State Behavioral Health Services Billing Manual

OCTOBER 2025

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INTRODUCTION

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

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

The Colorado Department of Health Care Policy & Financing (HCPF) is the single state agency (SSA) responsible for the administration of the Colorado Medical Assistance Program (MAP). HCPF has developed a comprehensive array of covered BH treatment services to assure that medically necessary, appropriate, and cost-effective care is provided to eligible Medicaid members through the Statewide System of Community Behavioral Health Care, referred to hereafter as the Medicaid Capitated Behavioral Health Benefit.

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

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

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

This billing manual is a living document that is updated as needed to maintain consistency between BHA contracts, Medicaid State Plan Amendments, the 1915 (b)(3) waiver, Managed Care Entity (MCE) contract, and coding guidelines. For questions seeking clarification or additional guidance related to Medicaid covered services detailed in this manual please email hcpf_bhcoding@state.co.us, 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.

BEHAVIORAL HEALTH POLICIES AND STANDARDS

Definition of Medical Necessity

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

Covered Diagnoses

Service Documentation Standards

Time Documentation Standards/Rules

Treatment Plan Standards

Medicaid Supervision Policy

Licensed Provider Claiming Under a Supervisor

Telehealth Policy

Neuro/Psychological Testing Policy

Missed Appointments

Outpatient Hospital Services

Court-Ordered Services

Urine Collection and Analysis

Room and Board

Claiming Medicaid Services

Third Party Liability (TPL)

Updated Peer Support Policy

NCCI MUE and PTP Edits

CO MUE and PTP Edits

PROCEDURE CODE PAGE OUTLINE

Individual procedure code pages are listed in numerical and alphanumerical order. Each CPT code

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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 codebased on the definitions from the 2022 Coders' Desk Reference for Procedures¹⁴ 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 themember.
- 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 twodigit 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	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: text Max: text
Modifiers Text Modifiers Text Modifiers Text Modifiers Text Modifiers Text Place of Service 03 School 04 Shelter 11 Office 12 Home 13 ACF 14 Grp Home	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
 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 		 Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APN RxN PA MD/DO
 54 ICF-MR 56 PRTC 72 RHC 99 Other 		Provider Types That Can Bill: 01, 02, 05, 10, 16, 20, 21, 24, 25, 26, 32, 35, 37, 38, 39, 41, 45, 63, 64

90785 **ENC** Interactive complexity add-on Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Provider 90785 is an add-on code specific for psychiatric services and Intern refers to communication difficulties during the psychiatric Unlicensed Master's procedure. Interactive complexity may be reported when at Level least one of the following communication difficulties is present: Unlicensed EdD/ Place of Service The need to manage maladaptive communication (related PhD/PsyD to, e.g., high anxiety, high reactivity, repeated questions, 03 School LCSW or disagreement) among participants that complicates 04 Shelter delivery of care. LPC Caregiver emotions/behavior that interfere with 11 Office LMFT implementation of the treatment plan. 12 Home Evidence/disclosure of a sentinel event and mandated Licensed report to a third party (e.g., abuse or neglect with report to 13 ALF EdD/PhD/PsyD state agency) with initiation of discussion of the sentinel 14 Grp Home LAC event and/or report with patient and other visit participants. 15 Mobile Unit APN Use of play equipment or other physical devices to 21 Inpt Hosp RxN overcome barriers to therapeutic or diagnostic interaction. 22 Outpt Hosp **Notes:** (Including specific documentation and/or diagnosis PA requirements). Please see the following link for additional guidance 23 ER MD/DO for billing this code: **27** https://www.apaservices.org/practice/reimbursement/health-Outreach codes/2022- reporting-interactive-complexity site/Street Do not report 90785 for the purpose of translation or • 31 SNF interpretation services. 32 NF Effective January 1, 2024, for members under 21 years old, 33 Cust Care Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis 34 Hospice for this service. **Provider Types** • 50 FQHC Add-on codes may only be reported in conjunction with other That Can Bill: 51 Inpt PF codes, never alone. Do not report the CPT add-on code for Interactive Complexity in conjunction with Psychotherapy for crisis 01, 02, 05, 16, 24, 25, 26, 52 PF-PHP codes or in conjunction with E/M services when no psychotherapy 32, 37, 38, 39, 41, 45, 64, 53 CMHC service is also reported. 77, 78 54 ICF-MR This code is to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy 55 RSATF (90832-90834-90837), psychotherapy when performed with an 56 PRTC evaluation and management service (90833, 90836, 90838. 61 CIRF 99202-99255, 99304-99337, 99341-99350), and group psychotherapy (90853). 72 RHC 99 Other See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Psychiatric Diagnostic Evaluation 90791 **ENC Service Description:** (Including example activities) Min: N/A Psychiatric diagnostic evaluation is an integrated Max: N/A biopsychosocial assessment, including history, mental Service Provider status, presenting concerns, determining diagnosis/diagnoses, baseline level of functioning, Intern determining appropriate level of care or treatment needs, Unlicensed and making recommendations and necessary referrals or Place of Service Master's Level open to treatment. Unlicensed EdD/ 03 School PhD/PsyD 04 Shelter The evaluation may include communication with family, LCSW 11 Office friends, co- workers, or other sources and review and ordering LPC 12 Home of diagnostic studies. In certain circumstances one or more LMFT informants (family members, guardians, or significant others) 13 ALF may be seen in lieu of the member. Report services as being Licensed 14 Grp Home EdD/PhD/PsyD provided to the member and not the informant or other party 15 Mobile Unit in such circumstances. LAC 21 Inpt Hosp APN 22 Outpt Hosp * BA-level MHPs use procedure code H0031. - 23 ER * Prescribers use procedure code 90792. 27 Outreach Notes: (Including specific documentation and/or Site/Street diagnosis requirements) • 31 SNF 32 NF Code 90791 is used for assessment(s) and re- 33 Cust Care assessment(s), if required, and does not include 34 Hospice psychotherapeutic services. Psychotherapy services 50 FQHC may not be reported on the same day. 51 Inpt PF Code 90791 may be reported once per day but not on the 52 PF-PHP same day as an evaluation and management service performed 53 CMHC **Provider Types** by the same provider for the same member. 54 ICF-M That Can Bill: 56 PRTC 01, 02, 05, 16, 24, 25, Effective January 1, 2024, for members under 21 years old, 26, 30, 32, 36, 37, 38, 61 CIRF Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis 39, 41, 45, 51, 52, 64, 72 RHC for this service. 77, 78 99 Other See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

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

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 FOHC
- 51 Inpt PF
- 52 PF-PHP
- 53 CMHC
- 54 ICF-MR
- 55 RSATF
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

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 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

- Intern
- RxN
- PA
- MD/DO

Provider Types That Can Bill:

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

Psychotherapy with member, 90832 **ENC** 30 mins Min: 16 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 37 mins **Service Description:** (Including example activities) Service Provider Psychotherapy with a member. If a family member is present, Intern the focus of the session is still on the member and not on the family unit. Unlicensed Master's Level Place of Service **Notes:** (Including specific documentation and/or Unlicensed EdD/ diagnosis requirements) 03 School PhD/PsvD Incidental telephone conversations and consultations are not 04 Shelter reportable as psychotherapy. LCSW 11 Office LPC 12 Home If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate LMFT 13 ALF psychotherapy add-on code. All providers, licensed or 14 Grp Home Licensed unlicensed, are required to practice psychotherapy only 15 Mobile Unit EdD/PhD/PsyD within their areas of competency, in accordance with State 21 Inpt Hosp LAC rules and regulations. 22 Outpt Hosp Psychotherapy provided to a member in crisis state is APN 23 ER reported with the appropriate crisis code (H2011, 90839-RxN 27 Outreach 90840). 90839-90840 cannot be billed in addition to site/Street PA psychotherapy by the same health care professional on the **31 SNF** MD/DO same day. 32 NF Use add-on code 90785 for interactive complexity as 33 Cust Care appropriate. 34 Hospice 50 FQHC 51 Inpt PF Effective January 1, 2024, for members under 21 years old, Provider Types Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis 52 PF-PHP That Can Bill: for this service. 53 CMHC 54 ICF-MR 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39,41, See the Service Documentation Standards section on HCPF's 56 PRTC 45, 64, 77, 78 Behavioral Health Policies, Standards, and Billing References 61 CIRF webpage for documentation expectations. 72 RHC 99 Other

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

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 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

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

Provider Types That Can Bill:

64, 78

Psychotherapy with member, 45 90834 **ENC** mins Min: 38 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 52 mins **Service Description:** (Including example activities) Service Provider Psychotherapy with a member. Intern Unlicensed Master's Notes: (Including specific documentation and/or diagnosis Level requirements) Unlicensed Incidental telephone conversations and consultations are not Place of Service reportable as psychotherapy. EdD/ PhD/PsyD 03 School LCSW If psychotherapy is provided by a prescriber with an evaluation 04 Shelter LPC and management services, use the appropriate psychotherapy 11 Office add-on code. All providers, licensed or unlicensed, are required LMFT 12 Home to practice psychotherapy only within their areas of Licensed competency, in accordance with State rules and regulations. 13 ALF EdD/PhD/PsyD 14 Grp Home LAC Services provided to a member in a crisis state should be 15 Mobile Unit reported with the appropriate crisis code (H2011, 90839-APN 90840). 90839-90840 cannot be billed in addition to 21 Inpt Hosp RxN psychotherapy on the same day by the same health care 22 Outpt Hosp PA professional. 23 ER MD/DO Use add-on code 90785 for interactive complexity as 27 Outreach appropriate. 90785 cannot be billed if 2 units of 90834 are Site/Street billed. 31 SNF Effective January 1, 2024, for members under 21 years old, - 32 NF Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis 33 Cust Care for this service. 34 Hospice EXTENDED ENCOUNTER: 50 FQHC A provider can bill two units of 90834 as an extended encounter **Provider Types** 51 Inpt PF for a session scheduled for more than 74 mins. 90785 cannot be That Can Bill: 52 PF-PHP billed with an extended encounter. 01, 02, 05, 16, 24, 25, 53 CMHC 26, 32, 37, 38, 39, Psychotherapy Encounter Coding by Minutes 54 ICF-MR 41, 45, 64, 77, 78 56 PRTC 16-37 90832 61 CIRF 90834 38-52 72 RHC 53-74 90837 99 Other 75-90+ 90834 x 1 See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

ADD-ON Psychotherapy with member 90836 **ENC** when performed with an E/M service, 45 mins Min: 38 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 52 mins **Service Description:** (Including example activities) Service Provider Psychotherapy with a member provided on the same day as an Intern Evaluation and Management service by the same prescriber. APN The two services must be significant and separately RxN identifiable. If a family member is present, the focus of the session is still on the member and not on the family unit. Place of Service MD/DO 03 School **Notes:** (Including specific documentation and/or diagnosis 04 Shelter requirements) 11 Office Incidental telephone conversations and consultations are not 12 Home reportable as psychotherapy. 13 ALF If psychotherapy is provided by a prescriber with an evaluation 14 Grp Home and management service, use the appropriate psychotherapy 15 Mobile Unit add-on code. All providers, licensed or unlicensed, are 21 Inpt Hosp required to practice psychotherapy only within their areas of 22 Outpt Hosp competency, in accordance with State rules and regulations. - 23 ER 27 Outreach Services provided to a member in a crisis state should be reported with the appropriate crisis code (H2011, 90839site/Street 90840). 90839-90840 cannot be billed in addition to • 31 SNF psychotherapy on the same day by the same health care - 32 NF professional. 33 Cust Care 34 Hospice Use add-on code 90785 for interactive complexity as • 50 FQHC appropriate. 51 Inpt PF Effective January 1, 2024, for members under 21 years old, 52 PF-PHP Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis **Provider Types** 53 CMHC for this service. That Can Bill: 54 ICF-MR See the Service Documentation Standards section on 56 PRTC 64, 78 HCPF's Behavioral Health Policies, Standards, and Billing 61 CIRF References webpage for documentation expectations. • 72 RHC 99 Other

Psychotherapy with member, 90837 **ENC** 60 mins Min: 53 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric Max: 74 mins **Service Description:** (Including example activities) Service Psychotherapy with a member. If a family member is Provider present, the focus of the session is still on the member Intern and not on the family unit. Unlicensed Master's Place of Service Level **Notes**: (Including specific documentation and/or diagnosis 03 School requirements) Unlicensed • 04 Shelter Incidental telephone conversations and consultations EdD/ 11 Office are not reportable as psychotherapy. PhD/PsyD 12 Home LCSW If psychotherapy is provided by a prescriber with an 13 ALF evaluation and management services, use the appropriate LPC 14 Grp Home psychotherapy add-on code. All providers, licensed or LMFT 15 Mobile Unit unlicensed, are required to practice psychotherapy only Licensed 21 Inpt Hosp within their areas of competency, in accordance with 22 Outpt Hosp EdD/PhD/ State rules and regulations. PsyD - 23 ER 27 Outreach Psychotherapy provided to a member in crisis state is LAC Site/Street reported with the appropriate crisis code (H2011, 90839-APN 31 SNF 90840). 90839-90840 cannot be billed in addition to RxN • 32 NF psychotherapy by the same health care professional on PA the same day. 33 Cust Care • 34 Hospice MD/DO Use add-on code 90785 for interactive complexity as • 50 FQHC appropriate. 51 Inpt PF • 52 PF-PHP Effective January 1, 2024, for members under 21 years 53 CMHC old, Autism Spectrum Disorder (F84.0-F84.9) is a covered 54 ICF-MR diagnosis for this service. **Provider Types** 56 PRTC That Can Bill: EXTENDED ENCOUNTER: 61 CIRF When an appointment is scheduled for longer than 74 mins 01, 02, 05, 16, 72 RHC 24, 25, 26, 32, 37, to accommodate an evidence-based modality (e.g. EMDR), 38, 39, 41, 45, 64, • 99 Other a provider can bill two units of 90834 for this extended 77, 78 encounter. See Note on 90834. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

ADD-ON Psychotherapy with 90838 **ENC** member when performed with an E/M service, 60 mins Min: 53 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric Max: N/A (65+)**Service Description:** (Including example activities) Service Provider Psychotherapy with a member provided on the same day as Intern an Evaluation and Management service by the same APN Place of Service prescriber. The two services must be significant and RxNseparately identifiable. If a family member is present, the • 03 School PA focus of the session is still on the member and not on the 04 Shelter family unit. MD/DO • 11 Office **Notes**: (Including specific documentation and/or diagnosis • 12 Home requirements) 13 ALF 14 Grp Home Incidental telephone conversations and consultations are 15 Mobile Unit not reportable as psychotherapy. If psychotherapy is 21 Inpt Hosp provided by a prescriber with an evaluation and 22 Outpt Hosp management services, use the appropriate psychotherapy - 23 ER add-on code. All providers, licensed or unlicensed, are 27 Outreach required to practice psychotherapy only within their areas Site/Street of competency, in accordance with State rules and 31 SNF regulations. - 32 NF • 33 Cust Care Psychotherapy provided to a member in crisis state is reported with codes 90839 and 90840. 90839/90840 34 Hospice • 50 FQHC cannot be reported in addition to the psychotherapy codes 90832-90838, if provided by the same health care 51 Inpt PF • 52 PF-PHP professional on the same day. 53 CMHC **Provider Types That** 54 ICF-MR Effective January 1, 2024, for members under 21 years old, Can Bill: • 56 PRTC Autism Spectrum Disorder (F84.0-F84.9) is a covered 64, 78 61 CIRF diagnosis for this service. • 72 RHC Use add-on code 90785 for interactive complexity as 99 Other appropriate. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Psychotherapy for Crisis, first 90839 **ENC** 60 mins Min: 31 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric Max: 74 mins **Service Description:** (Including example activities) Service Place of Service Urgent assessment and relevant Behavioral Health Provider • 03 School history of a crisis state mental status exam, and Intern • 04 Shelter disposition. The treatment includes psychotherapy, Unlicensed mobilization of resources to defuse the crisis and restore • 11 Office Master's safety, and implementation of psychotherapeutic 12 Home Level interventions to minimize the potential for psychological 13 ALF Unlicensed trauma. 14 Grp Home EdD/ Example Activities: Unscheduled therapy session (e.g. walk-in, PhD/PsyD 15 Mobile Unit urgent session), or scheduled session that LCSW 21 Inpt Hosp presents a crisis situation, that provides LPC 22 Outpt Hosp assessment of crisis state, risk, triage, and LMFT - 23 ER support to prevent from needing higher level of Licensed 27 care services or further assess and/or coordinate EdD/PhD/ Outreach placement for higher level of care. Therapy to reinforce and/or practice PsvD Site/Street psychotherapeutic LAC • 31 SNF skills on crisis plan or treatment/service plan to APN • 32 NF increase functioning to return to pre-crisis level RxN of functioning (e.g. practice DBT Distress 33 Cust Care Tolerance skills for member who is a frequent PA 34 Hospice crisis utilizer and currently decompensating to MD/DO 49 Ind Clinic maintain outpatient level care). **Provider Types** • 50 FQHC Utilizing specific therapy/counseling or That Can Bill: 51 Inpt PF assessment tools to screen or gather more information about the crisis situation, 52 PF-PHP 01, 02, 05,24, 25, precipitating event(s), or contributing factors. 26, 30, 32, 37, 53 CMHC 38, 39, 41, 45, 51, 54 ICF-MR **Notes:** (Including specific documentation and/or diagnosis 64, 77/389, 78, requirements) 56 PRTC *Less than 30 minutes should be billed as 90832 or 57 NRSATF 90833. Use 90840 for each additional 30 minutes 61 CIRF of service. • 72 RHC • 99 Other See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

90839	Mobile Crisis Response (MCR), first 60 mins	ENC
First position modifier: ET	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 31 mins Max: 74 mins
Place of Service 15 Mobile Unit	Service Description: (Including example activities) Urgent community-based crisis intervention, screening, assessment, de-escalation and stabilization, safety planning, and coordination with and referrals to appropriate resources, including health, social, and other services and supports. Examples include: a) Coordination with Colorado Crisis Services/988	Service Provider Crisis Professional Intern Unlicensed Master's Level Unlicensed EdD/ PhD/PsyD
	dispatch personnel b) Coordination with Law Enforcement and/or Emergency Medical Services personnel c) On-site and/or telehealth response to crisis situations d) Provide de-escalation techniques e) Perform BHA Crisis Assessment, in addition to the Columbia Suicide Severity Rating Scale f) Use of Naloxone or other harm reduction strategies and supplies to address overdose g) Consultation with Intervening Professionals as defined in Section 27-65-102(20), C.R.S. h) Short-term interventions, stabilization in place i) Safety planning j) On-site triage to appropriate treatment modalities k) Referrals to community resources l) Follow-Up post crisis intervention	PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC APN RxN PA MD/DO
	m) Care coordination Notes: (Including specific documentation and/or diagnosis requirements) MCR providers should use H2011 ET for each additional 15 mins of service after the first 60 minutes of contact.	Provider Types That Can Bill: 78, 95/772
	MCR providers should include a crisis professional in person or via telehealth for the first hour of service. MCR services are intended to be provided in homes and communities, not in facilities providing 24-hour care, prisons and jails, or outpatient settings that offer crisis services. Any MCR disposition to law enforcement intervention cannot be billed.	
	See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.	

