medication on-site is not required to obtain a CSL.

A 27-65 Designation is based on the rules and regulations from 27-65-128, C.R.S., that establish minimum standards for the care and treatment of individuals with mental health disorders.

b) The Colorado Department of Public Health and Environment (CDPHE)

CDPHE pursues its mission through broad-based health and environmental protection programs and activities. These include chronic disease prevention; control of infectious diseases; family planning; injury and suicide prevention; general promotion of health and wellness; provision of health statistics and vital records; health facilities licensure and certification; laboratory and radiation

services; emergency preparedness; air and water quality protection; hazardous waste and solid waste management; pollution prevention; and consumer protection.

CDPHE has the authority "to annually license and to establish and enforce standards for the operation of general hospitals, hospital units as defined in section 25-3-101(2), freestanding emergency departments as defined in section 25-1.5-114, psychiatric hospitals, community clinics, rehabilitation hospitals, convalescent centers, facilities for persons with intellectual and developmental disabilities, nursing care facilities, hospice care, assisted living residences, dialysis treatment clinics, ambulatory surgical centers, birthing centers, home care agencies, and other facilities of a like nature, except those wholly owned and operated by any governmental unit or agency" (CRS § 25-1.5-103). Nothing in this statute "limits the ability of the department to conduct a periodic inspection or survey that is required to meet its obligations as a state survey agency on behalf of the federal Centers for Medicare and Medicaid Services (CMS) or the Department of Health Care Policy & Financing (HCPF) to assure that the health facility meets the requirements for participation in the Medicare and Medicaid programs or limits the ability of the Department to enter, survey, and investigate hospitals pursuant to section 25-3-128."

Health facility licensing is a mandatory process that providers must go through in order to operate in Colorado. Certification through Medicare and Medicaid is an optional process that allows providers to bill for reimbursement. CDPHE does the entire process for licensing and the survey portion for certifications. Facilities subject to Medicaid certification through the HCPF must meet that department's Volume 8 regulations. HCPF reimburses providers for Medicaid client services but delegates the inspection/survey functions to CDPHE.

c) The Colorado Department of Human Services (CDHS)

CDHS connects people with assistance, resources, and support for living independently in our state. Colorado has a state-supervised and county-administered human services system. Under this system, county departments are the main provider of direct services to Colorado's families, children, and adults.

CDHS' Division of Child Welfare provides regulatory oversight, processes licensing applications, enforces rules, and provides technical assistance to ensure the safety and well-being of Colorado children who are in out-of-home placement in 24-hour licensed childcare facilities. This includes Specialized Group Facilities (SGF), Child Placement Agencies (CPA), Residential Childcare Facilities (RCCF), Qualified Residential Treatment Programs (QRTP), and Psychiatric Residential Treatment Facilities (PRTF).

d) The Department of Regulatory Agencies (DORA)

DORA is the state's umbrella regulatory agency charged with managing licensing and registration for multiple professions. The Division of Professions and Occupations provides consumer protection through its regulation of more than 500,000 licensees within more than 50 professions.

The Colorado Medical Board (CMB) was instituted as part of the Medical Practice Act for the purpose of regulating and controlling the practice of healing arts, which include establishing and enforcing the licensing standards for Medical Doctors (M.D.s), Doctors of Osteopathy (D.O.s), Physician Assistants (P.A.s), and Anesthesiology Assistants (A.A.s). Licensure is mandatory to practice medicine in Colorado or to treat Colorado patients.

Colorado's Mental Health Practice Act created six state boards with the authority to license, register, or certify, and take disciplinary actions or bring injunctive actions, or both, for behavioral health professionals. The six boards are for psychologist examiners, social work examiners, marriage and family therapist examiners, licensed professional counselor examiners, unlicensed psychotherapists, and addiction counselor examiners. These state boards were created to protect the people of Colorado against the unauthorized, unqualified, and improper application of psychology, social work, marriage and family therapy, professional counseling, psychotherapy, and addiction counseling.

When considering service provision, documentation, reporting and billing, note that under the Colorado Mental Health Practice Act, "no licensee, [psychological candidate] registrant, certificate holder, or unlicensed psychotherapist is authorized to practice outside of or beyond [their] area of training, experience, or competence (§ 12-43-202, CRS)." According to the American Medical Association (AMA) Current Procedural Terminology (CPT®), "the qualifications of the non-physician healthcare practitioner must be consistent with guidelines or standards established or recognized by a physician society, a non-physician healthcare professional society/association, or other appropriate source."

e) Provider Map for Colorado's Behavioral Health System

For a one page graphic that shows the key components and steps for participating in Colorado's BH System see the Provider Support section at https://hcpf.colorado.gov/sbhs-billing-manual.

IV. COLORADO'S BH SYSTEM – PAYMENT

a) Third Party Liability (TPL)

Providers are responsible for billing the payor who has primary responsibility for a service. There is a hierarchy to payers when a member has multiple insurances or is eligible for multiple benefit coverages. In general, private insurance should be billed first and then federal or state payers would be secondary. Medicare is considered primary when a member has both Medicare and Medicaid.

Medicaid is called the payer of last resort because Federal regulations require that all available health insurance benefits be used before Medicaid considers payment. With few exceptions, claims for members with health insurance resources are denied when the claim does not show insurance payment or denial information. For specific codes that must be billed to other insurances before submitting claims to Medicaid see Appendix I.

Medicaid does not automatically pay commercial health insurance co-pays, coinsurance, or deductibles. If the commercial health insurance benefit is the same or more than the Health First Colorado benefit allowance, no additional payment will be made. Providers cannot bill members for the difference between commercial health insurance payments and their billed charges when Medicaid does not make additional payment. The provider also cannot bill members for co-pay/deductibles assessed by the TPL. A provider must be contracted with all coverages a member has in order to comply with TPL policies. A provider cannot use a primary coverage denial resulting from being an out-of-network provider as appropriate TPL documentation when billing Medicaid.

When a Medicaid practitioner serves a member who is covered by both Medicare and Medicaid [i.e. considered dually eligible], they must submit claims for processing by Medicare before billing the MCE. Medicaid practitioners who serve dually eligible members must be enrolled with Medicare to bill the responsible primary payor. Effective April 1, LPCs, LMFTs and LACs who serve Medicare members are required to enroll as Medicare providers. Claims for services provided by an unlicensed behavioral health practitioner under the supervision of a Medicare-enrolled provider submitting claims as the rendering provider can be submitted directly to the MCE. These claims must include the HO modifier in the first available position after any required modifiers, to indicate the practitioner performing the service is not eligible to be covered by Medicare. Claims for services not covered by Medicare can be submitted directly to the MCE.

V. BHA COVERED SERVICES

a) Statewide Programs

The Statewide Programs division of the BHA oversees, and purchases substance use and mental health prevention, treatment, and recovery services across the state of Colorado. The BHA supports and ensures quality and effective behavioral health programming in community settings and in partnership with consumers, families, and community stakeholders. While this list is not comprehensive of all the programs the BHA administers, it showcases the variety of programs providers and individuals receiving services can engage in.

1. Crisis, including 988 Enterprise and Statewide Crisis Line
2. Recovery Services - Recovery is supported through four key dimensions: Health (access to quality health and behavioral health treatment), Home (housing with needed supports), Purpose (education, employment, and other pursuits), Community (peer, family, and other social supports)
3. Certified Addiction Counselor (CAC)Training -The BHA has the authority for setting competency training standards for the addiction counselor workforce. Certification and licensure in Colorado require a combination of specialized training and clinically supervised work experience in the addiction field.
4. Opioid Grants and Prevention - The BHA provides some oversight for office-based opioid treatment (OBOT), and training support for primary care providers who prescribe or would like to prescribe buprenorphine.
5. Children and Youth Mental Health Treatment Act (CYMHTA) - Allows for families to access mental health treatment services for their child or youth. CYMHTA is an alternative to child welfare involvement when a dependency and neglect action isn't warranted. CYMHTA funding can be available when there is no other appropriate funding source for treatment, such as private insurance.
6. Gender Responsive Treatment (GRT) - Creates an environment and service continuum that reflect an understanding of and groundedness in the unique biological, developmental, historical, relational, economic and social experiences that shape women's lives, and thus responds through factors which include, but are not limited to, site selection, staff selection and training, program development, content, and wrap-around supports that address gender-specific issues in the course of prevention, intervention, treatment and recovery services.
7. Children, Youth and Families Trauma-Informed System of Care (CYF Trauma-Informed SOC) - A statewide goal for the system of care is to develop a sustainable infrastructure to coordinate and fund services for families of children and youth with complex needs.
8. Independent Assessment for Qualified Residential Treatment Programs (IA for QRTP) - When QRTP is requested through the Department of Human Services or and MCE (unless the MCE can authorize

QRTP based on existing records), an Independent Assessment is required to help determine which treatment setting will provide the most effective and appropriate level of care for the youth in the least restrictive environment.

9. Children and Youth Substance Use Disorder (CY SUD and School Based) - CDPHE is collaborating with the BHA on strategy and resource allocation for primary prevention strategies executed by CDPHE. These are strategies focused on promoting protective factors and mitigating risk factors associated with poor mental health and substance misuse for the whole population across Colorado's communities.

b) Encounter Data Submissions for BHA Funded Services

All encounters for BHA-funded services must be submitted on a Professional Claim - CO-1500/837P format. For data submissions to apply toward contract goals and work plans, they must be submitted in accordance with your current BHA, MSO, or ASO contract, as well as the BHA data submission guidelines detailed on the BHA Data System Webpage, and the Finance & Data Protocol Special Studies Codes and Program Eligibility.

c) Colorado Client Assessment Record (CCAR)

All licensed and designated behavioral health providers, as well as the Colorado Mental Health Hospitals (Pueblo and Ft. Logan) are required to submit CCAR data to the BHA as specified in their annual contract and/or by BHA Rule.

The Colorado Client Assessment Record (CCAR) is a clinical instrument designed to assess the behavioral health status of a consumer in treatment. The tool can be used to identify current clinical issues facing the consumer and to measure progress during treatment. The CCAR consists of an administrative section and an outcomes section. The administrative section contains questions related to a consumer's demographics and the outcomes section contains questions related to a consumer's daily functioning on 25 clinical domains.

The behavioral health data obtained through the CCAR (submitted to the Behavioral Health Administration on, or before, the last business day the month following the admission/update/discharge) for BHA to:

- Determine SED/SMI (target status),
- Satisfy federal reporting requirements for block grant funding of behavioral health providers in the State,
- Inform the State Legislature regarding policy, service quality, effectiveness, etc.

- Answer questions posed by major stakeholders and special interest groups (e.g., Mental Health Planning and Advisory Council, Colorado Behavioral Healthcare Council, Department of Health Care Policy and Financing, Community Mental Health Centers, Clinics, RAEs, MSOs, ASOs, etc.) about a variety of behavioral health issues.

d) Drug and Alcohol Coordinated Data System (DACODS)

DACODS is the primary SUD client level treatment data collection instrument used by the Behavioral Health Administration (BHA). The Substance Abuse and Mental Health Services Administration (SAMHSA) requires that BHA collect and report on the data elements in DACODS as a requirement of funding. BHA uses this information to monitor service quality, utilization, and effectiveness, and to report to SAMHSA and the legislature on treatment outcomes and service needs in Colorado. BHA requires completion of DACODS as a requirement of licensure.

VI. MEDICAID COVERED SERVICES

a) Medicaid State Plan Services

The Medicaid State Plan is the document by which the State of Colorado certifies that it will comply with all Federal requirements for Medicaid. Some of the requirements are identical for all states, and some permit the State to choose certain options. To be eligible to receive federal matching funds (Federal Financial Participation or FFP) to operate its Medicaid program, the State must agree to comply with all parts of the Medicaid State Plan on file with the Centers for Medicare and Medicaid Services (CMS). For a list of services covered under the Medicaid State Plan see Appendix G.

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

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

c) Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Federal Medicaid law, 42 U.S.C.§ 1396d(r), requires state Medicaid programs to provide EPSDT benefits for members under 21 years of age. This means Medicaid is required to cover any service for members aged 20 or younger that is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition identified by screening," whether or not the service is covered under the Colorado State Medicaid Plan. "Ameliorate" means to "make more tolerable" or,

in other words, to improve or maintain the member's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Even if the service will not cure the member's condition, it must be covered if it is medically necessary to improve or maintain the member's overall health. The services covered under EPSDT are limited to those within the scope of the category of services listed in federal law at 42 U.S.C. § 1396d(a).

This means that EPSDT benefits include medically necessary treatments that a recipient under 21 years of age needs to stay as healthy as possible, and Medicaid must provide or arrange for (directly or through referral to appropriate agencies, organizations, or individuals) corrective treatment. EPSDT benefits are more robust than the adult Medicaid benefit package and include a separate medical necessity definition for services rendered to or requested for members under the age of 21, see 10 CCR 2505-10 § 8.280.4.E.

EPSDT makes short-term and long-term services available to all members under 21 years of age without many of the limits Medicaid imposes for services for members over the age of 21. The services must be prescribed by the member's treating provider(s) and prior authorization may be required for some services.

d) Room and Board

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

e) Court-Ordered Services

Services that are ordered by a court (to include psychological testing, SUD treatment, residential care, etc.) are not automatically covered or excluded by Medicaid. Services must be covered under the Capitated BH Benefit and meet Medical Necessity criteria to be reimbursed by Medicaid.

A. DEFINITION OF MEDICAL NECESSITY

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

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

B. CAPITATED BEHAVIORAL HEALTH BENEFIT

HCPF contracts with 8 Managed Care Entities (MCEs): 7 Regional Accountable Entities (RAEs) and 1 Managed Care Organization (MCO) [Denver Health Medicaid Choice], to administer, manage and operate the Medicaid Capitated Behavioral Health Benefit by providing medically necessary covered BH services. *[Rocky Mountain Health Plans (RAE 1) operates an MCO called Prime, which offers only physical health services.]* Covered services are defined according to the Colorado Medicaid State Plan (required services) and Behavioral Health Program 1915(b)(3) Waiver (B3 or alternative) services.

The MCEs are responsible for developing and managing a network of behavioral health providers to ensure access to appropriate care for Medicaid members. All behavioral health providers who want to receive reimbursement for providing services covered by the Capitated Behavioral Health Benefit must be enrolled with Medicaid and contracted directly with the MCE(s). While the USCS Manual details the full array of services under the Capitated Behavioral Health Benefit, each MCE determines the scope of services/codes allowed to be billed by an individual provider. This scope should be reflected in the provider's contract with the MCE.

This manual is not intended to be an auditing tool, but rather guidance on what services can be provided and reimbursed. Standardizing the documentation and reporting of BH encounters

contributes to the accurate estimation of service costs, development of actuarially sound capitation rates, and compliance with federal regulations for managed care utilization oversight.

a) Child Welfare and Division of Youth Services

Residential treatment services for children and youth in the custody of the CDHS—Division of Child Welfare (DCW) or the Division of Youth Services (DYS) who are placed by those agencies into either a Psychiatric Residential Treatment Facility as defined in CRS 25.5-4-103 (19.5), or a Residential Childcare Facility as defined in CRS 26-6-102 (33) are not covered under the Medicaid Capitated BH Benefit [See CRS 25.5-5-402].

b) Fee For Service

The majority of BH services are covered under the Medicaid Capitated BH Benefit, which are billed to the MCE a member is assigned to. However, there are some circumstances where services provided to Medicaid members are billed to HCPF under the Fee-For-Service (FFS) BH Benefit. Services provided to members who do not have active enrollment in an MCE, or services provided to members being treated for a condition not covered by an MCE (see covered diagnosis list in this manual) should be billed FFS. For a list of services covered under the FFS BH Benefit see Appendix F.

C. DIAGNOSES

The Medicaid Capitated Behavioral Health Benefit identifies covered diagnoses using the *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM).[4] The ICD-10-CM is the official system of assigning codes to diagnoses and procedures used by all health care settings, including hospitals, physicians, nursing homes (NH), home health agencies and other providers. ICD-10-CM code selection follows the *Official ICD-10-CM Guidelines for Coding and Reporting*,[5] developed cooperatively by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and the National Center for Health Statistics (NCHS). These guidelines are a companion document to the ICD-10-CM, and while not exhaustive, assist the user in situations where the ICD-10-CM does not provide direction. The ICD-10-CM is updated annually, effective October 1st. The ICD-10-CM does not include diagnostic criteria, primarily because its principal function as an international system is to define categories that aid in the collection of basic health statistics. The *Official ICD-10-CM Guidelines* must be followed when submitting claims for payment. It is important to check all diagnosis codes for appropriate guidelines before submitting a claim. For example, diagnosis codes may have a required number of digits (must be coded to greatest specificity). While most diagnosis codes will not include diagnostic criteria, others will provide guidelines according to some clinical criteria (for

example, F10.1 and F10.2, alcohol dependence vs. alcohol abuse which have distinct definitions and clinical indications).

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

a) Primary/Principal Diagnosis

Identifying the appropriate diagnosis that drives clinical treatment or other BH services is essential for many reasons. Beyond clinical considerations, as it relates to billing and coding, the diagnosis in the first position of a claim has significant impact. If an intervention is provided for a diagnosis not related to the condition indicated in the first position, it is possible the claim could be denied if the diagnosis is not covered under the Capitated Behavioral Health Benefit. A member may have a pervasive condition, a genetic disorder, or a chronic condition, as well as an episodic BH need. The diagnosis listed in the first position of a claim should be directly related to the service being provided regardless of any other co-occurring diagnosis.

- A Primary Diagnosis is the diagnosis the provider either conducted an evaluation for or was the reason for the specific treatment that is requested or submitted for reimbursement on a CMS 1500.
- A Principal Diagnosis is the condition established after study to be chiefly responsible for a member's admission to the hospital. It is always the first-listed diagnosis on the health record and the UB-04 claim form.

b) Non-Covered Diagnoses

A covered diagnosis is required for reimbursement, unless it falls in one of the following categories: Screening, Assessment, Crisis, or Prevention/Early Intervention. (See Appendix I for specific codes allowed without a covered diagnosis.) For these services, a non-covered diagnosis may be reported when these services have been rendered to a Medicaid member for the purpose of evaluating and assessing to determine the presence of and/or diagnose a BH disorder(s). When no other diagnosis has been determined, R69 or Z03.89 may be used. These codes are specifically intended for use when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist.[6]

c) Covered Diagnoses

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

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) are covered diagnoses for psychotherapy services only (90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849,90853)

Covered SUD Diagnoses

ICD-10-CM Code Ranges

Start	End
F10.10	F19.99

Covered MH Diagnoses

ICD-10-CM Code Ranges

Start	End
F20.0	F69
F90.0	F98.4
F98.8	F99
R45.1	R45.2
R45.5	R45.82

Covered Social Determinants of Health (SDOH) Diagnoses for Members Under 21 when billing services under SB23-174 Coverage
(See Appendix I for codes highlighted in BLUE)

Start	End	Start	End
R45.0	R45.7	Z60.0	Z60.9
R45.81	R45.84	Z62.0	Z62.1
R45.850	R45.89	Z62.21	Z62.6
R69 and Z03.89		Z62.810	Z62.819
Z55.0	Z55.9	Z62.820	Z62.823
Z56.0	Z56.6	Z62.831	Z62.833
Z56.81	Z56.9	Z62.890	Z62.9
Z58.81	Z58.9	Z63.0	Z63.1
Z59.00	Z59.02	Z63.31	Z63.6
Z59.10	Z59.3	Z63.71	Z63.9
Z59.41	Z59.7	Z64.0	Z64.4
Z59.811	Z59.9	Z65.0	Z65.9

D. CLAIMING FOR MEDICAID SERVICES

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

Colorado Regional Accountable Entities (RAEs)		
Region 1	Rocky Mountain Health Plans	https://www.rmhp.org
Region 2	Northeast Health Partners	https://www.northeasthealthpartners.org/

Region 3	Colorado Access	http://www.coaccess.com
Region 4	Health Colorado, Inc.	https://www.healthcoloradorae.com/
Region 5	Colorado Access	http://www.coaccess.com
Region 6	Colorado Community Health Alliance	http://www.cchacares.com
Region 7	Colorado Community Health Alliance	http://www.cchacares.com

a) Responsibility for Code Assignments

Coding consistency is a major initiative in the quest to improve quality reporting and accurate claims submission for BH services. Adherence to industry standards and approved coding principles ensures quality along with consistency in the reporting of these services. The ultimate responsibility for procedure code assignment lies with the rendering provider. Policies and procedures may document instances where procedure codes may be selected and assigned by authorized individuals (i.e. coders), who may change a procedure code to more accurately reflect the provider's documentation. However, collaboration with the provider is required, as the provider is ultimately responsible for the coding and documentation.

b) Approved Claim Formats

All claims for services must be submitted in an approved claim format. The two (2) approved claim formats are:

a. Institutional Claims - UB-04/837I (Also known as CMS-1450; formerly known as UB-92)

Institutional claims are submitted on the UB-04 paper format. The 837I is the electronic equivalent of the UB-04 and is subject to all HIPAA standards (transactions, privacy, and security). The UB-04 is used for all institutional provider billing with the exception of the professional component of physician's services (see CO-1500 below). The following provider types use the UB-04/837I claim form:

- Inpatient Hospital
- Nursing Facility
- Home Health/Private Duty Nursing
- Hospice
- Psychiatric Residential Treatment Facility
- Dialysis Center
- Outpatient Hospital
- Outpatient Laboratory
- Hospital-Based Transportation
- Rural Health Clinic
- Federally Qualified Health Center[7]

For detailed instructions on completing the UB-04, refer to the Colorado MAP Billing Manuals; the 837I Transaction Data Guide; the 837I Implementation Guide or the Web Portal User Guide; and/or the appropriate RAE provider manual.

All Medicaid services associated with hospital treatment for a principal covered mental health diagnosis at discharge are covered under the Medicaid Capitated Behavioral Health Benefit; this includes all psychiatric and associated medical and facility services, labs, x-rays, supplies, and other ancillary services, when the procedure(s) are billed on a UB-04 and ANSI 837-I X12 claim.

Intensive outpatient program (IOP) services performed in outpatient hospital setting, when the procedure is billed on a UB-04 and ANSI 837-I X12 claim form, and the principal diagnosis is a covered mental health or substance use disorder diagnosis are covered under the Medicaid Capitated Behavioral Health Benefit.

b. Professional Claims - CO-1500/837P (Formerly known as CMS-1500 or HCFA-1500)

The 1500 claim form was developed primarily for outpatient services. These professional health service claims are submitted on a paper CMS-1500 claim form or in the electronic 837Professional 4010A1 (837P) format. Paper CMS-1500 forms must be submitted using the scanned, red ink version. The following services are billed on the CO-1500/837P claim format:

- Practitioner Services
- Independent Laboratory Services
- Durable Medical Equipment and Supplies (DME)
- Non-Hospital Based Transportation
- Home and Community-Based Services (HCBS)
- Residential services described in Appendix C and billed using a code with a Residential primary category listed in Appendix I. [Although these are not outpatient services, they do not include room and board and are viewed as professional services]

For detailed instructions on completing the CMS-1500, refer to the Colorado MAP Billing Manuals;[8] the National Uniform Claim Committee (NUCC) *1500 Claim Form Map to the X12 837 Health Care Claim: Professional*.[9] the 837P Transaction Data Guide; the 837P Implementation Guide or the Web Portal User Guide; and/or the appropriate RAE provider manual.