ADD-ON Psychotherapy for 90840 **MINS** Crisis, each additional 30 mins Min: 30 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Unscheduled therapy session (e.g. walk-in, urgent Provider session), or scheduled session that presents a crisis Intern situation, that provides assessment of crisis state, Unlicensed risk, triage, and support to prevent from needing Master's higher level of care services or further assess and/or Place of Service Level coordinate placement for higher level of care. • 03 School Unlicensed Therapy to reinforce and/or practice • 04 Shelter EdD/ psychotherapeutic skills on crisis plan or PhD/PsvD treatment/service plan to increase functioning to • 11 Office return to pre-crisis level of functioning (e.g. LCSW 12 Home practice DBT Distress Tolerance skills for member LPC 13 ALF who is a frequent crisis utilizer and currently LMFT 14 Grp Home decompensating to maintain outpatient level care). Licensed 15 Mobile Unit Utilizing specific therapy/counseling or assessment EdD/PhD tools to screen or gather more information about the 21 Inpt Hosp /PsyD crisis situation, precipitating event(s), or contributing 22 Outpt Hosp LAC factors. • 23 ER APN **27 Notes**: (Including specific documentation and/or RxN Outreach diagnosis requirements) PA Site/Street *90840 is the add-on code for the primary code of 90839. Use MD/DO 90840 for each additional 30 minutes of service past 74 • 31 SNF minutes. 90840 can only be used if 90839 is also reported - 32 NF and the entire crisis session (including time reported using 33 Cust Care 90839) is over 74 minutes. 34 Hospice Provider • 50 FQHC See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing Types 51 Inpt PF That Can Bill: References webpage for documentation expectations. • 52 PF-PHP 01, 02, 05, 24, 25, 53 CMHC 26, 30, 32, 37, 38, 54 ICF-MR 39, 41, 45, 51, 64, 56 PRTC 77/389, 78 61 CIRF 72 RHC 99 Other

Family Psychotherapy 90846 **ENC** without the member present Min: 26 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example Service Provider activities) Meeting with the member's family to evaluate Intern and treat the member's condition. Family dynamics as they Unlicensed Master's relate to the member's mental status and behavior are a Level focus of the session. Attention is also given to the impact Unlicensed the member's condition has on the family, with therapy Place of Service EdD/ PhD/PsyD aimed at improving the interaction between the member 03 School and family members. LCSW 04 Shelter Observing and correcting, through psychotherapeutic LPC techniques, a member's interaction(s) with family members 11 Office LMFT Assessing conflicts/impediments within family system • 12 Home and assisting, through psychotherapy, family members in Licensed 13 ALF managing member EdD/PhD/PsyD Providing parents specific feedback and strategies for 14 Grp Home LAC managing children's behavior 15 Mobile Unit APN 21 Inpt Hosp **Notes:** (Including specific documentation and/or diagnosis RxN requirements) - 22 Outpt Hosp PA When the member is not present, the service remains focused - 23 ER MD/DO on the benefit of attaining the goals identified by the **27** member in his/her individual treatment/service plan. Outreach Site/Street Family psychotherapy is not reported when a paid facility 31 SNF staff member of an institution or counselor attends a family session without the member's family/significant other - 32 NF present. An open clinical record for each family member is 33 Cust Care not required, nor does each family have to be present in the 34 Hospice family session. Family history and/or E/M services are not **Provider Types** • 49 Ind Clinic included in 90846. That Can Bill: • 50 FQHC All providers, licensed or unlicensed, are required to 01, 02, 05, 16, 24, 25, 51 Inpt PF practice psychotherapy only within their areas of 26, 32, 37, 38, 39, 52 PF-PHP competency, in accordance with State rules and regulations. 41, 45, 64, 77, 78 53 CMHC Effective January 1, 2024, for members under 21 years old, • 54 ICF-MR Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis 56 PRTC for this service. 57 NRSATF 61 CIRF See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing 72 RHC References webpage for documentation expectations. • 99 Other

Family Psychotherapy with 90847 **ENC** the member present Min: 26 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 74 mins **Service Description:** (Including example activities) Service Provider Meeting with the member's family to evaluate and treat the Intern member's condition. Family dynamics as they relate to the Unlicensed Master's member's mental status and behavior are the focus of the Level session. Attention is also given to the impact the member's Unlicensed condition has on the family, with therapy aimed at improving Place of Service EdD/ PhD/PsyD the interaction between the member and family members. • 03 School Conjoint psychotherapy in the office with a married LCSW • 04 Shelter couple in their mid-40s, for marital issues related to LPC 11 Office the wife's symptoms of moderate depression with LMFT vegetative signs, which is gradually improving with 12 Home Licensed antidepressant medication (focus is on treatment of 13 ALF EdD/PhD/PsyD wife's condition) 14 Grp Home Observing and correcting, through LAC psychotherapeutic techniques, a child's 15 Mobile Unit APN interaction(s) with parents during session 22 Outpt Hosp RxN Assessing conflicts/impediments within family **27** PA system and assisting, through psychotherapy, Outreach MD/DO family members in managing member Site/Street 31 SNF Notes: (Including specific documentation and/or diagnosis requirements) - 32 NF Family psychotherapy is not reported when a paid facility 33 Cust Care staff member of an institution or counselor attends a family 34 Hospice session without the member's family/significant other 49 Ind Clinic present. An open clinical record for each family member is • 50 FQHC not required, nor does each family have to be present in the family session. Family history and/or E/M services are not **Provider Types** 53 CMHC included in 90847. That Can Bill: 54 ICF-MR 01, 02, 05, 16, 24, 25, 56 PRTC Effective January 1, 2024, for members under 21 years old, 26, 32, 37, 38, 39, 57 NRSATF Autism Spectrum Disorder (F84.0-F84.9) is a covered diagnosis 41, 45, 64, 77, 78 for this service. 61 CIRF • 72 RHC 99 Other See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Multiple-family Group 90849 **ENC** psychotherapy Min: 30 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Provider Meeting with several members' families together to address Intern similar issues of the members' treatment. Attention is also Unlicensed Master's given to the impact the members' conditions have on the Level families. Unlicensed Place of Service EdD/ PhD/PsyD An example would be a multi-family therapy group where the • 03 School child is not present in the therapy group. LCSW • 04 Shelter LPC Notes: (Including specific documentation and/or diagnosis • 11 Office requirements) LMFT 13 ALF 90849 is reported once for each family group present. 90849 Licensed does not include socialization, music therapy, recreational 14 Grp Home EdD/PhD/PsyD activities, art classes, excursions, group meals, or sensory 15 Mobile Unit LAC stimulation. If only one family group is present, document as 22 Outpt Hosp APN family therapy. While group psychotherapy is not a time-based • 31 SNF RxN service, the average session length is 1.5 hours. - 32 NF PA Document and report 90849 for each identified family group. 33 Cust Care MD/DO All providers, licensed or unlicensed, are required to practice 34 Hospice psychotherapy only within their areas of competency, in • 50 FQHC accordance with State rules and regulations. • 52 PF-PHP Multi-family groups that are not therapeutic but provide 53 CMHC psychoeducation, prevention or earlier intervention services 54 ICF-MR use code H0025. 56 PRTC 61 CIRF Effective January 1, 2024, for members under 21 years old, **Provider Types** Autism Spectrum Disorder (F84.0-F84.9) is a covered • 72 RHC That Can Bill: diagnosis for this service. 99 Other POS 01, 02, 05, 16, 24, 25, See the Service Documentation Standards section on 26, 32, 37, 38, 39, HCPF's Behavioral Health Policies, Standards, and Billing 41, 45, 64, 77, 78 References webpage for documentation expectations.

Group psychotherapy (other than 90853 **ENC** a multiple-family group) Min: 45 mins (adult) Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) 30 mins (children) Max: N/A **Service Description:** (Including example activities) Service Provider Facilitating emotional and rational cognitive interactions in a group Intern setting with 2/more members (other than a family therapy session) in Unlicensed Master's an effort to change the individual behavior of each person in the group through interpersonal exchanges. The group may include Level members with separate, distinct, maladaptive disorders, or share Unlicensed Place of Service some facet of a disorder with other people in the group (e.g., drug EdD/ PhD/PsyD abuse, victims of violence). Goals relate to BH treatment, including 03 School LCSW the development of insight/affective understanding, the use of 04 Shelter behavior modification techniques, the use of supportive interactions, LPC 11 Office the use of cognitive discussion of reality/any combination thereof to LMFT provide therapeutic change. • 13 ALF Licensed Serving special member populations with a particular theoretical • 14 Grp Home framework/addressing a specific problem, such as low self-EdD/PhD/PsyD esteem, poor impulse control, depression, etc., through cognitive 22 Outpt Hosp LAC behavioral therapy (CBT), motivational enhancement therapy, 31 SNF APN trauma counseling, anger management, and/or sexual offender - 32 NF (SO) treatment RxN Personal dynamics of a member may be discussed by group and 33 Cust Care PA dynamics of group may be explored at same time • 50 FQHC MD/DO Interpersonal interactions, support, emotional catharsis, and 52 PF-PHP reminiscing 53 CMHC **Notes:** (Including specific documentation and/or diagnosis requirements) 54 ICF-MR 90853 is used for group psychotherapy involving members other than 56 PRTC the members' families. 90853 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, 61 CIRF or sensory stimulation. If only one group member is present, 72 RHC document as individual therapy. While group psychotherapy is not a 99 Other 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

with State rules and regulations.

webpage for documentation expectations.

for this service.

psychotherapy only within their areas of competency, in accordance

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

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References

Provider Types That Can Bill:

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
Place of Service 21 Inpt Hosp 22 Outpt Hosp 23 ER 51 Inpt PF 52 PF-PHP 56 PRTC	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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.	Service Provider Intern CRNA MD/DO
		Provider Types That Can Bill:
		01, 02, 05, 26

Anesthesia for Electroconvulsive 00104 **ENC** Therapy Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Provider Anesthesia administration to members undergoing Intern Electroconvulsive therapy (90870). ECT is usually administered CRNA by a team of trained medical professionals that includes a psychiatrist, an anesthesiologist, and a nurse or physician MD/DO assistant. Place of Service • 21 Inpt Hosp **Notes:** (Including specific documentation and/or 22 Outpt Hosp diagnosis requirements) - 23 ER Anesthesia administration can be a part of an all-inclusive encounter rate under the ECT procedure (90870), or as a 51 Inpt PF distinct professional service using 00104 as determined by a • 52 PF-PHP provider's contract with the RAE. When billing outside of an 56 PRTC all-inclusive rate, anesthesia providers should bill their professional services using 00104. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations. **Provider Types** That Can Bill: 01, 02, 05, 26

Individual psychophysiological 90875 therapy incorporating biofeedback **ENC** with psychotherapy, 30 mins Min: 16 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 37 mins **Service Description:** (Including example activities) Service Provider The MHP renders individual psychophysiological therapy by Intern utilizing Unlicensed Master's biofeedback training combined with psychotherapy (i.e., supportive Level interactions, suggestion, persuasion, reality discussions, re- Unlicensed education, Place of Service behavior modification techniques, and reassurance) to modify EdD/ PhD/PsvD 11 Office behavior. LCSW 22 Outpt Hosp Notes: (Including specific documentation and/or LPC diagnosis requirements) 50 FQHC LMFT Biofeedback training may not be suitable for some 53 CMHC members, including those with a pacemaker/other Licensed 61 CIRF implantable electrical EdD/PhD/PsyD 72 RHC device: those who wish to gain insight into their symptoms LAC (biofeedback focuses on behavioral change); those with cognitive RN impairments (e.g., organic brain disease/TBI), depending on APN levels of functioning; those with specific pain symptoms of RxN unknown origin. PA See the Service Documentation Standards section on HCPF's MD/DO Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations. **Provider Types** That Can Bill: 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 64, 77, 78

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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage 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:

Interpretation or explanation of results of psychiatric, other medical examinations and 90887 **ENC** procedures, or other accumulated data to family or other responsible persons, or advising them how to assist member Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)Max: N/A Service Description: (Including example activities) Service Provider The treatment of the member requires explanation(s) to the family, employer(s), or other involved persons to Intern obtain their support and/or participation in the Licensed therapy/treatment process. The provider interprets the Place of EdD/PhD/PsyD results of any psychiatric and medical examinations and Service APN procedures, as well as any other pertinent recorded data, • 03 School and spends time explaining the member's condition. Advice RxN 04 Shelter is also given as to how the family and other involved PA 11 Office persons can best assist the member. MD/DO Interpretation of results of exam or testing • 12 Home Discussion regarding results of exam or testing 13 ALF Discussion of assistance family members can give 14 Grp Home member 15 Mobile Unit 21 Inpt Hosp Notes: (Including specific documentation and/or diagnosis 22 Outpt Hosp requirements) 23 ER If interpretation or explanation of psychological testing • 31 SNF results are performed by an intern, they must be - 32 NF supervised by a licensed psychologist. The interpretation 33 Cust Care or explanation of results is under the licensed 34 Hospice psychologist's direction, but his/her presence is not 50 FQHC required during the actual service. 51 Inpt PF The services provided for procedure code 90887 are 52 PF-PHP considered separate and distinct from the work involved Provider Types 53 CMHC in psychotherapy (see psychotherapy procedure codes) as That 54 ICF-MR Can Bill: they have to do with explaining results of testing or an exam to family or another responsible person. 56 PRTC 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 61 CIRF 39, 41, 45, 64, 77, See the Service Documentation Standards section on 72 RHC HCPF's Behavioral Health Policies, Standards, and Billing • 99 Other References webpage for documentation expectations.

Neurobehavioral status exam, 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

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
- 54 ICF-MR
- 55 RSATF
- 56 PRTC
- 61 CIRF
- 72 RHC
- 99 Other

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

- 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

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

Provider Types That Can Bill:

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

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 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

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

Provider Types That Can Bill:

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+)

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

Min: 31 mins Max: N/A

Place of Service

report.

- 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

 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

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

Provider Types That Can Bill:

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+)

Service Description: (Including example activities)

Interpret tests, integrate member data, make clinical

Decisions, diagnosis and/or create treatment planning,

provide interactive feedback, when performed and create

Min: 31 mins Max: 60 mins

Place of Service

report.

- 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

 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

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:

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

Service Provider

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

- 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Provider Types That Can Bill:

96133 report. Differential diagnosis between psychogenic and Place of Service neurogenic syndromes 03 School Delineation of neurocognitive effects of central nervous system (CNS) disorders 04 Shelter 11 Office • 12 Home • 13 ALF 14 Grp Home 15 Mobile Unit 22 Outpt Hosp

ADD-ON Neuropsychological testing evaluation by physician or other qualified health care professional, each add'l 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) Interpret tests, integrate member data, make clinical Decisions, diagnosis and/or create treatment planning, provide interactive feedback, when performed and create

Service Provider

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

- 21 Inpt 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

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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Provider Types That Can Bill:

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

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

Service Provider

- methods for each test.
- Intern
- Differential diagnosis between psychogenic and neurogenic syndromes

Notes: (Including specific documentation and/or

licensed service provider ensures that the testing

diagnosis requirements)

- Unlicensed Master's Level
- Delineation of neurocognitive effects of central nervous system (CNS) disorders

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

environment offers adequate privacy and confidentiality

- Unlicensed EdD/ PhD/PsyD
- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- APN
- RxN
- PA
- MD/DQ

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

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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Provider Types That Can Bill:

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.

Service Provider

- Intern
- Differential diagnosis between psychogenic and neurogenic syndromes
- Unlicensed Master's Level
- Delineation of neurocognitive effects of central nervous system (CNS) disorders
- Unlicensed EdD/ PhD/PsyD
- **Notes:** (Including specific documentation and/or

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,

*ADD-ON Use in conjunction with 96136

diagnosis requirements)

- LCSW
- LPC
- LMFT
- Licensed EdD/PhD/PsyD
- 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
- 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

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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Provider Types That Can Bill:

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

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

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 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

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, 37, 38, 39, 41, 45, 64, 77, 78

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

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 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

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, 37, 38, 39, 41, 45, 64, 77, 78

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

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 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

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

Provider Types That Can Bill:

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

Therapeutic, prophylactic, or diagnostic injection (specify 96372 substance or drug) subcutaneous or intramuscular Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A Service Description: (Including Service Provider **Place** example activities) A therapeutic, of Intern prophylactic/diagnostic injection for the Service Certified/ administration of medications. Written physician order (required) Registered Medical • 03 School Actual injectable medication reported/billed separately. Assistant 04 Shelter LPN/LVN • 11 Office Notes: (Including specific documentation RN and/or diagnosis requirements) • 12 Home This code may be used in a clinic/, even if member APN 13 ALF brings in the medication to be administered. RxN Pharmacies cannot bill for the administration of drugs 14 Grp Home in a practitioner's office/clinic. Injectable drugs PΑ • 15 Mobile Unit intended for self- administration/use in the member's MD/DO 22 Outpt Hosp home/ administration for a member in a LTC facility may be billed by a pharmacy. **27** Outreach A certified medical assistant may administer an Site/Stree injection under a physician's/APN's order, but billing t and service must be under the signature of the • 31 SNF MD/APN. The service code is used when an individual sees a nurse or other trained nurse's aide or medical 32 NF technician for services that do not require the 33 Cust Care physician to perform the service, in this case, an 34 Hospice injection. 49 Do not report 96372 for injections given without Independen **Provider Types** direct physician or other qualified health care t Clinic professional supervision. To report, use 99211 That Can Bill: instead. (AMA CPT 2016) 96372 should not be • 50 FQHC 05, 78 reported with a 99211 E&M code as this is 52 PF-PHP considered to be an included service. 53 CMHC Documentation supports injection of medication 54 ICF-MR ordered. 55 RSATF 1. Injection site 56 PRTC 2. Medication administered 3. Member response to medication, e.g. is 57 NRSATF the member tolerating medication well 72 RHC or are there complaints of side effects. If not tolerating medication actions taken 99 Other See the Service Documentation Standards section

on HCPF's Behavioral Health Policies. Standards.

and Billing References webpage for

documentation expectations.

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)

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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage 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

- 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, , 37, 38, 39, 41, 45, 64, 77, 78

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)

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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

- 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, 37, 38, 39, 41, 45, 64, 77, 78

Telephone discussion provided to an established patient by non-98966 **ENC** physician professional, 5-10 minutes Min: 5 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 10 mins Service Description: (Including Service Provider example activities) Bach Level Telephone assessment and management service Intern provided by a qualified non-physician health care Unlicensed Master's professional to an established member, parent, or Level guardian not originating from a related assessment Place of and management service provided within the Unlicensed Service previous 7 days not leading to an assessment and EdD/ 03 School management service or procedure within the next 24 PhD/PsyD 04 Shelter hours or soonest available appointment: 5 - 10 LCSW minutes of medical discussion. 11 Office LPC Phone assessment with the member in 12 Home LMFT order to assess his/her needs 13 ALF Licensed EdD/PhD/PsyD Phone assessment with the 14 Grp Home member/member's LAC family to collect social history information • 15 Mobile Unit CAT With the member's permission, phone contact with 21 Inpt Hosp CAS family members, collateral sources to collect - 23 ER RN pertinent information (educational, medical, social 27 Outreach services, etc.) MD/DO Site/Street 31 SNF **Notes**: (Including specific documentation and/or - 32 NF diagnosis requirements) 33 Cust Care This code has very specific timeframes and • 50 FQHC documentation requirements. Follow CPT • 51 Inpt PF guidelines **Provider Types That** • 52 PF-PHP See the Service Documentation Standards section Can Bill: 53 CMHC on HCPF's Behavioral Health Policies, Standards, 16, 24, 25, 32, 37, 38, 54 ICF-MR and Billing References webpage for 45, 64, 77, 78 56 PRTC documentation expectations. 72 RHC 99 Other

98967 Place of Service 03 School • 04 Shelter • 11 Office • 12 Home 13 ALF 14 Grp Home • 15 Mobile Unit

Telephone discussion provided to an established patient by non-physician professional, 11-20 minutes

ENC

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

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.)

- 21 Inpt Hosp
- 22 Outpt Hosp
- 23 ER
- 27 Outreach Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care

requirements)

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

Notes: (Including specific documentation and/or diagnosis

This code has very specific timeframes and documentation requirements. Follow CPT guidelines

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage 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

Provider Types That Can Bill:

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

Telephone discussion provided to an 98968 established patient by non-physician professional, 21-30 minutes Min: 21 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 30 mins **Service Description:** (Including example activities) Service Telephone assessment and management service provided by a Provider qualified non-physician health care professional to an established Bach Level member, parent, or guardian not originating from a related Intern assessment and management service provided within the previous Unlicensed 7 days not leading to an assessment and management service or Place of procedure within the next 24 hours or soonest available Master's Level Service appointment: 21-30 minutes of medical discussion. Unlicensed 03 School Phone assessment with the member in order to assess EdD/ PhD/PsyD • 04 Shelter his/her needs LCSW 11 Office Phone assessment with the member/member's family to LPC 12 Home collect 13 ALF social history information LMFT With the member's permission, phone contact with 14 Grp Home Licensed family members, collateral sources to collect 15 Mobile Unit EdD/PhD/PsyD pertinent information (educational, medical, social 21 Inpt Hosp LAC services, etc.) - 23 ER CAT • 27 Outreach CAS Site/Street **Notes:** (Including specific documentation and/or diagnosis 31 SNF RN requirements) This code has very specific timeframes and - 32 NF documentation requirements. Follow CPT guidelines 33 Cust Care 50 FOHC See the Service Documentation Standards section on HCPF's • 51 Inpt PF Behavioral Health Policies, Standards, and Billing References • 52 PF-PHP webpage for documentation expectations. 53 CMHC 54 ICF-MR 56 PRTC **Provider Types** 72 RHC That Can Bill: • 99 Other 16, 24, 25, 32, 37, 38, 45, 64, 77, 78

ENC

A0425	Behavioral Health Secure Transport (BHST), per statute mile	Unit
First Position Modifier: ET	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 0 Max: 250+ miles
Place of Service Policy link	Service Description: (Including example activities): • Voluntary and transportation where restraints were used within the context of a voluntary transport • Transportation from the site of the behavioral health crisis to the closest, most appropriate facility • Transportation between the following types of facilities • An emergency medical services facility, which means a licensed or certified facility that provides emergency medical services, including but not limited to hospitals, hospital units as defined at Section 25-3-101, C.R.S.; freestanding emergency departments as defined at Section 25-1.5114, C.R.S. psychiatric hospitals; community clinics; behavioral health entities; and community mental health centers, crisis stabilization units, or acute treatment units. • A facility designated by the Executive Director of DHS for the treatment and evaluation pursuant to Article 65 of Title 27 (These facilities have what is called a '27-65 designation' which means they can treat individuals receiving involuntary treatment) • An approved treatment facility, as described in Section 27-81-106, C.R.S. (These are substance use disorder treatment providers who hold a Substance Use Disorder (SUD) License with the Behavioral Health Administration) • A walk-in-crisis center (WIC) that is operating as part of the behavioral health centity (BHE) licensed with a current twenty-four (24) hour endorsement pursuant to Section 25-27.6-106, C.R.S. NOTES: Records of all reimbursed BHST trips must be maintained according to CDPHE rule, county legislation, and provider policy. These records must be made available to the Department upon request. Providers must ensure that CDPHE-required and county-required records of restraint usage are maintained and all relevant documentation surrounding Health First Colorado-reimbursed BHST involving restraints is available to the Department upon request. All Health First Colorado-providers are required to "maintain legible, complete, and accurate records necessary to establish that conditi	Provider Service Provider Providers with valid licenses and permits issued by county or counties in which secure transportation service is based Provider Types That Can Bill: 13/124, 13/324, 97/773
	Health First Colorado. The Department will not reimburse providers for multiple claims tied to the same vehicle trip. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.	

A0999

Behavioral Health Secure Transport (BHST)

Unit

First Position Modifier: ET

76 - multiple trips on same day with same rendering provider

77 - multiple trips on same day with different rendering providers

Place of Service

Policy link

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

Service Description: (Including example activities):

- Voluntary and transportation where restraints were used within the context of a voluntary transport
- Transportation from the site of the behavioral health crisis to the closest, most appropriate facility
- Transportation between the following types of facilities
 - An emergency medical services facility, which means a licensed or certified facility that provides emergency medical services, including but not limited to hospitals, hospital units as defined at Section 25-3-101, C.R.S.; freestanding emergency departments as defined at Section 25-1.5114, C.R.S.; psychiatric hospitals; community clinics; behavioral health entities; and community mental health centers, crisis stabilization units, or acute treatment units.
 - A facility designated by the Executive Director of DHS for the treatment and evaluation pursuant to Article 65 of Title 27 (These facilities have what is called a "27-65 designation" which means they can treat individuals receiving involuntary treatment)
 - An approved treatment facility, as described in Section 27-81-106, C.R.S. (These are substance use disorder treatment providers who hold a Substance Use Disorder (SUD) License with the Behavioral Health Administration)
 - A walk-in crisis center (WIC) that is operating as part of the behavioral health crisis response system; or
 - A behavioral health entity (BHE) licensed with a current twentyfour (24) hour endorsement pursuant to Section 25-27.6-106, C.R.S.