Professional services provided in hospitals are covered under the Medicaid Capitated Behavioral Health Benefit when the procedure(s) is listed in the Uniform Service Coding Standards (USCS)

Manual, the principal diagnosis is a covered BH diagnosis when a diagnosis is required and is billed on a CMS-1500 and ANSI 837-P claim form.

c) Community Mental Health Center as Rendering Provider

Medicaid-enrolled Community Mental Health Centers (CMHC) can serve as the rendering provider for claims performed under a CMHC by a practitioner who lacks the credentials needed to enroll in Medicaid. Practitioners who meet the qualifications to enroll in Medicaid and can order, prescribe, or refer services for a member, must still enroll in Medicaid and submit claims with their NPI as the rendering provider, even if the service was performed under a CMHC.

d) Licensed Provider Claiming Under a Supervisor

Practitioners who are enrolled with Medicaid and have applied for credentials with a Regional Accountable Entity (RAE) may submit claims under a supervising provider for a maximum of 90 days while completing contracting with a RAE. This policy applies to:

- Newly licensed BH providers who were providing services to members under clinical supervision while they were working toward licensure.
- Licensed BH providers who are hired by a group practice.

e) Consultation Services

Consultation Services are distinguished from other E/M services because a Physician or qualified Non-Physician Practitioner (NPP) is requested to advise or opine regarding E/M of a specific member by another Physician or other appropriate source. Only the provider being consulted can bill for this service.

f) Missed Appointments

Medicaid cost sharing is only permitted as specified in sections 1902(a)(14), 1916 and 1916A of the Social Security Act and their implementing regulations at 42 CFR 447.50-57. Cost sharing under those statutes and regulations is only permissible for services under the state plan. There are no procedure codes for missed appointments (i.e. cancellations and/or “no shows”). A missed appointment is a “non-service” and is not reimbursable or reportable. From a risk management perspective, however, missed appointments should be documented in the clinical record.

E. MEDICAID SUPERVISION POLICY

Medicaid services provided by practitioners not enrolled in Medicaid must be supervised by and billed under a Medicaid-enrolled provider who is documented as overseeing the member’s course of

treatment. Supervision for the purposes of Medicaid billing and rendering of services is distinct from clinical supervision standards for professional licensure under DORA. There are two domains of guidance that address supervision standards for Medicaid services: Behavioral Health Services and Physician and Other Licensed Practitioner Services. For Behavioral Health Services, CMS defers to Colorado's Mental Health Practice Act, which specifies the type of oversight or supervision required to practice in the State. In general, a licensed BH clinician (Psychologist, LCSW, LPC, LAC, etc.) can operate independently as well as supervise the work of an unlicensed master's or doctoral level provider who provides hands-on care of a member. While an unlicensed provider can "render" (or provide) hands-on care to a Medicaid member, the licensed provider who is an enrolled Medicaid provider is the one responsible for services and must be the "rendering provider" on the claim.

For services provided in a medical/institutional setting, the supervision standards are addressed under Physician Services regulations.

- "Personal supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure.
- "Direct supervision" means the definition specified at 42 CFR 410.32(b)(3)(ii), that is, the physician must be immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.
- "General supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

VII. TELEHEALTH SERVICES

Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance. At one time, telehealth in Medicaid had been referred to as telemedicine. Under the Medicaid Capitated Behavioral Health Benefit MCEs have the flexibility to authorize the use of outpatient treatment services to be delivered via audiovisual and telephone modalities when it is clinically viable and appropriate. The BHA does not limit the use of telehealth at licensed and designated facilities.

Services provided via telehealth should be indicated by Place of Service 02 – "Telehealth Provided Other than in Member's Home" or 10 – "Telehealth Provided in Member's Home". These place of service codes are not included on any coding page but should be used per each MCEs policy guidance.

Other standard requirements for telehealth services provided to a member include:

1. All services must be synchronous.
2. Any health benefits provided through telehealth shall meet the same standard of care as in-person care.
3. The availability of services through telehealth in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
4. Services may be delivered by telephone only when it is clinically appropriate, no other form of service delivery is possible, and this is documented in the clinical record. When a service is provided by telephone (Audio Only) modifier FQ should be used in the first available position on a claim.
5. Members that are new to a provider must contact the provider to initiate services.
6. Services for established members must be consistent with the members' treatment plan.
7. Providers must document the member's consent, either verbal or written, to receive telehealth services.
8. Record-keeping and member privacy standards should comply with normal BHA and Medicaid requirements, HIPAA and 42 CFR Part 2 requirements.
9. Services not otherwise covered by the BHA, or Health First Colorado are not covered when delivered via telehealth.
10. Providers may only bill procedure codes which they are contracted with a MCE to bill.

VIII. SERVICE DOCUMENTATION STANDARDS

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

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

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

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

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

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

a) Shift Notes

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

b) Treatment Plan/Service Plan

Clinical standards and best practice recommend that quality care should begin with a diagnostic evaluation or assessment of a member which would then inform a treatment/service plan. Outside of correct coding and appropriate documentation standards, Medicaid does not have any rules or guidelines that govern when an evaluation/assessment is completed, how frequently it is repeated, or what details are included. Additionally, while MCEs will audit providers and determine that assessments and treatment plans are documented and billed appropriately, there are no billing rules that require certain services to be billed before other services. For example, practitioners do not have to bill a 90791 or H0032 before they bill 90834.

IX. TIME DOCUMENTATION STANDARDS/RULES

When documenting, reporting and/or billing CPT® or HCPCS procedure codes, the units of service should be consistent with the time component defined in the procedure code description. CPT® and HCPCS procedure codes include both "timed" and "untimed" procedure codes.

"Timed" procedure codes specify a direct time increment in the procedure code description. The direct time component is only that time spent with the member and/or family in a billable activity. Non-direct time (i.e., pre-, and post-encounter time, drive time with the member to an encounter, etc.) is not included in the calculation of the time component. Examples of time-specific services are psychological testing (1 hour), psychotherapy (from 20 – 30 minutes up to 70 – 80 minutes), and case management (15 minutes).[10]

"Untimed" procedure codes do not include specific direct time increments in the procedure code description. These procedure codes represent a service or procedure without regard to the length of the encounter. If there is no designated time in the procedure code description, the procedure code is reported or billed as one (1) unit (i.e., session, encounter),[11] regardless of the number of minutes spent rendering the service. Examples of "untimed" services are psychiatric diagnostic interview exam, medication management, and outreach.

A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes). A second hour is attained when a total of 91 minutes has elapsed.

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

Some CPT® and HCPCS procedure codes specify that the direct time spent in member contact is 15 minutes. The provider reports or bills these procedure codes with the appropriate number of 15-minute units of service using the following time intervals:

Determining Billing Units for 15 Minute Timed Procedure Codes	
# of 15 Minute Units	**Duration**
1 unit	Greater than or equal to (≥) 8 minutes and less than (<) 23 minutes*
2 units	≥ 23 minutes to < 38 minutes
3 units	≥ 38 minutes to < 53 minutes
4 units	≥ 53 minutes to < 68 minutes

5 units	≥ 68 minutes to < 83 minutes
6 units	≥ 83 minutes to < 98 minutes
7 units	≥ 98 minutes to < 113 minutes
8 units	≥ 113 minutes to < 127 minutes

The pattern continues in the same way for service times in excess of two (2) hours. For all services, providers should not report, or bill services rendered for less than eight (8) minutes. For case management services (T1017 and H0006) providers may ***not*** bill services rendered for less than eight (8) minutes, however bundling of these services is acceptable.

While the above table provides guidance in rounding time into 15-minute increments, it does not imply that any minute until the eighth should be excluded from the total count. The time of direct treatment includes all time spent in member contact. The start and end time of the treatment service should be routinely documented in the member's clinical record as part of the progress note.[12]

b) One-Hour Time-Based Procedure Codes

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

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

c) Encounter Time-Based Procedure Codes

Some CPT® and HCPCS procedure codes are reported as encounters (1 unit), but also specify an approximate amount of direct time in the procedure code description. For example, the CPT®

procedure codes 90832 – 90838 for individual psychotherapy state "approximately 'x' minutes direct contact with the member." HCPCS procedure codes G0176 – G0177 for partial hospitalization program (PHP) activity therapy and training and education services parenthetically state "45 minutes or more." The actual start and stop time or the total amount of time (i.e. duration) spent with a member must be documented to support coding for encounters based on time.[13]

d) Per Diem Procedure Codes

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

X. 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*[14] and/or the CMS.[15]
- **Applicable Population(s)** – Any limitations on the use of the procedure code or service based on age.[16]
- **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.[17] 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.[18]
- **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.[19] 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+)	**Min:** text **Max:** text
Place of Service ▪ 03 School ▪ 04 Shelter ▪ 11 Office ▪ 12 Home ▪ 13 ACF ▪ 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 ▪ 56 PRTC ▪ 72 RHC ▪ 99 Other	**Service Description:** (Including example activities) **Notes:** (Including specific documentation and/or diagnosis requirements)	**Service Provider** ▪ 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 **Provider Types That Can Bill:** 01, 02, 05, 10, 16, 20, 21, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64

PROCEDURE CODE PAGES

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

Service Description: (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:

- The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
- Caregiver emotions/behavior that interfere with implementation of the treatment plan.
- 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.
- Use of play equipment or other physical devices to overcome barriers to therapeutic or diagnostic interaction.

Notes: (Including specific documentation and/or diagnosis requirements)

Please see the following link for additional guidance for billing this code: https://www.apaservices.org/practice/reimbursement/health-codes/2022-reporting-interactive-complexity

Do not report 90785 for the purpose of translation or interpretation services.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

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.

This code is to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832-90834-90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838, 99202-99255, 99304-99337, 99341-99350), and group psychotherapy (90853).

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

Service Provider

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach site/Street
- 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
- 61 CIRF
- 72 RHC
- 99 Other

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

90791 Psychiatric diagnostic evaluation

ENC

Min: N/A
Max: N/A

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

Service Description: (Including example activities)

Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, presenting concerns, 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, friends, co-workers, or other sources and review and ordering of diagnostic studies. In certain circumstances one or more other 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.

* BA-level MHPs use procedure code H0031.
* Prescribers use procedure code 90792.

Notes: (Including specific documentation and/or diagnosis requirements)

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.

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.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

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

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 36, 37, 38, 39, 41, 45, 51, 52, 63, 64, 77, 78

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

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

Service Description: (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.

In certain circumstances one or more other 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.

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

Notes: (Including specific documentation and/or diagnosis requirements)

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.

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.

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.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

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

Service Provider

- Intern
- RxN
- PA
- MD/DO

Provider Types That Can Bill:

01, 02, 05, 16, 25, 26, 30, 32, 35, 39, 41, 45, 51, 52, 64, 77, 78

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 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
- 61 CIRF
- 72 RHC
- 99 Other

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

Service Description: (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

Notes: (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.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

90833

ADD-ON Psychotherapy with member when performed with an E/M service, 30 mins

ENC

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

Min: 16 mins
Max: 37 mins

Service Description: (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.

Notes: (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.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

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

Service Provider

- Intern
- APN
- RxN
- PA
- MD/DO

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Provider Types That Can Bill:

35/360, 37/520, 38/521,63/399, 64/371, 64/372, 64/374, 64/477, 78

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

Service Description: (Including example activities)
Psychotherapy with a member.

Notes: (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.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

EXTENDED ENCOUNTER:
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.

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

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

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

90836

ADD-ON Psychotherapy with member when performed with an E/M service, 45 mins

ENC

Min: 38 mins
Max: 52 mins

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

Service Description: (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.

Notes: (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.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

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

Service Provider

- Intern
- APN
- RxN
- PA
- MD/DO

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Provider Types That Can Bill:

35/360, 37/520, 38/521, 63/399, 64/371, 64/372, 64/374, 64/477, 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

Service Description: (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.

Notes: (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.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

EXTENDED ENCOUNTER:
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

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

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+)

Min: 53 mins
Max: N/A

Service Description: (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.

Notes: (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

Service Provider

- Intern
- APN
- RxN
- PA
- MD/DO

Provider Types That Can Bill:

35, 37, 38, 63, 64/371, 64/372, 64/374, 64/477, 78

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

90839

Psychotherapy for Crisis, first 60 mins

ENC

MCR providers should use modifier ET in the 1st position

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

Min: 31 mins
Max: 74 mins

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 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
- 61 CIRF
- 72 RHC
- 99 Other

Service Description: (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.
Example Activities:

- 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.
- Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to pre-crisis level of functioning (e.g. practice DBT Distress Tolerance skills for member who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care).
- Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors.

Notes: (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.

MCR providers should use H2011 for each additional 15 mins of service after the first 60 minutes of contact.

MCR providers should include a skilled professional in person or via telehealth for the first hour of service.
MCR providers should only use Place of Service 15 Mobile Unit.
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, such as Certified Community Behavioral Health Clinics or Community Mental Health Centers.
Any MCR response that ends with law enforcement intervention cannot be billed.

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

Service Provider

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

Provider Types That Can Bill:

01, 02, 05,24, 25, 26, 30, 32, 35, 37, 38, 39, 41, 45, 51, 63, 64, 77/389, 78, 95/772

90840

ADD-ON Psychotherapy for Crisis, each additional 30 mins

MINS

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

Min: 30 mins
Max: N/A

Service Description: (Including example activities)

- 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.
- Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to pre-crisis level of functioning (e.g. practice DBT Distress Tolerance skills for member who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care).
- Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors.

Notes: (Including specific documentation and/or diagnosis requirements)
*90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 74 minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 24, 25, 26, 30, 32, 35, 37, 38, 39, 41, 45, 51, 63, 64, 77/389, 78

90846 Family Psychotherapy without the member present

ENC

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

Min: 26 mins
Max: N/A

Service Description: (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.

- Observing and correcting, through psychotherapeutic techniques, a member's interaction(s) with family members
- Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing member
- Providing parents specific feedback and strategies for managing child's behavior

Notes: (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.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 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
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

90847 Family Psychotherapy with the member present

ENC

Min: 26 mins
Max: 74 mins

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

Service Description: (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.

- Conjoint psychotherapy in the office with a married couple in their mid-40s, for marital issues related to the wife's symptoms of moderate depression with vegetative signs, which is gradually improving with antidepressant medication (focus is on treatment of wife's condition)
- Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session
- Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing member

Notes: (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.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

EXTENDED ENCOUNTER:
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.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 49 Ind Clinic
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

90849 Multiple-family Group psychotherapy

ENC

Min: 30 mins
Max: N/A

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

Service Description: (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.

An example would be a multi-family therapy group where the child is not present in the therapy group.

Notes: (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.

Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.

Multi-family groups that are not therapeutic but provide psychoeducation, prevention or earlier intervention services use code H0025.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other POS

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

90853 Group psychotherapy (other than of a multiple-family group) ENC

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

Min:
45 mins (adult);
30 mins (children)
Max: N/A

Service Description: (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.

- Serving special member populations with a particular theoretical framework/addressing a specific problem, such as low self-esteem, poor impulse control, depression, etc., through cognitive behavioral therapy (CBT), motivational enhancement therapy, trauma counseling, anger management, and/or sexual offender (SO) treatment
- Personal dynamics of a member may be discussed by group and dynamics of group may be explored at same time
- Interpersonal interactions, support, emotional catharsis, and reminiscing

Notes: (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.

Effective January 1, 2024, for members under 21 years old, Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis for this service.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 13 ALF
- 14 Grp Home
- 22 Outpt Hosp
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

90870 Electroconvulsive Therapy (ECT) ENC

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

Min: 1 unit per day
Max: 2 units per day

Service Description: (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.

Notes: (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

Service Provider

- Intern
- CRNA
- MD/DO

Place of Service

- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 51 Inpt PF
- 52 PF-PHP
- 56 PRTC

Provider Types That Can Bill:

01, 02, 05, 26

00104 Anesthesia for Electroconvulsive Therapy

ENC

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

Min: N/A
Max: N/A

Service Description: (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.

Notes: (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.

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

Service Provider

- Intern
- CRNA
- MD/DO

Place of Service

- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 51 Inpt PF
- 52 PF-PHP
- 56 PRTC

Provider Types That Can Bill:

01, 02, 05, 26

90875

Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 30 mins

ENC

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

Min: 16 mins
Max: 37 mins

Service Description: (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.

Notes: (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

Place of Service

- 11 Office
- 22 Outpt Hosp
- 50 FQHC
- 53 CMHC
- 61 CIRF
- 72 RHC

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 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+)

Min: 38 mins
Max: N/A

Place of Service

- 11 Office
- 22 Outpt Hosp
- 50 FQHC
- 53 CMHC
- 61 CIRF
- 72 RHC

Service Description: (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.

Notes: (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

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 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

Service Description: (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.

- Interpretation of results of exam or testing
- Discussion regarding results of exam or testing
- Discussion of assistance family members can give member

Notes: (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.

See Section VIII. Service Documentation Standards in this coding manual or documentation expectations

Place of Service

- 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
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

96116 Neurobehavioral status exam, first 60 mins

HOUR

Min: 31 mins
Max: 60 mins

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

Service Description: (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.

- Differential diagnosis between psychogenic and neurogenic syndromes
- Delineation of neurocognitive effects of central nervous system (CNS) disorders

Notes: (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.

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

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26,
32, 35, 37, 38, 39, 41, 45,
63, 64, 77, 78

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 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
- 61 CIRF
- 72 RHC
- 99 Other

96121

ADD-ON Neurobehavioral status exam, each add'l 60 mins

HOUR

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

Min: 31 mins
Max: 60 mins

Service Description: (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.

- Differential diagnosis between psychogenic and neurogenic syndromes
- Delineation of neurocognitive effects of central nervous system (CNS) disorders

Notes: (Including specific documentation and/or diagnosis requirements)
*ADD-ON Use in conjunction with 96116
If neurobehavioral status exam services are performed by an intern, they must be supervised by a licensed psychologist.

The exam includes an initial clinical assessment and evaluation of the member's mental status. In this regard, the neurobehavioral status exam is similar to the psychiatric diagnostic interview exam (90791, 90792). Although the descriptor does not specify use of standardized instruments, both standardized interview instruments and expanded interviews with the member and family/significant other(s), if appropriate, are used.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 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
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

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+)	**Min:** 31 mins **Max:** N/A

Service Description: (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.

- Psychological testing can be helpful when treatment interventions are ineffective and there is a need to learn more about a member's level of functioning, personality, emotional or cognitive abilities.
- Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.

Notes: (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

Place of Service

- 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
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 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+)

Min: 31 mins
Max: 60 mins

Service Description: (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.

- 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.

Notes: (Including specific documentation and/or diagnosis requirements)
*ADD-ON 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.

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

Place of Service

- 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
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 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+)	**Min:** 31 mins **Max:** 60 mins

Service Description: (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.

- Differential diagnosis between psychogenic and neurogenic syndromes
- Delineation of neurocognitive effects of central nervous system (CNS) disorders

Notes: (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

Place of Service

- 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
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 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+)

Min: 31 mins
Max: 60 mins

Service Description: (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.

- Differential diagnosis between psychogenic and neurogenic syndromes
- Delineation of neurocognitive effects of central nervous system (CNS) disorders

Notes: (Including specific documentation and/or diagnosis requirements)

*ADD-ON 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

Service Provider

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

Place of Service

- 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
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 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+)	**Min:** 16 mins **Max:** 30 mins

Service Description: (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.

- Differential diagnosis between psychogenic and neurogenic syndromes
- Delineation of neurocognitive effects of central nervous system (CNS) disorders

Notes: (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

Place of Service

- 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
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 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+)

Min: 16 mins
Max: 30 mins

Service Description: (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.

- Differential diagnosis between psychogenic and neurogenic syndromes
- Delineation of neurocognitive effects of central nervous system (CNS) disorders

Notes: (Including specific documentation and/or diagnosis requirements)
*ADD-ON *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.

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

Place of Service

- 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
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 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+)	**Min:** 16 mins **Max:** 30 mins

Service Description: (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.

- 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.

Notes: (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

Place of Service

- 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
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 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+)	**Min:** 16 mins **Max:** 30 mins

Service Description: (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.

- 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.

Notes: (Including specific documentation and/or diagnosis requirements)
*ADD-ON *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

Place of Service

- 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
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 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

Service Description: (Including example activities)

- Psychological testing can be helpful when treatment interventions are ineffective, and you want to learn more about a member's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a member's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.
- Computer based testing with a child/adolescent to assess neurocognitive abilities.
- Testing when treatment interventions are ineffective and neuropsychological deficits are expected.

Notes: (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

Service Provider

- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD

Provider Types That Can Bill:

01, 02, 05, 32, 35, 37, 38, 39, 41, 45, 52, 64, 78

Place of Service

- 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
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 49 Independent Clinic
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 55 RSATF
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

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

Notes: (Including specific documentation and/or diagnosis requirements)
This code may be used in a clinic/CMHC, even if member brings in the medication to be administered. Pharmacies cannot bill for the administration of drugs in a practitioner's office/clinic. Injectable drugs intended for self-administration/use in the member's home/ administration for a member in a LTC facility may be billed by a pharmacy.

A certified medical assistant may administer an injection under a physician's/APN's order, but billing and service must be under the signature of the MD/APN. The service code is used when an individual sees a nurse or other trained nurse's aide or medical technician for services that do not require the physician to perform the service, in this case, an injection.

Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211 instead. (AMA CPT 2016) 96372 should not be reported with a 99211 E&M code as this is considered to be an included service.

Documentation supports injection of medication ordered.

1. Injection site
2. Medication administered
3. Member response to medication, e.g. is the member tolerating medication well or are there complaints of side effects. If not tolerating medication actions taken

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

Service Provider

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

Provider Types That Can Bill:

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**
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	**Min:** 8 mins **Max:** 15 mins

Service Description: (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.

Develop/implement reminder tools or calendars for housekeeping needs, medications, appointments, or other activities.

Step-by-step problem-solving interventions: develop shopping list to obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; cook foods following recipes for basic meal preparation skills.

Develop and reconcile budget for personal needs/bills.

Notes: (Including specific documentation and/or diagnosis requirements)
This code can be bundled up to a max of 8 hours.

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.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 18 Place of Employment-
- Worksite
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC
- 99 Other

Service Description: (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.

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.

Notes: (Including specific documentation and/or diagnosis requirements)
This code can be bundled up to a max of 8 hours.

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

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

98966

Telephone assessment and management provided by qualified non-physician health care professional, 5-10 minutes

ENC

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

Min: 5 mins
Max: 10 mins

Service Description: (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.

- Phone assessment with the member in order to assess his/her needs
- Phone assessment with the member/member's family to collect social history information

With the member's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)

Notes: (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

Place of Service

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

Service Provider

- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- CAT
- CAS
- RN
- MD/DO

Provider Types That Can Bill:

16, 24, 25, 32, 35, 37, 38, 45, 63, 64, 77, 78

98967

Telephone assessment and management provided by qualified non-physician health care professional, 11-20 minutes

ENC

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

Min: 11 mins
Max: 20 mins

Service Description: (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.

- Phone assessment with the member in order to assess his/her needs
- Phone assessment with the member/member's family to collect social history information
- With the member's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)

Notes: (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

Service Provider

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 72 RHC
- 99 Other

Provider Types That Can Bill:

16, 24, 25, 32, 35, 37, 38, 45, 63, 64, 77, 78

98968 Telephone assessment and management provided by qualified non-physician health care professional, 21-30 minutes

ENC

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

Min: 21 mins
Max: 30 mins

Service Description: (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.

- Phone assessment with the member in order to assess his/her needs
- Phone assessment with the member/member's family to collect social history information
- With the member's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)

Notes: (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

Service Provider

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

Place of Service

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

Provider Types That Can Bill:

16, 24, 25, 32, 35, 37, 38, 45, 63, 64, 77, 78

G0176	**Activity therapy, such as music, dance, art, or play therapies not for recreation, related to care and treatment of member's disabling mental health problems per session, 45 minutes or more**	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	**Min:** 45 mins **Max:** N/A
Place of Service ▪ 22 Outpt Hosp ▪ 52 PF-PHP ▪ 53 CMHC	**Service Description:** (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. **Notes**: (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. Per CMS, this procedure code is only used for partial hospitalization programs (PHPs) See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	**Service Provider** ▪ Bach Level ▪ Intern ▪ Unlicensed Master's Level ▪ Unlicensed EdD/ PhD/PsyD ▪ LCSW ▪ LPC ▪ LMFT ▪ Licensed EdD/PhD/PsyD ▪ LAC ▪ LPN/LVN ▪ RN ▪ APN ▪ RxN ▪ PA ▪ MD/DO **Provider Types That Can Bill:** 01, 02, 16, 25, 64/212, 77, 78

G0177	Training and educational services related to the care and treatment of member's disabling mental health problems per session, 45 mins or more	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	**Min:** 45 mins **Max:** N/A
Place of Service ▪ 22 Outpt Hosp ▪ 52 PF-PHP ▪ 53 CMHC	**Service Description:** (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. **Notes**: (Including specific documentation and/or diagnosis requirements) This is an individual skills training service. Per CMS, this procedure code is only used for partial hospitalization programs (PHPs). See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	**Service Provider** ▪ Bach Level ▪ Intern ▪ Unlicensed Master's Level ▪ Unlicensed EdD/ PhD/PsyD ▪ LCSW ▪ LPC ▪ LMFT ▪ Licensed EdD/PhD/PsyD ▪ LAC ▪ LPN/LVN ▪ RN ▪ APN ▪ RxN ▪ PA ▪ MD/DO **Provider Types That Can Bill:** 01, 02, 16, 25, 64/212, 77, 78

H0001 Alcohol and/or Drug (AOD) Assessment

ENC

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

Min: N/A
Max: N/A

Service Description: (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.

* Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation

Notes: (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.

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

Service Provider

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 49 Independent Clinic
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 36, 37, 38, 39, 41, 45, 52, 63, 64, 77, 78

H0002

Behavioral Health screening to determine eligibility for admission to treatment program

ENC

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

Min: N/A
Max: N/A

Service Description: (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.
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.

Notes: (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.
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.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 49 Independent Clinic
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78

H0004 Behavioral Health counseling and therapy, per 15 mins

MINS

Min: 8 mins
Max: 15 mins

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

Service Description: (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).

Notes: (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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 49 Independent Clinic
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 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+)

Min: 31 mins
Max: N/A

Service Description: (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.

Notes: (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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 13 ALF
- 14 Grp Home
- 22 Outpt Hosp
- 31 SNF
- 32 NF
- 33 Cust Care
- 49 Independent Clinic
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 37, 38, 39, 41, 45, 52, 63, 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

Service Description: (Including example activities)
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:

- Assessing service needs
  - Assessing the need for service.
  - Identifying and investigating available resources.
  - Explaining options to members and assisting in application process.
- Service plan development
  - Specifying goals and actions to address member needs.
  - Ensuring member participation, identifying a course of action; includes transition plan development with member.
- Referral and related activities to obtain needed services:
  - Working with member/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process.
  - Informing members of services available, addresses and telephone numbers of agencies providing services.
  - Care Coordination between other service agencies, healthcare providers, and member's family for assistance helping member access services.
- Monitoring and follow-up
  - Follow-up of a transition plan.
  - Contacting member/others to ensure member is following the agreed upon service or transition plan.
  - Monitoring progress and impact of plan.

Notes: (Including specific documentation and/or diagnosis requirements)
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 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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 49 Independent Clinic
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Provider

- 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

Provider Types That Can Bill:

05, 24, 25, 26, 37, 38, 41, 32, 35, 39, 45, 63, 64, 77/389, 78

H0010 — Clinically managed residential withdrawal management: ASAM level 3.2WM, per diem

DAY

Min: N/A
Max: 24 hrs.

Young Adult (18-20), Adult (21-64), Geriatric (65+)

Service Description: (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:

1. Substance use disorder assessment
2. Physical examination
3. Individual and group therapy
4. Peer recovery support services
5. Medical and nursing care, including daily medical evaluation
6. Medication management and administration
7. Health education
8. Service planning
9. Discharge planning

Notes: (Including specific documentation and/or diagnosis requirements)

Room and board is billed separately to the BHA or their designee, using HCPCS code S9976.

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

Place of Service

- 21 Inpt Hosp
- 51 Inpt PF
- 55 RSATF

Service Provider

- Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.

Provider Types That Can Bill:

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+)

Min: N/A
Max: 24 hrs.

Service Description: (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:

1. Substance use disorder assessment
2. Physical examination
3. Individual and group therapy
4. Peer recovery support services
5. Medical and nursing care, including daily medical evaluation
6. Medication management and administration
7. Health education
8. Service planning
9. Discharge planning

Notes: (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 the BHA or their designee, using HCPCS code S9976.

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

Place of Service

- 21 Inpt Hosp
- 51 Inpt PF
- 55 RSATF

Service Provider

- Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.

Provider Types That Can Bill:

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+)	**Min:** 3 hrs. **Max:** N/A

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 13 ALF
- 14 Grp Home
- 22 Outpt Hosp
- 31 SNF
- 32 NF
- 33 Cust Care
- 49 Independent Clinic
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Description: (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.

Intensive outpatient programs provide 9–19 hours of weekly structured programming for adults or 6–19 hours of weekly structured programming for adolescents. 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.

Notes: (Including specific documentation and/or diagnosis requirements)

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

Service Provider

- Peer Specialist
- QBHA
- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- CAS
- APN
- RxN
- PA
- MD/DO

Provider Types That Can Bill:

64/373, 64/477, 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+)	**Min:** 4 hrs. **Max:** N/A

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 13 ALF
- 14 Group Home
- 22 Outpt Hosp
- 31 SNF
- 32 NF
- 33 Cust Care
- 49 Independent Clinic
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Description: (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.

Partial hospitalization programs provide 20 hours or more of clinically intensive programming each week 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.

Notes: (Including specific documentation and/or diagnosis requirements)

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

Service Provider

- Peer Specialist
- QBHA
- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- CAS
- APN
- RxN
- PA
- MD/DO

Provider Types That Can Bill

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.
Place of Service 13 ALF 53 CMHC 56 PRTC 99 Other	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. **Notes**: (Including specific documentation and/or diagnosis requirements) 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. This code should not be used for Psychiatric Residential Treatment Facilities (PRTF). PRTFs are required to use revenue code 0911. See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	**Service Provider** Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated. **Provider Types That Can Bill:** 01, 02, 35, 95/386

H0018	**Crisis Stabilization Unit (CSU) - Behavioral Health; short-term residential (non-hospital residential treatment program), without room and board, per diem**	DAY
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	**Min:** N/A **Max:** 24 hrs.
Place of Service • 13 ALF • 14 Grp Home *if RCCF, use POS 14 • 53 CMHC • 56 PRTC	**Service Description:** (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. **Notes**: (Including specific documentation and/or diagnosis requirements) 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. This code should not be used for Psychiatric Residential Treatment Facilities (PRTF). PRTFs are required to use revenue code 0911. See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	**Service Provider** Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated. **Provider Types That Can Bill:** 35, 52, 95/387

H0019	**Qualified Residential Treatment Program (QRTP) - Behavioral Health; long-term residential, without room and board, per diem**	DAY
First position modifier: U1	**Child (0-11), Adol (12-17), Young Adult (18-20)**	**Min:** N/A **Max:** 24 hrs.
Place of Service • 56 PRTC	**Service Description:** (Including example activities) A QRTP is a facility that provides residential trauma-informed treatment that is designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances. As appropriate, QRTP treatment facilitates the participation of family members in the child's treatment program, and documents outreach to family members, including siblings. **Notes**: (Including specific documentation and/or diagnosis requirements) 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. This code should not be used for Psychiatric Residential Treatment Facilities (PRTF). PRTFs are required to use revenue code 0911. See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	**Service Provider** Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated. **Provider Types That Can Bill:** 68

H0019	Adult Mental Health Transitional Living; long-term residential, without room and board, per diem	DAY
First Position modifier: HB	Young Adult (18-20), Adult (21-64), Geriatric (65+)	**Min:** N/A **Max:** 24 hrs.
Place of Service ▪ 14 Group Home	**Service Description:** (Including example activities) A residential treatment program offering 24-hour supervised residential treatment, habilitative, and rehabilitative services in a structured, community-oriented environment. Also called "transitional living," services include organized rehabilitation services as well as assistance in obtaining appropriate long-term living arrangements. Services are designed for individuals who have the potential and motivation to ameliorate some skills deficits through a moderately structured rehabilitation program that stresses normalization and maximum community involvement and integration, including daily living and socialization skills training; case management and benefit attainment (community supports); recreational activities; educational and support activities; and therapeutic interventions (individual and group therapy, and med management services). **Notes:** (Including specific documentation and/or diagnosis requirements) 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. This code should not be used for Psychiatric Residential Treatment Facilities (PRTF). PRTFs are required to use revenue code 0911. See Section VIII. Service Documentation Standards in this coding manual for documentation expectations	**Service Provider** ▪ Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated. **Provider Types That Can Bill:** 96/561

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

Service Description: (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 member's 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.

This service includes the acquisition and cost of Methadone and administration of the drug.

Notes: (Including specific documentation and/or diagnosis requirements) Methadone administration must be provided by a facility with a controlled substance license from the 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 the 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.

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

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

Place of Service

- 12 Home
- 15 Mobile Unit*
- *Only BHA-approved Mobile Units can use POS 15
- 49 Ind Clinic
- 55 RSATF
- 57 Non-Residential SATF

Service Provider

- Intern
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- APN
- RN
- RxN
- PA
- MD/DO

Provider Types That Can Bill:

64/371,64/372, 64/374, 64/477

H0023

Behavioral Health Outreach Service (planned approach to reach a population)

MINS

Min: 8 mins
Max: 15 mins

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

Service Description: (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.

- Developing an alliance with a consumer to bring them into ongoing treatment
- Re-engagement effort including utilizing drop-in center services
- Prevention/Intervention activities for individuals and family
- Initiating non-threatening conversation and informally identifying need for Behavioral Health services, with repeat contact over time in an effort to engage an individual into services
- Respond to referrals as requested by police, landlords, etc., of individuals suspected of having an SMI/SPMI/SED and in need of Behavioral Health services
- Outreach to re-engage individuals who are at risk for disengaging from services

Notes: (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 covered diagnosis.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

- Peer Specialist
- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- CAT
- CAS
- Certified/
- Registered Medical Assistant
- LPN/LVN
- RN
- APN
- RxN
- PA
- MD/DO

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 36, 37, 38, 39, 41, 45, 52, 63, 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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Description: (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.

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

Notes: (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.

One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve health.

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

Service Provider

- Peer Specialist
- QBHA
- 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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 36, 37, 38, 39, 41, 45, 52, 63, 64, 77, 78

H0031 Mental health assessment by a non-physician

ENC

Min: N/A
Max: N/A

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

Service Description: (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 member's Behavioral Health service needs and recommendations for treatment. The service can also be used by any MHP when an update of the assessment is necessary, for example a referral to a different Level of Care or program

- Meeting with the member in order to assess his/her needs
- Meeting with the member/member's family to collect social history information
- With the member's permission, meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.)
- Administering acceptable instruments to the member to document substantial impairment in role functioning

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

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.

H0031 is used in lieu of individual psychotherapy procedure codes when the focus of the session is on assessment and not psychotherapy (insight-oriented, behavior modifying and/or supportive) has occurred during the session. (See psychotherapy procedure codes.) Outside assessment information may be used in lieu of some assessment criteria/new assessment, with a corresponding statement as to what information/documentation was reviewed with the member and is still current.

Review of psychosocial and family history, member functioning and other assessment information

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 36, 37, 38, 39, 41, 45, 52, 63, 64, 77, 78

H0032 Mental health service plan development by non-physician

ENC

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

Min: N/A
Max: N/A

Service Description: (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.

Notes: (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.

Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:

- Description of the service (should include discussion of treatment/service plan development)
- Completion of or substantial progress toward plan development including required signatures according to agency policies
- Treatment/service plan revisions should include progress and/or completion of goals

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC
- 99 Other

Service Provider

- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- CAS
- LPN/LVN
- RN
- APN
- PA
-

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 36, 37, 38, 39, 41, 45, 52, 63, 64, 77, 78

H0033 Oral medication administration, direct observation

ENC

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

Min: N/A
Max: N/A

Service Description: (Including example activities)

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.

Notes: (Including specific documentation and/or diagnosis requirements)

Cannot be billed if the service is part of the E&M service by the same provider on the same day. This code should be billed for the *administration* of the medication. The medication itself is billed to Fee for Service Medicaid. Physicians administering Buprenorphine products through the DATA Waive provider's office are reimbursed through FFS.

Administration of Buprenorphine products must be provided within a facility with a controlled substance license from the 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.

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.

For members 17 years and under, Federal regulations must be followed for administering Buprenorphine

- One-on-one cueing/encouraging and observing member taking prescribed medications
- Reporting back to MHPs licensed to perform medication management services for direct benefit of member
- The administration of Buprenorphine products appropriate to a member's plan of care to the member for oral ingestion, conducted by a qualified physician, physician assistant, or nurse practitioner or within a licensed methadone facility.

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

Service Provider

- QMAP
- Intern
- LPN/LVN
- RN
- APN
- RxN
- PA
- MD/DO

Place of Service

- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 49 Independent Clinic
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 55 RSATF
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Provider Types That Can Bill:

05, 39, 41, 64, 78

H0034 Medication training and support, per 15 mins

MINS

Min: 8 mins
Max: 15 mins

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

Service Description: (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.

- Understanding nature of adult patient's SPMI or child/ adolescent's SED
- Understanding role of prescribed medications in reducing
  symptoms and increasing/maintain functioning
- Identifying and managing symptoms and potential side effects of medication(s)
- Learning contraindications of medication(s)
- Understanding overdose precautions of medication(s)
- Learning self-administration of medication(s)

Notes: (Including specific documentation and/or diagnosis requirements)
The training/instructions provided and the individual's response to the training and support

Documentation details in addition to the guidance found in Section X. Service Documentation Standards:

Place of Service

- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 55 RSATF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

H0035 Mental Health Partial Hospitalization Program (PHP), less than 24 hours

ENC

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

Min: 4 hrs.
Max: N/A

Service Description: (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.

Partial hospitalization programs provide 20 hours or more of clinically intensive programming each week 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.

Notes: (Including specific documentation and/or diagnosis requirements)

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

Service Provider

- Peer Specialist
- QBHA
- Bach Level
- Intern
- QMAP
- Unlicensed Masters Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- LPN/LVN
- RN
- APN
- PA
- RxN
- MD/DO

Place of Service

- 11 Office
- 22 Outpt Hosp
- 52 PF-PHP
- 53 CMHC
- 56 PRTC
- 99 Other

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 77, 78

H0036 Functional Family Therapy (FFT) or Community Psychiatric Supportive Treatment (CPST), 15 mins

MINS

Min: 8 mins
Max: 15 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+)

Service Description: (Including example activities)
Functional Family Therapy (FFT) 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.

Community Psychiatric Supportive Treatment (CPST) 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:

- Symptom assessment and management
- Individual and family counseling
- Support of age-appropriate daily living skills
- Encourage engagement with peer support services
- Development of discharge/transition goals and planning
- Advocating on behalf of members
- Crisis intervention
- Medication training and monitoring
- Educating regarding symptom management
- Facilitating access to health care
- Skills teaching to help member meet transportation needs or access transportation services
- Help finding and keeping safe, affordable housing
- Home visits

Notes: (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

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC
- 99 Other

Service Provider

- Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77

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

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

Min: 4 hrs. 8 mins
Max: 8 hrs.

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC
- 99 Other

Service Description: (Including example activities)
Functional Family Therapy (FFT) 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.

Community Psychiatric Supportive Treatment (CPST) 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:

- Symptom assessment and management
- Individual and family counseling
- Support of age-appropriate daily living skills
- Encourage engagement with peer support services
- Development of discharge/transition goals and planning
- Advocating on behalf of members
- Crisis intervention
- Medication training and monitoring
- Educating regarding symptom management
- Facilitating access to health care
- Skills teaching to help member meet transportation needs or access transportation services
- Help finding and keeping safe, affordable housing
- Home visits

Notes: (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.
Services provided up to 4 hrs. 7 mins are reported/billed under H0036

For CPST, discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0036.
See Section VIII. Service Documentation Standards in this coding manual for documentation expectations

Service Provider

- Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77

H0038	Self-help/peer services, 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	**Min:** 8 mins **Max:** 15 mins

Service Description: (Including example activities)
Member services (individual/group) provided by person meeting Peer Specialist 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:

- Providing intervention-based, therapeutic leisure activities to promote social skills building
- Exploring member purposes beyond the identified MI or substance use disorder and the possibilities of recovery
- Tapping into member strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress)
- Emphasizing hope and wellness
- Helping members develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired)
- Assisting members with relapse prevention planning

Example Activities include:

- Peer-run employment services
- Peer mentoring for children/adolescents
- Recovery groups
- Warm lines
- Advocacy service

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.

Notes: (Including specific documentation and/or diagnosis requirements)
Units can be bundled up to a total of 8 hours
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.

Place of Service

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

Service Provider

- Peer Specialist
- QBHA

Provider Types That Can Bill:

16, 25, 32, 35, 45, 64, 77, 78, 89

H0039 Assertive community treatment, 15 mins

MINS

Min: 8 mins
Max: 15 mins

Young Adult (18-20), Adult (21-64), Geriatric (65+)

Service Description: (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.

- Symptom assessment and management (i.e., ongoing assessment, psychoeducation, and symptom management efforts)
- Supportive counseling and psychotherapy on a planned and as-needed basis
- Medication prescription, administration, monitoring, and documentation
- Dual diagnosis services, including assessment and intervention
- Support Activities of Daily Living skills (ADLs) through skills training and practice activities
- Encourage engagement with peer support services
- Development of discharge/transition goals and related planning

Notes: (Including specific documentation and/or diagnosis requirements)

Units can be bundled up to a total of 4 hrs. 7 mins

Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service planning and coordination. The program should include all services delivered to the individual when the individual in enrolled in an ACT program.

Note that the ACT code should only be used for individuals enrolled in an ACT program that is overseen by the BHA and that maintains a minimum score of "good fidelity".

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

Place of Service

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

Service Provider

- Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

H0040 Assertive community treatment program, per diem

DAY

Min: 4 hrs. 8 mins
Max: N/A

Young Adult (18-20), Adult (21-64), Geriatric (65+)

Service Description: (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.

- Symptom assessment and management (i.e., ongoing assessment, psychoeducation, and symptom management efforts)
- Supportive counseling and psychotherapy on a planned and as-needed basis
- Medication prescription, administration, monitoring, and documentation
- Dual diagnosis services, including assessment and intervention
- Support Activities of Daily Living skills (ADLs) through skills training and practice activities
- Encourage engagement with peer support services
- Development of discharge/transition goals and related planning

Notes: (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 in enrolled in an ACT program.

Note that the ACT code should only be used for individuals enrolled in an ACT program that is overseen by the BHA and that maintains a minimum score of "good fidelity.

For ACT up to 4 hours 7 mins report/bill using H0039

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

Service Provider

- Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

Place of Service

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

H0043 Supportive Housing, per diem

DAY

Young Adult (18-20), Adult (21-64), Geriatric (65+)

Min: N/A
Max: 24 hrs.

Service Description: (Including example activities)
Supportive services for members with a behavioral health diagnosis (or in cases of deferred diagnosis) in the home or other natural setting to foster the member's housing stability, socialization, recovery, wellness, self-advocacy, natural supports, and community living skills. Services are provided to ensure successful tenancy and engagement in community life.

Services and Activities offered include:
Outreach activities, such as:
- Develop an alliance to connect members with ongoing services
- Initiate non-threatening conversation and informally identify need for services, with repeat contact over time
- Re-engage individuals who are at risk for disengaging from services

Case management services, such as:
- Assess service needs
- Develop service plan
- Find and keep stable housing (i.e. housing navigation, lease assistance, move-in and orientation, assistance renewing leases and vouchers)
- Referrals and related activities to obtain needed services
- Coordination between other agencies and healthcare providers
- Monitoring and follow-up

Therapeutic and skill building activities, such as:
- Skills development related to housing or employment access
- Teaching a member how to cook in their own home
- Helping a member with money management
- Crisis / conflict management and conflict resolution skills
- Personal hygiene and life skills coaching
- Therapeutic leisure activities to promote social skills building and community integration

Notes: (Including specific documentation and/or diagnosis requirements)
Discrete clinical services (e.g., family, group and individual psychotherapy, medication management and other psychiatric services, etc.) are documented and billed separately from H0043 (and H0044).

H0044 should be billed for 15 or more hours of contact with a member in a month. If services are less than 15 hours in a month, provider should bill H0043.