NOTES: Records of all reimbursed BHST trips must be maintained according to CDPHE rule, county legislation, and provider policy. These records must be made available to the Department upon request. Providers must ensure that CDPHE-required and county-required records of restraint usage are maintained and all relevant documentation surrounding Health First Colorado-reimbursed BHST involving restraints is available to the Department upon request. All Health First Colorado providers are required to "maintain legible, complete, and accurate records necessary to establish that conditions of payment for Medical Assistance Program covered goods and services have been met, and to fully disclose the basis for the type, frequency, extent, duration, and delivery of goods and/or services provided to Medical Assistance Program members." 10 CCR 2505-10, § 8.130.2.A.1.

Diagnosis Codes

A diagnosis is required on all claims. Providers should utilize the appropriate ICD-10 code that aligns with the established behavioral health crisis. If providers do not have a diagnosis from a behavioral health provider, enter code "R69, diagnosis unspecified." Do not fill unused spaces with zeros. The diagnosis must be referenced to each detail line by placing a "1" in the diagnosis indicator field. Dates of Services

Each detail line includes space to enter two (2) dates of service: a 'From' Date Of Service (FDOS) and a 'To' Date Of Service (TDOS). Both dates must be completed on the electronic record and must be the same date that the transportation took place because 'span billing' is not allowed. For services rendered on a single date, complete the FDOS and the TDOS with the same date.

More than one member in the same vehicle is **not permitted** under Health First Colorado. The Department will not reimburse providers for multiple claims tied to the same vehicle trip.

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

Min: 1

Max: 1

 Providers with valid licenses and permits issued by county or counties in which secure transportation service is based

Provider Types That Can Bill:

13/124, 13/324, 97/773

Activity therapy, such as music, dance, art, or play therapies not for recreation, related to care and G0176 **ENC** treatment of member's disabling mental health problems per session, 45 minutes or more Min: 45 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Therapeutic activities designed to improve social functioning, Provider promote community integration, and reduce symptoms in areas Bach Level important to maintaining/re-establishing residency in the Intern community (e.g., home, work, school, peer group). Activities are Unlicensed delivered to more than one person and are designed to promote Place of Master's Level skill development in areas such as stress management, conflict Service resolution, coping skills, problem solving, money management, Unlicensed 22 Outpt Hosp nutrition, and community mobility. EdD/ PhD/PsyD 52 PF-PHP LCSW **Notes**: (Including specific documentation and/or diagnosis 53 CMHC LPC requirements) Interventions cannot be purely LMFT recreational/diversionary in nature. Interventions must Licensed be individualized and based on the goals specified in EdD/PhD/PsyD the member's treatment/service plan. LAC LPN/LVN Per CMS, this procedure code is only used for partial hospitalization programs (PHPs) RN APN See the Service Documentation Standards section on HCPF's **RxN** Behavioral Health Policies, Standards, and Billing References PA webpage for documentation expectations. MD/DO **Provider Types** That Can Bill: 01, 02, 16, 25, 64/212, 77, 78

Training and educational services related to the care G0177 **ENC** and treatment of members' disabling mental health problems per session, 45 mins or more Min: 45 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Psychosocial skills development and rehabilitation services to Provider improve social functioning in areas important to maintaining/re- Bach Level establishing residency in the community. Interventions are Intern delivered on an individual basis and are individualized to meet Unlicensed specific goals and measurable objectives in the treatment/service Place of Master's Level plan. Interventions focus on developing and strengthening Service competencies in areas such as anger management, stress Unlicensed 22 Outpt Hosp management, conflict resolution, money management, EdD/ PhD/PsyD • 52 PF-PHP community mobility, symptom management and reduction. LCSW 53 CMHC LPC **Notes:** (Including specific documentation and/or diagnosis LMFT requirements) This is an individual skills training service. Licensed Per CMS, this procedure code is only used for partial EdD/PhD/PsyD hospitalization programs (PHPs). LAC LPN/LVN See the Service Documentation Standards section on HCPF's RN Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations. APN **RxN** PA MD/DO **Provider Types** That Can Bill: 01, 02, 16, 25, 64/212, 77, 78

Alcohol and/or Drug H0001 **ENC** (AOD) Assessment Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service The evaluation of an individual to determine the presence, Provider nature and extent of the individual's abuse, misuse and/or Intern addiction to AOD (Alcohol or Drug), with the goal of formulating a Unlicensed substance use related diagnosis and plan for services or Master's Level appropriate referral. The assessment includes AOD history, Place of mental status, and diagnosis formulation specific to SUD, Unlicensed Service EdD/ PhD/PsyD appropriate family and social history, cultural issues, relevant 03 School physical and mental health history and treatment and LCSW 04 Shelter recommendations. The evaluation may include communication LPC with family or other sources. • 11 Office LMFT • 12 Home * Use procedure code 90791 for an assessment of a primary Licensed • 13 ALF EdD/PhD/PsyD mental health diagnostic evaluation 14 Grp Home LAC 15 Mobile Unit **Notes:** (Including specific documentation and/or diagnosis CAS requirements) For assessment of a primary mental health 21 Inpt Hosp APN diagnosis use the 90791 procedure code. H0001 is used for 22 Outpt Hosp **RxN** assessment(s) and re-assessment(s), if required, related to SUD - 23 ER PA diagnoses, and does not include psychotherapeutic services. 27 Outreach MD/DO Site/Street See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References 31 SNF webpage for documentation expectations. - 32 NF 33 Cust Care • 49 Independent **Provider Types** Clinic That Can Bill: • 50 FQHC • 51 Inpt PF 01, 02, 05, 16, 24, 25, 26, 30, 32, 52 PF-PHP 36, 37, 38, 39, 41, 53 CMHC 45, 52, 64, • 54 ICF-MR 77, 78 55 RSATF • 56 PRTC 57 NRSATF • 72 RHC 99 Other

Behavioral Health screening to H0002 **ENC** determine eligibility for admission to treatment program Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service A preliminary procedure limited in nature and intended to merely Provider indicate whether there is a probability that a mental health Bach Level and/or substance use- related problem is present. Screening may Intern be accomplished using a structured interview or a formal standardized screening tool that is culturally and age relevant. Unlicensed Master's Level Place of Screening to determine eligibility, treatment needs and Service Unlicensed treatment options. EdD/ PhD/PsyD In an integrated care setting, a Behavioral Health Professional 03 School LCSW may do a brief assessment such as a PHQ-9 to assess for the • 04 Shelter LPC presence/severity of depression. 11 Office LMFT **Notes**: (Including specific documentation and/or diagnosis 12 Home Licensed requirements) Screening may require not only the evaluation of a 13 ALF EdD/PhD/PsyD member's treatment needs, but also an evaluation of available LAC 14 Grp Home treatment options. CAS 15 Mobile Unit If there is a documented diagnosis, it can be used. If there is not an existing diagnosis, it needs to be listed as 21 Inpt Hosp LPN/LVN deferred (R69 - illness, unspecified or Z03.89 - encounter for 22 Outpt Hosp RN observation for other suspected diseases and conditions ruled out) - 23 ER APN unless the screener has actually confirmed the diagnosis. **27** RxN Outreach See the Service Documentation Standards section on HCPF's PA Site/Street Behavioral Health Policies, Standards, and Billing References MD/DO webpage for documentation expectations. • 31 SNF - 32 NF 33 Cust Care **.** 49 **Provider Types** Independent That Can Bill: Clinic 01, 02, 05, 16, 24, • 50 FQHC 25, 26, 30, 32, 36, 37, 38, 39, 41, • 51 Inpt PF 45, 52, 64, 77, 52 PF-PHP 78 53 CMHC 54 ICF-MR 56 PRTC 57 NRSATF 72 RHC 99 Other

Behavioral Health counseling H0004 **MINS** and therapy, per 15 mins Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins **Service Description:** (Including example activities) Service Individual counseling/therapy outlined in the Provider treatment/service plan. Problem(s) as identified by an Bach Level assessment and listed in the treatment/service plan. The Intern intended outcome is the management, reduction/resolution Unlicensed of the identified problem(s). Place of Master's Level Service Unlicensed EdD/ **Notes**: (Including specific documentation and/or diagnosis 03 School PhD/PsyD requirements) H0004 offers flexibility in terms of time 04 Shelter increments and POS. H0004 may include unplanned telephone LCSW • 11 Office contact and/or planned contact if medically necessary, clinically LPC justified, and included in the treatment/service plan. Crisis • 12 Home LMFT intervention is reported using H2011 in lieu of H0004. • 13 ALF Licensed • 14 Grp Home EdD/PhD/PsyD 15 Mobile Unit See the Service Documentation Standards section on HCPF's LAC Behavioral Health Policies, Standards, and Billing References 21 Inpt Hosp CAS webpage for documentation expectations. 22 Outpt Hosp LPN/LVN - 23 ER RN • 27 Outreach APN Site/Street RxN 31 SNF PA 32 NF MD/DO - 33 Cust Care 34 Hospice **Provider Types** • 49 Independent That Can Bill: Clinic 50 FQHC 01, 02, 05, 16, 24, 25, 26, 30, 32, 51 Inpt PF 37, 38, 39, 41, 52, 45, • 52 PF-PHP 64, 77, 78 53 CMHC 54 ICF-MR • 56 PRTC 57 NRSATF • 72 RHC 99 Other

Alcohol and/or drug services; H0005 **HOUR** group counseling by a clinician Min: 31 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service A planned therapeutic or counseling activity conducted by the Provider Behavioral Health clinician in a group setting with 2/more members Bach Level (other than a family therapy session) in an effort to change the individual behavior of each person in the group through Intern interpersonal exchange. Group services are designed to assist Unlicensed Place of members with a primary SUD in achieving their AOD treatment Master's Level Service goals. Unlicensed • 03 School EdD/ PhD/PsyD Notes: (Including specific documentation and/or diagnosis • 04 Shelter requirements) LCSW 11 Office H0005 is used for group counseling involving members other than LPC the members' families. H0005 does not include socialization, music 13 ALF LMFT therapy, recreational activities, art classes, excursions, or group • 14 Grp Home meals. If only one group member is present, document as individual Licensed therapy or H0004. 22 Outpt Hosp EdD/PhD/PsyD 31 SNF LAC *Use 90853 procedure code for group psychotherapy for members - 32 NF with a primary mental health diagnosis CAS 33 Cust Care APN See the Service Documentation Standards section on HCPF's 49 RxN Behavioral Health Policies, Standards, and Billing References Independent PΑ webpage for documentation expectations. Clinic MD/DO 50 FQHC 52 PF-PHP 53 CMHC 54 ICF-MR 56 PRTC **Provider Types** That Can Bill: 57 NRSATF 72 RHC 01, 02, 05, 16, 24, 25, 26, 30, 32, 99 Other 37, 38, 39, 41, 45, 52, 64, 77, 78

Alcohol and/or drug services; H0006 **MINS** case management Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric Max: 15 mins **Service Description:** (Including example activities) Service Services designed to assist and support a member diagnosed with Provider or being assessed for a substance use disorder, to gain access to Bach Level needed medical, social, educational, and other services as well as providing care coordination and care transition services, Intern including: Unlicensed Place of · Assessing service needs Master's Level Service • Assessing the need for service. Unlicensed Identifying and investigating available resources. 03 School Explaining options to members and assisting in EdD/ PhD/PsyD • 04 Shelter application process. LCSW • 11 Office Service plan development LPC · Specifying goals and actions to address member needs. • 12 Home LMFT • Ensuring member participation, identifying a course of 13 ALF action; includes transition plan development with Licensed member. 14 Grp Home EdD/PhD/PsyD Referral and related activities to obtain needed services: 15 Mobile Unit LAC Working with member/service providers to secure - 21 Inpt Hosp access to services, including contacting agencies for CAT appointments/services after initial referral process. 22 Outpt Hosp CAS Informing members of services available, addresses and - 23 ER LPN/LVN telephone numbers of agencies providing services. 27 Outreach Care Coordination between other service agencies, RN Site/Street healthcare providers, and member's family for APN assistance helping member access services. - 31 SNF RxN Monitoring and follow-up - 32 NF Follow-up of a transition plan. PA • 33 Cust Care Contacting member/others to ensure member is MD/DO following the agreed upon service or transition plan. • 49 Independent Monitoring progress and impact of Clinic **Provider Types** plan. • 50 FQHC **Notes:** (Including specific documentation and/or diagnosis That Can Bill: 51 Inpt PF requirements) 05, 24, 25, 26, 37, Use T1017 procedure code for case management for members 52 PF-PHP 38, 41, 32, 39, with a primary mental health diagnosis 53 CMHC 45, 64, 77/389, 78 54 ICF-MR Case management involves linking the member to the direct delivery of needed services, but it is not itself the direct delivery 56 PRTC of a service to which the member has been referred. Case 57 NRSATF management does not include time spent transporting the 72 RHC member to required services/time spent waiting while the member attends a scheduled appointment. However, it includes 99 Other time spent participating in an appointment with the member for purposes of referral and/or monitoring and follow-up. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References

webpage for documentation expectations.

Clinically managed residential H0010 DAY withdrawal management: ASAM level 3.2WM, per diem Min: N/A Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 24 hrs. **Service Description:** (Including example activities) Service An organized clinical service that provides 24-hour structure, Provider support and supervision for members who are intoxicated or Service experiencing withdrawal symptoms. Services are supervised by a providers for qualified medical professional who must be available by telephone residential and or in person 24 hours per day. Place of team-based This per diem could include services such as: Service services are 1. Substance use disorder assessment dictated by 21 Inpt Hosp 2. Physical examination facility licensing 3. Individual and group therapy 51 Inpt PF standards, 4. Peer recovery support services 55 RSATF professional 5. Medical and nursing care, including daily medical evaluation scope of 6. Medication management and administration practice, and/or 7. Health education model fidelity 8. Service planning where 9. Discharge planning indicated. **Notes:** (Including specific documentation and/or diagnosis requirements) Room and board is billed separately to BHA or their designee, using HCPCS code \$9976. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations. **Provider Types** That Can Bill: 64/875

Medically monitored inpatient H0011 DAY withdrawal management: ASAM level 3.7 WM, per diem Min: N/A Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 24 hrs. **Service Description:** (Including example activities) Service Inpatient care in which services are delivered by medical and Provider nursing staff to address a member's withdrawal from substances. Service 24-hour observation, monitoring and treatment are available. providers for This per diem could include services such as: residential and 1. Substance use disorder assessment Place of team-based 2. Physical examination Service services are 3. Individual and group therapy dictated by 21 Inpt Hosp 4. Peer recovery support services facility licensing 5. Medical and nursing care, including daily medical evaluation 51 Inpt PF standards, 6. Medication management and administration 55 RSATF professional 7. Health education scope of 8. Service planning practice, and/or 9. Discharge planning model fidelity where **Notes:** (Including specific documentation and/or diagnosis requirements) indicated. These services will be billed using revenue code 1002 by hospitals (general or specialty) instead of using the HCPCS code. Room and board is billed separately to BHA or their designee, using HCPCS code \$9976. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations. **Provider Types** That Can Bill: 01, 02, 64/876

Alcohol and/or drug services. H0015 **ENC** Intensive Outpatient Program (IOP), **ASAM** level 2.1 Min: 3 hrs. Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A Service **Service Description:** (Including example activities) Provider 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. Peer Support Professional Place of Programs may occur during the day or evening, on the weekend, or OBHA Service after school for adolescents. Intensive outpatient programing for Bach Level substance use treatment must be a minimum of 3 hours per day. Intern 03 School Unlicensed 04 Shelter Notes: (Including specific documentation and/or diagnosis Master's Level 11 Office requirements) Unlicensed 13 ALF For services that do not meet the minimum daily hours, providers EdD/ 14 Grp Home should bill for the component services they provide. PhD/PsvD 22 Outpt LCSW Hosp These services will be billed using revenue code 0906 by hospitals LPC **31 SNF** (general or specialty) instead of using the HCPCS code. **LMFT** 32 NF Licensed 33 Cust Care See the Service Documentation Standards section on HCPF's Behavioral EdD/PhD 49 Health Policies, Standards, and Billing References webpage for /PsyD Independent documentation expectations. LAC Clinic CAS 50 FQHC APN 52 PF-PHP **RxN** 53 CMHC PΑ 54 ICF-MR MD/DO 56 PRTC **57 NRSATF** 72 RHC 99 Other **Provider Types** That Can Bill: 64/373, 78

H0016 Alcohol and/or drug services; less Partial Hospitalization Program (P ASAM level 2.5		ENC
Adol (12-17), Young Adult (18-20), Adu	ult (21-64), Geriatric (65+)	Min: 4 hrs. Max: N/A
Place of Service O 3 School O 4 Shelter 11 Office 13 ALF 14 Group Home 22 Outpt Hosp 33 SNF 33 Cust Care 49 Independent Clinic 50 FQHC 52 PF-PHP 53 CMHC 54 ICF-MR 56 PRTC 57 NRSATF 77 RHC 99 Other	gram focusing on assisting ty in their lives and to build a inically intensive living with an SUD condition c condition in need of daily ed outpatient setting. Partial use treatment must be a and/or diagnosis requirements) in daily hours, providers should de. The code 0912 or 0913 by using the HCPCS code. Section on HCPF's Behavioral erences webpage for	Service Provider Peer Support Professional 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 • 51 Inpatient Psychiatric Facility	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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage 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: 95/386

Crisis Stabilization Unit (CSU) - Behavioral Health; short-term residential (non-hospital residential H0018 DAY treatment program), without room and board, per diem Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 24 hrs. **Service Description:** (Including example activities) Service A facility that provides short-term, bed-based crisis stabilization Provider services in a 24-hour environment for individuals who cannot be Service providers for served in a less restrictive environment. residential and team-based services are dictated by **Notes:** (Including specific documentation and/or diagnosis facility licensing Place of Service requirements) standards. • 51 Inpatient professional scope of Psychiatric All services provided by residential staff in the residential setting practice, and/or **Facility** are covered with this code. Any discrete service provided by model fidelity where external professionals (non-residential staff) are documented indicated. 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations. **Provider Types** That Can Bill: 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	A QRTP is a facility that provides residential trauma-informed treatment for members 5 to 18 years old, that is designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances. As appropriate, QRTP treatment facilitates the participation of family members in the child's treatment program, and documents outreach to family members, including siblings.	Service Provider Service providers for residential and teambased services are dictated by facility licensing standards, professional scope of practice, and/or model fidelity where indicated.
		Provider Types That Can Bill: 68

Behavioral Health; long-term residential care in a residential H0019 DAY treatment program, without room and board, per diem Min: N/A Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 24 hrs. **Service Description:** (Including example activities) Service 24-hour staffed habilitative and rehabilitative programming designed Provider for individuals who have the potential and motivation to ameliorate Service skills deficits through a structured program that stresses providers for normalization and maximum community involvement and integration, residential and including daily living and socialization skills training; case management, benefit attainment, community supports; recreational team-based Place of Service activities; educational and support activities; and access to services are 56 PRTC therapeutic interventions, as needed. There are three (3) program dictated by options, each using a unique modifier to differentiate program facility criteria and reimbursement. In addition to meeting the criteria licensing above, specific details for each program are below. standards, professional Adult Mental Health Residential: 24-hour supervised residential scope of treatment in a structured, community-oriented environment. practice, Services include organized rehabilitation services as well as assistance and/or model in obtaining appropriate long-term living arrangements. fidelity where indicated. Adult Mental Health Transitional Living Level 2 Homes: 24hour clinically managed residential treatment in a structured residential setting. Level 2 Homes are focused on clinical treatment. Adult Eating Disorder Residential Treatment: 24-hour clinically managed treatment for eating disorders, in a residential setting. First Position Modifiers: **HB:** Used for Adult Mental Health Residential **U2:** Used for Adult Mental Health Transitional Living Level 2 Homes Provider **U3:** Used for Adult Eating Disorder Residential Treatment Types That Can Bill: **Notes:** (Including specific documentation and/or diagnosis requirements). All services provided by residential staff in the 96/561 residential setting are covered with this code and appropriate modifier. Any discrete service provided by external professionals (non-residential staff) are documented and billed separately from H0019 as long as it is not a duplication of a service already provided by the residential facility. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

H0020

Place of

Service

• 12 Home

*Only BHA-

approved

Mobile Units

can use POS

49 Ind Clinic55 RSATF

Residential SATF

• 57 Non-

15 Mobile Unit*

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 members' treatment protocol and be carefully monitored for adherence by the treatment facility. The methadone dose should be established and directed by a qualified physician, physician assistant or nurse practitioner who is responsible for the patient's treatment plan. The dispensing and administration of the medication may be performed by an appropriate service provider (Intern, APN, RxN, PA, MD/DO or RN) under the general supervision of an allowed billing provider.

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 BHA, be registered with the Drug Enforcement Administration (DEA) and have a designated medical director to authorize and oversee Opioid Treatment Program (OTP) physicians. Staff must be licensed through BHA and be certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as opioid medication assisted treatment providers. The methadone is ordered from the manufacturer by the OTP physician and delivered to the facility.

Take-home doses permitted in accordance with BHA Rule 21.320 and reported in claims with one-unit H0020 per claim line, per date the dose given, with POS "home" for dates when a dose was provided to take at home, and POS "independent clinic" for date take-home doses physically handed to the member.

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

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

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

Provider Types That Can Bill:

64/213, 64/214, 64/371, 64/372, 64/374

Behavioral Health Outreach Service H0023 MINS (planned approach to reach a population) Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric Max: 15 mins **Service Description:** (Including example Service Provider Peer Support activities) Professional A planned approach to reach a population within their environment for the purpose of preventing and/or addressing QBHA Behavioral Health issues and problems. These individuals may Bach Level or may not have currently consented to receive services and Intern Place of may or may not have a covered diagnosis. Unlicensed Service Developing an alliance with a consumer to bring them Master's Level into ongoing treatment 03 School Unlicensed EdD/ Re-engagement effort including utilizing drop-in 04 Shelter PhD/PsyD center services • 11 Office Prevention/Intervention activities for individuals and LCSW • 12 Home family LPC Initiating non-threatening conversation and informally 13 ALF LMFT identifying need for Behavioral Health services, with 14 Grp Home repeat contact over time to engage an individual into Licensed 15 Mobile Unit EdD/PhD/PsyD services Respond to referrals as requested by police, landlords, 21 Inpt Hosp LAC etc., of individuals suspected of having an 22 Outpt Hosp CAT SMI/SPMI/SED and in need of Behavioral Health services - 23 ER CAS Outreach to re-engage individuals who are at risk **27** Certified/ for disengaging from services Outreach Registered Medical Site/Street Notes: (Including specific documentation and/or Assistant diagnosis requirements) 31 SNF LPN/LVN Activities occur often off-site (e.g., food bank, public - 32 NF RN shelter, etc.), or by phone, but can be at other POS. 33 Cust Care APN 34 Hospice RxN H0023 does not need a covered diagnosis. 50 FQHC РΑ MD/DO 51 Inpt PF Only PT 89/889, 78/887 and 64/371 can utilize Peer Support Professionals to deliver this service 52 PF-PHP **Provider Types** 53 CMHC That Can Bill: 54 ICF-MR 01, 02, 05, 16, 24, See the Service Documentation Standards section on HCPF's 25, 26, 32, 36, 56 PRTC Behavioral Health Policies, Standards, and Billing References 37, 38, 39, 41, 45, webpage for documentation expectations. 72 RHC 52, 64, 77, 99 Other 78, 89/889

Behavioral Health Prevention H0025 **ENC Education Service** Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric Max: N/A (65+)**Service Description:** (Including example activities) Service Provider H0025 includes the delivery of services to individuals on issues of QBHA Place of Behavioral Health education, to affect knowledge, attitude, and Service Bach Level behavior. It may include screenings to assist individuals in obtaining Intern 03 School appropriate treatment. Prevention activities are delivered prior to 04 Shelter Unlicensed Master's the onset of a disorder and are intended to prevent or reduce the risk 11 Office Level of developing a Behavioral Health problem. (SAMSHA). Causes and ■ 12 Home Unlicensed EdD/ symptoms of disorders are discussed to encourage early intervention 13 ALF PhD/PsyD and reduce severity of illness. Education involves two-way 14 Grp Home communication and is distinguished from information dissemination by LCSW 22 Outpt Hosp the fact that interaction between educator/facilitator and LPC 27 Outreach participants is the basis of the activities. Site/Street LMFT 31 SNF Classroom educational activities for children or parents Licensed 32 NF focused on skill building and CBT skills to prevent EdD/PhD/PsyD 33 Cust Care anxiety/depression LAC 50 FQHC Education services/programs for youth on substance use ■ 53 CMHC CAT Parenting/family management services focused on ■ 54 ICF-MR CAS life/social skills 56 PRTC Peer leader/helper programs teaching drug refusal skills LPN/LVN 57 NRSATF and commitment to a drug free lifestyle RN 72 RHC Small group sessions involving interaction amongst APN 99 Other participants RxN **Nurturing Parent Program** PA Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) MD/DO Multi-family groups that are educational in nature (not **Provider Types** therapeutic) That Can Bill: Notes: (Including specific documentation and/or diagnosis 01, 02, 05, 16, 24, 25, 26, 30, 32, Activities affect critical life and social skills, including but not 36, 37, 38, 39, 41, limited to decision-making, refusal skills, critical analysis, and 45, 52, 64, systematic judgment abilities. 77, 78 One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve health. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage

for documentation expectations.

H0030	Behavioral Health Crisis Hotline	15 MIN
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: 8 MINS Max: 15 MINS
Place of Service • 02 Telehealth Provided Other than in Member's Home • 10 Telehealth Provided in Member's Home	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 every day of the year. Callers do not have to be a member of the hotline program and may remain anonymous. Example activities include telephonic crisis intervention, care coordination, referral and triage, and dispatch of crisis services. NOTES: See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.	 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: 88

Mental health assessment by a H0031 non-physician Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Provider A clinical assessment that identifies factors of mental illness, Bach Level functional capacity, and other additional information used for Place of Intern the treatment of mental illness. Information may be obtained Service Unlicensed Master's from collaterals. This assessment results in the identification of 03 School Level the members' Behavioral Health service needs and 04 Shelter Unlicensed EdD/ recommendations for treatment. The service can also be used by 11 Office PhD/PsyD any MHP when an update of the assessment is necessary, for ■ 12 Home LCSW example a referral to a different Level of Care or program ■ 13 ALF LPC • Meeting with the member in order to assess his/her needs ■ 14 Grp Home ■ 15 Mobile Unit • Meeting with the member/member's family to collect social history LMFT information 21 Inpt Hosp Licensed 22 Outpt Hosp • With the member's permission, meetings/ telephone contact EdD/PhD/PsvD **23 ER** with family members, collateral sources of pertinent information LAC (educational, medical, social services, etc.) 27 Outreach RN Site/Street • Administering acceptable instruments to the member to document ■ 31 SNF substantial impairment in role functioning ■ 32 NF Notes: (Including specific documentation and/or diagnosis 33 Cust Care requirements) 50 FOHC * Licensed MHPs, when completing a full assessment with 51 Inpt PF mental status and diagnosis, should use procedure code 90791 ■ 52 PF-PHP If a Mental Status Exam and Diagnosis evaluation is completed, it ■ 53 CMHC needs to be completed by staff with at least the minimum ■ 54 ICF-MR ■ 56 PRTC requirements for a 90791. Otherwise, a deferred diagnosis should ■ 72 RHC be used. 99 Other H0031 is used in lieu of individual psychotherapy procedure codes when the focus of the session is on assessment and not psychotherapy (insight-oriented, behavior modifying and/or supportive) occurred during the session. (See psychotherapy

Provider Types That Can Bill:

ENC

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

functioning and other assessment information See the Service Documentation Standards section on HCPF's

was reviewed with the member and is still current.

Review of psychosocial and family history, member

Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

procedure codes.) Outside assessment information may be used

corresponding statement as to what information/documentation

in lieu of some assessment criteria/new assessment, with a

Mental health service plan H0032 **ENC** development by non-physician Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Provider Activities to develop, evaluate, or modify a member's Bach Level treatment/ service plan, including the statement of Intern individualized treatment/ service goals, clinical interventions Unlicensed Master's designed to achieve goals, and an evaluation of progress toward Level Place of goals. The treatment/ service plan is reviewed by the clinician Unlicensed EdD/ and clinical supervisor and revised with the member as Service PhD/PsyD necessary or when a major change in the member's 03 School condition/service needs occurs. LCSW 04 Shelter LPC • 11 Office Notes: (Including specific documentation and/or diagnosis ■ 12 Home LMFT requirements) 13 ALF Licensed 14 Grp Home H0032 is used in lieu of individual psychotherapy procedure EdD/PhD/PsyD ■ 15 Mobile Unit codes (see psychotherapy procedure codes) when the focus of LAC 22 Outpt Hosp the session is on treatment/service planning, and no CAS 27 Outreach psychotherapy occurs during the session. Use a psychotherapy Site/Street LPN/LVN code if more than 50% of the session is psychotherapy. ■ 31 SNF RN Documentation details in addition to the guidance found in ■ 32 NF APN Section VIII. Service Documentation Standards: 33 Cust Care PA 50 FOHC Description of the service (should include discussion of ■ 53 CMHC treatment/service plan development) ■ 54 ICF-MR ■ 72 RHC Completion of or substantial progress toward plan 99 Other development including required signatures according to agency policies **Provider Types** Treatment/service plan revisions should include progress That Can Bill: and/or completion of goals 01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 52, 64, See the Service Documentation Standards section on HCPF's Behavioral 77, 78 Health Policies, Standards, and Billing References webpage for documentation expectations.

Oral medication administration, H0033 **ENC** direct observation Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A Service Description: (Including example activities) Service Provider Observing member taking oral prescribed medication(s) to ensure OMAP adequate maintenance of medication regimen to deter/prevent Intern deterioration of member's condition. This service is designed to facilitate medication compliance and positive outcomes. LPN/LVN Members with low medication compliance history/members newly RN on medication are APN most likely to receive this service. RxN Place of Notes: (Including specific documentation and/or diagnosis Service PA requirements) Cannot be billed if the service is part of the E&M MD/DO • 04 Shelter service by the same provider on the same day. This code should 11 Office be billed for the administration of the medication. The ■ 12 Home medication itself is billed to Fee for Service Medicaid. 13 ALF Physicians administering Buprenorphine products through the 14 Grp Home DATA Waive provider's office are reimbursed through FFS. ■ 15 Mobile Unit 22 Outpt Hosp Administration of Buprenorphine products must be provided within a 27 Outreach facility with a controlled substance license from BHA (BHA), Site/Street registration with the Drug Enforcement Administration (DEA) and ■ 31 SNF certified through Substance Abuse and Mental Health Services ■ 32 NF Administration (SAMHSA) as an opioid medication assisted treatment 33 Cust Care provider. 49 Independent Clinic When administration of Buprenorphine products is within a methadone ■ 50 FOHC clinic, dosing is only conducted by a qualified physician, physician ■ 52 PF-PHP assistant, or nurse practitioner. These providers can administer takehome doses in accordance with BHA Rule and reported in claims with ■ 53 CMHC one unit H0033 per claim line, per date the dose given, with POS ■ 54 ICF-MR "home" for dates when a dose was provided to take at home, and POS 55 RSATF or "independent clinic" for date take-home doses physically handed to ■ 56 PRTC the member. **Provider Types** 57 NRSATF That Can Bill: ■ 72 RHC For members 17 years and under, Federal regulations must be followed • 99 Other for administering Buprenorphine One-on-one cueing/encouraging and observing member taking prescribed medications 05, 39, 41, 64, 78 Reporting back to MHPs licensed to performmedication 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References

webpage for documentation expectations.

Medication training and support, H0034 MINS per 15 mins Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins **Service Description:** (Including example activities) Service Provider Activities to instruct, prompt, guide, remind and/or educate Intern patients, families, and/or significant others, based on an Place of LPN/LVN understanding of the nature of an adult patient's SPMI or a Service RN child/adolescent's SED, including understanding the role of APN • 04 Shelter specific prescribed medication(s), reducing symptoms, 11 Office identifying potential side effects and contraindications, self-RxN ■ 12 Home administration training, and overdose precautions. PA ■ 13 ALF Understanding nature of adult patient's SPMI or child/ MD/DO ■ 14 Grp Home adolescent's SED ■ 15 Mobile Unit Certified/ Understanding role of prescribed medications in 22 Outpt Hosp reducing Registered 27 Outreach Medical symptoms and increasing/maintain functioning Site/Street Assistant Identifying and managing symptoms and potential ■ 31 SNF side effects of medication(s) ■ 32 NF Learning contraindications of medication(s) 33 Cust Care Understanding overdose precautions of medication(s) 34 Hospice Learning self-administration of medication(s) ■ 50 FQHC ■ 52 PF-PHP **Notes:** (Including specific documentation and/or diagnosis 53 CMHC ■ 54 ICF-MR requirements) The training/instructions provided and the individual's 55 RSATF ■ 72 RHC response to the training and support 99 Other **Provider Types** See the Service Documentation Standards section on HCPF's That Can Bill: Behavioral Health Policies, Standards, and Billing References 01, 02, 05, 16, 24, webpage for documentation expectations. 25, 26, 32, 37, 38, 39, 41, 45, 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
Place of Service 11 Office 22 Outpt Hosp 52 PF-PHP 53 CMHC 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. Partial hospitalization programs provide clinically intensive programming to support patients who are living with a psychiatric condition and an unstable medical condition in need of daily monitoring and management in a structured outpatient setting. Partial Hospitalization programing must be a minimum of 4 hours per day. Notes: (Including specific documentation and/or diagnosis requirements) For services that do not meet the minimum daily hours, providers should bill for the component services they provide. These services will be billed using revenue code 0912 or 0913 by hospitals (general or specialty) instead of using the HCPCS code. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.	Service Provider Peer Support Professional 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
		Provider Types That Can Bill: 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 39, 41, 45, 77, 78

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

MINS

Use HA as a first position modifier when billed for FFT Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)

Min: 8 mins Max: 15 mins

when billed for FFT

Place of Service

03 School

• 04 Shelter

11 Office

12 Home

14 Grp Home

• 15 Mobile Unit

22 Outpt Hosp

33 Cust Care

• 50 FQHC

53 CMHC

54 ICF-MR

72 RHC

99 Other

13 ALF

31 SNF

• 32 NF

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 byprograms 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.

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage 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, 37, 38, 39, 41, 45, 64, 77,78

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.

Service Description: (Including example activities)

Functional Family Therapy (FFT) is a systematic, evidencedbased, 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.

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

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.

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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage 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, 37, 38, 39, 41, 45, 64, 77,

H0038 MINS Self-help/peer services, 15 mins Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins Service Description: (Including example activities) Member Service services (individual/group) provided by an unlicensed professional Provider meeting the Peer Support Professional definition in the Medicaid Peer Support Provider section of the Behavioral Health Policies, Standards, and Billing References webpage. Activities are member-motivated, Professional initiated and/or managed, encourage socialization, recovery, wellness, self- advocacy, development of natural supports, and Place of Service maintenance of community living skills by: • 03 School Promoting skill development and training, which reduces symptomatology and promotes community integration and 04 Shelter social functioning • 11 Office Exploring member purposes beyond the identified mental 12 Home illness or substance use disorder and the possibilities of 13 ALF recovery 14 Grp Home Tapping into member strengths related to illness self-• 15 Mobile Unit management (including developing skills and resources and using tools related to communicating recovery strengths and 21 Inpt Hosp health needs/concerns, and self-monitoring progress) - 23 ER Helping members develop and work toward achievement of 27 Outreach specific personal recovery goals (including attaining Site/Street meaningful employment if desired) 31 SNF Assisting members with relapse prevention planning - 32 NF Peer Services may be delivered through a variety of activities as • 33 Cust Care long as the interaction is of a therapeutic or skill-building nature. For example, activities may include building social • 50 FQHC connections and networks, such as community or recreational 51 Inpt PF activities. This may also include transportation activities such as 52 PF-PHP riding with a member on a bus line to help them learn a transit • 53 CMHC system or becoming comfortable with using the bus to get 54 ICF-MR groceries. 56 PRTC Notes: (Including specific documentation and/or diagnosis requirements) 72 RHC **Provider Types** 99 Other That Can Bill: H0038 is the primary code to be used for services delivered by a 64/371, 78/887, Peer Support Professional as an individual contribution. When Peer Support Professionals deliver services as part of a multidisciplinary 89/889 team, documentation of services provided should be tied to the program goals and the program procedure code should be used, this includes IOP, PHP, ACT, Comprehensive community support services, Mental Health Clubhouse Services, Drop-In Center, Supported employment, Rehabilitation program, and Crisis intervention service. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Assertive community treatment, H0039 **MINS** 15 mins Min: 8 mins Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins **Service Description:** (Including example activities) Service Provider A team-based approach to the provision of treatment, rehabilitation, Service providers and support services. Therapeutic interventions are strengths-based for residential and and focus on promoting symptom stability, increasing the member's team-based ability to cope and relate to others and enhancing the highest level of services are functioning in the community. Place of Service dictated by Symptom assessment and management (i.e., ongoing facility licensing assessment, psychoeducation, and symptom management • 03 School standards, efforts) • 04 Shelter professional scope Supportive counseling and psychotherapy on a planned • 11 Office of practice, and as-needed basis 12 Home and/or model Medication prescription, administration, monitoring, and fidelity where 13 ALF documentation indicated. Dual diagnosis services, including assessmentand 14 Grp Home intervention 15 Mobile Unit Support Activities of Daily Living skills (ADLs) through 31 SNF skills training and practice activities • 32 NF Encourage engagement with peer support services Development of discharge/transition goals and related 33 Cust Care planning • 50 FQHC 53 CMHC **Notes**: (Including specific documentation and/or diagnosis • 54 ICF-MR requirements) 72 RHC Interventions address adaptive and recovery skill areas, such • 99 Other as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service Provider Types planning and coordination. The program should include all That Can Bill: services delivered to the individual when the individual in enrolled in an ACT program. 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, Note that the ACT code should only be used for individuals 39, 41, 45, 64, 77, 78 enrolled in an ACT program that is overseen by BHA and that maintains a minimum score of "good fidelity". See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Assertive community treatment H0040 DAY program, per diem Min: 4 hrs. 8 mins Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Provider A team-based approach to the provision of treatment, Service providers rehabilitation, and support services. Therapeutic interventions for residential and are strengths-based and focus on promoting symptom stability, team-based increasing the member's ability to cope and relate to others services are and enhancing the highest level of functioning in the Place of Service dictated by community. facility licensing • 03 School Symptom assessment and management (i.e., ongoing standards, • 04 Shelter assessment, psychoeducation, and symptom management professional scope efforts) • 11 Office of practice, Supportive counseling and psychotherapy on aplanned 12 Home and/or model and as-needed basis fidelity where 13 ALF Medication prescription, administration, monitoring, and indicated. documentation 14 Grp Home Dual diagnosis services, including assessmentand 15 Mobile Unit intervention 31 SNF Support Activities of Daily Living skills (ADLs) through skills training and practice activities • 32 NF Encourage engagement with peer support services 33 Cust Care Development of discharge/transition goals and related • 50 FQHC planning 53 CMHC **Notes:** (Including specific documentation and/or diagnosis • 54 ICF-MR requirements) • 72 RHC Interventions address adaptive and recovery skill areas, such 99 Other as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service Provider Types planning and coordination. The program should include all services delivered to the individual when the individual in That Can Bill: enrolled in an ACT program. 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, Note that the ACT code should only be used for individuals 39, 41, 45, 64, 77, 78 enrolled in an ACT program that is overseen by BHA and that maintains a minimum score of "good fidelity. For ACT up to 4 hours 7 mins report/bill using H0039 See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

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.

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 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

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

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

Provider Types That Can Bill:

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

H0046 MINS **Drop-In Center** Min: 8 mins Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins **Service Description:** (Including example activities) Service Provider Drop-In centers are a form of safe outreach to and engagement Peer Support Professional with adolescents and adults with mental health conditions. Sites may be peer driven and may be operated independently of other OBHA Behavioral Health services. Drop-In sites offer structured and Bach Level unstructured activities daily and staff-led education about and Place of Service Intern connection to Behavioral Health services. 53 CMHC Unlicensed Master's Level 99 Other Services and Activities offered include: Information and referral support Unlicensed EdD/ Action plan & support groups PhD/PsyD Scheduled, intervention-based activities in a club-like setting LCSW Behavioral Health education LPC LMFT **Notes**: (Including specific documentation and/or diagnosis requirements) Licensed Drop-In centers promote ongoing recovery through peer EdD/PhD/PsyD support, advocacy, empowerment, and social skills LAC development activities. Participants do not need a CAT confirmed diagnosis to attend drop-in services. CAS Inform provider of attendance if in treatment LPN/LVN RN Clinical consultation by MA-level or licensed staff available APN during hours of operation. RxN PA See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References MD/DO webpage for documentation expectations. **Provider Types** That Can Bill: 32, 78

Comprehensive multidisciplinary evaluation

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
- 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) 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.

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

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage 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
- LPN/LVN
- RN
- APN
- RxN
- PA
- MD/DO

Provider Types That Can Bill:

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

H2000 **UNIT** Enhanced Standardized Assessment (ESA) First Position Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20) Modifier: HA Max: N/A **Service Description:** Standardized robust biopsychosocial Service Provider assessment (which includes the Child and Adolescent Needs and Unlicensed Strengths tool) by a Licensed Behavioral Health Clinician, Master's Level Licensed Psychologist, or licensure candidate behavioral health Unlicensed provider with CO CANS certification and has completed the Behavioral Health Administration's Enhanced Standardized EdD/ Place of Service PhD/PsyD Assessment Training. The most current State Approved Enhanced Standardized Assessment (ESA) for Children and • 02 Telehealth **LCSW** Youth narrative template is required in order to centrally • 03 School LPC document all assessment information. • 04 Shelter **LMFT** The Enhanced Standardized Assessment (ESA) is a non-medical • 05 IHS Free Standing encounter conducted by a non-physician licensed or licensure Licensed • 06 HIS Facility candidate behavioral health professional. The SA is a EdD/PhD/PsyD • 07 Tribal 638 Free Standing comprehensive, clinical assessment process completed by a LAC • 08 Tribal 638 Facility behavioral health provider to assist in determining appropriate • 10 Telehealth treatment/service recommendations for children, youth, and Members Home families. This process must include the following components • 11 Office and activities: • 12 Home 13 Assisted Living Face-to face clinical assessment of the child/youth Facility (ALF) CO CANS Assessment Tool 14 Group Home CO CANS Decision Support Matrix upon availability • 15 Mobile Unit Review of records (see notes) • 16 Temporary Lodging Collateral interviews & information (see notes) • 18 Place of Employment DSM-5 diagnosis - Worksite Completion of the BHA-provided and approved Enhanced 21 Inpatient Hospital Standardized Assessment Narrative Template which includes, but is 22 Outpatient Hospital not limited to, the following elements: 23 Emergency Room Child/Youth Identifying Information & Demographics - Hospital Tools used during the Assessment (e.g., required CO CANS, • 27 Outreach Site/Street Columbia, PHQ-A, GAD-7, etc.) 31 Skilled Nursing Documentation Review **Provider Types That** Facility (SNF) The provider shall make reasonable documented efforts to interview Can Bill: • 32 Nursing Facility (NF) the following individuals and integrate information disclosed in the • 33 Custodial Care SA: 77/388, 77/389, 37, Facility (CCF) Child/youth 0 Parents/caregivers • 49 Independent Clinic 0 County Department of Human Services caseworker 0 • 50 Federally DYS client manager Qualified Health 0 RAE care coordinator Center (FQHC) Primary behavioral health treatment provider 51 Inpatient Psychiatrist or person authorized to prescribe medications Psychiatric Facility (IPF) Other relevant individuals, if they are a part of the 52 Psychiatric Facility child/youth's team: Court Appointed Special Advocate Partial Hospitalization (CASA), Guardian ad Litem (GAL), Counsel For Youth (CFY), (PF- PHP) Mentor, Probation Officer, Diversion Officer etc. 55 Residential Substance Abuse Treatment Facility See the Service Documentation Standards section on HCPF's (PRTC) Behavioral Health Policies, Standards, and Billing References • 57 Non-Residential webpage for documentation expectations.