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

Place of Service

- 04 Shelter
- 11 Office
- 12 Home
- 27 Outreach Site/Street
- 99 Other

Service Provider

- Peer Specialist
- QBHA
- QMAP
- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- CAT
- CAS

Provider Types That Can Bill:

25, 32, 35, 64, 77, 78, 89/208

H0044 Supportive Housing, per month — MON

Young Adult (18-20), Adult (21-64), Geriatric (65+)

Min: 1 month
Max: N/A

Service Description: (Including example activities)
Supportive services for members with a behavioral health diagnosis (or in cases of deferred diagnosis) in the home or other natural setting to foster the member's housing stability, socialization, recovery, wellness, self-advocacy, natural supports, and community living skills. Services are provided to ensure successful tenancy and engagement in community life.

Services and Activities offered include:
Outreach
- Develop an alliance to connect members with ongoing services
- Initiate non-threatening conversation and informally identify need for services, with repeat contact over time
- Re-engage individuals who are at risk for disengaging from services

Case management services, such as:
- Assess service needs
- Develop service plan
- Find and keep stable housing (i.e. housing navigation, lease assistance, move-in and orientation, assistance renewing leases and vouchers)
- Referrals and related activities to obtain needed services
- Coordination between other agencies and healthcare providers
- Monitoring and follow-up

Therapeutic and skill building activities, such as:
- Skills development related to housing or employment access
- Teaching a member how to cook in their own home
- Helping a member with money management
- Crisis / conflict management and conflict resolution skills
- Personal hygiene and life skills coaching
- Therapeutic leisure activities to promote social skills building and community integration

Notes: (Including specific documentation and/or diagnosis requirements)
Discrete clinical services (e.g., family, group and individual psychotherapy, medication management and other psychiatric services, etc.) are documented and billed separately from H0044 (and H0043).

H0044 should be billed for 15 or more hours of contact with a member in a month. If services are less than 15 hours in a month, provider should bill H0043.

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

Place of Service
- 04 Shelter
- 11 Office
- 12 Home
- 27 Outreach Site/Street
- 99 Other

Service Provider
- Peer Specialist
- QBHA
- QMAP
- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- CAT
- CAS

Provider Types That Can Bill:
25, 32, 35, 64, 77, 78, 89/208

H0045 Respite care services, not in the home, per diem — DAY

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

Min: 4 hrs. 8 mins
Max: 24 hrs.

Service Description: (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.

- Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc.
- Assistance with monitoring health status and physical condition
- Assistance with medication and other medical needs
- Cueing and prompting for preparation and eating of meals
- Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.)
- Support to assure the safety of member
- Assistance/supervision needed by member to participate in social, recreational/community activities

Notes: (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.

Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:

- Respite services/activities rendered
- Special instructions and that those instructions were followed

Place of Service

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

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78

H0046	Drop-In Center	MINS
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	**Min:** 8 mins **Max:** 15 mins

Service Description: (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.

Services and Activities offered include:

- Information and referral support
- Action plan & support-groups
- Scheduled, intervention-based activities in a club-like setting
- Behavioral Health education

Notes: (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.

See Section IX.a. for bundling units for this service.

Inform provider of attendance if in treatment

Clinical consultation by MA-level or licensed staff available during hours of operation.

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

Place of Service

- 53 CMHC
- 99 Other

Service Provider

- Peer Specialist
- QBHA
- 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

Provider Types That Can Bill:

32, 35, 78

H2000 — Comprehensive multidisciplinary evaluation — ENC

Min: N/A
Max: N/A

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

Service Description: (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).

- Complex case reviews
- To review level of care

Notes: (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).

The consumer does not have to be present. Family and/or other involvement as requested by the consumer.

At least 3 or more disciplines or professions must be present. All 3 do not need to be from one agency. The facilitator must be from agency.

Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:

- List of other professionals present and agency affiliation
- Identified risks
- Review of psychosocial and family history
- Conclusions and recommendations of the Multidisciplinary team

Service Provider

- 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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 36, 37, 38, 39, 41, 45, 52, 63, 64, 77, 78

Place of Service

- 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
- 56 PRTC
- 72 RHC
- 99 Other

H2001 Rehabilitation program, per ½ day

ENC

Min: N/A
Max: ½ Day (4 hrs.)

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

Service Description: (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.

Household management, nutrition, hygiene, money management, parenting skills, etc.

- Individual/group skill-building activities focused on development of skills used by members in living, learning, working and social environments
- Interventions address co-occurring disabilities mental health and substance use
- Promotion of self-directed engagement in leisure, recreational and community social activities
- Engaging member to have input into service delivery programming
- Member participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment

Notes: (Including specific documentation and/or diagnosis requirements)
*** This code is not to be used for children under age 6.**

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

Place of Service

- 22 Outpt Hosp
- 53 CMHC

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2011 Crisis intervention service, 15 mins

MINS

Min: 8 mins
Max: 15 mins

MCR providers should use modifier ET in the first position

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

Service Description: (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.

- Contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with member and, as necessary, with member's caretakers/ family members
- Referral to other applicable Behavioral Health services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff
- Consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement
- Contact with another provider to help that provider deal with a specific member's crisis
- Consultation with one's own provider staff to address the crisis

Notes: (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.

MCR providers should only use Place of Service 15 Mobile Unit. Please see 90839 for facilities excluded from receiving community based MCR.
Non-MCR services over 4 hours 7 mins should be billed with S9485
Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:

- The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention
- The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s)
- Behavioral Health history
- Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available
- Other problems identified (mental health, substance use, medical, etc.)
- Plan for next contact(s) including any follow-up or coordination needed with 3rd parties

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 49 Independent Clinic
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 37, 38, 39, 41, 45, 63, 64, 77, 78, 95/772

H2012 Behavioral health day treatment, per hour — HOUR

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

Min: 31 mins.
Max: N/A

Service Description: (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 and 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.

Notes: (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

Place of Service

- 03 School
- 14 Grp Home
- 22 Outpt Hosp
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41 45, 63, 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+)

Min: 8 mins
Max: 15 mins

Service Description: (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:

- Development of early childhood skills to maintain placement in a daycare, home, or community-based setting
- Promote stable attachments, positive caregiver-child interactions, and overall safety
- Strengthen communication, emotional identification/ regulation, and impulse control skills

For adolescent and older members, example activities could include:

- Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment)
- Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal
- Development of basic language skills necessary to enable member to function independently
- Training in appropriate use of community services

Notes: (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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2015	Comprehensive community support services, 15 mins	MINS
	Child (0-11), Adol (12-17)	**Min:** 8 mins **Max:** 15 mins

Service Description: (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.

- Assist with identifying existing natural supports for developing a natural support team
- Assist with identifying individual strengths, resources, preferences, and choices
- Assist in development and coordination of recovery/resiliency plan, crisis management plan.
- Skill building to assist member in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by member's MI

Notes: (Including specific documentation and/or diagnosis requirements)
Units can be bundled up to 4 hrs. 7 mins

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

Place of Service

- 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
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2016 Comprehensive community support services, per diem — DAY

Child (0-11), Adol (12-17)

Min: 4 hrs. 8 mins
Max: N/A

Service Description: (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.

- Assist with identifying existing natural supports for developing a natural support team
- Assist with identifying individual strengths, resources, preferences, and choices
- Assist in development and coordination of recovery/resiliency plan, crisis management plan, and/or advance directives (i.e., WRAP)
- Skill building to assist member in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by member's MI

Notes: (Including specific documentation and/or diagnosis requirements)

CCSS up to 4 hours 7 mins (16 units) is reported/billed as H2015

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

Place of Service

- 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
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

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

Service Description: (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.

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)

- Direct skills teaching, practice/coaching and skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building.
- Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being
- Development of a crisis plan
- Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends)
- Identification and development of organizational support, including such areas as sustaining personal entitlements, locating, and using community resources or other supportive programs

Notes: (Including specific documentation and/or diagnosis requirements)

Units can be bundled up to 4 hrs. 7 mins

- Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships)
- Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules).
- Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn)

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC
- 99 Other

Service Provider

- Peer Specialist
- QBHA
- 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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2018 Psychosocial rehabilitation services, per diem — DAY

Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)

Min: 4 hrs. 8 mins
Max: N/A

Service Description: (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.

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)

- Direct skills teaching, practice/coaching and skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building.
- Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being
- Development of a crisis plan
- Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends)
- Identification and development of organizational support, including such areas as sustaining personal entitlements, locating, and using community resources or other supportive programs

Notes: (Including specific documentation and/or diagnosis requirements)

PSR up to 4 hours 7 mins (16 units) is reported/billed as H2017

- Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships)
- Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules).
- Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn)

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC
- 99 Other

Service Provider

- Peer Specialist
- QBHA
- 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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2021 — Community-based wrap-around services, 15 mins — MINS

Child (0-11), Adol (12-17), Young Adult (18-20)

Min: 8 mins
Max: 15 mins

Service Description: (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.

Notes: (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.

Units can be bundled up to 4 hrs. 7 mins

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 15 Mobile Unit
- 49 Independent Clinic
- 50 FQHC
- 53 CMHC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2022 — Community-based wrap-around services, per diem — DAY

Child (0-11), Adol (12-17), Young Adult (18-20)

Min: 4 hrs. 8 mins
Max: N/A

Service Description: (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.

Notes: (Including specific documentation and/or diagnosis requirements)
Community-based wrap-around services up to 4 hours 7 mins (16 units) is reported/billed as H2021

Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2022.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 15 Mobile Unit
- 49 Independent Clinic
- 50 FQHC
- 53 CMHC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2023 Supported employment, 15 mins MINS

Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)

Min: 8 mins
Max: 15 mins

Service Description: (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.

- Assessing member's work history, skills, training, education, and personal career goals to help match the person with a suitable job
- Providing member with information regarding how employment affects disability income and benefits
- Preparation skills (i.e., resume development, interview skills)
- Working with individuals and their employers to identify needed accommodations
- Helping individuals to conduct an individualized job search
- Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs

Notes: (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.

Units can be bundled up to 4 hrs. 7 mins

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 18 Place of Employment-
- Worksite
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 50 FQHC
- 53 CMHC
- 72 RHC
- 99 Other

Service Provider

- Peer Specialist
- QBHA
- 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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2024 Supported employment, per diem DAY

Min: 4 hrs. 8 mins
Max: N/A

Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 18 Place of Employment-
- Worksite
- 22 Outpt Hosp
- 50 FQHC
- 53 CMHC
- 72 RHC
- 99 Other

Service Description: (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.

- Assessing member's work history, skills, training, education, and personal career goals to help match the person with a suitable job
- Providing member with information regarding how employment affects disability income and benefits
- Preparation skills (i.e., resume development, interview skills)
- Working with individuals and their employers to identify needed accommodations
- Helping individuals to conduct an individualized job search
- Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs

Notes: (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.

Supported employment up to 4 hours 7 mins (16 units) is reported/billed as H2023.

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

Service Provider

- Peer Specialist
- QBHA
- 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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2025 — Ongoing support to maintain employment, 15 mins — MINS

Min: 8 mins
Max: 15 mins

Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)

Service Description: (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. 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.

- Talking with member about changes in health, work environment/personal environment to identify needed support changes and avoid crises
- Teaching member pre-vocational skills
- Helping member identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position
- Visiting member at job site to identify and address issues pertinent to job retention
- Working with member and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance
- Contacting member's family/significant other to monitor support network and/or resolve issues

Notes: (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.

Units can be bundled up to 4 hrs. 7 mins

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 18 Place of Employment-
- Worksite
- 50 FQHC
- 53 CMHC
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

- Peer Specialist
- QBHA
- 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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2026 — Ongoing support to maintain employment, per diem — DAY

Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)

Min: 4 hrs. 8 mins
Max: N/A

Service Description: (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.

- Talking with member about changes in health, work environment/personal environment to identify needed support changes and avoid crises
- Teaching member pre-vocational skills
- Helping member identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position
- Visiting member at job site to identify and address issues pertinent to job retention
- Working with member and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance
- Contacting member's family/significant other to monitor support network and/or resolve issues

Notes: (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.

Ongoing support to maintain employment up to 4 hours 7 mins (16 units) is reported/billed as H2025.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 18 Place of Employment-
- Worksite
- 50 FQHC
- 53 CMHC
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

- Peer Specialist
- QBHA
- 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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2027 Psychoeducational service, 15 mins

MINS

Min: 8 mins
Max: 15 mins

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

Service Description: (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.

- Information, education, and training to assist members, families, and significant others in managing psychiatric conditions (e.g., symptoms, crisis "triggers," decompensation, medication actions and interactions)
- Increasing knowledge of MI and member-specific diagnoses (e.g., latest research on causes and treatments, brain chemistry and functioning)
- Understanding importance of members individualized treatment/service plans
- Information, education, and training to assist members, families, and significant others in accessing community resources (e.g., first responders with crisis intervention training [CIT], member advocacy groups)
- Information, education, and training to assist members, families and significant others with medication management, symptom management, behavior management, stress management, and/or crisis management

Notes: (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.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

- 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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2030	Mental Health Clubhouse services, 15 mins	MINS
	Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	**Min:** 8 mins **Max:** 15 mins

Place of Service

- 53 CMHC
- 99 Other

Service Description: (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 member's life goals and to perform the tasks necessary for Clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The Clubhouse must be open to a CMHC or independent Provider Network (IPN).

- Vocational and educational services; resume and interview skills
- Intervention-based, therapeutic leisure activities to promote social skills building
- Peer support & Recovery groups: increasing engagement, empowerment, hope
- Self-help and skills training: collaborative meal prep, interpersonal skills, etc.
- Outreach & Engagement: identify and resolve barriers to seeking care, relationship building exercises

Clinical consultation by a master's level person should be available during hours of operation.

Notes: (Including specific documentation and/or diagnosis requirements)

- Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation.
- For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise.
- Skill building and psycho-education groups are curriculum-based.
- The individual can receive services outside of Clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered.
- Should have recent assessment and current treatment/service plan or access through an EHR.
- The Clubhouse may develop a program- specific plan
- 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.
    - Activities are member-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills.

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

Service Provider

- Peer Specialist
- QBHA
- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- LPN/LVN
- RN
- APN

Provider Types That Can Bill:
35, 78

H2031 Mental health Clubhouse services, per diem

DAY

Min: 4 hrs. 8 mins
Max: N/A

Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)

Place of Service

- 53 CMHC
- 99 Other

Service Description: (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 member's life goals and to perform the tasks necessary for Clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The Clubhouse must be open to a CMHC or independent Provider Network (IPN).

- Vocational and educational services; resume and interview skills
- Intervention-based, therapeutic leisure activities to promote social skills building
- Peer support & Recovery groups: increasing engagement, empowerment, hope
- Self-help and skills training: collaborative meal prep, interpersonal skills, etc.
- Outreach & Engagement: identify and resolve barriers to seeking care, relationship building exercises.

Clinical consultation by a master's level person should be available during hours of operation.

Notes: (Including specific documentation and/or diagnosis requirements)

- Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation.
- For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise.
- Skill building and psycho-education groups are curriculum-based.
- The individual can receive services outside of Clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered.
- Should have recent assessment and current treatment/service plan or access through an EHR
- The Clubhouse may develop a program- specific plan

Only BHA-contracted providers can bill for Clubhouse Services.

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

Service Provider

- Peer Specialist
- QBHA
- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- LPN/LVN
- RN
- APN

Provider Types That Can Bill:

35, 78

H2032	Activity therapy, 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	**Min:** 8 mins **Max:** 15 mins

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC

99 Other

Service Description: (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.

- Playing basketball with group of adolescents to facilitate prosocial behavior and passing/taking turns.
- Hiking in community to help a member with depressive symptoms reinforce the connection between healthy mind and body with exercise.
- Puppet play with a child to identify feelings and interpersonal dynamics
- Art/music activities to improve self-esteem, concentration, etc.

Notes: (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

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2033 — Multi-systemic therapy (MST) for juveniles, 15 mins — MINS

Adol (12-17)

Min: 8 mins
Max: 15 mins

Service Description: (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.

- Strategic family therapy
- Structural family therapy
- Behavioral parent training
- Cognitive behavior therapies

Notes: (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.

Providers of MST must meet the specific training and supervision requirements.

MST can be used for youth ages 10-11 based on severity of behaviors on a case-by-case basis.

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 15 Mobile Unit
- 49 Independent Clinic
- 53 CMHC
- 57 NRSATF
- 99 Other

Service Provider

- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

H2036

ASAM level 3.1 - Clinically managed low-intensity residential services, per diem

DAY

First position modifier: U1

For Special Connections **ONLY**: HD (second position)

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

Min: N/A
Max: 24 hrs.

Place of Service

- 55 RSATF

Service Description: (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:

1. Substance use disorder assessment
2. Individual and family therapy
3. Group therapy
4. Alcohol/drug screening counseling
5. Service planning
6. Discharge planning

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 the BHA or their designee, using HCPCS code S9976.

For members under 18, withdrawal management services are included in this code.

Shift Notes or Daily Note should include:

- Participation in treatment
- Pertinent physical health status information
- Any other member activities or member general behaviors in milieu

Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards

Service Provider

- Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.

Provider Types That Can Bill:

64/871

H2036

ASAM level 3.3 - Clinically managed population-specific high-intensity residential services, per diem

DAY

First position modifier: U3

For Special Connections **ONLY**: HD (Second position)

Young Adult (18-20), Adult (21-64), Geriatric (65+)

Min: N/A
Max: 24 hrs.

Place of Service

- 55 RSATF

Service Description: (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 **cognitive limitations**. The recovery environment is combined with high-intensity clinical services in a manner that meets the functional limitations of the individual. If the limitation is temporary, the individual may be transferred to another level of care when he or she is no longer impaired. A planned program of professionally directed evaluation, care, and treatment for persons with alcohol and/or drug addiction disorders.

This per diem could include services such as:

1. Substance use disorder assessment
2. Individual and family therapy
3. Group therapy
4. Alcohol/drug screening counseling
5. Service planning
6. Discharge planning

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 the BHA or their designee, using HCPCS code S9976.

Shift Notes or Daily Note should include:

- Participation in treatment
- Pertinent physical health status information
- Any other member activities or member general behaviors in milieu

Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards

Service Provider

- Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.

Provider Types That Can Bill:

64/872

H2036	ASAM level 3.5 - Clinically managed high-intensity residential services, per diem	DAY
First position modifier: U5 For Special Connections **ONLY**: HD (Second position)	**Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)**	**Min:** N/A **Max:** 24 hrs.
Place of Service ▪ 55 RSATF	Service Description: (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 member's needs. This per diem could include services such as: 1. Substance use disorder assessment 2. Individual and family therapy 3. Group therapy 4. Alcohol/drug screening counseling 5. Occupational therapy 6. Recreational therapy 7. Vocational rehabilitation 8. Service planning 9. Discharge planning 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 the BHA or their designee, using HCPCs code S9976. For members under 18, withdrawal management services are included in this code. Shift Notes or Daily Note should include: • Participation in treatment • Pertinent physical health status information • Any other member activities or member general behaviors in milieu Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards	**Service Provider** ▪ Service providers for residential and team-based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated. **Provider Types That Can Bill:** 64/873

H2036 — ASAM level 3.7 - Medically monitored intensive inpatient services, per diem — DAY

First position modifier: U7

For Special Connections **ONLY**: HD (Second position)

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

Min: N/A
Max: 24 hrs.

Place of Service

- 21 Inpt Hospital
- 51 Inpt PF
- 55 RSATF

Service Description: (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.

This per diem could include services such as:

1. Substance use disorder assessment
2. Individual and family therapy
3. Group therapy
4. Alcohol/drug screening counseling
5. Occupational therapy
6. Recreational therapy
7. Vocational rehabilitation
8. Service planning
9. Discharge planning
10. Medical or nursing services

Notes: (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.

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 the BHA or their designee, using HCPCS code S9976.

For members under 18, withdrawal management services are included in this code.

Shift Notes or Daily Note should include:

- Participation in treatment
- Pertinent physical health status information
- Any other member activities or member general behaviors in milieu

Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards

Service Provider

- Service providers for residential and team- based services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.

Provider Types That Can Bill:

01, 02, 05, 64/874

S5150 — Unskilled respite care, not hospice; 15 mins

MINS

Min: 8 mins
Max: 15 mins

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

Service Description: (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.

- Support to assure the safety of member (e.g. developing safety plan, identifying triggers and resources, WRAP plan development, etc.).
- Referral to and establishing a stronger connection to community resources
- Relationship building with natural environmental support system
- Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, self-care by obtaining regular meals/healthy diet options, housekeeping habits, etc.
- Assistance implementing health status and physical condition instructions
- Assistance with implementing medication reminders and practically addressing medical needs
- Assistance/supervision needed by member to participate in social, recreational/community activities

Notes: (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:

- Respite services/activities rendered
- Special instructions and that those instructions were followed

Place of Service

- 12 Home*
- 13 ALF
- 14 Grp Home
- 50 FQHC
- 53 CMHC
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

- Peer Specialist
- QBHA
- QMAP
- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- CAT
- CAS
- LAC
- LPN/LVN
- RN
- APN

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

S5151 Unskilled respite care, not hospice; per diem

DAY

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

Min: 4 hrs. 8 mins
Max: 24 hrs.

Service Description: (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.

- Support to assure the safety of member (e.g. developing safety plan, identifying triggers and resources, WRAP plan development, etc.).
- Referral to and establishing a stronger connection to community resources
- Relationship building with natural environmental support system
- Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, self-care by obtaining regular meals/healthy diet options, housekeeping habits.
- Assistance implementing health status and physical condition instructions
- Assistance with implementing medication reminders and practically addressing medical needs
- Assistance/supervision needed by member to participate in social, recreational/community activities

Notes: (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.

Unskilled respite care up to 4 hours 7 mins (16 units maximum) is reported as S5150;

Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from S5151.

*When POS Home (12) is used this refers to either the Respite Worker's home or the member's home, for this procedure code.

Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:

- Respite services/activities rendered
- Special instructions and that those instructions were followed

Place of Service

- 12 Home*
- 13 ALF
- 14 Grp Home
- 50 FQHC
- 53 CMHC
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

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

Service Description: (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.

Notes: (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

Place of Service

- 03 School
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 22 Outpt Hosp
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 49 Independent Clinic
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

05/505, 26/501, 35, 37, 38, 41/034, 41/035, 41/335, 63, 64, 78

S9453 Smoking cessation classes, non-physician provider, per session

ENC

Min: N/A
Max: N/A

Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)

Service Description: (Including example activities)
Structured classes rendered for the treatment of tobacco dependence.

Notes: (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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 13 ALF
- 14 Grp Home
- 22 Outpt Hosp
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 57 NRSATF
- 72 RHC
- 99 Other

Service Provider

- Peer Specialist
- QBHA
- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- CAS
- LPN/LVN
- RN
- APN

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 36, 37, 38, 39, 41, 45, 52, 63, 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

Service Description: (Including example activities)
Structured classes designed to educate members on the management of stress.