Substance Abuse Treatment Center • 72 Rural Health Clinic (RHC) • 99 Other POS

H2001 **ENC** Rehabilitation program, per ½ day Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) **Max:** ½ Day (4 hrs.) **Service Description:** (Including example activities) Service A facility-based, structured rehabilitative skills-building program, Provider treatment interventions include problem-solving and coping skills Peer Support development, and skill building to facilitate independent living and Professional adaptation. QBHA Household management, nutrition, hygiene, money management, Place of Service Bach Level parenting skills, etc. 22 Outpt Hosp Intern Individual/group skill-building activities focused on 53 CMHC development of skills used by members in living, learning, Unlicensed Master's working and social environments Level Interventions address co-occurring disabilities, mental Unlicensed health and substance use EdD/ PhD/PsyD Promotion of self-directed engagement in leisure, LCSW recreational and community social activities Engaging member to have input into service delivery LPC programming LMFT Member participation in setting individualized goals and Licensed assessing his/her own skills and resources related to goal EdD/PhD/PsvD attainment LAC **Notes:** (Including specific documentation and/or diagnosis LPN/LVN requirements) * This code is not to be used for children under age 6. - RN Discrete services (e.g., family, group and individual APN psychotherapy, psychiatric services, case management, etc.) are RxN documented and reported or billed separately from H2001. PA Services are available at least 20 - 25 hours/week, at least 4 MD/DO days/week. See the Service Documentation Standards section on HCPF's **Provider Types** Behavioral Health Policies, Standards, and Billing References That Can Bill: webpage for documentation expectations. 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

H2011 **MINS** Crisis intervention service, 15 mins Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins **Service Description:** (Including example activities) Service Unanticipated services rendered in the process of resolving a member Provider crisis, requiring immediate attention, that without intervention, QBHA could result in the member requiring a higher LOC. Bach Level Services include immediate crisis intervention to de-escalate the Intern individual or family in crisis, assess dangerousness of situation, Place of Service Unlicensed Master's 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 03 School level care or additional forms of treatment if needed to stabilize the Unlicensed EdD/ 04 Shelter immediate situation. When possible, if the member has developed a PhD/PsyD 11 Office Wellness Recovery Action Plan (WRAP) and/or psychiatric advance LCSW directive, this plan is followed with the member's permission. 12 Home Contact to provide immediate, short-term crisis-specific assessment and LPC 13 ALF intervention/counseling with member and, as necessary, withmembers' LMFT caretakers/ family members 14 Grp Home Referral to other applicable Behavioral Health services, including pre- Licensed 15 Mobile Unit inpatient screening; activities include telephone contacts/ meeting with EdD/PhD/PsyD receiving provider staff 22 Outpt Hosp Consultation with physician/ hospital staff regarding need for CAT 23 ER psychiatric consultation or placement CAS Contact with another provider to help that provider deal with a specific **27** member's crisis LAC Outreach Consultation with one's own provider staff to address the crisis LPN/LVN Site/Street **Notes:** (Including specific documentation and/or RN diagnosis requirements) 31 SNF Services may be provided at any time, day, or night and by a mobile APN - 32 NF team/crisis program in a facility/clinic or other provider as appropriate. RxN 33 Cust Care 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 PA 34 Hospice identified and documented. H2011 or 90839/90840 are used in lieu of MD/DO 49 individual psychotherapy procedure codes when the session is unscheduled Independent (e.g., member walk-in), focused on a member crisis, and involves Clinic immediate and/or special interventions in response. Services over 4 hours 7 mins should be billed with \$9485 **Provider Types That** 50 FQHC Can Bill: 52 PF-PHP See the Service Documentation Standards section on HCPF's Behavioral 01, 02, 05, 16, 24, 25, Health Policies, Standards, and Billing References webpage for 53 CMHC 26, 30, 32, 37, 38, documentation expectations. 54 ICF-MR 39, 41, 45, 64, 56 PRTC 77, 78 57 NRSATF 72 RHC 99 Other

H2011 Mobile Crisis Response (MCR), each Mins additional 15 mins Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) First position Max: 15 mins modifier: ET Service **Service Description:** (Including example activities) Provider Urgent community-based crisis intervention, screening, assessment, deescalation and stabilization, safety planning, and coordination with and Crisis referrals to appropriate resources, including health, social, and other Professional services and supports. Peer Support **Notes:** (Including specific documentation and/or diagnosis Professional requirements) **OBHA** To bill this code 90839 ET must have been delivered within the previous Bach Level 7 days. Intern Urgent community-based crisis intervention, screening, assessment, deescalation and stabilization, safety planning, and coordination with and Unlicensed referrals to appropriate resources, including health, social, and other Master's services and supports. Level Examples include: Unlicensed a) Coordination with Colorado Crisis Services/988 dispatch personnel EdD/ b) Coordination with Law Enforcement and/or Emergency Medical PhD/PsvD Services personnel LCSW c) On-site and/or telehealth response to crisis situations LPC d) Provide de-escalation techniques LMFT e) Perform BHA Crisis Assessment, in addition to the Columbia Suicide Severity Rating Scale Licensed EdD/PhD f) Use of Naloxone or other harm reduction strategies and supplies to address overdose /PsyD g) Consultation with Intervening Professionals as defined in Section 27-CAT 65-102(20), C.R.S. CAS h) Short-term interventions, stabilization in place LAC i) Safety planning LPN/LVN j) On-site triage to appropriate treatment modalities RN k) Referrals to community resources l) Follow-Up post crisis intervention APN m) Care coordination RxN MCR services are intended to be provided in homes and PA communities, not in facilities providing 24-hour care, prisons and jails, MD/DO or outpatient settings that offer crisis services. Any MCR disposition to law enforcement intervention cannot be billed. Place of Service Provider **Types That** 15 Mobile Unit See the Service Documentation Standards section on HCPF's Behavioral Can Bill: Health Policies, Standards, and Billing References webpage for documentation expectations. 78, 95/772

Behavioral health day treatment, H2012 **HOUR** per hour Min: 31 mins. Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A Service Description: (Including example activities) Service Services rendered by appropriately licensed child and adolescent Provider community-based psychiatric day treatment facilities to children and/or adolescents and their families. A range of professional Bach Level expertise and individualized treatment services are provided in an Intern integrated with an accredited education program. In programs serving adults, the facility is appropriately licensed and Unlicensed Master's Place of Service individualized community-based services are provided to promote Level stabilization of the member. • 03 School Unlicensed 14 Grp Home **Notes:** (Including specific documentation and/or diagnosis requirements) EdD/ PhD/PsyD The amount, frequency, and duration of the service is based on the 22 Outpt Hosp LCSW documented acuity and clinical needs of the member. 52 PF-PHP LPC 53 CMHC See the Service Documentation Standards section on HCPF's LMFT Behavioral Health Policies, Standards, and Billing References 54 ICF-MR webpage for documentation expectations. Licensed 56 PRTC EdD/PhD/PsyD 99 Other CAS LAC LPN/LVN RN APN RxN PA MD/DO **Provider Types** That Can Bill: 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41 45, 64, 77, 78

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

Place of Service

- 03 School
- 04 Shelter
- 11 Office
- 12 Home
- 13 ALF
- 14 Grp Home
- 22 Outpt Hosp

could

- 27
 Outreach
 Site/Street
- 31 SNF
- 32 NF
- 33 Cust Care
- 50 FOHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC
- 99 Other

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 caregiverchild interactions, and overall safety
- Strengthen communication, emotional identification/ regulation, and impulse control skills For adolescent and older members, example activities
- Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment)
- Development of appropriate personal support networks to diminish tendencies towards isolation andwithdrawal
- Development of basic language skills necessary to enable member to function independently
- Training in appropriate use of community services
- Development of skills related to finding and keeping stable housing (i.e. housing navigation, lease assistance, move-in orientation, assistance renewing leases and vouchers, landlord communication, crisis/conflict management and resolution, personal hygiene and like skills coaching).

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

Skills training and development must be related to a covered behavioral health diagnosis.

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

- 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, 37, 38, 41, 45, 64, 77, 78

Comprehensive community support H2015 MINS services, 15 mins Min: 8 mins Child (0-11), Adol (12-17) Max: 15 mins **Service Description:** (Including example activities) Service Treatment services rendered to community-based children and Provider adolescents and collaterals by trained Behavioral Health staff in Peer Support accordance with an approved treatment/service plan for the Professional purpose of ensuring the young person's stability and continued OBHA community placement. Monitoring and providing medically Place of Service QMAP necessary interventions to assist them to manage the symptoms of • 03 School Bach Level their mental illness and deal with their overall life situation, • 04 Shelter including accessing needed medical, social, educational, and Intern 11 Office other services necessary to maintain community placement. Unlicensed Master's Assist with identifying existing natural supports for developing Level 12 Home a natural support team Unlicensed 13 ALF Assist with identifying individual strengths, resources, EdD/ PhD/PsyD 14 Grp Home preferences, and choices LCSW Assist in development and coordination of recovery/resiliency 15 Mobile Unit plan, crisis management plan. LPC 21 Inpt Hosp Skill building to assist member in developing functional, LMFT - 22 Outpt Hosp interpersonal, family, coping and community living skills that Licensed are negatively impacted by member's MI - 23 ER EdD/PhD/PsyD 31 SNF **Notes**: (Including specific documentation and/or diagnosis LAC - 32 NF requirements) LPN/LVN 33 Cust Care RN See the Service Documentation Standards section on HCPF's • 50 FQHC Behavioral Health Policies, Standards, and Billing References APN • 51 Inpt PF webpage for documentation expectations. RxN 52 PF-PHP PA 53 CMHC MD/DO 54 ICF-MR **Provider Types** 56 PRTC That Can Bill: • 72 RHC 01, 02, 05, 16, 24, 25, • 99 Other 26, 32, 37, 38, 41, 45, 64, 77, 78

Comprehensive community support H2016 DAY services, per diem Min: 4 hrs. 8 mins Child (0-11), Adol (12-17) Max: N/A **Service Description:** (Including example activities) Service Treatment services rendered to community-based children and Provider adolescents and collaterals by trained Behavioral Health staff in Peer Support accordance with an approved treatment/service plan for the Professional purpose of ensuring the young person's stability and continued OBHA community placement. Monitoring and providing medically Place of Service QMAP necessary interventions to assist them to manage the symptoms of • 03 School Bach Level their mental illness and deal with their overall life situation, • 04 Shelter including accessing needed medical, social, educational, and Intern 11 Office other services necessary to meet basic human needs, to maintain Unlicensed Master's 12 Home community placement rather than to meet basic human needs. Level 13 ALF Assist with identifying existing natural supports for developing Unlicensed 14 Grp Home a natural support team EdD/ PhD/PsyD 15 Mobile Unit Assist with identifying individual strengths, resources, LCSW • 21 Inpt Hosp preferences, and choices Assist in development and coordination of recovery/resiliency 22 Outpt Hosp LPC plan, crisis management plan, and/or advance directives - 23 ER LMFT (i.e., WRAP) 31 SNF Licensed Skill building to assist member in developing functional, - 32 NF EdD/PhD/PsyD interpersonal, family, coping and community living skills that 33 Cust Care are negatively impacted by member's MI LAC 50 FOHC LPN/LVN 51 Inpt PF **Notes:** (Including specific documentation and/or diagnosis RN 52 PF-PHP requirements) 53 CMHC APN • 54 ICF-MR RxN See the Service Documentation Standards section on HCPF's 56 PRTC PA Behavioral Health Policies, Standards, and Billing References • 72 RHC MD/DO webpage for documentation expectations. • 99 Other **Provider Types** That Can Bill: 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

Psychosocial rehabilitation 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

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

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, andfriends)
- Identification and development of organizational support, including such areas as sustaining personal entitlements, locating, and using community resources or other supportive programs
- 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)

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

Only PT78/887 and 64/371 can utilize Peer Support Professionals to deliver this service

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

- Peer Support Professional
- 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, 37, 38, 41, 45, 64, 77, 78

Psychosocial rehabilitation H2018 services, per diem

DAY

Min: 4 hrs. 8 mins

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 FOHC
- 53 CMHC
- 54 ICF-MR
- 72 RHC 99 Other

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

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

Only PT78/887 and 64/371 can utilize Peer Support Professionals to deliver this service

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
- 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Max: N/A Service Provider

- Peer Support Professional
- 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
- PΑ
- MD/DO

Provider Types That Can Bill:

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

Community-based wrap-around H2021 MINS services, 15 mins Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20) Max: 15 mins **Service Description:** (Including example activities) Service Individualized, community-based non-clinical interventions **Provider** delivered as an alternative/adjunct to traditional services. QBHA Services may include informal, natural supports and resources Bach Level provided to a child/adolescent and family members to promote, maintain/restore successful community living. Intern Place of Service Services are delivered in non-traditional manners/places based on Unlicensed Master's 03 School a collaborative planning process. Services are intended to help Level • 04 Shelter stabilize and strengthen the placement of the child/adolescent. Unlicensed EdD/ • 11 Office PhD/PsyD **Notes:** (Including specific documentation and/or diagnosis • 12 Home LCSW requirements) 15 Mobile Unit LPC Discrete therapy services (e.g., family, group and individual 49 psychotherapy, psychiatric services) are documented and reported LMFT Independent or billed separately from H2021. Licensed Clinic EdD/PhD/PsyD 50 FOHC LAC 53 CMHC See the Service Documentation Standards section on HCPF's LPN/LVN 57 NRSATF Behavioral Health Policies, Standards, and Billing References RN webpage for documentation expectations. 72 RHC APN 99 Other RxN PA MD/DO **Provider Types** That Can Bill: 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

Community-based wrap-around H2022 DAY services, per diem Min: 4 hrs. 8 mins Child (0-11), Adol (12-17), Young Adult (18-20) Max: N/A **Service Description:** (Including example activities) Service Provider Individualized, community-based non-clinical interventions, QBHA delivered as an alternative/adjunct to traditional services. Bach Level Services may include informal, natural supports and resources provided to a child/adolescent and family members to Intern Unlicensed Master's Place of Service promote, maintain/restore successful community living. Level Services are delivered in non-traditional manners/places based Unlicensed EdD/ 03 School on a collaborative planning process. Services are intended to PhD/PsyD • 04 Shelter help stabilize and strengthen the placement of the LCSW 11 Office child/adolescent. LPC 12 Home 15 Mobile Unit LMFT **Notes**: (Including specific documentation and/or diagnosis 49 Independent requirements) Licensed Clinic Community-based wrap-around services up to 4 hours 7 mins (16 units) EdD/PhD/PsyD • 50 FQHC is reported/billed as H2021 LAC • 53 CMHC 57 NRSATF LPN/LVN 72 RHC RN • 99 Other APN Discrete services (e.g., family, group and individual RxN psychotherapy, psychiatric services, case management, etc.) are documented and reported or billed separately from PA H2022. MD/DO See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations. **Provider Types** That Can Bill: 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

H2023 MINS Supported employment, 15 mins Min: 8 mins Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins **Service Description:** (Including example activities) Service Provider Employment services, provided by an employment specialist, Peer Support to assist members, requiring intensive supportive employment Professional services, in gaining and maintaining competitive employment. QBHA When appropriate, services may be provided without the QMAP member being present. Services include assessment, job Place of Service Bach Level placement, job coaching, and follow-along supports which are • 03 School Intern often provided in the community. The scope and intensity of • 04 Shelter support may change over time, based on the needs of the Unlicensed Master's 11 Office member. Level Assessing members' work history, skills, training, 12 Home Unlicensed EdD/ education, and personal career goals to help match the PhD/PsyD 13 ALF person with a suitable job LCSW Providing member with information regarding how 14 Grp Home employment affects disability income and benefits LPC • 18 Place of Preparation skills (i.e., resume development, interview Employment-LMFT skills) Licensed Worksite Working with individuals and their employers to identify EdD/PhD/PsyD 22 Outpt Hosp needed accommodations Helping individuals to conduct an individualized jobsearch LAC • 27 Outreach Providing on-the-job assistance (including, for example, CAT Site/Street counseling and interpersonal skills training) on a 50 FQHC CAS continuing basis to help people succeed in their jobs 53 CMHC LPN/LVN 72 RHC **Notes**: (Including specific documentation and/or diagnosis - RN requirements) 99 Other APN Activities are typically performed by a job developer, RxN job coach and/or job specialist to achieve successful PA employment outcomes. Supported employment is a discrete service. MD/DO **Provider Types** Only PT78/887 and 64/371 can utilize Peer Support That Can Bill: Professionals to deliver this service 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78 See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

H2024 Supported employment, per diem DAY Min: 4 hrs. 8 mins Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Provider Employment services, provided by an employment specialist, Place of Service Peer Support to assist members, requiring intensive supportive employment Professional • 03 School services, in gaining and maintaining competitive employment. QBHA • 04 Shelter When appropriate, services may be provided without the QMAP 11 Office member being present. Services include assessment, job Bach Level placement, job coaching, and follow-along supports which are 12 Home often provided in the community. The scope and intensity of Intern 13 ALF support may change over time, based on the needs of the Unlicensed Master's 14 Grp Home member. Level 18 Place of Assessing members' work history, skills, training, Unlicensed EdD/ **Employment** education, and personal career goals to help match the PhD/PsyD -Worksite person with a suitable job LCSW Providing member with information regarding how 22 Outpt Hosp employment affects disability income and benefits LPC 50 FOHC Preparation skills (i.e., resume development, interview LMFT 53 CMHC Licensed Working with individuals and their employers to identify 72 RHC EdD/PhD/PsyD needed accommodations 99 Other Helping individuals to conduct an individualized job LAC search CAT Providing on-the-job assistance (including, for example, CAS counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs LPN/LVN - RN **Notes**: (Including specific documentation and/or diagnosis APN requirements) RxN Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment PA outcomes. Supported employment is a discrete service. MD/DO Supported employment up to 4 hours 7 mins (16 units) is **Provider Types** reported/billed as H2023. That Can Bill: 01, 02, 05, 16, 24, 25, Only PT78/887 and 64/371 can utilize Peer Support 26, 32, 37, 38, 41, Professionals to deliver this service 45, 64, 77, 78 See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Ongoing support to maintain H2025 **MINS** employment, 15 mins Min: 8 mins Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins **Service Description:** (Including example activities) Service Provider Ongoing or episodic support to maintain employment are Peer Support Professional utilized prior to or following successful employment placement, including pre-vocational skills training in non- OBHA competitive employment placements, and development of QMAP natural on-the-job supports for a member. This service is Place of Service Bach Level intended to provide those supports necessary to ensure 03 School placement, continued employment, advancement in Intern 04 Shelter employment as evidenced by salary increases, increased Unlicensed Master's length of employment, and job promotion. 11 Office Level 12 Home Talking with member about changes in health, work Unlicensed EdD/ environment/personal environment to identify needed PhD/PsyD 13 ALF support changes and avoid crises LCSW 14 Grp Home Teaching member pre-vocational skills LPC • 18 Place of Helping member identify and implement strategies that LMFT **Employment**improve job performance/relations at work including Worksite placement in a non-competitive employment position Licensed Visiting member at job site to identify and address issues 50 FQHC EdD/PhD/PsyD pertinent to job retention LAC 53 CMHC Working with member and his/her job supervisor/employer 56 PRTC CAT to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job CAS 72 RHC performance 99 Other LPN/LVN Contacting member's family/significant other tomonitor - RN support network and/or resolve issues APN Notes: (Including specific documentation and/or diagnosis RxN requirements) PA This service is a more general approach than the overall MD/DO structure and approach to supported employment (H2023 -H2024) and may involve short-term non-competitive Provider Types employment with job skills assessment and job skills training. That Can Bill: 01, 02, 05, 16, 24, 25, Only PT78/887 and 64/371 can utilize Peer Support 26, 32, , 37, 38, 41, Professionals to deliver this service 45, 64, 77, 78 See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References

webpage for documentation expectations.

Ongoing support to maintain H2026 DAY employment, per diem Min: 4 hrs. 8 mins Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Provider Ongoing or episodic support to maintain employment are Peer Support utilized prior to or following successful employment Professional placement, including pre-vocational skills training in non- OBHA competitive employment placements, development of natural QMAP on-the-job supports for a member. When appropriate, services Place of Service Bach Level may be provided without the member being present. This 03 School service is intended to provide those supports necessary to Intern • 04 Shelter ensure placement, continued employment, advancement in Unlicensed Master's employment as evidenced by salary increases, increased length 11 Office Level of employment, and job promotion. 12 Home Unlicensed Talking with member about changes in health, work EdD/ PhD/PsyD 13 ALF environment/personal environment to identify needed LCSW 14 Grp Home support changes and avoid crises Teaching member pre-vocational skills LPC • 18 Place of Helping member identify and implement strategies that LMFT Employmentimprove job performance/relations at work including Worksite Licensed placement in a non-competitive employment position EdD/PhD/PsyD 50 FQHC Visiting member at job site to identify and address issues pertinent to job retention LAC 53 CMHC Working with member and his/her job supervisor/employer CAT 56 PRTC to establish effective supervision and feedback strategies, CAS • 72 RHC ways to make reasonable accommodations to enhance job • 99 Other performance LPN/LVN Contacting member's family/significant other tomonitor - RN support network and/or resolve issues APN RxN **Notes:** (Including specific documentation and/or diagnosis requirements) PA This service is a more general approach than the overall MD/DO structure and approach to supported employment (H2023 -**Provider Types** H2024) and may involve short-term non-competitive That Can Bill: employment with job skills assessment and job skills training. 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78 Only PT78/887 and 64/371 can utilize Peer Support Professionals to deliver this service See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References

webpage for documentation expectations.

Psychoeducational service, 15 H2027 **MINS** mins Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins **Service Description:** (Including example activities) Service Provider Activities rendered by a trained MHP to provide information and Bach Level education to members, families, and significant others regarding Intern mental illness, including co-occurring disorders, and treatment specific to the members. Unlicensed Master's Level Information, education, and training to assist members, Unlicensed Place of Service families, and significant others in managing psychiatric EdD/ PhD/PsvD conditions (e.g., symptoms, crisis "triggers," • 03 School decompensation, medication actions and interactions) LCSW 04 Shelter Increasing knowledge of MI and member-specific diagnoses LPC 11 Office (e.g., latest research on causes and treatments, brain LMFT chemistry and functioning) 12 Home Understanding importance of members individualized Licensed 13 ALF treatment/service plans EdD/PhD/PsyD 14 Grp Home Information, education, and training to assist members, LAC families, and significant others in accessing community 15 Mobile Unit CAT resources (e.g., first responders with crisis intervention 27 Outreach training [CIT], member advocacy groups) CAS Site/Street Information, education, and training to assist members. LPN/LVN 31 SNF families and significant others with medication - RN - 32 NF management, symptom management, behavior management, stress management, and/or crisis APN 33 Cust Care management RxN 34 Hospice РΑ 50 FQHC **Notes:** (Including specific documentation and/or diagnosis MD/DQ requirements) 53 CMHC This service acknowledges the importance of involving family 54 ICF-MR and/or significant others who may be essential in assisting a 56 PRTC member to maintain treatment and to recover. This code 72 RHC requires the individual to have an active treatment/service **Provider Types** That Can Bill: plan. It is not the same as outreach and engagement. 99 Other 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78 See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Mental Health Clubhouse services, H2030 MINS 15 mins Min: 8 mins Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins Service **Service Description:** (Including example activities) Place of Provider Structured, community-based services designed to strengthen and/or regain Service Peer Support Professional 53 CMHC member's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the member thrive **OBHA** 99 Other in the community and meet employment and other life goals, and promote Bach Level recovery from mental illness. Services are provided with staff and members working as teams to Intern address members' life goals and to perform the tasks necessary for Clubhouse Unlicensed operations (i.e., clerical work, data input, meal preparation, and providing Master's Level resource information or reaching out to fellow members). Vocational and Unlicensed EdD/ educational services; resume and interview skills PhD/PsyD Intervention-based, therapeutic leisure activities to promote social skills building LCSW Peer support & Recovery groups: increasing engagement, LPC empowerment, hope Self-help and skills training: collaborative meal prep, interpersonal LMFT skills, etc. Licensed Outreach & Engagement: identify and resolve barriers to seeking EdD/PhD/PsvD care, relationship building exercises Clinical consultation by a master's level person should be available during hours of LAC operation. LPN/LVN Notes: (Including specific documentation and/or diagnosis requirements) RN Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. APN For Clubhouses based on a work-ordered day there should be a description of Provider Type the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. That Can Bill: Skill building and psycho-education groups are curriculum-based. 78 The individual can receive services outside of Clubhouse, e.g. individual therapy and 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. Only BHA-contracted providers can bill for Clubhouse Services. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Mental health Clubhouse services, per diem Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)

DAY

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

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 members' life goals and to perform the tasks necessary for Clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members).

- Vocational and educational services; resume and interview skills
- 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 and 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

- Peer Support Professional
- OBHA
- 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:

78

H2032 MINS Activity therapy, 15 mins Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins **Service Description:** (Including example activities) Service Place of Activity therapy includes the use of music, dance, creative art, Provider Service or any type of play, not for recreation, but related to the care Bach Level 03 School and treatment of the member's disabling Behavioral Health Intern problems. These are therapeutic activities in a structured setting 04 Shelter Unlicensed designed to improve social functioning, promote community 11 Office Master's Level integration, and reduce symptoms in areas important to 12 Home maintaining/re- establishing residency in the community. Unlicensed EdD/ 13 ALF Activities may be delivered on an individual/group basis and are PhD/PsyD designed to promote skill development and meet specific goals 14 Grp Home LCSW and measurable objectives in the treatment/service plan. • 15 Mobile Unit LPC • 27 Outreach LMFT Playing basketball with group of adolescents to facilitate Site/Street prosocial behavior and passing/taking turns. Licensed • 31 SNF EdD/PhD/PsyD Hiking in community to help a member with depressive - 32 NF LAC symptoms reinforce the connection between healthy mind 33 Cust Care LPN/LVN and body with exercise. 50 FQHC RN Puppet play with a child to identify feelings and 53 CMHC APN interpersonal dynamics 54 ICF-MR RxN Art/music activities to improve self-esteem, concentration, 72 RHC PA etc. 99 Other MD/DO Provider Notes: (Including specific documentation and/or diagnosis Types That requirements) Can Bill: "Structured setting" does not preclude community POS. 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78 See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Multi-systemic therapy (MST) for H2033 MINS juveniles, 15 mins Min: 8 mins Adol (12-17) Max: 15 mins **Service Description:** (Including example activities) Service Provider An intensive, home-, family- and community-based treatment Bach Level focusing on factors in an adolescent's environment that Intern contribute to his/her anti-social behavior, including adolescent characteristics, family relations, peer relations, Unlicensed Master's Level and school performance. Place of Service Unlicensed EdD/ • 03 School Strategic family therapy PhD/PsvD • 04 Shelter Structural family therapy LCSW Behavioral parent training • 11 Office LPC Cognitive behavior therapies 12 Home LMFT 15 Mobile Unit Notes: (Including specific documentation and/or Licensed **4**9 diagnosis requirements) EdD/PhD/PsyD Independent Usual duration of MST treatment is approximately 4 LAC months. MST is provided using a home-based model of Clinic service delivery. 53 CMHC 57 NRSATF Providers of MST must meet the specific training and supervision requirements. • 99 Other MST can be used for youth ages 10-11 based on severity of behaviors on a case-by-case basis. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations. **Provider Types** That Can Bill: 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

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

DAY

First position modifier: U1

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

Min: N/A Max: 24 hrs.

For Special Connections ONLY: HD (second position)

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 BHA or their designee, using HCPCS code \$9976.

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

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage 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:

64/871

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

DAY

First position modifier: U3

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

Max: 24 hrs.

Min: N/A

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

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

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.

Place of Service

55 RSATF

This per diem could include services such as:

- 1. Substance use disorder assessment
- 2. Individual and family therapy
- 3. Group therapy

disorders.

- 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 BHA or their designee, using HCPCS code \$9976.

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

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Provider Types That Can Bill:

64/872

ASAM level 3.5 - Clinically managed high-intensity residential services, per diem

DAY

First position modifier: U5

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

Min: N/A **Max:** 24 hrs.

For Special Connections ONLY:

55 RSATF

HD (Second position)

Place of Service

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 members' 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 BHA or their designee, using HCPCs code \$9976.

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

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage 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:

64/873

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

DAY

First position modifier: U7

Place of

Service

51 Inpt PF

55 RSATF

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

Inpatient services for members whose medical, cognitive, or psychiatric

Min: N/A **Max:** 24 hrs.

For Special Connections ONLY: HD (Second position)

• 21 Inpt Hospital

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.

Service Description: (Including example activities)

This per diem could include services such as:

- 1. Substance use disorder assessment
- 2. Individual and family therapy
- 3. Group therapy
- 4. Alcohol/drug screening counseling
- 5. Occupational therapy
- 6. Recreational therapy
- 7. Vocational rehabilitation
- 8. Service planning

requirements)

- 9. Discharge planning
- 10. Medical or nursing services

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.

Notes: (Including specific documentation and/or diagnosis

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 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

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Provider Types That Can Bill:

01, 02, 05, 64/874

S5150

Unskilled respite care, not hospice; 15 mins

MINS

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

Min: 8 mins Max: 15 mins

Place of Service

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

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.

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.

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

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

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

Provider Types That Can Bill:

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

Unskilled respite care, not S5151 DAY hospice; per diem Min: 4 hrs. 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 24 hrs. **Service Description:** (Including example activities) Service Provider Services rendered in the member's home, community, or other place of QBHA service as a temporary relief from stressful situation/environment or to provide additional support in home environment in order to maintain the QMAP member in an outpatient setting. Services include observation, support, Bach Level direct assistance with, or monitoring of the physical, emotional, social, and behavioral; health needs of the member by someone other than the Intern Place of primary caregivers. Respite care should be flexible to ensure that the Unlicensed Master's Service member's daily routine is maintained. Level Support to assure the safety of member (e.g. developing safety plan, 12 Home* identifying triggers and resources, WRAP plan development, etc.). Unlicensed EdD/ 13 ALF Referral to and establishing a stronger connection to community resources PhD/PsyD Relationship building with natural environmental support system 14 Grp Home LCSW Assistance with/monitoring/prompting of activities of daily living(ADLs). 50 FOHC LPC routine personal hygiene skills, self-care by obtaining regular meals/healthy diet options, housekeeping habits. 53 CMHC LMFT Assistance implementing health status and physical condition instructions 56 PRTC Assistance with implementing medication reminders and Licensed practically addressing medical needs 72 RHC EdD/PhD/PsyD Assistance/supervision needed by member to participate insocial, 99 Other CAT recreational/community activities Notes: (Including specific documentation and/or diagnosis CAS LAC S5151 does not include skilled practical or professional nursing services; members who need that level of monitoring should receive respite care LPN/LVN under H0045/T1005. RN Discrete services (e.g., family, group and individual psychotherapy, APN psychiatric services, case management, etc.) are documented and RxN reported/billed separately from S5151. PA *When POS Home (12) is used this refers to either the Respite Worker's MD/DO home or the member's home, for this procedure code. Respite services/activities rendered Special instructions and that those instructions were followed **Provider Types** That Can Bill: 01, 02, 05, 16, 24, 25, See the Service Documentation Standards section on HCPF's 26, 32, 37, 38, 41, Behavioral Health Policies, Standards, and Billing References 45, 64, 77, 78 webpage for documentation expectations.

Member education, not otherwise S9445 **ENC** classified, non-physician provider, individual Min: N/A Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Provider A brief one-on-one session in which concerns about a member's AOD Bach Level (Alcohol or drug) use are expressed, and recommendations Intern regarding behavior change are given. The intervention should follow as soon as possible after a member has been screened for Unlicensed Master's the presence of AOD. Feedback is given on AOD use patterns. The Level Place of intervention focuses on increasing motivation for behavior change. Unlicensed EdD/ Service Intervention strategies include education, brief counseling, PhD/PsvD 03 School continued monitoring, or referral to more intensive substance use LCSW treatment services. 11 Office LPC 12 Home This procedure code covers the collection of a specimen (for LMFT 13 ALF analysis) in conjunction with the counseling of the screening Licensed results. If the counseling/education does not occur, then the 14 Grp Home EdD/PhD/PsyD procedure code cannot be billed. The urine analysis is billed 22 Outpt Hosp LAC separately to fee-for-service (FFS) by the laboratory. There is no 27 Outreach separate code solely for sample collection. CAS Site/Street LPN/LVN 31 SNF Notes: (Including specific documentation and/or diagnosis RN - 32 NF requirements) APN 33 Cust Care Substance use counseling/education services shall be provided RxN along with screening to discuss results with member. The 49 PA laboratory analysis needed as a prerequisite for this code should Independent be submitted as a claim to FFS by the laboratory, if covered by MD/DO Clinic Medicaid. This counseling/education service should occur only 50 FQHC once per drug screening. 52 PF-PHP See the Service Documentation Standards section on HCPF's 53 CMHC **Provider Types** Behavioral Health Policies, Standards, and Billing References That Can Bill: 54 ICF-MR webpage for documentation expectations. 56 PRTC 05/505, 26/501, 57 NRSATF 37, 38, 41/034, 41/035, 41/335, 72 RHC 64, 78 99 Other

Smoking cessation classes, non-S9453 **ENC** physician provider, per session Min: N/A Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: N/A **Service Description:** (Including example activities) Service Provider Structured classes rendered for the treatment of QBHA tobacco dependence. Bach Level Notes: (Including specific documentation and/or diagnosis Intern requirements) Unlicensed Master's Place of This service is for members with a diagnosis of tobacco Level Service dependence or a history of tobacco dependence. Unlicensed EdD/ • 03 School PhD/PsyD • 04 Shelter LCSW See the Service Documentation Standards section on 11 Office HCPF's Behavioral Health Policies, Standards, and Billing LPC • 13 ALF References webpage for documentation expectations. LMFT • 14 Grp Home Licensed - 22 Outpt Hosp EdD/PhD/PsyD 31 SNF LAC 32 NF CAS 33 Cust Care LPN/LVN 50 FQHC RN 53 CMHC APN 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, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78

S9454	Stress management classes, non- physician provider, per session	ENC
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	Min: N/A Max: N/A
Place of Service 03 School 04 Shelter 11 Office 13 ALF 14 Grp Home 22 Outpt Hosp 31 SNF 32 NF 32 NF 50 FQHC 52 PF-PHP 53 CMHC 54 ICF-MR 56 PRTC 72 RHC 99 Other	Service Description: (Including example activities) Structured classes designed to educate members on the management of stress. Notes: (Including specific documentation and/or diagnosis requirements)	Service Provider 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
	See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.	Provider Types That Can Bill: 01, 02, 05, 16, 24, 25, 26, 30, 32, 36, 37, 38, 39, 41, 45, 52, 64, 77, 78

S9480	Mental Health Intensive Outpatient Program (IOP), per diem	DAY
	Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+)	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. 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) For services that do not meet the minimum daily hours, providers should bill for the component services they provide. These services will be billed using revenue code 0905 by hospitals (general or specialty) instead of using the HCPCS code. See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.	Service Provider Peer Support Professional 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, 37, 38, 41, 45, 77, 78

S9485

Place of Service

03 School

• 04 Shelter

11 Office

• 12 Home

14 Grp Home

15 Mobile Unit

22 Outpt Hosp

27 Outreach

Site/Street

33 Cust Care

34 Hospice

• 50 FQHC

52 PF-PHP

53 CMHC

54 ICF-MR

13 ALF

- 23 ER

31 SNF

- 32 NF

Crisis intervention mental health services, per diem

DAY

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

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

Service Description: (Including example activities)

Unanticipated services rendered in the process of resolving followed with the member's permission.

- Contact to provide immediate, short-term crisisfamily members
- Referral to other applicable Behavioral Health services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider
- Consultation with physician/ hospital staff regarding
- Contact with another provider to help that provider deal 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 the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

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

specific assessment and intervention/counseling with member and, as necessary, with members' caretakers/

- staff
- need for psychiatric consultation or placement

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, 37, 38, 41, 45, 64, 77, 78

56 PRTC 72 RHC

99 Other

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
Place of Service 12 Home* 13 ALF 14 Grp Home 50 FQHC 53 CMHC 72 RHC 99 Other	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. 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. • Respite services/activities rendered • Special instructions and that those instructions were followed See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.	Service Provider Intern LPN/LVN RN APN RXN PA MD/DO Provider Types That Can Bill: 01, 02, 05, 16, 24, 25, 26, 32, 37, 38, 41, 45, 64, 77, 78

Targeted case management, 15 T1017 **MINS** mins Min: 8 mins Child (0-11), Adol (12-17), Young Adult (18-20), Adult (21-64), Geriatric (65+) Max: 15 mins **Service Description:** (Including example activities) Service Provider Services designed to assist and support a member diagnosed with or Bach Level being assessed for a mental health diagnosis, to gain access to needed medical, social, educational, and other services as well as provide care Intern coordination and care transition services, including: Unlicensed Master's · Assessing service needs Level Assessing the need for service. Place of Service Identifying and investigating available resources. Unlicensed Explaining options to members and assisting in application 03 School EdD/ PhD/PsvD process. 04 Shelter Service plan development LCSW 11 Office Specifying goals and actions to address member needs. LPC Ensuring member participation, identifying a course of 12 Home action; includes transition plan development with member. LMFT 13 ALF Referral and related activities to obtain needed services: Licensed Working with member/service providers to secure access to 14 Grp Home EdD/PhD/PsyD services, including contacting agencies for 15 Mobile Unit appointments/services after initial referral process. LAC Informing members of services available, addresses and 21 Inpt Hosp LPN/LVN telephone numbers of agencies providing services. 22 Outpt Hosp Care Coordination between other service agencies, RN healthcare providers, and member's family for assistance - 23 ER APN helping member access services. 27 Monitoring and follow-up RxN Follow-up of a transition plan. Outreach PA Contacting member/others to ensure member is following Site/Street the agreed upon service or transition plan. MD/DO 31 SNF · Monitoring progress and impact of plan. **Notes:** (Including specific documentation and/or diagnosis 32 NF requirements) 33 Cust Care Use H0006 procedure code for case management for members with a 34 Hospice primary substance use disorder. Provider Types Case management involves linking the member to the direct delivery of 50 FQHC That Can Bill: needed services, but it is not itself the direct delivery of a service to 51 Inpt PF which the member has been referred. Case management does not 01, 02, 05, 16, 24, 25, include time spent transporting the member to required services/time 52 PF-PHP 26, 32, 37, 38, 41, spent waiting while the member attends a scheduled appointment. 53 CMHC 45, 64, 77, 78 However, it includes time spent participating in an appointment with the member for purposes of referral and/or monitoring and follow-up. 54 ICF-MR 56 PRTC See the Service Documentation Standards section on HCPF's

Behavioral Health Policies, Standards, and Billing References

webpage for documentation expectations.

72 RHC

99 Other

T2022 **UNIT** Enhanced Functional Family Therapy (EFFT) Min: 1 month First Position Adol (12-17) Modifier: HK Max: N/A **Service Description:** Enhanced Functional Family Therapy Service Provider (EFFT) is a systematic, evidence-based, manual driven, family-Bach Level based treatment program used for a wide range of problems Intern (including drug use and abuse, conduct disorder, mental health concerns, truancy, and related family problems) affecting youth Unlicensed ages 12-17 and their families. EFFT can be used for youth ages Master's Level Place of Service 10-11 and age 18 based on severity of behaviors on a case-by-Unlicensed • 02 Telehealth case basis and in accordance to model fidelity. FdD/ • 03 School Enhanced Functional Family Therapy (EFFT) is an intensive in-home PhD/PsyD evidence based practice. EFFT Serves youth 12-17 years of age. EFFT • 04 Shelter **LCSW** is short term based average of 12-16 sessions, (2 hours a week per 05 IHS Free Standing family with an addition to 30 minute phone call) 10-12 hours a month LPC • 06 HIS Facility per family, ranging from 8-30 depending on the severity of risk • 07 Tribal 638 Free Standing factors), family-based therapeutic intervention for delinquent youth **LMFT** at risk for institutionalization and their families. • 08 Tribal 638 Facility Licensed Enhanced Functional Family Therapy (EFFT) designed to serve families • 10 Telehealth EdD/PhD/PsyD with children aged 17 or younger. EFFT aims to improve child and Members Home family outcomes and keep families together by offering a continuum LAC 11 Office of services tailored to individual family needs. • 12 Home Families assessed as high-risk receive EFFT intervention, enhanced 13 Assisted Living behavioral and mental health targets delivered in five phases by a Facility (ALF) trained clinical therapist. • 14 Group Home The first three phases focus on increasing engagement, building • 15 Mobile Unit motivation for change, and understanding relational patterns. The next phase focuses on behavior change and identifying and addressing 16 Temporary Lodging family needs. The final phase helps families generalize these behavior 18 Place of Employment changes to their everyday lives and to contexts outside the immediate - Worksite • 21 Inpatient Hospital For families with younger children, program content is more parent- 22 Outpatient Hospital driven, focusing on building skills for creating a family context in - 23 Emergency Room which children can flourish. - Hospital For families with adolescents, program content focuses on how problem behaviors can motivate families to engage in change. 27 Outreach Site/Street 31 Skilled Nursing **Provider Types That** Facility (SNF) Can Bill: Provider Requirements: • 32 Nursing Facility (NF) Providers of EFFT must meet the specific training and supervision requirements. • 33 Custodial Care 77/388, 77/389, 37, This includes being certified by FFT, LLC. Facility (CCF) 38 • 49 Independent Clinic See the Service Documentation Standards section on HCPF's • 50 Federally Behavioral Health Policies, Standards, and Billing Qualified Health References webpage for documentation expectations. Center (FQHC) 51 Inpatient Psychiatric Facility (IPF) • 52 Psychiatric Facility -Partial Hospitalization (PF- PHP) • 55 Residential Substance Abuse Treatment Facility (PRTC) • 57 Non-Residential Substance Abuse Treatment Center • 72 Rural Health Clinic (RHC) 99 Other POS

T2022

Enhanced High Fidelity Wraparound (EHFW)

UNIT

First Position Modifier: HT

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

Min: 1 month Max: N/A

Place of Service

- 02 Telehealth
- 03 School
- 04 Shelter
- 05 IHS Free Standing
- 06 HIS Facility
- 07 Tribal 638 Free Standing
- 08 Tribal 638 Facility
- 10 Telehealth Members Home
- 11 Office
- 12 Home
- 13 Assisted Living Facility (ALF)
- 14 Group Home
- 15 Mobile Unit
- 16 Temporary Lodging
- 18 Place of Employment
- Worksite
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room
- Hospital
- 27 Outreach Site/Street
- 31 Skilled Nursing Facility (SNF)
- 32 Nursing Facility (NF)
- 33 Custodial Care Facility (CCF)
- 49 Independent Clinic
- 50 Federally Qualified Health Center (FQHC)
- 51 Inpatient Psychiatric Facility (IPF)
- 52 Psychiatric Facility -Partial Hospitalization (PF- PHP)
- 55 Residential Substance Abuse Treatment Facility (PRTC)
- 57 Non-Residential Substance Abuse Treatment Center
- 72 Rural Health Clinic (RHC)
- 99 Other POS

Service Description: Enhanced High Fidelity Wraparound (EHFW) is a team based, evidence-informed, structured approach with 24/7 availability providing care coordination that adheres to required procedures for child and family engagement, individualized care planning, to include developing and implementing crisis safety plans, identifying and leveraging strengths and natural supports while monitoring progress and fidelity to the model.

EHFW providers need to be certified/credentialed in the National Wraparound Implementation Center (NWIC) under the Workforce capacity center.

The goal of EHFW is to help the youth, under 21, and family reach success while remaining in their home communities. The process involves a facilitator, regular team meetings that include the child, youth, family, friends, community resources, and professionals.