Notes: (Including specific documentation and/or diagnosis requirements)

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 13 ALF
- 14 Grp Home
- 22 Outpt Hosp
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

- Peer Specialist
- QBHA
- Bach Level
- Intern
- Unlicensed Master's Level
- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- LAC
- CAS
- LPN/LVN
- RN
- APN

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 30, 32, 35, 36, 37, 38, 39, 41, 45, 52, 63, 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+)	**Min:** 3 hrs. **Max:** N/A
Place of Service ▪ 11 Office ▪ 22 Outpt Hosp ▪ 52 PF- PHP ▪ 53 CMHC ▪ 54 ICF-MR ▪ 56 PRTC ▪ 99 Other	**Service Description:** (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. Intensive outpatient programs provide 9–19 hours of weekly structured programming for adults or 6–19 hours of weekly structured programming for adolescents. 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. **Notes**: (Including specific documentation and/or diagnosis requirements) 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	**Service Provider** ▪ Peer Specialist • QBHA • Bach Level ▪ Intern ▪ Unlicensed Master's Level ▪ Unlicensed EdD/ PhD/PsyD ▪ LCSW ▪ LPC ▪ LMFT ▪ Licensed EdD/PhD/PsyD ▪ LAC ▪ LPN/LVN ▪ RN ▪ APN ▪ RxN ▪ PA ▪ MD/DO **Provider Types That Can Bill:** 01, 02, 05, 16, 24, 25, 26, 32, 35, 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+)

Min: 4 hrs. 8 min
Max: N/A

Service Description: (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.

- Contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with member and, as necessary, with member's caretakers/ family members
- Referral to other applicable Behavioral Health services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff
- Consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement
- Contact with another provider to help that provider deal with a specific member's crisis
- Consultation with one's own provider staff to address the crisis

Notes: (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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

T1005	Respite care services, 15 mins	MINS
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	**Min:** 8 mins **Max:** 15 mins

Service Description: (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.

- Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc.
- Assistance with monitoring health status and physical condition
- Assistance with medication and other medical needs
- Cueing and prompting for preparation and eating of meals
- Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.)
- Support to assure the safety of member
- Assistance/supervision needed by member to participate in social, recreational/community activities

Notes: (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.

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).

Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from T1005.

*POS Home (12): Refers to either the Respite Worker's home or the member's home, for this procedure code.

Documentation details in addition to the guidance found in Section VIII. Service Documentation Standards:
- Respite services/activities rendered
- Special instructions and that those instructions were followed

Place of Service
- 12 Home*
- 13 ALF
- 14 Grp Home
- 50 FQHC
- 53 CMHC
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider
- Intern
- LPN/LVN
- RN
- APN
- RxN
- PA
- MD/DO

Provider Types That Can Bill:
01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64,

77, 78

T1017 Targeted case management, 15 mins — MINS

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

Min: 8 mins
Max: 15 mins

Service Description: (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:

- Assessing service needs
  - Assessing the need for service.
  - Identifying and investigating available resources.
  - Explaining options to members and assisting in application process.
- Service plan development
  - Specifying goals and actions to address member needs.
  - Ensuring member participation, identifying a course of action; includes transition plan development with member.
- Referral and related activities to obtain needed services:
  - Working with member/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process.
  - Informing members of services available, addresses and telephone numbers of agencies providing services.
  - Care Coordination between other service agencies, healthcare providers, and member's family for assistance helping member access services.
- Monitoring and follow-up
  - Follow-up of a transition plan.
  - Contacting member/others to ensure member is following the agreed upon service or transition plan.
  - Monitoring progress and impact of plan.

Notes: (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 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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 15 Mobile Unit
- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 34 Hospice
- 50 FQHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 56 PRTC
- 72 RHC
- 99 Other

Service Provider

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

Provider Types That Can Bill:

01, 02, 05, 16, 24, 25, 26, 32, 35, 37, 38, 41, 45, 63, 64, 77, 78

APPENDIX A: ABBREVIATIONS & ACRONYMS

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

Term/Acronym	Definition
CPST	Community Psychiatric Supportive Treatment
CPT®	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
CSW	Clinical Social Worker
CSWE	Council on Social Work Education
Cust Care	Custodial Care Facility
DC:0-03R	*Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*
DD	Developmental Disability(ies)
Detox	Detoxification
DHS	Colorado Department of Human Services
DHS-BHA	Colorado Department of Human Services, BHA
DHS-DVR	Colorado Department of Human Services, Division of Vocational Rehabilitation
DME	Durable Medical Equipment
DO	Doctor of Osteopathy
DOB	Date of Birth
DOC	Colorado Department of Corrections
DORA	Colorado Department of Regulatory Agencies
DRDC	Denver Regional Diagnostic Center
DRG	Diagnosis-Related Group
DSM-5	*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*
DYS	Division of Youth Services
ECI	External Cause of Injury
ECS	Early Childhood Specialist
EGHP	Employer Group Health Plan
HER	Electronic Health Record
EI	Early Intervention
E/M	Evaluation and Management
EMC	Electronic Media Claim
EMG	Emergency
EOB	Explanation of Benefits
EPSDT	Early Periodic Screening Diagnosis and Treatment Program
ER	Emergency Room
FARS/DFARS	Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement
FCLN	Flat File Control Line Number
FDA	US Food and Drug Administration
FECA	Federal Employees' Compensation Act
FFP	Federal Financial Participation
FFS	Fee-For-Service
FL	Form Locator
FQHC	Federally Qualified Health Center
FTE	Full-Time Equivalent
FY	Fiscal Year
GED	General Education Diploma
Grp Home	Group Home
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System

Term/Acronym	Definition
HCPF	Colorado Department of Health Care Policy and Financing
Hep C	Hepatitis C
HHS	US Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPSA	Health Professional Shortage Area
Hrs.	Hours
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
ICF	Intermediate Care Facility
ICF-MR	Intermediate Care Facility for the Mentally Retarded
ICM	Intensive Case Management
ID	Identification
IEP	Individualized Education Program
IMD	Institute(s) for Mental Disease
Inpt Hosp	Inpatient Hospital
Inpt PF	Inpatient Psychiatric Facility
IOP	Intensive Outpatient Psychiatric/Program
Intox	Intoxication
JCAHO	Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
LAC	Licensed Addiction Counselor
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LMHP	Licensed Mental Health Professional
LOC	Level of Care
LOF	Level of Functioning
LPC	Licensed Professional Counselor
LPN	Licensed Practical Nurse
LPT	Licensed Psychiatric Technician
LSW	Licensed Social Worker
LVN	Licensed Vocational Nurse
MAC	Master Addiction Counselor *OR* Medicaid Authorization Card
MAP	Medical Assistance Program
MCE	Managed Care Entity
MCO	Managed Care Organization
MD	Doctor of Medicine
MH	Mental Health
MHP	Mental Health Professional
MH/SA	Mental Health/Substance Abuse
MI	Mental Illness
MMDDYY or MMDDYYYY	Month Day Year
MMPI	Minnesota Multiphasic Personality Inventory
MR	Mental Retardation
MSA	Metropolitan Statistical Area
MSP	Medicare Secondary Payer
MST	Multi-Systemic Therapy
NAADAC	National Association of Alcohol and Drug Abuse Counselors

Term/Acronym	Definition
NAMI	National Alliance on Mental Illness
NBCC	National Board for Certified Counselors
NCAC	Nationally Certified Addiction Counselor
NCHS	National Center for Health Statistics
NEC	Not Elsewhere Classified
NF	Nursing Facility
NH	Nursing Home
NP	Nurse Practitioner
NPI	National Provider Identifier
NPP	Non-Physician Practitioner
NOS	Not Otherwise Specified
OIG	Office of Inspector General
OPPS/PHP	Outpatient Prospective Payment System/Partial Hospitalization Program
P	Professional
PA	Physician Assistant
PCP	Primary Care Physician
Peer Spec	Peer Specialist
PF – PHP	Psychiatric Facility – Partial Hospital
PHP	Partial Hospital Program
POS	Place of Service
PPS	Prospective Payment System
Prev	Prevention
Prev/EI	Prevention/Early Intervention
Prison/CF	Prison/Correctional Facility
PRTC	Psychiatric Residential Treatment Facility
PSA	Physician Scarcity Area
PSR	Psychosocial Rehabilitation
PRTC	Psychiatric Residential Treatment Center
QMAP	Qualified Medication Administration Person
QRTP	Qualified Residential Treatment Program
R	Required
RCCF	Residential Childcare Facility
RAE	Regional Accountable Entity
RN	Registered Nurse or Registered Professional Nurse
RTC	Residential Treatment Center
RTF	Residential Treatment Facility
RxN	Advanced Practice Nurse with Prescriptive Authority
SA	Substance abuse
SDOH	Social Determinants of Health
SED	Serious Emotional Disturbance(s)
SFT	Strategic/Structural Family Therapy
SI	Suicidal Ideation
SMI	Serious/Severe Mental Illness
SNF	Skilled Nursing Facility
SO	Sexual Offender
SOF	Signature on File
SP	State Plan (Medicaid)
SPMI	Serious /Severe and Persistent Mental Illness

Term/Acronym	Definition
SSA	Single State Agency
SSN	Social Security Number
SW	Social Worker
TB	Tuberculosis
TBI	Traumatic Brain Injury
TBS	Therapeutic Behavioral Services
TCM	Targeted Case Management
Temp Lodging	Temporary Lodging
TIN	Tax Identification Number
TOB	Type of Bill
UA	Urinalysis
UB	Uniform Bill
US	United States of America
USCS	Uniform Service Coding Standards
Voc	Vocational
WAIS	Wechsler Adult Intelligence Scale
WRAP	Wellness Recovery Action Plan

APPENDIX B: BHA-ONLY CODES

In addition to the codes covered by both Medicaid and the BHA listed in the body of this billing manual, the BHA has additional codes included within their programs. For entities and behavioral health providers that contract with the BHA, the following codes apply to programs and initiatives requiring client level data submissions. Please contact 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
80305 ENC Min: n/a Max: n/a AGES: ALL	**Drug Screen, presumptive, optical observation** **Service Description:** (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. Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound. **Notes:** (Including specific documentation and/or diagnosis requirements) Use code H0048 for collection specimens. Modifier HG only applies for opioid testing. 1. Date of service 2. Member consent 3. Screening results 4. Member's identified treatment/service plan (if applicable) 5. Referral for treatment (if applicable) 6. Signed with 1st initial, last name & credentials	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
80306 ENC Min: n/a Max: n/a AGES:	**Drug Screen, presumptive, read by instrument** **Service Description:** (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),	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC	Intern LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS

BHA Only Code	Description	Places of Service	Service Provider
ALL	includes sample validation when performed, per date of service Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound. **Notes**: (Including specific documentation and/or diagnosis requirements) Use code H0048 for collection specimens. Modifier HG only applies for opioid testing. 1. Date of service 2. Member consent 3. Screening results 4. Member's identified treatment/service plan (if applicable) 5. Referral for treatment (if applicable) 6. Signed with 1st initial, last name & credentials	99 Other	LPN/LVN RN APN RxN PA MD/DO
82075 ENC Min: n/a Max: n/a AGES: ALL	**Alcohol (ethanol): breath** **Service Description:** (Including example activities) Alcohol breathalyzer administered to test for evidence or the degree of alcohol intoxication of an individual. Breathalyzer administered to test for the degree of alcohol intoxication **Notes**: (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. 1. Date of service 2. Member consent 3. Screening results 4. Signed with 1st initial, last name & credentials	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	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
H0003 ENC Min: n/a Max: n/a AGES:	**Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs** **Service Description:** (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	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 13 ALF 14 Grp Home 15 Mobile Unit	Peer Specialist QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW

BHA Only Code	Description	Places of Service	Service Provider
ALL	screening should determine the appropriateness for treatment at a specific treatment agency and should occur prior to administering differential assessments. Screening questionnaire **Notes:** (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Screening results 3. Referral for treatment (if applicable) 4. Signed with 1st initial, last name & credentials	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	LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN RxN PA MD/DO
H0007 ENC Min: n/a Max: n/a AGES: **Adolescent** **Young Adult** **Adult** **Older Adult**	**Alcohol and/or drug services; crisis intervention (outpatient)** **Service Description:** (Including example activities) A planned alcohol and/or drug crisis intervention used to assist a person to abstain from alcohol and or drug usage. **Notes:** (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Member demographic information 3. Specific intervention service used 4. Members response 5. Referral for treatment (if necessary) 6. Signed with 1st initial, last name & credentials	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 21 Inpt Hosp 22 Outpt 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
H0022 ENC Min: n/a Max: n/a AGES: ALL	**Alcohol and/or drug intervention service (planned facilitation)** **Service Description:** (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. **Notes:** (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Member demographic information	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

BHA Only Code	Description	Places of Service	Service Provider
	3. Specific intervention service used 4. Member's response 5. Referral for treatment (if necessary) 6. Signed with 1st initial, last name & credentials		
H0024 ENC Min: n/a Max: n/a AGES: ALL	**Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)** **Service Description:** (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. **Notes:** (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
H0027 ENC Min: n/a Max: n/a AGES: ALL	**Alcohol and/or drug prevention environmental service** **(Broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)** **Service Description:** (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. • Review of school policies • Community technical assistance • Revised advertising practices • Pricing strategies • Setting minimum age requirements • Product use restrictions • Workplace substance abuse policies • New or revised environmental codes • New or revised ordinances, regulations, or legislation	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

BHA Only Code	Description	Places of Service	Service Provider
	Notes: (Including specific documentation and/or diagnosis requirements) 1. Number of participants 2. Type of service		
H0028 MINS Min: 8 Max: n/a AGES: ALL	**Alcohol and/or drug prevention problem identification and referral service** **(e.g., student assistance and employee assistance programs), does not include assessment** **Service Description:** (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. **Notes:** (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Start and stop time (duration) 3. Number of participants 4. Type of service 5. Referral to treatment if necessary	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
H0029 ENC Min: n/a Max: n/a AGES: **Adolescent** **Young Adult** **Adult** **Older Adult**	**Alcohol and/or drug prevention alternatives service** **(Services for populations that exclude alcohol and other drug use e.g., alcohol free social events)** **Service Description:** (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. • Alcohol/tobacco/drug free social and or recreational events • Community drop in centers • Community services • Leadership functions • Activities involving athletics, art, music, movies, etc.	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

BHA Only Code	Description	Places of Service	Service Provider
	Notes: (Including specific documentation and/or diagnosis requirements) 1. Number of participants 2. Type of service		
H0030 ENC Min: n/a Max: n/a AGES: ALL	**Behavioral Health, Hotline Services** **Service Description:** (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. **Notes:** (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 1st 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
H0047 MINS Min: 8 Max: n/a AGES: ALL	**Alcohol and/or other drug abuse services; not otherwise specified** **Service Description:** (Including example activities) Services provided to persons with alcohol and/or other drug problems in outpatient settings, not elsewhere classified. **Notes:** (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Start and stop time (duration) 3. Signed with 1st 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
H0048 ENC Min: n/a Max: n/a AGES: ALL	**Alcohol and/or other drug testing; collection of handling only, specimens other than blood** **Service Description:** (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 **does not include** the laboratory analysis of such specimens. Appropriate and approved samples for drug testing shall be collected and analyzed in accordance with applicable state and federal statutes and regulations, and BHA rules, policies, and procedures.	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	QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT

BHA Only Code	Description	Places of Service	Service Provider
	Collection of hair, saliva, or urine for the purpose of testing for the presence of alcohol or drugs. **Notes:** (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 1st initial, last name & credential	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	CAS LPN/LVN RN APRN (SA) RxN PA MD/DO
H1000 ENC Min: n/a Max: 3 hrs AGES: **Adolescent** **Young Adult** **Adult** **Older Adult**	**Prenatal Care, At Risk Assessment** **Service Description:** (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. Risk assessment to determine level of risk to the pregnancy based upon the individual's substance use disorder and other biopsychosocial factors. **Notes:** (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Start and stop time (Duration) 3. Pregnancy verification and documentation of issues 4. Documentation of prenatal care 5. Clinical notes 6. Type of session 7. Duration or start/stop time 8. Progress towards treatment goals 9. Goal attainment 10. Treatment/service plan goals and objectives 11. Signed with 1st initial, last name & credential	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC	LAC CAS
H1002 MINS Min: 8 Max: n/a AGES: **Adolescent** **Young Adult** **Adult** **Older Adult**	**Care Coordination prenatal/case management** **Service Description:** (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.	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC	LAC CAS

BHA Only Code	Description	Places of Service	Service Provider
	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. **Notes**: (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 1st initial, last name & credentials		
H1003 HOUR Min: n/a Max: n/a AGES: **Adolescent** **Young Adult** **Adult**	**Prenatal Care, at risk enhanced service, education** **Service Description:** (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. **Notes**: (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 1st initial, last name & credentials	11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC 99 Other	LAC CAS
H1004 MINS Min: n/a Max: n/a AGES: **Adolescent** **Young Adult** **Adult**	**Prenatal follow up home visit** **Service Description:** (Including example activities) Prenatal Care Coordination follow-up visits provided in the home **Notes**: (Including specific documentation and/or diagnosis requirements) · 1. Date of service 2. Start and stop time (duration) 3. Description of service rendered 4. Recommendations 5. Signed with 1st initial, last name & credentials	04 Shelter 12 Home	LAC CAS
H1011 ENC	**Family assessment by a licensed Behavioral Health professional** **Service Description:** (Including example activities)	03 School 04 Shelter 11 Office 12 Home 13 ALF	Intern LCSW LPC LMFT

BHA Only Code	Description	Places of Service	Service Provider
Min: n/a Max: n/a AGES: **Child** **Adolescent**	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. **Notes**: (Including specific documentation and/or diagnosis requirements) Functional/risk assessments, genograms, and/or ecomaps may be utilized as part of the family assessment. **Technical Documentation Requirements** See Section X **Service Content** 1. Family's presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history 3. Mental status exam 4. DSM-5 diagnosis 5. Disposition – need for Behavioral Health services, referral, etc.	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	Licensed EdD/PhD/PsyD LAC LPN/LVN RN APN RxN PA MD/DO
H2034 DAY Min: 4 hrs 8 min Max: n/a AGES: **Adolescent** **Young Adult** **Adult** **Older Adult**	**Halfway house** **Service Description:** (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. **Notes**: (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 1. Date of service 2. Start and stop time (duration) 3. Member demographic information 4. Shift notes 5. Consent for emergency medical treatment 6. Member program orientation form 7. Sign with 1st initial, last name & credentials	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

BHA Only Code	Description	Places of Service	Service Provider
S9976 DAY Min: n/a Max: n/a AGES: **Adolescent** **Young Adult** **Adult** **Older Adult**	**Lodging/Room & Board, per diem, not otherwise specified** **Service Description:** (Including example activities) Room and board costs per day **Notes:** (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Start and stop time (duration) 3. Sign with 1st initial, last name & credentials	21 Inpt Hosp 22 Outpt 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 HOUR Min: n/a Max: n/a AGES: **Adolescent** **Young Adult** **Adult** **Older Adult**	**Alcohol and/or substance use services, family/couple counseling** **Service Description:** (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. **Notes:** (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Start and stop time (duration) 3. Focus of session 4. Progress toward treatment/service plan goals and objectives 5. Intervention strategies utilized 6. Member response 7. Outcome/plan 8. Signed with 1st initial, last name & credentials	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	Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAS
T1009 MINS Min: 8 Max: n/a AGES: **Child** **Adolescent**	**Child sitting services for the children of the individual receiving alcohol and/or substance use services** **Service Description:** (Including example activities) Care of the children of members undergoing treatment for alcoholism or drug abuse while the member is in treatment **Notes:** (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Start and stop time (duration) 3. Signed with 1st initial, last name & credentials	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

BHA Only Code	Description	Places of Service	Service Provider
			CAS LPN/LVN RN APRN RxN PA MD/DO
T1012 15 MINS Min: 8 Max: n/a AGES: ALL	**Alcohol and/or substance use services, skills development** **Service Description:** (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. • Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment) • Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal • Development of basic language skills necessary to enable member to function independently **Notes**: (Including specific documentation and/or diagnosis requirements) 1. Date of service 2. Start and stop times (duration) 3. Description of service rendered 4. Recommendations 5. Signed with 1st initial, last name & credentials	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	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
T1013 15 MINS Min: 8 Max: n/a AGES: ALL	**Sign language or oral interpreter for alcohol and/or substance use services** **Service Description:** (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

BHA Only Code	Description	Places of Service	Service Provider
	Notes: (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: • Sign language interpreter • Interpreter for the deaf • ASL-English interpreter • American sign language (ASL) interpreter • Certified sign language interpreter • Certified interpreter for the deaf • Certified deaf interpreter • Certified ASL-English interpreter • Certified American sign language (ASL) interpreter 1. Date of service 2. Start and stop time (duration) 3. Signed with 1st initial, last name & credentials		
T1016 15 MINS Min: 8 Max: n/a AGES: ALL	**Case management, 15 minutes** **Service Description:** (Including example activities) Services designed to assist and support a member to gain access to needed medical, social, educational, and other services. Case management includes: • **Assessing service needs** – member history, identifying member needs, completing related documents, gathering information from other sources. • **Treatment/Service plan development** – specifying goals and actions to address member needs, ensuring member participation, identifying a course of action. • **Referral** and related activities to obtain needed services – arranging initial appointments for member with service providers/informing member of services available, addresses and telephone numbers of agencies providing services; working with member/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and	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 56 PRTC 72 RHC 99 Other	Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LPN/LVN RN APN RxN PA MD/DO

BHA Only Code	Description	Places of Service	Service Provider
	• **Monitoring and follow-up** – contacting member/others to ensure member is following the agreed upon treatment/ service plan and monitoring progress and impact of plan. • Assessing the need for service, identifying, and investigating available resources, explaining options to member and assisting in application process • Contact with member's family members for assistance helping member access services • Care Coordination between other service agencies, healthcare providers **Notes**: (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. **Service Content** 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties		
T2001 15 MINS Min: 8 Max: n/a AGES: ALL	**Non-emergency transportation** **Service Description:** (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. **Notes**: (Including specific documentation and/or diagnosis requirements)	55 RSATF 57 NRSATF 99 Other	Peer Specialist QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC

BHA Only Code	Description	Places of Service	Service Provider
	1. Date of service 2. Start and stop time (duration) 3. Description of service rendered 4. Reason for transportation 5. Origin of pick up and destination 6. Purpose of transportation to destination 7. Signed with 1st initial, last name & credentials		LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN (SA) RxN PA MD/DO

APPENDIX C: CURRENT PROCEDURAL TERMINOLOGY (CPT) SERVICE CATEGORIES

Each CPT code falls into one of ten primary categories of service, or "Service categories". These categories are not listed on the individual coding pages but can be found in Appendix I.