EHFW includes a broad set of activities designed to assess, plan, and monitor the service needs of the child and family these include:

- Engagement and outreach to children and families, including education on Systems of Care and Wraparound processes.
- Organization and facilitation of a child and family treatment team that meets on a regular basis.
- Reviewing and updating the individual's Integrated Assessment and care plan, which includes the identification of needs and strengths and the development of a service plan.
- Crisis assessment, Crisis plan development and 24/7 on call for safety, crisis plan implementation and prevention planning.
- Coordination and consultation with providers and formal and informal supports involved with the child's care.
- Referring, linking, and following up with service providers and social service agencies for services recommended by the child and family treatment team on the service plan; and,
- Assisting children in transitioning from an institutional setting to a community-based living arrangement
- Assisting children with community-based services and supports so they can remain in their home or in the community

See the Service Documentation Standards section on HCPF's Behavioral Health Policies, Standards, and Billing References webpage for documentation expectations.

Service Provider

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

Provider Types That Can Bill:

77/388, 77/389, 37, 38

T2022 **UNIT** Enhanced Multi-Systemic Therapy (EMST) First Position Min: 1 month Adol (12-17) Modifier: HA Max: N/A **Service Description:** An intensive, home-, family-Service Provider and community-based treatment. focusing on Place of Service **Bach Level** factors in an adolescent's environment that • 02 Telehealth Unlicensed contribute to his/her anti-social behavior, including Master's Level • 03 School adolescent characteristics, family relations, peer 04 Shelter Unlicensed relations, and school performance. EMST Serves 05 IHS Free Standing EdD/ youth 12-17 years of age based on EMST model • 06 HIS Facility PhD/PsyD fidelity. EMST can be used for youth ages 10-11 • 07 Tribal 638 Free Standing **LCSW** • 08 Tribal 638 Facility based on severity of behaviors on a case-by-case LPC 10 Telehealth basis and in accordance to model fidelity. Members Home LMFT 11 Office Licensed • 12 Home Examples include: EdD/PhD/PsyD 13 Assisted Living Strategic family therapy LAC Facility (ALF) • 14 Group Home Structural family therapy • 15 Mobile Unit Behavioral parent training 16 Temporary Lodging Cognitive behavior therapies • 18 Place of Employment - Worksite 21 Inpatient Hospital **Provider Qualifications** 22 Outpatient Hospital Providers of EMST must meet MST specific training - 23 Emergency Room - Hospital and supervision requirements. This includes being • 27 Outreach Site/Street certified by MST Services or one of their affiliates. • 31 Skilled Nursing **Provider Types That** Facility (SNF) Can Bill: • 32 Nursing Facility (NF) Providers are expected to adhere to MST Frequency • 33 Custodial Care 77/388, 77/389, 37, and Availability Standards and MST Nine Core Facility (CCF) Principles, utilize the MST Analytic Process, and • 49 Independent Clinic maintain observance of the MST Fidelity Monitoring • 50 Federally Qualified Health Tools for supervisors and clinicians Center (FQHC) 51 Inpatient Psychiatric Facility (IPF) • 52 Psychiatric Facility -See the Service Documentation Standards section on Partial Hospitalization HCPF's Behavioral Health Policies, Standards, and Billing (PF-PHP) References webpage for documentation expectations. • 55 Residential Substance Abuse Treatment Facility (PRTC) • 57 Non-Residential Substance Abuse Treatment Center • 72 Rural Health Clinic (RHC) • 99 Other POS

APPENDIX A: ABBREVIATIONS & ACRONYMS

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

APPENDIX B: BHA-ONLY CODES

In addition to the codes covered by both Medicaid and BHA listed in the body of this billing manual, BHA has additional codes included within their programs. For entities and behavioral health providers that contract with BHA, the following codes apply to programs and initiatives requiring client level data submissions. Please contact cdhs_bha_provider_support@state.co.us 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 Servi ce	Service Provider
80305	Drug Screen, presumptive, optical observation	03 School	Intern
ENC Min: n/a Max: n/a AGES: ALL	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.	04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC 99 Other	MD DO PA APN RxN
	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.		
	 Date of service Member consent Screening results Member's identified treatment/service plan (if applicable) Referral for treatment (if applicable) Signed with 1st initial, last name & credentials 		

80306	Drug Screen, presumptive, read by instrument	03 School	Intern
ENC Min: n/a Max: n/a AGES: ALL	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), 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	04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC 99 Other	LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APN RxN PA MD/DO
	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		
82075	Alcohol (ethanol): breath	03 School 04 Shelter	Peer Support Professional
ENC Min: n/a Max: n/a AGES: ALL	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 1 st initial, last name & credentials	11 Office 12 Home 13 ALF 14 Grp Home 15 Mo bile Unit 21 Inpt Hosp 22 Ou tpt Hosp 23 ER 31 SNF 32 NF 33 Cust Care 34 Hospice 50 FQHC 51 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 55 RSATF 56 PRTC 57 NRSATF 72 RHC 99 Other	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

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Ades: ALL Ades: ALL Ages: Ages: All Ages: All Ages: Ages: Ages: All Ages: Ages: Ages: All Ages: Ages	H0003	Alcohol and/or drug screening; laboratory	03 School	Peer Support
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2. Screening results 3. Referral for treatment (if applicable) 4. Signed with 1* initial, last name & credentials 4. Signed with 1* initial, last name & credentials 50 FQHC 51 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 55 RSATF 56 PRTC 57 NRSATF 72 RHC 99 Other Alcohol and/or drug services; crisis intervention (outpatient) ENC Min: n/a Max: n/a Max: n/a Alcohol and/or drug crisis intervention used to assist a person to abstain from alcohol and or drug usage. APRN APRN APRN APRN APRN AND/DO 51 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 55 RSATF 72 RHC 99 Other 03 School 04 Shelter 09 Prison/CF 11 Office 11 Office 12 Home 21 Inpt Hosp LAC		1 Date of service	-	
3. Referral for treatment (if applicable) 4. Signed with 1st initial, last name & credentials 4. Signed with 1st initial, last name & credentials 50 FQHC 51 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 55 RSATF 56 PRTC 57 NRSATF 72 RHC 99 Other H0007 ENC Min: n/a Max: n/a A planned alcohol and/or drug crisis intervention used to assist a person to abstain from alcohol and or drug usage. 3. Referral for treatment (if applicable) 50 FQHC 81 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 55 RSATF 72 RHC 99 Other 03 School 04 Shelter 09 Prison/CF 11 Office 11 Office 12 Home 21 Inpt Hosp LAC				
4. Signed with 1* initial, last name & credentials 4. Signed with 1* initial, last name & credentials 51 Inpt PF 52 PF-PHP 53 CMHC 54 ICF-MR 55 RSATF 56 PRTC 57 NRSATF 72 RHC 99 Other Coutpatient ENC Min: n/a Max: n/a A planned alcohol and/or drug crisis intervention used to assist a person to abstain from alcohol and or drug usage. 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. Alcohol and/or drug services; crisis intervention 04 Shelter 09 Prison/CF 11 Office 12 Home 21 Inpt Hosp LAC				
H0007 H0007 Alcohol and/or drug services; crisis intervention (outpatient) ENC Min: n/a Max: n/a Max: n/a Max: n/a Strict 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. Signal in the service of the servic				
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H0007 H0007 Alcohol and/or drug services; crisis intervention (outpatient) 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. 54 ICF-MR 55 RSATF 72 RHC 99 Other 03 School 04 Shelter 09 Prison/CF 11 Office 11 Office 12 Home 21 Inpt Hosp LAC				
H0007 H0007 Alcohol and/or drug services; crisis intervention (outpatient) ENC Min: n/a Max: n/a Max: n/a Max: n/a 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. 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. 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. 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. Licensed EdD/PhD/PsyD LAC				
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H0007 Alcohol and/or drug services; crisis intervention (outpatient) ENC Min: n/a Max: n/a Max: n/a 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. 99 Other 03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 21 Inpt Hosp LAC				
H0007 ENC Min: n/a Max: n/a Alcohol and/or drug services; crisis intervention (outpatient) Alcohol and/or drug services; crisis intervention (04 Shelter 09				
ENC Min: n/a Max: n/a Max: n/a Max: n/a (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. O4 Shelter 09 Prison/CF 11 Office 12 Home 21 Inpt Hosp LAC	110007			T. C
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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. Prison/CF 11 Office 12 Home 21 Inpt Hosp LAC		(outpatient)		
Min: n/a Max: n/a Max: n/a Min: n/a Max: n/a Max: n/a Min: n/a Max: n/a Min: n/a Max: n/a Min: n/a Max: n/a Min: n/a Min:	ENC			
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Max: n/a assist a person to abstain from alcohol and or drug usage. A column A colu	Min: n/a			
1 22 0 646		, ·		
AGES: Notes: (Including specific documentation and/or 22 Ou tot LPN/LVN	AGES:	Notes: (Including specific documentation and/or		
Adolescent diagnosis requirements) tpt LPN/LVN			-	
Young Adult 1. Date of service Hosp RN ADDITION OF A		1. Date of service		
Adult 2. Member demographic information 32 NF APRN (SA) Older Adult 2. Member demographic information 33 Cust Care Ryn PA		2. Member demographic information		` ,
Specific intervention convice used	Older Adult	3. Specific intervention service used		
4. Members response 34 Hospice MD/DO				MD/DO
5. Referral for treatment (if necessary)		5. Referral for treatment (if necessary)	-	
6 Signed with 1s initial last name & credentials			•	
52 PF-PHP				
53 CMHC				
54 ICF-MR				
56 PRTC				
57 NRSATF 72 RHC			99 Other	

H0022	Alcohol and/or drug intervention service (planned	03 School	Intern
ENC Min: n/a Max: n/a AGES: ALL	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 3. Specific intervention service used 4. Member's response 5. Referral for treatment (if necessary) 6. Signed with 1st initial, last name & credentials	04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 55 RSATF 57 NRSATF 72 RHC 99 Other	LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN RXN PA MD/DO
H0024	Behavioral Health Prevention Information	03 School	Peer Support
ENC Min: n/a Max: n/a AGES: ALL	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	04 Shelter 09 Prison/CF 11 Office 12 Home 14 Grp Home 15 Mo bile Unit 33 Cust Care 34 Hospice 50 FQHC 53 CMHC 55 RSATF 57 NRSATF 72 RHC 99 Other	Professional 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	Alcohol and/or drug prevention environmental	03 School	Peer Support
поодл		04 Shelter	Professional
EVIC.	service	09	Bach Level
ENC	(Broad range of external activities geared toward	Prison/CF	Intern
	modifying systems in order to mainstream prevention	11 Office	Unlicensed
Min: n/a	through policy and law)	12 Home	Master's Level
Max: n/a	Compine Decembrisms (Including example extinities)	14 Grp	Unlicensed
ACEC.	Service Description: (Including example activities) Environmental strategies use a broad range of external	Home	EdD/PhD/PsyD
AGES: ALL	activities in order to mainstream prevention through	15 Mo	LCSW
ALL	policies and law. These strategies establish or change	bile	LPC
	community standards, codes, and attitudes, which	Unit	LMFT
	decreases the prevalence of alcohol and other drugs	33 Cust Care	
	within the community.	50 FQHC	EdD/PhD/PsyD
	ŕ	53 CMHC 72 RHC	LAC
	Review of school policies	99 Other	CAT CAS
	Community technical assistance	99 Other	LPN/LVN
	Revised advertising practices		RN
	Pricing strategies		APRN (SA)
	Setting minimum age requirements		RxN PA
	Product use restrictions		MD/DO
	Workplace substance abuse policies		
	New or revised environmental codes		
	 New or revised ordinances, regulations, or 		
	legislation		
	Notes: (Including specific documentation and/or		
	diagnosis requirements)		
	A North and Constitution		
	1. Number of participants		
	2. Type of service		
H0028	Alcohol and/or drug prevention problem	03 School	Peer Support
	identification and referral service	04 Shelter	Professional
MINS	(e.g., student assistance and employee assistance	09	Bach Level
Milito	programs), does not include assessment	Prison/CF	Intern
Min: 8	Service Description: (Including example activities) Alcohol	11 Office	Unlicensed
Max: n/a	and/or drug prevention problem identification and referral	12 Home	Master's Level
max. III a	services include screening for tendencies toward substance	14 Grp	Unlicensed
AGES:	abuse and referral for preventive treatment for curbing	Home	EdD/PhD/PsyD
ALL	such tendencies if indicated. This service is provided to	15 Mo bile	LCSW LPC
	address the following risk factors: individual attitudes	Unit	LMFT
	towards substance use, and perceived risks for substance	33 Cust Care	Licensed
	use. Identification and referral programs look at the	50 FQHC	EdD/PhD/PsyD
	relationship between substance use and a variety of other	53 CMHC	LAC
	problems such as mental health problems, family	55 RSATF	CAT
	problems, sexually transmitted diseases, school or	57 NRSATF	CAS
	employment failures and delinquency.	72 RHC	LPN/LVN
	Notes: (Including specific documentation and/or	99 Other	RN
	diagnosis requirements)		APRN
	1. Date of service		RxN PA
	2. Start and stop time (duration)		MD/DO
	3. Number of participants		
	4. Type of service		
	5. Referral to treatment if necessary		

H0029	Alcohol and/or drug prevention alternatives	03 School	Peer Support
110027	service	04 Shelter	Professional
ENC	(Services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	09 Prison/CF 11 Office	Bach Level Intern Unlicensed
Min: n/a Max: n/a AGES: Adolescent Young Adult Adult Older Adult	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 andor recreational events • Community drop in centers • Community services • Leadership functions • Activities involving athletics, art, music, movies, etc.	12 Home 14 Grp Home 15 Mo bile Unit 33 Cust Care 50 FQHC 53 CMHC 72 RHC 99 Other	Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT
	Notes: (Including specific documentation and/or diagnosis requirements) 1. Number of participants 2. Type of service		
H0030	Behavioral Health, Hotline Services	02	Peer Support
ENC Min: n/a Max: n/a AGES: ALL	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.	Telehealth Provided Other than in Patient's home 10 Telehealth Provided	Professional Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC
	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	in Patient's Home	LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN (SA) RxN PA MD/DO

1100.47	Alaskal and/ou ath andmin stress services t	03 School	Intorn
H0047	Alcohol and/or other drug abuse services; not	03 School 04 Shelter	Intern Unlicensed
	otherwise specified	09	Master's Level
MINS		Prison/CF	Unlicensed
	Service Description: (Including example activities)	11 Office	EdD/PhD/PsyD
Min: 8 Max:	Services provided to persons with alcohol and/or other	12 Home	LCSW
n/a	drug problems in outpatient settings, not elsewhere	50 FQHC	LPC
	classified.	53 CMHC	LMFT
AGES:		57 NRSATF	Licensed
ALL	Notes: (Including specific documentation and/or	72 RHC	EdD/PhD/PsyD
	diagnosis requirements)		LAC
	 Date of service Start and stop time (duration) 		CAS
	3. Signed with 1st initial, last name & credentials		MD/DO
110040		03 School	QMAP
H0048	Alcohol and/or other drug testing; collection of	04 Shelter	Bach Level
_,	handling only, specimens other than blood	09	Intern
ENC		Prison/CF	Unlicensed
	Service Description: (Including example activities)	11 Office	Master's Level
Min: n/a	"Specimen Collection" means the collection and handling	12 Home	Unlicensed
Max: n/a	of hair, saliva, or urine for the purposes of analysis for the	13 ALF	EdD/PhD/PsyD
	presence of alcohol and/or other drugs and does not	14 Grp	LCSW
AGES:	include the laboratory analysis of such specimens.	Home	LPC
ALL	Appropriate and approved samples for drug testing shall	15 Mo	LMFT
	be collected and analyzed in accordance with applicable	bile	Licensed
	state and federal statutes and regulations, and BHA rules, policies, and procedures.	Unit	EdD/PhD/PsyD
	poticies, and procedures.	21 Inpt Hosp	LAC
		22 Ou	CAT
		tpt	
		Hosp	
		23 ER 31 SNF	
		31 3NF	CAC
	Collection of hair, saliva, or urine for the purpose of	33 Cust Care	CAS LPN/LVN
	testing for the presence of alcohol or drugs.	34 Hospice	RN
	Notes: (Including specific documentation and/or	50 FQHC	APRN (SA)
	diagnosis requirements)	51 Inpt PF	RxN PA
	Staff collecting urine, breath, and blood samples shall be	52 PF-PHP	MD/DO
	knowledgeable of collection, handling, recording, and	53 CMHC	71.57 5 0
	storing procedures assuring sample viability for evidentiary	54 ICF-MR	
	and therapeutic purposes.	55 RSATF	
		56 PRTC	
	1. Date of service	57 NRSATF	
	2. Screening results	72 RHC	
	3. Signed with 1st initial, last name & credential	99 Other	

H1000	Prenatal Care, At Risk Assessment	03 School LAC
ENC Min: n/a Max: 3 hrs	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.	04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC
AGES: Adolescent Young Adult Adult Older Adult	Risk assessment to determine level of risk to the pregnancy based upon the individual's substance use disorder and other biopsychosocial factors.	57 NRSATF 72 RHC
	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	

H1002	Care Coordination prenatal/case management	03 School	LAC
MINS	care coordination prenatar/case management	04 Shelter	CAS
Min: 8 Max: n/a AGES: Adolescent Young Adult Adult Older Adult	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	09 Prison/CF 11 Office 12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC	
	with a substance use disorder. Referring a current member to a residential treatment program (making sure she gets there) and obtaining benefits on behalf of the member. Coordinating transitions between residential and outpatient care. Linking members to primary medical care (prenatal care) Maintaining service coordination with other systems, such as child welfare, probation and TANF. 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	/2 KHC	
H1003	Prenatal Care, at risk enhanced service,	11 Office	LAC
HOUR Min: n/a Max: n/a AGES: Adolescent Young Adult Adult	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 1* initial, last name & credentials	12 Home 50 FQHC 53 CMHC 57 NRSATF 72 RHC 99 Other	CAS

H1004	Prenatal follow up home visit	04 Shelter	LAC
	•	12 Home	CAS
MINS	Service Description: (Including example activities) Prenatal Care Coordination follow-up visits provided in		
Min: n/a Max: n/a	the home		
Max: II/a	Notes: (Including specific documentation and/or		
AGES:	diagnosis requirements)		
Adolescent Young Adult Adult	1. Date of service 2. Start and stop time (duration) 3. Description of condend		
	 3. Description of service rendered 4. Recommendations 5. Signed with 1st initial, last name & credentials 		

H1011 Family assessment by a licensed Beha	vioral 03 School	Intern
Health professional	04 Shelter	LCSW
ENC	11 Office	LPC
Service Description: (Including example activ	vities) 12 Home	LMFT
A non-modical visit with a member's family s	andusted by a I I ALF	Licensed
Min: n/a non-physician Rehavioral Health professional)	for a Ctato	EdD/PhD/PsyD
Max: n/a defined purpose	HOHIC	LAC
	15 Mo	LPN/LVN
AGES: Evaluation to gather psychosocial history, pre	senting bile Unit	RN
Adolescent concerns, determine diagnosis/diagnoses, base		APN Bank BA
functioning, determine appropriate level of c	are or 23 ER	RxN PA MD/DO
treatment needs and make necessary referral	s or open to 31 SNF	MU/UU
treatment.	32 NF	
	33 Cust Care	
Notes: (Including specific documentation and		
diagnosis requirements)	49 Ind Clinic	
Functional/risk assessments, genograms, and	or 50 FQHC	
ecomaps may be utilized as part of the family		
assessment.	52 PF-PHP	
	53 CMHC	
Technical Documentation Requirements	54 ICF-MR	
See Section X Service Content	56 PRTC	
	57 NRSATF	
	72 RHC	
1. Family's presenting concern(s)/proble	em(s) 99 Other	
Review of medical and medication his	story,	
psychosocial, family, and treatmenth	istory	
3. Mental status exam		
4. DSM-5 diagnosis		
5. Disposition - need for Behavioral Hea referral, etc.	thservices,	

H2034	Halfway house	14 Grp	Peer Support
Min: 4 hrs 8 min Max: n/a AGES: Adolescent Young Adult Adult Older Adult	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	Home 55 RSATF	Professional 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

S9976	Lodging/Room & Board, per diem, not	21 Inpt Hosp	
	otherwise specified	22 Ou	Professional
	Service Description: (Including example activities)	tpt	QMAP
	Room and board costs per day	Hosp	Bach Level
	Room and board costs per day	49 Ind Clinic	Intern
	Notes: (Including specific documentation and/or	51 Inpt PF	Unlicensed
DAY	diagnosis requirements)	53 CMHC	Master's Level
DAY	1. Date of service	55 RSATF	Unlicensed
	2. Start and stop time (duration)		EdD/PhD/PsyD
Min: n/a	3. Sign with 1st initial, last name & credentials		LCSW
Max: n/a			LPC
			LMFT
AGES:			Licensed
Adolescent			EdD/PhD/PsyD
Young Adult Adult			LAC
Older Adult			CAT
			CAS

T1006	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	03 School 04 Shelter 09 Prison/CF 11 Office 12 Home 50 FQHC 51 Inpt PF 52 PF-PHP 53 CMHC	Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD
HOUR Min: n/a Max: n/a AGES: Adolescent Young Adult Adult Older Adult	 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 1* initial, last name & credentials 	57 NRSATF 72 RHC 99 Other	LAC CAS

T1009	Child sitting services for the children of the	11 Office	Peer Support
	individual receiving alcohol and/or substance use	12 Home	Professional
MINS	services	_	•
MINS Min: 8 Max: n/a AGES: Child Adolescent		50 FQHC 53 CMHC 57 NRSATF 72 RHC 99 Other	QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN
			RN ADDN
			APRN RxN
			PA
			MD/DO

T1012	Alcohol and/or substance use services, skills	03 School	Peer Support
	development	04 Shelter	Professional
15 MINS Min: 8 Max: n/a AGES: ALL	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.	09 Prison/CF 11 Office 12 Home 14 Grp Home 50 FQHC 53 CMHC 55 RSATF 56 PRTC 57 NRSATF 72 RHC 99 Other	QMAP Bach Level Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LAC CAT CAS LPN/LVN RN APRN (SA) RxN PA MD/DO
	 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) Date of service Start and stop times (duration) Description of service rendered Recommendations Signed with 1st initial, last name & credentials 		

T1013	Sign language or oral interpreter for alcohol	ALL	DHOH
15 MINS	and/or substance use services		Interpreter
	Service Description: (Including example activities)		
Min: 8 Max: n/a AGES: ALL	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.		
	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. 2. Date of service 3. Start and stop time (duration) 4. Signed with 1st initial, last name & credentials 		

T1016	Case management, 15 minutes	03 School	Bach Level
T1016	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.		Intern Unlicensed Master's Level Unlicensed EdD/PhD/PsyD LCSW LPC LMFT Licensed EdD/PhD/PsyD LPN/LVN RN APN RxN PA
Referral and related activities to describe services - arranging initial appoint member with service providers/int of services available, addresses and numbers of agencies providing services, including contacting agencies, including contacting agencies.	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.	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	MD/DO
15 MINS			
Min: 8 Max: n/a			
AGES: ALL			

BHA Only	Description	Places of	Service
Code	 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 and healthcare providers 	Service	Provider
	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 The reason for the visit/call. What was theintended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided (specify issues addressed (adult living skills, family, income/support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care 		
	coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties		
T2001	Non-emergency transportation	55 RSATF 57 NRSATF	Peer Support
15 MINS Min: 8 Max: n/a AGES:	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.	99 Other	Professional QMAP Bach Level Intern Unlicensed Master's Level Unlicensed
ALL	Notes: (Including specific documentation and/or diagnosis requirements)		EdD/PhD/PsyD LCSW LPC

APPENDIX C: CURRENT PROCEDURAL TERMINOLOGY (CPT) SERVICE CATEGORIES

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

|APPENDIX D: MEDICAID DIRECTED PAYMENTS

This appendix reflects billing and coding guidance consistent with the Department's Directed Payment policy. Learn more about current Directed Payments Policy on the HCPF Behavioral Health Policy webpage.