Prevention/Early Intervention Services

Prevention and Early Intervention Services include "screening and outreach to identify at-risk populations, proactive efforts to educate and empower Members to choose and maintain healthy life behaviors and lifestyles that promote behavioral health. Services can be population-based, including peer, and group interventions, and are not restricted to face-to-face interventions."
Prevention and Early Intervention Services include:

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

Crisis Services

Crisis/Emergency Services are "provided during a MH emergency, which can involve unscheduled, immediate, or special interventions in response to a crisis with a member, including associated laboratory services, as indicated." Services are designed to:

- Improve or minimize an acute crisis episode
- Assist the member in maintaining or recovering his/her level of functioning (LOF) by providing immediate intervention and/or treatment in a location most appropriate to the needs of the member and in the least restrictive environment available
- Prevent further exacerbation or deterioration and/or inpatient hospitalization, where possible
- Prevent injury to the member and/or others
- Stabilization is emphasized so that the member can actively participate in needs assessment and treatment/ service planning. Services are characterized by the need for highly

coordinated services across a range of service systems. Crisis/Emergency Services are available on a 24-hour, 7-day a week basis.

Screening Services

Screening is provided to address the needs of those seeking BH treatment services in a timely manner. This brief assessment involves an initial appraisal of an individual's need for services. If there are sufficient indications of a MI and/or substance-related disorder, further diagnostic assessment is warranted to determine the individual's eligibility for admission to BH treatment services, as well as appropriate referrals and preliminary recommendations. Additionally, substance use screening can be used as a part of treatment. Screening services are often performed through specimen collection to test for the presence of alcohol and/or drugs. Results are discussed with the member during a Substance Use counseling session. Screenings often provide members with personal feedback about their increased risks due to substance use and may identify problems that can prompt individuals to change their substance use behavior.

Assessment Services

Assessment Services are the process, both initial and ongoing, of collecting and evaluating information about a member for developing a profile on which to base treatment/service planning and referral (2 CCR 502-1, 190.1). An Assessment may also use a diagnostic tool to gather the information necessary in the Assessment Services process. These can include services related to Diagnosis, Psychological Testing/Neuropsychological Testing, or Treatment/Service Planning.

Treatment Services

Treatment services utilize a variety of methods to treat mental, behavioral, and substance use disorders. The goal is to alleviate emotional disturbances and reverse or change maladaptive patterns of behavior in order to encourage a member's personal growth and development. Treatment services often utilize assessments to formulate and implement an individualized comprehensive written treatment/service plan that is used to promote the member's highest possible level of independent functioning. For SUD diagnoses, treatment can include relapse planning, information about the process of addiction, and assist members to understand some of the underlying issues that lead them to use substances. Services that can be provided under this category can include Psychotherapy (individual, group, or family), Medication Management, Substance Use Treatment Services, Rehabilitation Services, Inpatient Services, Targeted Case Management (TCM) Services, Vocational Services, Intensive Treatment Services, Consultation Services, Medical Team Conference, or Other Professional Services.

Evaluation and Management (E/M) Services

E/M codes cover a broad range of services for members in both inpatient and outpatient settings. They are generic in the sense that they are intended to be used by all physicians, nurse-practitioners, and physician assistants and to be used in primary and specialty care alike. For E/M codes covered under the Capitated BH Benefit see Appendix E.

DEFINITIONS:

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

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

Residential Services

Residential Services are any type of 24-hour care, excluding room and board, provided in a non-hospital, non-nursing home (NH) setting, where the contractor provides supervision in a therapeutic environment. Residential Services are appropriate for children, youth, adults and older adults whose MH issues and symptoms are severe enough to require a 24-hour structured program, but do not require hospitalization."

Respite Care Services

Respite Care Services are Temporary or short-term care of a child, adolescent or adult provided by adults other than the birth parents, foster parents, adoptive parents, family members or caregivers with whom the Member normally resides, designed to give the usual caregivers some time away from the Member to allow them to emotionally recharge and become better prepared to handle the normal day-to-day challenges." This service acknowledges that, while the services of primary caregivers may keep a member out of more intensive levels of care (i.e., inpatient hospital), there are occasional needs to substitute for these caregivers. Respite Care Services may be rendered when:

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

Peer Support/Recovery Services

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

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

Support Services

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

APPENDIX D: MEDICAID DIRECTED PAYMENTS

Under the Capitated Behavioral Health Benefit Managed Care Entities (MCEs) have sole responsibility and discretion to contract with service providers, as well as to set provider rates. However, there may be reasons that HCPF establishes a "Directed Payment" as a minimum reimbursement rate for specific services that MCEs must pay. When a Directed Payment is created HCPF will ensure the MCEs are adequately funded to reimburse providers at these rates. MCEs are required to update provider contracts and claims systems to reflect a rate no less than the rates outlined below.

Safety Net Providers

HCPF has created a Directed Payment for behavioral health safety net providers (SNP) as detailed below. House Bill 22-1278 established two categories of behavioral health SNP: Comprehensive and Essential. BHA rules (2 CCR 502-1 12.4.1.A and 2 CCR 502-1 12.5.1.A) identify categories of services that should be included under each SNP. These categories are listed here and indicated in the table below.

CC - Care Coordination
OE - Outreach, Education, and Engagement Services
SA - Screening, Assessment, and Diagnosis
RS - Mental Health and Substance Use Recovery Supports
EC - Emergency and Crisis Behavioral Health Services
OP - Behavioral Health Outpatient Services
HI - Behavioral Health High Intensity Outpatient Services
RE - Behavioral Health Residential Services
WM - Withdrawal Management Services
IP - Behavioral Health Inpatient Services
HA - Hospital Alternatives
MM - Medication Management*

There are four (4) categories that an Essential provider can offer that are also included in the Comprehensive provider service array: Care Coordination, Emergency and Crisis, Outpatient, and High Intensity Outpatient. For these services a Comprehensive provider will be reimbursed at their distinct daily encounter rate listed below. An Essential provider will be reimbursed based on the rate listed in the fee schedule below.

- Comprehensive Prospective Payment System

Providers who are approved by BHA and enrolled with HCPF as a Comprehensive provider will be reimbursed using a Prospective Payment System (PPS). A PPS is a payment model that pays providers a standard daily rate for any qualifying services provided to a member, regardless of what or how many specific services were rendered on a single date of service. Each set of services that would be paid at this daily rate will be defined as an Encounter. Services that are included in the PPS (that would trigger an Encounter) are indicated in the second chart below. When possible HCPF has created a distinct PPS rate for each Comprehensive provider informed by historic costs for these services. New Comprehensive providers and providers that do not have a validated cost report will be reimbursed the Statewide PPS rate. The following is a list of providers who have attested intent to become Comprehensive providers by December 31, 2024 and their PPS rate.

Comprehensive Provider	PPS Rate	CSU Rate	ATU Rate
Statewide Rate	$336.31	$1480.97	$1454.40
A.R.T.S	$336.31	N/A	N/A
AllHealth Network	$331.52	$ 1,251.91	$ 1,713.97
Aurora	$462.79	$ 2,010.42	N/A
Centennial	$316.57	N/A	N/A
Community Reach Center	$278.23	N/A	N/A
Crossroads	$336.31	N/A	N/A
Diversus Health - AspenPointe	$280.45	N/A	$ 1,454.40
Eagle Valley	$431.91	N/A	N/A
Health Solutions	$347.03	N/A	$ 1,706.07
Jefferson Center for Mental Health	$309.41	N/A	N/A
Mental Health Partners	$445.24	N/A	N/A
Mile High Behavioral Health	$336.31	N/A	N/A
Mind Springs	$312.05	N/A	N/A
North Range Behavioral Health	$250.02	N/A	$ 951.23
Paragon Behavioral Health Connections	$336.31	N/A	N/A
San Luis	$331.18	N/A	N/A
Sobriety House	$336.31	N/A	N/A
Solvista Health	$365.76	N/A	$ 2,488.25
Southwest CO Mental Health Center - Axis	$318.93	$ 1,814.21	$ 1,526.04
SummitStone Health Partners	$332.17	$ 1,480.97	N/A
WellPower	$363.97	$ 1,867.69	N/A

- Essential Fee Schedule

Providers who are approved by BHA as an Essential provider and have this documented in their enrollment with HCPF can work with MCEs to update their contracts using the reimbursement rates listed below. There is no distinct provider type for Essential Providers. Provider Types that can become Essential Providers are indicated in APPENDIX L: MEDICAID BILLING PROVIDER TYPES. Services that are included in the Essential category have a minimum rate that MCEs must reimburse listed on the chart below. If there is no rate listed, that service can still be provided, per a provider's contract with an MCE, and will be reimbursed based on the standard negotiated rate process with an MCE.

Targeted Directed Payments

Additionally, HCPF understands that there are unique situations where targeted action is necessary to support network access and growth for specific services. In such circumstances, HCPF will establish a "Targeted Directed Payment" as a minimum reimbursement rate for specific services that MCEs must pay to non-Safety Net providers. These will be time-limited investments that will be reviewed on a regular basis.

Some factors that will inform when a Targeted Directed Payment would be considered include:

1. When a service is new or is being underutilized across the state.
2. When there are identified access issues related to a specific service.
3. This is not exclusively for the purpose of a rate review/increase.

Essential and Targeted Directed Payment Fee Schedule

Code	BHA Leg Category	Included in the PPS	Essential Provider Rate	Targeted Directed Payment Rate
90785	OP	X	$10.72	
90791	OP	X	$168.16	
90792	OP	X	$181.90	
90832	OP	X	$84.42	
90833	OP	X	$66.09	
90834	OP	X	$118.11	
90836	OP	X	$83.63	
90837	OP	X	$156.61	
90838	OP	X	$115.85	
90839	EC	X	$173.24	
90839+ET	EC	X	$217.44	
90840	EC	X	$72.58	
90846	OP	X	$110.76	
90847	OP	X	$123.13	
90849	OP	X	$46.73	
90853	OP	X	$39.08	
90870	IP		$110.25	
00104	IP		$55.25	
90875	OP	X	$70.42	
90876	OP	X	$123.13	
90887	SA	X		
96116	SA	X		
96121	SA	X		
96130	SA	X		
96131	SA	X		
96132	SA	X		
96133	SA	X		
96136	SA	X		

Code	BHA Leg Category	Included in the PPS	Essential Provider Rate	Targeted Directed Payment Rate
96137	SA	X		
96138	SA	X		
96139	SA	X		
96146	SA	X		
96372	OP	X	$16.92	
97535	OP	X	$30.22	
97537	OP	X	$29.21	
98966	SA	X		
98967	SA	X		
98968	SA	X		
99202	MM	X		
99203	MM	X		
99204	MM	X		
99205	MM	X		
99211	MM	X		
99212	MM	X		
99213	MM	X		
99214	MM	X		
99215	MM	X		
99221	MM	X		
99222	MM	X		
99223	MM	X		
99231	MM	X		
99232	MM	X		
99233	MM	X		
99234	MM	X		
99235	MM	X		
99236	MM	X		
99238	MM	X		
99239	MM	X		
99242	CC	X	$81.82	
99243	CC	X	$112.02	
99244	CC	X	$159.88	
99245	CC	X	$200.46	
99252	CC	X	$99.22	
99253	CC	X	$142.29	
99254	CC	X	$159.55	
99255	CC	X	$200.09	
99281	EC	X	$109.96	
99282	EC	X	$168.29	
99283	EC	X	$229.61	

Code	BHA Leg Category	Included in the PPS	Essential Provider Rate	Targeted Directed Payment Rate
99284	EC	X	$268.12	
99285	EC	X	$409.20	
99304	MM	X		
99305	MM	X		
99306	MM	X		
99307	MM	X		
99308	MM	X		
99309	MM	X		
99310	MM	X		
99315	MM	X		
99316	MM	X		
99341	MM	X		
99342	MM	X		
99344	MM	X		
99345	MM	X		
99347	MM	X		
99348	MM	X		
99349	MM	X		
99350	MM	X		
99366	CC	X	$50.79	
99367	CC	X	$89.71	
99368	CC	X	$52.41	
99441	MM	X		
99442	MM	X		
99443	MM	X		
G0176	OP	X	$102.15	
G0177	OP	X	$102.15	
H0001	SA	X		
H0002	SA	X		
H0004	OP	X	$28.46	
H0005	OP	X	$51.69	
H0006	CC	X	$21.88	
H0010	WM		$451.07	
H0011	WM		$973.91	
H0015	HI	X	$185.00	
H0016	HI	X	$325.45	
H0017	EC		$1454.40	
H0018	EC		$1480.97	
H0019+U1	RE		$367.99	
H0019+HB	RE		$295.85	
H0020	WM		$22.44	

Code	BHA Leg Category	Included in the PPS	Essential Provider Rate	Targeted Directed Payment Rate
H0023	OE	X		
H0025	OE	X		
H0031	SA	X		
H0032	OP	X	$92.33	
H0033	WM	X	$18.23	
H0034	RS	X		
H0035	HI	X	$325.45	
H0036	HI	X	$39.23	
H0036+HA	HI	X	$39.23	$36.62
H0037	HI	X	$941.37	
H0037+HA	HI	X	$941.37	$878.80
H0038	RS	X		
H0039	HI	X	$29.43	
H0040	HI	X	$193.62	
H0043	RS	X		
H0044	RS	X		
H0045	RS	X	$352.62	
H0046	OE	X		
H2000	SA	X		
H2001	OP	X	$82.30	
H2011	EC	X	$64.85	
H2011+ET	EC	X	$81.66	
H2012	OP	X	$44.38	
H2014	RS	X		
H2015	HI	X	$34.96	$9.21
H2016	HI	X	$318.73	$221.15
H2017	RS	X		
H2018	RS	X		
H2021	HI	X	$37.44	$9.87
H2022	HI	X	$341.33	$236.83
H2023	RS	X		
H2024	RS	X		
H2025	RS	X		
H2026	RS	X		
H2027	OE	X		
H2030	RS	X		
H2031	RS	X		
H2032	OP	X	$18.66	
H2033	HI	X	$40.94	$38.22
H2036+U1	RE		$244.77	
H2036+U1+HD	RE		$444.77	

Code	BHA Leg Category	Included in the PPS	Essential Provider Rate	Targeted Directed Payment Rate
H2036+U3	RE		$350.34	
H2036+U3+HD	RE		$550.34	
H2036+U5	RE		$475.35	
H2036+U5+HD	RE		$675.35	
H2036+U7	RE		$763.38	
H2036+U7+HD	RE		$963.38	
S5150	EC	X	$24.71	
S5151	EC	X	$256.21	
S9445	OE	X		
S9453	OE	X		
S9454	OE	X		
S9480	HI	X	$185.00	
S9485	EC	X	$284.93	
T1005	EC	X	$34.00	
T1017	CC	X	$20.62	
0911	RE		$797.89	
1000	IP		$705.64	
1001	IP		$572.84	
1002	IP		$964.39	

*Medication Management is not a category listed in BHA rules. This is a category of services that Community Mental Health Centers (CMHCs) have historically provided in other settings and billed using Evaluation and Management (E/M) codes. These codes were included in the Comprehensive PPS to ensure these providers can still provide these services.

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
35	360	CMHC
64	All Specialty Types EXCEPT 213 and 214 (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.

- **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
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 - NRSATF 99 - Other	Intern MD DO PA APN RxN

Code	Description	POS		Service Provider
99203	New Pt Office or Other Outpt Visit w/ Low MDM, typically 30-44 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
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 Pt Office or Other Outpt Visit w/ Low MDM, typically 20-29 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
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	22 - Outpt Hosp	Intern

Code	Description	POS		Service Provider
		15 - Mobile Unit 50 - FQHC 72 – RHC	49 - Ind Clinic 03 - School 57 - NRSATF 99 - Other	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 care with Straightforward or low level of medical decision making, per day, if using time, at least 55 minutes	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 care with moderate level of medical decision making, if using time, at least 35 minutes	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
99234	Initial hospital care with same-day admission and discharge with straightforward or low level of medical	22 - Outpt Hosp 21 - Inpt Hosp		Intern

Code	Description	POS		Service Provider
	decision making, per day, if using time, at least 45 minutes	51 - Inpt PF 52 - PF-PHP		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
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

Code	Description	POS		Service Provider
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
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

Code	Description	POS	Service Provider
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
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

Code	Description	POS	Service Provider
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	14 - Group Home 12 - Home	Intern MD DO PA APN RxN
99342	Residence visit for new patient with low level of medical decision making, per day, if using time, at least 30 minutes	14 - Group Home 12 - Home	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	14 - Group Home 12 - Home	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	14 - Group Home 12 - Home	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	14 - Group Home 12 - Home	Intern MD DO PA APN RxN

Code	Description	POS		Service Provider
99348	Residence visit for established patient with low level of medical decision making, per day, if using time, at least 30 minutes	14 - Group Home 12 - Home		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	14 - Group Home 12 - Home		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	14 - Group Home 12 - Home		Intern MD DO PA APN RxN
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 14 - 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 14 - 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 14 - Group Home 31 - SNF	32 – NF 33 – Cust Care 53 – CMHC 54 – ICF – MR 56 – PRTC 50 – FQHC 72 – RHC 99 - Other	No Restrictions
99441	Telephone E/M service by a physician or other qualified health care professional, 5-10 mins	53 - CMHC 11 - Office 15 - Mobile Unit 22 - Outpt Hosp 13 - ALF	56 - PRTC 04 - Homeless Shelter 31 - SNF 50 - FQHC	No Restrictions

Code	Description	POS		Service Provider
		33 - Cust Care 14 - Group Home 12 - Home 34 - Hospice 54 - ICF-MR 32 – NF 21 - Inpt Hosp	72 - RHC 51 - Inpt PF 23 - ER 52 - PF-PHP 03 - School 99 - Other	
99442	Telephone E/M service by a physician or other qualified health care professional, 11-20 mins	53 - CMHC 11 - Office 15 - Mobile Unit 22 - Outpt Hosp 13 - ALF 33 - Cust Care 14 - Group Home 12 - Home 34 - Hospice 54 - ICF-MR 32 - NF 21 - Inpt Hosp	56 - PRTC 04 - Homeless Shelter 31 - SNF 50 - FQHC 72 - RHC 51 - Inpt PF 23 - ER 52 - PF-PHP 03 - School 99 - Other	No Restrictions
99443	Telephone E/M service by a physician or other qualified health care professional, 21- 30 mins	53 - CMHC 11 - Office 15 - Mobile Unit 22 - Outpt Hosp 13 - ALF 33 - Cust Care 14 - Group Home 12 - Home 34 - Hospice 54 - ICF-MR 32 - NF 21 - Inpt Hosp	56 - PRTC 04 - Homeless Shelter 31 - SNF 50 - FQHC 72 - RHC 51 - Inpt PF 23 - ER 52 - PF-PHP 03 - School 99 - Other	No Restrictions

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

The following services 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.

Procedure Code	Short Code Description
90785	Interactive complexity (List separately in addition to the code for primary procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with member and/or family member
90833	Psychotherapy, 30 mins, with member or family member, when performed with an E&M service listed separately
90834	Psychotherapy, 45 minutes with member and/or family member
90836	Psychotherapy, 45 mins, with member or family member, when performed with an E&M service listed separately
90837	Psychotherapy, 60 minutes with member and/or family member
90838	Psychotherapy, 60 mins, with member or family member, when performed with an E&M service listed separately
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes (list separately in addition to code for primary service)
90846	Family psychotherapy (w/o pt.)
90847	Family psychotherapy (conjoint)
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (not multi-family)
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (list separately in addition to the code for primary procedure)
96105	Assessment of aphasia, per hour
96110	Developmental test limited, per instrument used
96111	Developmental test extended, with interpretation and report
96116	Neurobehavioral status exam, per hour
96121	Neurobehavioral status exam by physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour list separately in addition to code for primary procedure.
96125	Cognitive test by healthcare professional, per hour
96127	Brief emotional or behavioral assessment, per standardized instrument
96130	Evaluation of psychological test, first hour
96131	Evaluation of psychological test, each additional hour

96132	Evaluation of neuropsychological test, first hour
96133	Evaluation of neuropsychological test, each additional hour
96136	Administration of psychological or neuropsychological test, first 30 minutes
96137	Administration of psychological or neuropsychological test, each additional 30 minutes
96138	Administration of psychological or neuropsychological test by technician, first 30 minutes
96139	Administration of psychological or neuropsychological test by technician, each additional 30 minutes
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
A0999+ET	Behavioral Health Secure Transport
A0425+ET	Ground Mileage, per statute mile
H0001+HF	Alcohol/drug assessment, 1 unit per day, untimed
H0004+HF	Individual/family counseling and therapy, 8 units per day, 15 min. unit
H0005+HF	Group counseling and therapy, 3 units per day, 1 hour unit
H0006+HF	Targeted case management, 4 units per day, 15 min. unit
H0010+HF	Clinically Managed Residential Withdrawal Management: ASAM Level 3.2WM, per diem
H0011	Clinically managed residential withdrawal management: ASAM level 3.7WM, per diem
H0015	Alcohol and/or drug services; intensive outpatient program (IOP)
H0016	Alcohol and/or drug service; partial hospitalization program (PHP)
H0020+HF	Medication Assisted Treatment: administration, acquisition, and dispensing of Methadone, 1 unit per day, untimed
H2036+U1	ASAM level 3.1 - Clinically managed low-intensity residential services, per diem
H2036+U3	ASAM level 3.3 - Clinically managed population-specific high-intensity residential services, per diem
H2036+U5	ASAM level 3.5 - Clinically managed high-intensity residential services, per diem
H2036+U7	ASAM level 3.7 - Medically monitored intensive inpatient services, per diem
S9445+HF	Alcohol/drug screening counseling, 1 unit per day, untimed
J0571	Buprenorphine, oral; 5 units per day; 1 mg unit
J0572	Buprenorphine/naloxone, oral, less than or equal to three (3) mg, 5 units per day, < or = three (3) mg unit
J0573	Buprenorphine/naloxone, oral, greater than three (3) mg, but less than or equal to six (6) mg; 5 units per day; Three (3) mg-six (6) mg unit
J0574	Buprenorphine/naloxone, oral, greater than six (6) mg, but less than or equal to 10 mg; 4 units per day; 7-10mg unit
J0575	Buprenorphine/naloxone, oral, greater than 10 mg; 3 units per day; > or =10mg unit
J2315	Office administered injection: Naltrexone, depot form, one (1) mg; 380 mg / day, limit one (1) injection per month; 1 mg unit

APPENDIX G: MEDICAID STATE PLAN SERVICES

Inpatient Services include:

a) Inpatient hospital – under 21: a program of care for members under age twenty-one (21) in which the member remains twenty-four (24) hours a day in a psychiatric hospital, or other facility licensed as a hospital by the state. Members who are inpatient on their twenty-first birthday are entitled to receive inpatient benefits until discharged from the facility or until their twenty-second (22) birthday, whichever is earlier, as outlined in 42 cfr 441.151.
b) Inpatient hospital – adult 21-64: a program of psychiatric care in which the member remains twenty-four (24) hours a day in a facility licensed as a hospital by the state, excluding state institutions for mental disease (IMDs).
c) Inpatient hospital – 65 and over: a program of care for members age sixty-five (65) and over in which the member remains twenty-four (24) hours a day in institutions for mental diseases (IMD) or other facility licensed as a hospital by the state.

SUD Inpatient and Residential Services are Substance Use Disorder (SUD) treatment and withdrawal management services, including services along the continuum of care defined by the American Society of Addiction Medicine (ASAM). Services are provided to Medicaid beneficiaries with one or more diagnosed SUD(s). Services are determined according to medical necessity which include an assessment of level of clinical severity and function.

Outpatient Services are a program of care in which the member receives services in a hospital or other health care facility/office, but does not remain in the facility twenty-four (24) hours a day, including:

a) Physician Services, including psychiatric care: BH services provided within the scope of practice of medicine as defined by State law.
b) Rehabilitative Services: Any remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, for maximum reduction of behavioral/emotional disability and restoration of a member to his/her best possible functional level, including:
    i. Individual BH Therapy: Therapeutic contact with one member.
    ii. Individual Brief BH Therapy: Therapeutic contact with one member.
    iii. Group BH Therapy: Therapeutic contact with more than one member.
    iv. Family BH Therapy: Therapeutic contact with a member and family member(s), or other persons significant to the member, for improving member-family functioning. Family BH therapy is appropriate when intervention in the family interactions is expected to improve the member's emotional/BH. The primary purpose of family BH therapy is treatment of the member.
    v. Behavioral Health Assessment: Clinical assessment of a member by a BH professional that determines the nature of the member's problem(s), factors contributing to the problem(s), a member's strengths, abilities, and resources to help solve the problem(s), and any existing diagnoses.
c) Pharmacologic Management: Monitoring of medications prescribed, and consultation provided to members by a physician or other medical practitioner authorized to prescribe medications as defined by State law, including associated laboratory services, as indicated.
d) Outpatient Day Treatment: Therapeutic contact with a member in a structured, non-residential program of therapeutic activities. Services include assessment and monitoring; individual/ group/ family therapy; medical/nursing support; psychosocial education; skill development and socialization training focused on improving functional and behavioral

deficits; medication management; expressive and activity therapies; and coordination of needed services with other agencies. When provided in an outpatient hospital program, may be called "partial hospitalization."

e) Emergency/Crisis Services: Services provided during a BH emergency which involve unscheduled, immediate, or special interventions in response to crisis situation with a member/family, including associated laboratory services, as indicated.
f) Pharmacy Services: Prescribed drugs when used in accordance with 10 CCR 2505-10 Section 8.800, Pharmaceuticals.
g) Targeted Case Management: Case management services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services.
h) School-Based BH Services: BH services provided to school-aged children and adolescents on-site in their schools with the cooperation of the schools.
i) Drug Screening and Monitoring: Substance use disorder counseling services provided along with screening results to be discussed with member.
j) Medication-Assisted Treatment: Administration of Methadone or another approved controlled substance to an opiate-dependent person for the purpose of decreasing or eliminating dependence on opiate substances.

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

1915 B3 Waiver Services are also called "alternative" services because these are alternatives to in-patient level of care. Alternative services are intended to serve adults with Serious and Persistent Mental Illness (SPMI) diagnoses or children/adolescents with a Serious Emotional Disturbance (SED) diagnosis in order to keep them supported and living in the community. Alternative services are BH services not included in our State Plan. However, each State must ensure that all BH services covered under the State Plan are available and accessible to enrollees of the 1915 B3 Waiver Program. Alternative services are broken down into 8 categories:

1) Prevention/Early Intervention services are proactive efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that promote positive psychological health.

- Prevention and early intervention efforts include services such as BH screenings, the Nurturing Parent Program, educational programs promoting safe and stable families, senior workshops related to common aging disorders, and Love and Logic classes for healthy parenting skills.

2) Respite Care is temporary or short-term care of a child, youth or adult client that is provided by adults other than the birth parents, foster parents, adoptive parents, family members or caregivers that the client normally resides with, that is designed to give the parents, family members or caregivers some time away from the client, to allow them to emotionally recharge and become better prepared to handle the normal day-to-day challenges.

3) Intensive Case Management describes community-based services averaging more than one hour per week, provided to adults with serious behavioral health diagnoses who are at risk of hospitalization, incarceration and/or homelessness due to multiple needs and impaired level of functioning. Services are designed to provide adequate supports to ensure community living.

- Services are assessment, service plan development, multi-system referrals, assistance with obtaining wrap-around services and supportive living services, monitoring and follow-up.

4) Vocational Services are services designed to assist adults and adolescents who are ineligible for state vocational rehabilitation services and require long-term services and supports in developing skills consistent with maintaining employment and/or in obtaining employment.

- Services are skill and support development interventions, vocational assessment, and job coaching.

5) Recovery Services are designed to provide choices and opportunities for adults with serious behavioral health disorders. Recovery-oriented services promote self-management of psychiatric symptoms, focus on relapse prevention, treatment choices, mutual support, enrichment, and rights protection. Recovery services also provide social supports and a lifeline for individuals who have difficulties developing and maintaining relationships. These services can be provided at schools, churches, or other community locations.

- Recovery services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring for children and adolescents, Bipolar Education and Skills Training (BEST) courses, National Alliance for the Mentally Ill (NAMI) courses, Wellness Recovery Action Planning (WRAP) groups, consumer and family support groups, warm lines, and advocacy services.

6) Clubhouses and drop-in center services are peer support services for people who have BH disorders, provided in Clubhouses and drop-in centers. In Clubhouses, individuals (members) utilize their skills for clerical work, data input, meal preparation, providing resource information or reaching out to fellow members. Staff and members work side by side, in a unique partnership.

- In drop-in centers, members plan and conduct programs and activities in a club-like setting. There are planned activities and opportunities for individuals to interact with social groups.

7) Assertive Community Treatment (ACT) is a service-delivery model that provides comprehensive, community-based treatment to adults with a serious behavioral health diagnosis. Services are highly individualized and are available 24 hours a day, seven days a week, 365 days a year to clients who need significant assistance and support to overcome the barriers and obstacles that confront them.

- ACT teams provide case management, initial and ongoing BH assessments, psychiatric services, employment and housing assistance, family support and education, and substance use disorder services.

8) Residential Services are defined as twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, and are appropriate for individuals (members) whose BH issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Residential services are a variety of clinical interventions that, individually, may appear to be similar to traditional state plan services. By virtue of being provided in a setting where the client is living, in real-time (i.e. with immediate intervention possible), residential services become a unique and valuable service in their own right that cannot be duplicated in a non-structured community setting. These clinical interventions, coupled together, in real-time, in the setting where a client is living, become a tool for treating individuals in the most cost-effective manner and in the least restrictive setting.

- Clinical interventions provided in this setting are: assessment and monitoring of mental and physical health status; assessment and monitoring of safety, including suicidal ideation and other BH issues; assessment of level and quality of social interactions; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; behavioral interventions to build effective social behaviors and coping strategies; behavioral interventions to reduce social withdrawal and inappropriate behaviors or thought processes; individual therapy; group therapy; family therapy; and medication management.

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 member's 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

CPT Code	Description
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; long-term residential, without room and board, 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
H0038	Self-help/peer services, per 15 mins
H0039	Assertive community treatment, per 15 mins
H0040	Assertive community treatment, per diem
H0043	Supported housing, per diem
H0044	Supported housing, per month
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
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

CPT Code	Description
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.

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

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

Code	Description	Primary Category	Unit	Comm Insure First	Medi-care First
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, first30 mins	Assessment	30 M	X	X
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each add'l 30 mins	Assessment	30 M	X	X
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 mins	Assessment	30 M	X	X
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each add'l 30 mins	Assessment	30 M	X	X
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	Assessment	E	X	X
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	Treatment	E	X	X
97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 mins	Treatment	15 M	X	X
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 mins	Treatment	15 M	X	X

Code	Description	Primary Category	Unit	Comm Insure First	Medi-care First
98966	Telephone assessment and management provided by qualified non-physician health care prof, 5-10 mins	Assessment	15 M	X	
98967	Telephone assessment and management provided by qualified non-physician health care prof, 11-20 mins	Assessment	15 M	X	
98968	Telephone assessment and management provided by qualified non-physician health care prof, 21-30 mins	Assessment	15 M	X	
99202	New Pt Office or Other Outpt Visit w/ Straightforward MDM, typically 15-29 mins	E&M	E	X	X
99203	New Pt Office or Other Outpt Visit w/ Low MDM, typically 30 - 44 mins	E&M	E	X	X
99204	New Pt Office or Other Outpt Visit w/ Moderate MDM, typically 45 - 59 mins	E&M	E	X	X
99205	New Pt Office or Other Outpt Visit w/ High MDM, typically 60-74 min	E&M	E	X	X
99211	Established Pt Office or Other Outpt Visit not requiring a Physician	E&M	E	X	X
99212	Established Pt Office or Other Outpt Visit w/ Straightforward MDM, typically 10- 19 mins	E&M	E	X	X
99213	Established Pt Office or Other Outpt Visit w/ Low MDM, typically 20- 29 mins	E&M	E	X	X
99214	Established Pt Office or Other Outpt Visit w/ Moderate MDM, typically 30 - 39 mins	E&M	E	X	X
99215	Established Pt Office or Other Outpt Visit w/ High MDM, typically 40 - 54 mins	E&M	E	X	X
99221	Initial hospital care with Straightforward or low level of medical decision making, per day, if using time, at least 40 minutes	E&M	E	X	X
99222	Initial hospital care with Straightforward or low level of medical decision making, per day, if using time, at least 55 minutes	E&M	E	X	X
99223	Initial hospital care with Moderate level of medical decision making, if using time, at least 75 minutes	E&M	E	X	X
99231	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	E&M	E	X	X
99232	Subsequent hospital care with moderate level of medical decision making, if using time, at least 35 minutes	E&M	E	**X**	**X**
99233	Subsequent hospital care with moderate level of medical decision making, if using time, at least 50 minutes	E&M	E	X	X
99234	Initial hospital care with same-day admission and discharge with straightforward or low level of medical decision making, per day, if using time, at least 45 minutes	E&M	E	X	X
99235	Initial hospital care with same-day admission and discharge with moderate level of medical decision making, per day, if using time, at least 70 minutes	E&M	E	X	X

Code	Description	Primary Category	Unit	Comm Insure First	Medi-care First
99236	Initial hospital care with same-day admission and discharge with high level of medical decision making, per day, if using time, at least 85 minutes	E&M	E	X	X
99238	Inpt Hospital Discharge, 30 mins or less	E&M	E	X	X
99239	Inpt Hospital Discharge, More than 30 mins	E&M	E	X	X
99242	Outpatient consultation with straightforward medical decision making, if using time, at least 20 minutes	E&M	E	X	
99243	Outpatient consultation with low level of medical decision making, if using time, at least 30 minutes	E&M	E	X	
99244	Outpatient consultation with moderate level of medical decision making, if using time, at least 40 minutes	E&M	E	X	
99245	Outpatient consultation with high level of medical decision making, if using time, at least 55 minutes	E&M	E	X	
99252	Hospital consultation with straightforward medical decision making, if using time, at least 35 minutes	E&M	E	X	
99253	Hospital consultation with low level of medical decision making, if using time, at least 45 minutes	E&M	E	X	
99254	Hospital consultation with moderate level of medical decision making, if using time, at least 45 minutes	E&M	E	X	
99255	Hospital consultation with high level of medical decision making, if using time, at least 80 minutes	E&M	E	X	
99281	Emergency department visit for problem that may not require health care professional	E&M	E	X	X
99282	Emergency department visit with straightforward medical decision making	E&M	E	X	X
99283	Emergency department visit with low level of medical decision making	E&M	E	X	X
99284	Emergency department visit with moderate level of medical decision making	E&M	E	X	X
99285	Emergency department visit with high level of medical decision making	E&M	E	X	X
99304	Initial nursing facility care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	E&M	E	X	X
99305	Initial nursing facility care with moderate level of medical decision making, per day, if using time, at least 35 minutes	E&M	E	X	X
99306	Initial nursing facility care with high level of medical decision making, per day, if using time, at least 45 minutes	E&M	E	X	X
99307	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 10 minutes	E&M	E	X	X
99308	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 15 minutes	E&M	E	X	X

Code	Description	Primary Category	Unit	Comm Insure First	Medi-care First
99309	Subsequent nursing facility care with moderate level of medical decision making, per day, if using time, at least 30 minutes	E&M	E	X	X
99310	Subsequent nursing facility care with high level of medical decision making, per day, if using time, at least 45 minutes	E&M	E	X	X
99315	Nursing Facility Discharge, 30 mins or less	E&M	E	X	X
99316	Nursing Facility Discharge, more than 30 mins	E&M	E	X	X
99341	Residence visit for new patient with straightforward medical decision making, per day, if using time, at least 15 minutes	E&M	E	X	X
99342	Residence visit for new patient with low level of medical decision making, per day, if using time, at least 30 minutes	E&M	E	X	X
99344	Residence visit for new patient with moderate level of medical decision making, per day, if using time, at least 60 minutes	E&M	E	X	X
99345	Residence visit for new patient with high level of medical decision making, per day, if using time, at least 75 minutes	E&M	E	X	X
99347	Residence visit for established patient with straightforward medical decision making, per day, if using time, at least 15 minutes	E&M	E	X	X
99348	Residence visit for established patient with low level of medical decision making, per day, if using time, at least 30 minutes	E&M	E	X	X
99349	Residence visit for established patient with moderate level of medical decision making, per day, if using time, at least 40 minutes	E&M	E	X	X
99350	Residence visit for established patient with high level of medical decision making, per day, if using time, at least 60 minutes	E&M	E	X	X
99366	Medical Team Conference w/ Interdisciplinary Team and Pt and/or Family and Participation by Nonphysician Health Care Professional, 30 mins or more	E&M	E	X	X
99367	Medical Team Conference w/ Interdisciplinary Team w/out Pt and/or Family and Participation by Physician, 30 mins or more	E&M	E	X	X
99368	Medical Team Conference w/ Participation by Nonphysician Health Care Professional, 30 mins or more	E&M	E	X	X
99441	Telephone E/M service by a physician or other qualified health care professional, 5-10 mins	E&M	E	X	
99442	Telephone E/M service by a physician or other qualified health care professional, 11-20 mins	E&M	E	X	
99443	Telephone E/M service by a physician or other qualified health care professional, 21-30 mins	E&M	E	X	
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and	Treatment	E		

Code	Description	Primary Category	Unit	Comm Insure First	Medi-care First
	treatment of member's disabling mental health problems per session, 45 mins or more				
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 (QRTP); Behavioral Health; long term residential, without room and board, per diem	Residential	D		
H0019 +HB	Adult Mental Health Transitional Living; long-term residential, without room and board, per diem	Residential	D		
H0020	Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program)	Treatment	E		
H0023	Behavioral Health outreach service (planned approach to reach a population)	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		

Code	Description	Primary Category	Unit	Comm Insure First	Medi-care First
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		
H0043	Supported housing, per diem	Residential	D		
H0044	Supported housing, per month	Residential	M		
H0045	Respite care services, not in the home, per diem	Respite Care	D		
H0046	Drop-In Center	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		
H2012	Behavioral Health day treatment, per hour	Treatment	1 H		
H2014	Skills training and development, per 15 mins	Treatment	15 M		
H2015	Comprehensive community support services, per 15 mins	Peer Support/ Recovery	15 M		
H2016	Comprehensive community support services, per diem	Peer Support/ Recovery	D		
H2017	Psychosocial rehabilitation services, per 15 mins	Treatment	15 M		
H2018	Psychosocial rehabilitation services, per diem	Treatment	D		
H2021	Community-based wrap-around services, per 15 mins	Treatment	15 M		
H2022	Community-based wrap-around services, per diem	Treatment	D		
H2023	Supported employment, per 15 mins	Treatment	15 M		
H2024	Supported employment, per diem	Treatment	D		
H2025	Ongoing support to maintain employment, per 15 mins	Treatment	15 M		
H2026	Ongoing support to maintain employment, per diem	Treatment	D		
H2027	Psychoeducational service, per 15 mins	Treatment	15 M		
H2030	Mental health Clubhouse services, per 15 mins	Treatment	15 M		
H2031	Mental health Clubhouse services, per diem	Treatment	D		
H2032	Activity therapy, per 15 mins	Treatment	15 M		
H2033	Multisystemic therapy for juveniles, per 15 mins	Treatment	15 M		
H2036 +U1	ASAM level 3.1 - Clinically managed low-intensity residential services, per diem	Residential	D		

Code	Description	Primary Category	Unit	Comm Insure First	Medi-care First
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		

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

Code	Description
0510	CLINIC PSYCHIATRIC CLINIC PSYCH CLINIC
0513	CLINIC PSYCHIATRIC CLINIC PSYCH CLINIC
0902	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) MILIEU THERAPY BEHAVIORAL HEALTH/MILIEU THERAPY
0903	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) PLAY THERAPY BEHAVIORAL HEALTH/PLAY THERAPY
0904	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) ACTIVITY THERAPY BEHAVIORAL HEALTH/ACTIVITY THERAPY
0905	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) INTENSIVE OUTPATIENT SERVICES - PSYCHIATRIC BEHAVIORAL HEALTH/INTENS OP/PSYCH*
0906	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) INTENSIVE OUTPATIENT SERVICES - CHEMICAL DEPENDENCY BEHAVIORAL HEALTH/INTENS OP/CHEM DEP**
0907	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) COMMUNITY BEHAVIORAL HEALTH PROGRAM (DAY TREATMENT) BEHAVIORAL HEALTH/COMMUNITY
0911	BEHAVIORAL HEALTH TREATMENT/SERVICES-EXTENSION OF 090X*** Psychiatric Residential Treatment Facilities (PRTF) should bill using this code
0912	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL HOSPITALIZATION - LESS INTENSIVE BEHAVIORAL HEALTH/PARTIAL HOSP
0913	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL HOSPITALIZATION - INTENSIVE BEHAVIORAL HEALTH/PARTIAL INTENS
0916	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X FAMILY THERAPY BEHAVIORAL HEALTH/FAMILY RX
0917	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X BIO FEEDBACK BEHAVIORAL HEALTH/BIOFEED
0918	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X TESTING BEHAVIORAL HEALTH/TESTING
0919	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X OTHER BEHAVIORAL HEALTH TREATMENTS/SERVICES BEHAVIORAL HEALTH/OTHER
0960	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) GENERAL CLASSIFICATION PRO FEE
0961	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) PSYCHIATRIC PRO FEE/PSYCH
1000	BEHAVIORAL HEALTH ACCOMMODATIONS GENERAL CLASSIFICATION
1001	BEHAVIORAL HEALTH ACCOMMODATIONS RESIDENTIAL - PSYCHIATRIC
1002	Medically Monitored Inpatient Withdrawal Management**
1003	BEHAVIORAL HEALTH ACCOMMODATIONS SUPERVISED LIVING*
1005	BEHAVIORAL HEALTH ACCOMMODATIONS GROUP HOME***

* For mental health diagnoses only
** For Substance Use Disorder (SUD) diagnoses only - revenue code must be billed without procedure code.
*** For members under the age of 21

APPENDIX J: SERVICE PROVIDERS

This appendix is a list of practitioners who can provide hands-on care of behavioral health services. The services performed must be within the scope of the practitioner's practice and license. This list is not meant to indicate who can enroll with or submit claims to Medicaid.

Acronym	Full Description	Regulatory Reference
APN	Advanced Practice Nurse. Professional nurse licensed by the CO Board of Nursing who is recognized and included on the Advanced Practice Registry by the CO Board of Nursing.	CRS 12-38-111.5; 3 CCR 716-1; SB 15-197
Bach level	Bachelor's Degree. Bachelor's degree in social work, counseling, psychology, or related field from an accredited institution. Providers with a bachelor's degree or higher in a non-related field may perform the functions of a bachelor's degree level staff person if they have one year in the behavioral health field.	10 CCR 2505-10
CAS	Certified Addiction Specialist. A CAS is an addiction counselor who may independently treat substance use and co-occurring disorders; conduct clinical assessments including diagnostic impression; provide treatment planning; coordinate referral and discharge planning; provide service coordination and case management; provide addiction counseling for individuals, families, and groups; and facilitate member, family, and community psychoeducation. A CAS may provide clinical supervision to individuals pursuing CAT and CAS.	2 CCR 502-1; CRS 12-245-804(3.5)(b)
CAT	Certified Addiction Technician. A CAT is an entry-level counselor who may collect biopsychosocial screening data; provide service coordination and case management; monitor compliance with case management plans; provide skill-based education; co-facilitate therapy groups with certified addiction specialists or licensed addiction counselors; provide member, family, and community addiction education; and coordinate referral and discharge resourcing and planning. Staff in the process of obtaining addiction technician credentials or certified addiction technicians must have all clinical documentation reviewed and co-signed by their clinical supervisor. CAT staff can only account for a maximum of one quarter or 25% of the counseling staff for all licensed programs.	10 CCR 2505-10 8.746; CRS 12-245-805(3)(a),
Certified/ Registered Medical Assistant	Certified/Registered Medical Assistant. The U.S. Bureau of Labor identifies a medical assistant as an individual who completes administrative and clinical tasks in the offices of physicians, hospitals, and other healthcare facilities. Certification as a Certified Medical Assistant or a Registered Medical Assistant should be obtained through an accredited school	CRS 12-36-106
CPS	Certified Prevention Specialist. Credentialed by the CO Prevention Certification Board, under guidelines set by the International Certification and Reciprocity Consortium. Pass the IC&RC Examination for Prevention Specialists	
CRNA	Certified Registered Nurse Anesthetist. Licensed by the CO Board of Nursing	CRS 12-38-111.5

DO	Doctor of Osteopath who is licensed by the CO Board of Medical Examiners	CRS 12-36-101
Intern	An intern must be from the clinical program of study that meets minimum credentials for service provided or code billed. Clinical programs of study are Masters, Doctoral, or Prescriber programs. Prescriber programs for APNs include preceptorships and mentorships. Bachelors-level programs are not clinical programs of study, and students in a bachelors-level program will not be classified as interns under this definition. Interns will perform duties under the direct clinical supervision of appropriately licensed staff	
LAC	Licensed Addiction Counselor - holds a master's degree or higher in a clinical Behavioral Health specialization from an accredited college or university. Licensed by the Board of Addiction Counselor Examiners	CRS 12-245-801; 4 CCR 744-1; HB 19-1172
LCSW	Licensed Clinical Social Worker - provider with master's or Doctoral degree from an accredited program offering full time course work approved by the Council on Social Work Education (CSWE). Provider is licensed by the Colorado Board of Social Work Examiners	CRS 12-43-403
Licensed EdD, PhD, PsyD	Licensed Doctor of Education with a doctoral degree from an accredited program and who is licensed by the Colorado Board of Psychologist Examiners Licensed Doctor of Philosophy with a doctoral degree from an accredited program and who is licensed by the Colorado Board of Psychologist Examiners Licensed Doctor of Psychology with a doctoral degree from an accredited program and who is licensed by the Colorado Board of Psychologist Examiners	CRS 12-43-303 and 12-43-3043; CCR 721-1
LMFT	Licensed Marriage and Family Therapist - provider possesses a master's degree or higher from a graduate program with course study accredited by the Commission on Accreditation for Marriage and Family Therapy Education (CAMFTE). Licensed by the CO Board of Marriage and Family Therapist Examiners	CRS 12-43-504
LPC	Licensed Professional Counselor - provider possesses a master's degree or higher in professional counseling from an accredited college or university. Licensed by the Colorado Board of Licensed Professional Counselor Examiners to practice professional counseling or mental health counseling	CRS 12-43-603; 4 CCR 737-1
LPN/LVN	Licensed Practical Nurse and Licensed Vocational Nurse. Graduated from an approved program of practical nursing. Licensed as a Practical Nurse from the CO Board of Nursing	CRS 12-38-103
LPT	Licensed Psychiatric Technician – provider performs selected acts requiring interpersonal and technical skills and includes the administering of selected treatments and selected medications prescribed by a licensed physician or dentist, in the care of and in the observation and recognition of symptoms and reactions of a patient with a behavioral or mental health disorder or an intellectual and developmental	CRS 12-295-103

	disability under the direction of a licensed physician and the supervision of a registered professional nurse. The selected acts in the care of a patient with a behavioral or mental health disorder or an intellectual and developmental disability must not require the substantial specialized skill, judgment, and knowledge required in professional nursing.	
MD	Doctor of Medicine who is licensed by the CO Board of Medical Examiners	CRS 12-36-101
PA	Physician Assistant. Successfully completed the national certifying examination for PA's and is licensed by the CO Board of Medical Examiners	CRS 12-36-106; SB 01-128
PS	Peer Specialist. A peer specialist may also be referred to as a peer support specialist, recovery coach, peer and family recovery support specialist, peer mentor, family advocate or family systems navigator. A peer specialist "is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in BH settings to promote mind-body recovery and resiliency." A family advocate is a person whose "lived experience" is defined as having a family member who has a mental illness or substance use disorder and the knowledge of the BH care system gained through navigation and support of their family member. Peer Specialists perform a wide variety of non-clinical tasks to assist members "in regaining control over their own lives and recovery"[6] process. The following is a useful overview of the four major types of recovery support services: (1) peer mentoring or coaching, (2) recovery resource connecting, (3) facilitating and leading recovery groups, and (4) building community.[8] Peer specialists assist members in navigating treatment systems for mental health and substance use disorders. Peer Specialists "promote self-determination, personal responsibility and the empowerment inherent in self-directed recovery."	Colorado does not require a peer specialist to be certified or licensed by DORA but to have formal training in specific content areas as outlined in Appendix P. See also HB 21-1021
QBHA	Qualified Behavioral Health Assistant. This support professional, non-clinical role works under supervision to carry out activities such as wellness promotion and education, community needs assessment, screening, referrals, crisis management, case management, orientation to services & care navigation, and individual and group interventions. QBHAs are required to have training in specific content areas to include: 1. Understanding of Behavioral Health and Healthcare Systems 2. Empathy and Healthy Boundaries 3. Therapeutic Communication Skills 4. Case Management and Documentation 5. Crisis Intervention and Wellness 6. Trauma-Informed Care and Cultural Competency	SB 22-181 Colorado does not require a Qualified Behavioral Health Assistant to be certified or licensed by DORA, but to have formal training through the Colorado Community College System (CCCS).

QMAP	Qualified Medication Administration Person. Successful completion of a State-approved medication administration course qualifies a QMAP to administer medications in settings authorized by law. A QMAP is employed by a licensed facility on a contractual, full- or part-time basis to provide direct care services, including medication administration to residents upon written order of a licensed physician or other licensed authorized practitioner. A QMAP may also be a person employed by a home health agency who functions as permanent direct care staff to licensed facilities, who is trained in medication administration, and who administers medication only to the residents of the licensed facility.	6 CCR 1011-1, 24,2
RN	Registered Nurse. Graduated from an approved program of professional nursing and is licensed as a Professional Nurse by the CO Board of Nursing	CRS 12-38-103
RxN	Advanced Practice Nurse with Prescriptive Authority. Professional Nurse licensed by the CO Board of Nursing and who has been granted Prescriptive Authority by the CO Board of Nursing	3 CCR 716-1-14, 1.14; CRS 12-38-111.5 and 12-38-111.6;
Unlicensed Ed/D, PhD, PsyD	Unlicensed Doctor of Education - provider possesses a Ed. D degree, doctoral level credentials. Received extensive training in research and/or clinical psychology but have not attained licensure by the CO Board of Psychologist Examiners Unlicensed Doctor of Psychology - provider possesses a Psy.D degree, doctoral level credentials. Received extensive training in research and/or clinical psychology but have not attained licensure by the CO Board of Psychologist Examiners Unlicensed Doctor of Philosophy - provider possesses a Ph. D degree, doctoral level credentials. Ph. D in philosophy signifies mastery of a broad discipline of learning together with demonstrated competence in a special field within that discipline	HB 21-1305 12-245-218
Unlicensed Master level	Unlicensed Master's Degree - provider has master's degree in a mental health field from an accredited college or university. Must be supervised in the provision of services by a Licensed Provider. Includes unlicensed psychotherapist	HB 19-1172

APPENDIX K: PLACE OF SERVICE CODES

Place of Service (POS) Codes		
Code	**Name**	**Description**
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to members.
02	Telehealth Provided Other than in Member's Home	The location where health services and health related services are provided or received, through telecommunication technology. Member is not located in their home when receiving health services or health related services through telecommunication technology.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service (IHS), which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
06	Indian Health Service Provider-Based Facility	A facility or location, owned and operated by the IHS, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-Standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-Based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
09	Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. *Medicaid will not reimburse for services provided to a person living in a public institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control (42 CFR 435.1010). Public institutions include correctional institutions. Additional information on* Medicaid and Criminal Justice Involved Populations *can be located on the Department's website.*
10	Telehealth Provided in Member's Home	The location where health services and health related services are provided or received through telecommunication technology. Member is located in their home (which is a location other than a hospital or other facility where the member receives care in a private residence) when receiving health services or health related services through telecommunication technology.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health

		professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the member receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24-hours a day, 7 days a week, with the capacity to deliver or arrange for services, including some health care and other services.
14	Group Home	A residence, with shared living areas, where members receive supervision and other services, such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the member receives care, and which is not identified by any other POS code.
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive, and primary care services
18	Place of Employment-Worksite	A location, not described by any other POS code, owned, or operated by a public or private entity where the member is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic, or rehabilitative services to the individual
19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
20	Urgent Care Facility	A location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory members seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under the supervision of physicians to members admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A free-standing facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care, as well as immediate care of newborn infants.

26	Military Treatment Facility (MTF)	A medical facility operated by one or more of the Uniformed Services. MTF also refers to certain former US Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27	Outreach Site/Street	A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.
28-30	Unassigned	N/A
31	Skilled Nursing Facility (SNF)	A facility which primarily provides inpatient skilled nursing care and related services to members who require medical, nursing, or rehabilitative services, but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis health-related care services above the level of custodial care to other than individuals with mental retardation.
33	Custodial Care Facility	A facility which provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice[xx]	A facility, other than a member's home, in which palliative and supportive care for terminally ill members and their families are provided.
35-40	Unassigned	N/A
41	Ambulance – Land	A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center (FQHC)	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility – Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for members who do not require full-time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.

53	Community Mental Health Center/ Clinic (CMHC)[xxi]	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24-hours a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for members being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services. Effective 7/1/2024 Comprehensive Safety Net Providers (PT 78) should use POS 53 when the location of service is not described by any other POS code.
54	Intermediate Care Facility – Mentally Retarded (ICF-MR)[xxii]	A facility which primarily provides health-related care and services above the level of custodial care to individuals with MR but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-Residential Substance Abuse Treatment Center	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, and psychological testing.
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as a public health center, pharmacy, or mall, but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility (CIRF)	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility, other than a hospital, which provides dialysis treatment, maintenance, and/or training to members or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.

72	Rural Health Clinic	A certified facility which is located in a rural medically under-served area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service (POS) not identified above.

APPENDIX L: MEDICAID BILLING PROVIDER TYPES

Can Be Essential Provider	Code	Provider Types	Code	Specialty Types
	1	Hospital - General	301	Hospital - General
X	2	Hospital - Mental	302	Hospital - Mental
X	5	Physician	505	Physician
X	16	Clinic - Practitioner	351	Clinic - Practitioner
X	24	Non-Physician Practitioner - Individual	440	Non-Physician Practitioner - Individual
X	25	Non-Physician Practitioner - Group	441	Non-Physician Practitioner - Group
X	26	Osteopath	501	Osteopath
X	30	Psychiatric Residential Treatment Facility	476	Psychiatric Residential Treatment Facility
	32	Federally Qualified Health Center	150	Freestanding
	32	Federally Qualified Health Center	160	Hospital Based
	32	Federally Qualified Health Center	199	Denver Health Hosp School Based Clinics
	35	Community Mental Health Center	360	Community Mental Health Center
X	37	Licensed Psychologist	520	Licensed Psychologist
X	38	Licensed Behavioral Health Clinician	521	Licensed Behavioral Health Clinician
X	39	Physician Assistant	510	Physician Assistant
X	41	Nurse Practitioner	034	Pediatric
X	41	Nurse Practitioner	035	Family
X	41	Nurse Practitioner	335	General
	45	Rural Health Clinic	398	Hospital Based
	45	Rural Health Clinic	472	Freestanding
	52	Residential Childcare Facility	471	Mental Health Program
X	64	Substance Use Continuum	371	ASAM 1.0
X	64	Substance Use Continuum	372	ASAM 1 WM
X	64	Substance Use Continuum	213	Opioid Treatment Provider (OTP) – Moderate Risk
X	64	Substance Use Continuum	214	Opioid Treatment Provider (OTP) – High Risk
X	64	Substance Use Continuum	373	ASAM 2.1 IOP
X	64	Substance Use Continuum	212	ASAM 2.5 PHP
X	64	Substance Use Continuum	374	ASAM 2WM
X	64	Substance Use Continuum	477	Substance Use Disorder - Clinics
X	64	Substance Use Continuum	870	Special Connections
X	64	Substance Use Continuum	871	ASAM level 3.1
X	64	Substance Use Continuum	872	ASAM level 3.3
X	64	Substance Use Continuum	873	ASAM level 3.5
X	64	Substance Use Continuum	874	ASAM level 3.7
X	64	Substance Use Continuum	875	ASAM level 3.2 WM
X	64	Substance Use Continuum	876	ASAM level 3.7 WM
X	68	Qualified Residential Treatment Program	689	Qualified Residential Treatment Program
X	77	Behavioral Health Group	388	With Prescriber

X	77	Behavioral Health Group	389	Without Prescriber
	78	Comprehensive Safety Net Provider	887	Comprehensive Community Behavioral Health Provider
	89	Community Support Services Provider	889	Recovery Support Services Organization
	89	Community Support Services Provider	208	Supportive Housing Provider
X	95	Crisis Provider	772	Mobile Crisis Response
X	95	Crisis Provider	386	Acute Treatment Unit
X	95	Crisis Provider	387	Crisis Stabilization Unit
X	96	Adult Mental Health Residential	561	Supported Therapeutic Transitional Living

APPENDIX M: MODIFIERS FOR MEDICAID CAPITATED BEHAVIORAL HEALTH BENEFIT

Effective January 1, 2024, HCPF removed the requirement for a first position modifier to identify a service as either a State Plan or B3 service on all codes. As a result, these modifiers were removed from this Appendix.

Select Residential codes require a modifier to distinguish a service or level of care. These modifiers should be used in the first position on a claim.

The following modifiers should be added in the first available position on a claim when applicable.

Modifier	Category	Description
76	Repeat Services	Repeat procedure or service by same physician or other qualified health care professional on the same date.
77	Repeat Services	Repeat procedure or service by another physician or other qualified health care professional on the same date.
ET	Emergency Services	Indicates a rendered emergency service/procedure. Services provided through Colorado Crisis Services should include the ET modifier. **For Medicaid, providers should refer to their RAE contracts to determine which crisis codes they can provide.**
FQ	Audio Only	Indicates a service was provided by telephone.
HA	Member Under 21	Indicates a service was modified/specific to a member under 21 y.o. and allowed due to coverage under EPSDT.
HD	Special Connections	Indicates services provided as part of the Special Connections program. This should be added to all services provided to pregnant women and/or women with dependent children by approved Special Connections providers.
HO	Ineligible Medicare Provider	Indicates when an enrolled Medicaid provider is providing services to a Medicare member with Medicaid (Dual Eligible) and the provider is not eligible to enroll in Medicare.

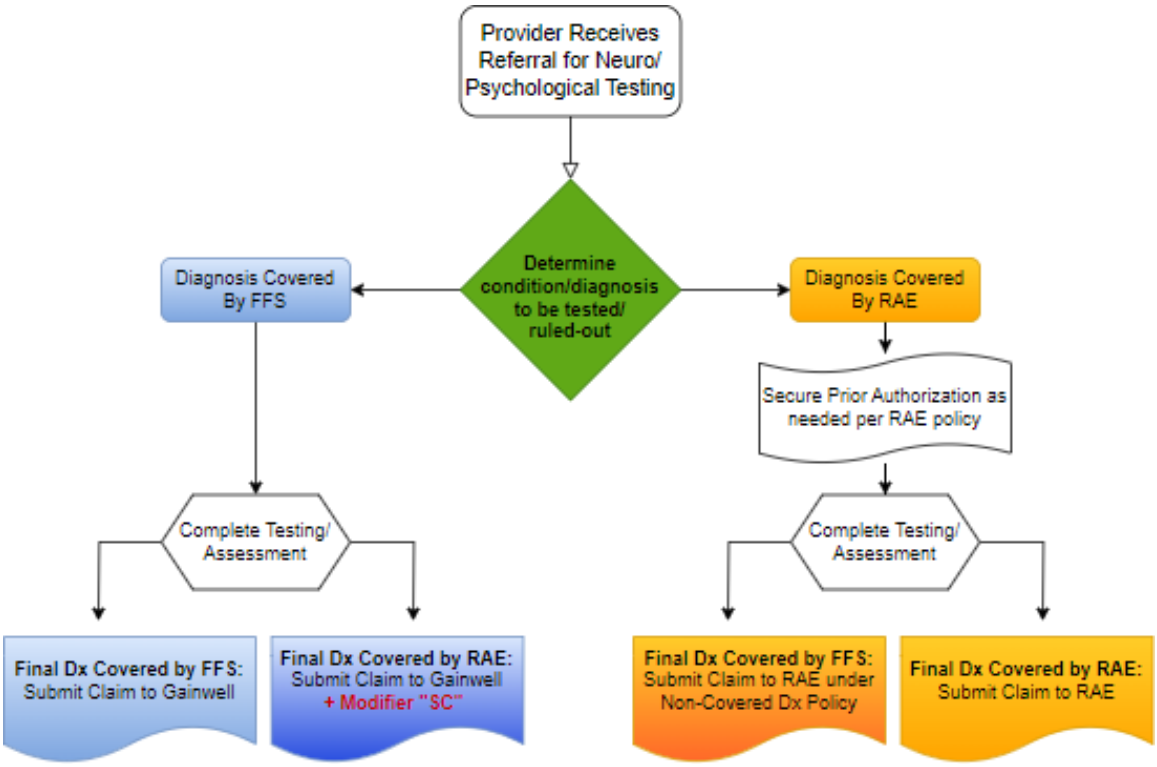
NOTE: *This appendix lists modifiers that can be used when billing Managed Care Entities under the Capitated Behavioral Health Benefit. There may be other modifiers referenced in this billing manual for billing Fee-For-Service or the Behavioral Health Administration (BHA).*

APPENDIX N: NEURO/PSYCHOLOGICAL TESTING AUTHORIZATION AND CLAIM WORKFLOW

When a provider receives a referral for neuro/psychological testing the provider will determine the scope of testing needed based on a review of available member history and existing clinical documentation. Based on the primary condition being assessed or ruled out, a provider will identify the primary payer (RAE or FFS).

- FFS - If the referring diagnosis is part of the FFS benefit, then the provider needs to submit their claim to Gainwell for reimbursement. If the testing yields a diagnosis which is part of the Capitated Behavioral Health Benefit (responsibility of the RAE), the provider should still submit the claim to Gainwell and additionally use modifier code 'SC' to indicate it is an exception.

- RAE - If the referring diagnosis is part of the Capitated Behavioral Health Benefit (responsibility of the RAE), the provider should first seek Prior Authorization according to RAE policy. If the concluding diagnosis is a non-covered RAE diagnosis, the provider should still submit the claim to the RAE.



HCPF will be regularly reviewing the use of SC modifier on neuro/psychological testing claims to monitor for proper utilization based on this policy intent and design.

APPENDIX O: TARGETED CASE MANAGEMENT

Examples of Case Management

Assessment of service needs:

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

Development of a specific service plan that includes:

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

Referral and related activities to obtain needed services:

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

Monitoring and follow-up:

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

Case Management does not include the following:

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

APPENDIX P: PEER SPECIALIST CORE COMPETENCIES

Combined Core Competencies for Colorado's Peer Specialists, Recovery Coaches, and Family Advocates/Family Systems Navigators.
Updated and Approved by Behavioral Health Transformation Council 1 /25/2013

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

*Item pertains specifically to Family Advocates Family Systems Navigators

Sources of Information and Input:

1. Advocates for Recovery – Colorado Core Competencies for Recovery Coaches, (2010)
2. Blanch, A., Filson, B., & Penney, D. Engaging Women in Trauma-Informed Peer Support: A Guidebook (2012)
3. Colorado Mental Health Advocates' Forum Peer Specialist Core Competencies, as adopted by the Colorado Department of Health Care Policy and Financing (HCPF) in its Medicaid Community Mental Health Services Program Request for Proposals released December 2008.
4. Colorado Mental Health Advocates' Forum Consensus Statement on Resiliency (2012)
5. Colorado Mental Health Advocates' Forum Consensus Statement on Trauma-Informed Care (2012)
6. National Federation of Families for Children's Mental Health Certified Parent Support Specialist Self• Assessment Training Checklist, Sept. 2011, from the National Federation website.
7. SAMHSA's Working Definition of Recovery (Dec. 2011), retrieved from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration website
8. House Bill 1193- Concerning Integrated System-of-Care Family Advocacy Programs for Mental Health Juvenile Justice Populations. (2011)

FOOTNOTES

[1] US Department of Health & Human Services (DHHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Tenth Revision – Clinical Modifications (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).
[2] American Medical Association (AMA) (2016). *Current Procedural Terminology (CPT), Professional Edition*. Chicago, IL: American Medical Association (AMA).
[3] The current list of Healthcare Common Procedure Coding System (HCPCS) procedure codes is available on the Centers for Medicare & Medicaid Services (CMS) website at http://www.cms.hhs.gov/HCPCSReleaseCodeSets/.
[4] US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Tenth Revision – Clinical Modifications (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).
[5] US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) (2015). International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). Washington, DC: US Government Printing Office (GPO).
[6] US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).
[7] Colorado Department of Health Care Policy & Financing (HCPF) (February 2007). *Colorado Medical Assistance Program Provider Billing Manuals*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page B-35 – B-72.
[33] Colorado Department of Health Care Policy & Financing (HCPF) (October 2004). *Colorado Medical Assistance Program Provider Billing Manuals*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page B-7 – B-33.
[9] National Uniform Claim Committee (NUCC) (November 2008). *1500 Claim Form Map to the X12 837 Health Care Claim: Professional*. Falls Church, VA: Data Interchange Standards Association (DISA).
[10] New York State Department of Health (2009). *State Medicaid Program Clinical Psychology Procedure Codes & Fee Schedule*. Albany, NY: New York State Department of Health, page 1.
[11] Colorado Department of Health Care Policy & Financing (HCPF) (April 2008). *Colorado Medical Assistance Program Provider Specialty Manuals*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page S-79.
[12] Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (August 3, 2006). *CMS Manual System, Pub 100-04 Medicare Claims Processing, Transmittal 1019*. Baltimore, MD: US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).
[13] US Department of Defense (DoD) (2008). *Military Health System Coding Guidance: Professional Services & Specialty Coding Guidelines, Version 2.0, Unified Biostatistical Utility*. Pages 6-87, 6-92.
[14] Ingenix (2008). *2009 Coders' Desk Reference for Procedures*. Eden Prairie, MN: Ingenix.
[15] As part of the research for the *USCS Manual*, various manuals, transmittals, transactions, and code set standards, and articles and educational web guides regarding procedure coding were accessed on the CMS web site at http://www.cms.hhs.gov/home/regsguidance.asp. That research is referenced and footnoted throughout this document.
[16] Population limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the regional accountably entity (RAE) current contracts.
[17] Minimum and/or maximum duration limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the regional accountable entity (RAE) current contracts.

[18] Beebe, M., Dalton, J.A., Esponceda, M., Evans, D.D. & Glenn, R.L. (2008). *CPT 2008 Professional Edition*. Chicago, IL: American Medical Association (AMA), page 457.
[19] MINIMUM STAFF REQUIREMENTS are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), and the Medicaid State Plan and 1915(b)(3) Waiver.
[xx] § 25-1.5-103(d), CRS, defines hospice care as "an entity that administers services to a terminally ill person utilizing palliative care or treatment."
[xxi] §§ 25-1.5-103(b) and 27-1-201(2), CRS, defines a community mental health center as "either a physical plant or a group of services under unified administration and including at least the following: inmember services; outmember services; day hospitalization; emergency services; and consultation and educational services, which services are provided principally for persons with mental illness residing in a particular community in or near which the facility is situated."
[xxii] § 25-1.5-103(c), CRS, defines a facility for persons with developmental disabilities as "a facility specifically designed for the active treatment and rehabilitation of persons with developmental disabilities or a community residential home, as defined in § 27-10.5-102(4), CRS, which is licensed and certified pursuant to § 27-10.5-109, CRS.