Safety Net Providers

Comprehensive Safety Net Providers (CSNP)

Providers who are approved by BHA and enrolled with HCPF as a CSNP PT 78 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 chart below:

90785	96130	99213	99255	99350	H0036+HA	H2024
90791	96131	99214	99281	99366	H0037	H2025
90792	96132	99215	99282	99367	H0037+HA	H2026
90832	96133	99221	99283	99368	H0038	H2027
90833	96136	99222	99284	G0176	H0039	H2030
90834	96137	99223	99285	G0177	H0040	H2031
90836	96138	99231	99304	H0001	H0045	H2030
90837	96139	99232	99305	H0002	H0046	H2031
90838	96146	99233	99306	H0004	H2000	H2032
90839	96372	99234	99307	H0005	H2001	H2033
90839+ET	97535	99235	99308	H0006	H2011	S5150
90840	97537	99236	99310	H0015	H2011+ET	S5151
90846	98966	99238	99315	H0016	H2012	S9445
90847	98967	99239	99316	H0023	H2014	S9453
90849	98968	99242	99341	H0025	H2015	S9454
90853	99202	99243	99342	H0031	H2016	S9480
90875	99203	99244	99344	H0032	H2017	S9485
90876	99204	99245	99345	H0033	H2018	T1005
90887	99205	99252	99347	H0034	H2021	T1017
96116	99211	99253	99348	H0035	H2022	
96121	99212	99254	99349	H0036	H2023	

When possible HCPF has created a distinct PPS rate for each CSNP informed by historic costs for these services. New CSNPs that do not have a validated cost report will be reimbursed the Statewide PPS rate. Below are PPS rates for enrolled Comprehensive providers effective July 1, 2025.

Provider	FY26 PPS Rate
AllHealth	\$335.86
Aurora	\$469.79
Axis	\$325.00
Centennial	\$318.02
Clinica Family Health and Wellness	\$502.04
Community Reach	\$315.66
Denver Health	\$358.43
Diversus	\$273.90
Eagle Valley Behavioral Health	\$473.92
Health Solutions	\$407.52
Health Solutions West	\$302.87
Jefferson	\$353.72
Mile High Behavioral Health	\$358.43
North Range Behavioral Health	\$256.92
Paragon	\$439.98
San Luis	\$340.12
Solvista	\$355.60
Summitstone	\$382.43
Wellpower	\$470.76
Statewide	\$358.43

Essential Safety Net Providers (ESNP)

There is no distinct provider type for Essential Safety Net Providers. Provider Types that can become ESNPs are indicated in the <u>Essential Safety Net Provider Alignment Guide</u>. Essential RAE contracted providers who have a full BHA ESNP Approval may update their enrollment via <u>maintenance request</u>. Below are services and reimbursement rates, that the RAEs are directed to pay, for ESNPs who are contracted as essential with a RAE.

Mobile Crisis Response (MCR) services

Code	Directed Payment Rate
90839+ET	\$173.24
H2011+ET	\$81.66

Opioid Treatment Program (OPT) services

Code	Directed Payment Rate
H0020	\$22.44

Services in a bedded facility (Until June 30, 2026)

Code	Directed Payment Rate
911	\$797.89
H2036+U1	\$244.77
H2036+U1+HD	\$444.77
H2036+U3	\$350.34
H2036+U3+HD	\$550.34
H2036+U5	\$475.35
H2036+U5+HD	\$675.35
H2036+U7	\$763.38
H2036+U7+HD	\$963.38
H0010	\$451.07
H0011	\$973.91
H0019+U1	\$367.99
H0019+HB	\$295.85
H0019+U1	\$367.99
H0019+HB	\$295.85

Crisis Stabilization Unit (CSU) and Acute Treatment Units (ATU) are bedded facilities that currently have individualized rates based on cost reporting. New CSU and ATU providers that do not have a validated cost report will be reimbursed the Statewide PPS rate. Providers enrolled effective July 1, 2025 and their payment rates are listed in the following table.

Provider	FY26 CSU Directed Payment	FY26 ATU Directed Payment
	Rate for Code H0018	Rate for Code H0017
AllHealth	\$1,510.82	\$1,628.76
Aurora	\$1,259.07	
Axis	\$1,837.09	\$2,037.42
Community Reach		\$1,533.87
Diversus		\$1,656.77
Health Solutions		\$1,864.78
Jefferson	\$1,513.51	
North Range BH	\$1,513.51	\$985.16

Solvista		\$2,160.27
Summitstone	\$1,447.04	
Wellpower	\$2,065.86	
Statewide	\$1,513.51	\$1,533.87

Directed Payments for Targeted Populations

Code	Description	Directed Payment Rate
H2033	Multisystemic Therapy (MST), 15 mins	\$38.22
H0036+HA	Functional Family Therapy (FFT), 15 mins	\$36.62
H0037+HA	Functional Family Therapy (FFT), per diem	\$878.80
H2015	Comprehensive Community Support Services, 15 mins	\$9.21
H2016	Comprehensive Community Support Services, per diem	\$221.15
H2021	Community-based wrap-around services, 15 mins	\$9.87
H2022	Community-based wrap-around services, per diem	\$236.83

Please refer to individual coding pages for provider type eligibility and code unit limitations.

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

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

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

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

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

- Consultation Codes E/M Codes 99242-99245, 99252-99255 are reimbursed when the service is provided for a covered BH diagnosis, regardless of the billing provider. Consultation Services are distinguished from other E/M services because a Physician or qualified Non-Physician Practitioner (NPP) is requested to advise or opine regarding E/M of a specific member by another Physician or other appropriate source. Only the provider being consulted can bill for this service.
- **Emergency Department Codes -** E/M Codes 99281-99285 are reimbursed when the service is provided for a covered BH diagnosis, regardless of the billing provider.

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

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

Code	Description	РО	S	Service Provider
99202	New Pt Office or Other Outpt Visit w/ Straightforward MDM, typically 15-29 mins	53-CMHC 11-Office 15-Mobile Unit 50-FQHC 72-RHC	22-Outpt Hosp 49- Ind Clinic 03-School 57-NRSTF 99-Other	Intern MD DO PA APN RxN
99203	New Pt Office or Other Outpt Visit w/ Low MDM, typically 30-44 mins	53 - CMHC 11 - Office 15 - Mobile Unit 72 - RHC	22 - Outpt Hosp 49 - Ind Clinic 57 - NRSATF 99 - Other	Intern MD DO 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 patient office or other outpatient visit with low level of decision making, if using time, 20 minutes or more	53 - CMHC 11 - Office 15 - Mobile Unit 50 - FQHC 72 - RHC	22 - Outpt Hosp 49 - Ind Clinic 03 - School 57 - NRSATF 99 - Other	Intern MD DO PA APN RxN

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

Code	Descriptio n	POS	Service Provider
99222	Initial hospital inpatient or observation care with moderate level of medical decision making. If using time, 55 minutes or more	21 - Inpt Hosp 22 - Outpt Hosp 51 - Inpt PF 52 - PF-PHP 61 - Comprehensive Inpatient Rehabilitation Facility	Intern MD DO PA APN RxN
99223	Initial hospital care with Moderate level of medical decision making, if using time, at least 75 minutes	21 - Inpt Hosp 22 - Outpt Hosp 51 - Inpt PF 52 - PF-PHP 61 - Comprehensive Inpatient Rehabilitation Facility	Intern MD DO PA APN RxN
99234	Initial hospital care with same day admission and discharge with straightforward or low level of medical decision making, per day, if using time, at least 45 minutes	22 - Outpt Hosp 21 - Inpt Hosp 51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
99235	Initial hospital care with same-day admission and discharge with moderate level of medical decision making, per day, if using time, at least 70 minutes	22 - Outpt Hosp 21 - Inpt Hosp 51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
99236	Initial hospital care with same-day admission and discharge with high level of medical decision making, per day, if using time, at least 85 minutes	22 - Outpt Hosp 21 - Inpt Hosp 51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
99238	Inpt Hospital Discharge, 30 mins or less	21 - Inpt Hosp 51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN
99239	Inpt Hospital Discharge, more than 30 mins	21 - Inpt Hosp 51 - Inpt PF 52 - PF-PHP	Intern MD DO PA APN RxN

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

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

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

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

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

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

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

APPENDIX G: MEDICAID STATE PLAN SERVICES

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

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

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

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

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

CPT Code	Description
H0038	Self-help/peer services, per 15 mins
H0039	Assertive community treatment, per 15 mins
H0040	Assertive community treatment, per diem
H0045	Respite care services, not in the home, per diem
H0046	Drop-In Center
H2000	Comprehensive multidisciplinary evaluation
H2001	Rehabilitation program, per 1/2 day
H2011	Crisis intervention service, per 15 mins
H2011 ET	Mobile Crisis Response, each additional 15 mins
H2012	Behavioral health day treatment, per hour
H2014	Skills training and development evaluation
H2015	Comprehensive community support services, per 15 mins
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 mins
H2018	Psychosocial rehabilitation services, per diem
H2021	Community-based wrap-around services, per 15 mins
H2022	Community-based wrap-around services, per diem
H2023	Supported employment, per 15 mins
H2024	Supported employment, per diem
H2025	Ongoing support to maintain employment, per 15 mins
H2026	Ongoing support to maintain employment, per 15 diem
H2027	Psychoeducational service, per 15 mins
H2030	Mental health Clubhouse services, per 15 mins
H2031	Mental health Clubhouse services, per diem
H2032	Activity therapy, per 15 mins
H2033	Multi-systemic therapy (MST) for juveniles, per 15 mins
S5150	Unskilled respite care, not hospice, per 15 mins
S5151	Unskilled respite care, not hospice, per diem
S9445	Member education, not otherwise classified, non-physician provider
S9453	Smoking Cessation, not otherwise classified, non-physician provider
S9454	Stress management classes, non-physician provider, per session
S9480	Intensive outpatient psychiatric (IOP) services, per diem
S9485	Crisis intervention mental health services, per diem
T1005	Respite care services, per 15 mins
T1017	Targeted case management

APPENDIX I: PROCEDURE CODES COVERED UNDER THE MEDICAID CAPITATED BEHAVIORAL HEALTH BENEFIT

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

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

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

The right two columns of this appendix indicate when a code must be processed by commercial insurance or Medicare (and Medicare replacement) before billing Medicaid. If a member has Commercial Insurance or Medicare you must submit a claim to the Commercial Plan or Medicare first. If there is a denial that information must be on the Medicaid claim

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

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

Code	Description	Primary Category	Unit	Comm Insure First	Medi- care First
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist member	Assessment	E		Х
96116	Neurobehavioral Status Exam, first 60 mins	Assessment	1 H	Χ	Χ
96121	Neurobehavioral Status Exam add-on, each add'l 60 mins	Assessment	1 H	Х	Х
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	Х	X
96131	Psychological testing evaluation by physician or other qualified health care professional add-on, each add'l 60 mins	Assessment	1 H	Х	Х
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	Х	X
96133	Neuropsychological testing evaluation by physician or other qualified health care professional add-on, each add'l 60 mins	Assessment	1 H	Х	X
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 mins	Assessment	30 M	X	X
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each add'l 30 mins	Assessment	30 M	Х	Х
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 mins	Assessment	30 M	Х	Х
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each add'l 30 mins	Assessment	30 M	Х	Х
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	Assessment	E	Х	X
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	Treatment	Е	Х	Х
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	Х	X

Code	Description	Primary Category	Unit	Comm Insure First	Medi- care First
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 mins	Treatment	15 M	Х	Х
98966	Telephone discussion provided to an established patient by nonphysician professional, 5-10 minutes	Assessment	15 M	Х	
98967	Telephone discussion provided to an established patient by nonphysician professional, 11-20 minutes	Assessment	15 M	Х	
98968	Telephone discussion provided to an established patient by nonphysician professional, 21-30 minutes	Assessment	15 M	Х	
99202	New Pt Office or Other Outpt Visit w/ Straightforward MDM, typically 15-29 mins	E&M	Е	Χ	Х
99203	New Pt Office or Other Outpt Visit w/ Low MDM, typically, 30 - 44 mins	E&M	Е	Χ	Х
99204	New Pt Office or Other Outpt Visit w/ Moderate MDM, typically, 45 - 59 mins	E&M	Е	Х	Х
99205	New Pt Office or Other Outpt Visit w/ High MDM, typically 60-74 min	E&M	Е	Х	Х
99211	Established Pt Office or Other Outpt Visit not requiring a Physician	E&M	E	Х	Х
99212	Established Pt Office or Other Outpt Visit w/ Straightforward MDM, typically 10- 19 mins	E&M	E	Х	Х
99213	Established patient office or other outpatient visit with low level of decision making, if using time, 20 minutes or more	E&M	E	Х	Х
99214	Established Pt Office or Other Outpt Visit w/ Moderate MDM, typically 30 - 39 mins	E&M	E	Х	Х
99215	Established Pt Office or Other Outpt Visit w/ High MDM, typically, 40 - 54 mins	E&M	E	Х	Х
99221	Initial hospital care with Straightforward or low level of medical decision making, per day, if using time, at least 40 minutes	E&M	Е	Х	Х
99222	Initial hospital inpatient or observation care with moderate level of medical decision making. If using time, 55 minutes or more	E&M	Е	Х	Х
99223	Initial hospital care with Moderate level of medical decision making, if using time, at least 75 minutes	E&M	Е	Х	Х
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	Х	Х
99232	Subsequent hospital inpatient or observation care with high level of medical decision making, if using time, 35 minutes or more	E&M	E	X	Х
99233	Subsequent hospital care with moderate level of medical decision making, if using time, at least 50 minutes	E&M	E	Х	X

Code	Description	Primary Category	Unit	Comm Insure First	Medi- care First
99234	Initial hospital care with same-day admission and discharge with straightforward or low level of medical decision making, per day, if using time, at least 45 minutes	E&M	E	Х	Х
99235	Initial hospital care with same-day admission and discharge with moderate level of medical decision making, per day, if using time, at least 70 minutes	E&M	E	X	X
99236	Initial hospital care with same-day admission and discharge with high level of medical decision making, per day, if using time, at least 85 minutes	E&M	E	Х	Х
99238	Inpt Hospital Discharge, 30 mins or less	E&M	Е	Х	Χ
99239	Inpt Hospital Discharge, More than 30 mins	E&M	Е	Х	Χ
99242	Outpatient consultation with straightforward medical decision making, if using time, at least 20 minutes	E&M	E	Х	
99243	Outpatient consultation with low level of medical decision making, if using time, at least 30 minutes	E&M	E	Х	
99244	Outpatient consultation with moderate level of medical decision making, if using time, at least 40 minutes	E&M	E	Х	
99245	Outpatient consultation with high level of medical decision making, if using time, at least 55 minutes	E&M	E	Х	
99252	Hospital consultation with straightforwardmedical decision making, if using time, at least 35 minutes	E&M	E	Х	
99253	Hospital consultation with low level of medical decision making, if using time, at least 45 minutes	E&M	E	Х	
99254	Hospital consultation with moderate level of medical decision making, if using time, at least 45 minutes	E&M	E	Х	
99255	Hospital consultation with high level of medical decision making, if using time, at least 80 minutes	E&M	E	Χ	
99281	Emergency department visit for problem that may not require health care professional	E&M	E	Х	Х
99282	Emergency department visit with straightforward medical decision making	E&M	E	Х	Х
99283	Emergency department visit with low level of medical decision making	E&M	E	Х	Х
99284	Emergency department visit with moderate level of medical decision making	E&M	E	Х	Х
99285	Emergency department visit with high level of medical decision making	E&M	E	Х	Χ
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	Х	Х
99305	Initial nursing facility care with moderate level of medical decision making, per day, if using time, at least 35 minutes	E&M	E	Х	Х
99306	Initial nursing facility care with high level of medical decision making, per day, if using time, at least 45 minutes	E&M	E	X	X

Code	Description	Primary Category	Unit	Comm Insure First	Medi- care First
99307	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 10 minutes	E&M	E	Х	Х
99308	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 15 minutes	E&M	E	X	X
99309	Subsequent nursing facility care with moderate level of medical decision making, per day, if using time, at least 30 minutes	E&M	E	X	X
99310	Subsequent nursing facility care with high level of medical decision making, per day, if using time, at least 45 minutes	E&M	E	Х	Х
99315	Nursing Facility Discharge, 30 mins or less	E&M	Е	Х	Χ
99316	Nursing Facility Discharge, more than 30 mins	E&M	Е	Χ	Χ
99341	Residence visit for new patient with straightforward medical decision making, per day, if using time, at least 15 minutes	E&M	E	Х	Х
99342	Residence visit for new patient with low level of medical decision making, per day, if using time, atleast 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	Х	Х
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	Х	Х
99347	Residence visit for established patient with straightforward medical decision making, per day, if using time, at least 15 minutes	E&M	E	Х	Х
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	Х	Х
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	Х	Х
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	Х	Х
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	Х	Х
99367	Medical Team Conference w/ Interdisciplinary Team w/out Pt and/or Family and Participation by Physician, 30 mins or more	E&M	E	Х	X
99368	Medical Team Conference w/ Participation by Nonphysician Health Care Professional, 30 mins or more	E&M	E	Х	Χ

Code	Description	Primary Category	Unit	Comm Insure First	Medi- care First
A0425 +ET	Behavioral Health Secure Transport ground mileage, per statute mile	Transport	Mile		
A0999 +ET	Behavioral Health Secure Transport One way trip	Transport	Trip		
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of member's disabling mental health problems per session, 45 mins or more	Treatment	E		
G0177	Training and educational services related to the care and treatment of members' disabling mental health problems per session, 45 mins or more	Treatment	E		
H0001	Alcohol and/or Drug (AOD) Assessment	Assessment	Е		
H0002	Behavioral Health screening to determine eligibility for admission to treatment program	Screening	Е		
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	Е		Х
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 Residential, without room and board, per diem	Residential	D		
H0019 + U2	Adult Mental Health Transitional Living residential, without room and board, per diem. Level 2 Homes	Residential	D		
H0019 +U3	Adult Eating Disorder Residential Treatment, without room and board, per diem	Residential	D		

Code	Description	Primary Category	Unit	Comm Insure First	Medi- care First
H0020	Alcohol and/or drug services; Methadone administration	Treatment	Е		
	and/or service (provision of the drug by a licensed				
	program)				
H0023	Behavioral Health outreach service (planned approach	Prevention/	15 M		
	to reach a population)	El or Treatment			
H0025	Behavioral Health prevention education service	Prevention/	Е		
110025	Benarioral realth prevention education service	El	_		
H0031	Mental health assessment by non-physician	Assessment	Е		
H0032	Mental health service plan development by non-	Assessment	E		
110033	physician	-	_		
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	Е		
H0036	Community psychiatric supportive treatment, per 15 mins	Treatment	15 M		
H0036 + HA	Functional Family Therapy (FFT) or Community Psychiatric Supportive Treatment (CPST), per 15 mins.	Treatment	15 M		
H0037	Community psychiatric supportive treatment, per diem	Treatment	D		
H0037 + HA	Functional Family Therapy (FFT) or Community Psychiatric Supportive Treatment (CPST), per diem	Treatment	D		
H0038	Self-help/peer services, per 15 mins	Peer	15 M		
	, , , , , , , , , , , , , , , , , , ,	Support/ Recovery			
H0039	Assertive community treatment, per 15 mins	Treatment	15 M		
H0040	Assertive community treatment program, per diem	Treatment	D		
H0045	Respite care services, not in the home, per diem	Respite Care	D		
H0046	Drop-In Center	Peer	15 M		
	·	Support/ Recovery			
H2000	Comprehensive multidisciplinary evaluation	Assessment	Е		
H2001	Rehabilitation program, per ½ day	Treatment	E		
H2011	Crisis intervention service, per 15 mins	Crisis	15 M		
H2011 ET	Mobile Crisis Response, each additional 15 mins	Crisis	15 M		
H2012	Behavioral Health day treatment, per hour	Treatment	1 H		
H2014	Skills training and development, per 15 mins	Treatment	15 M		
H2015	Comprehensive community support services, per 15 mins	Peer	15 M		
	,	Support/ Recovery			
H2016	Comprehensive community support services, per diem	Peer	D		
		Support/ Recovery			
H2017	Psychosocial rehabilitation services, per 15 mins	Treatment	15 M		
H2018	Psychosocial rehabilitation services, per diem	Treatment	D		
H2000	Enhanced Standardized Assessment (ESA)	Treatment	Е		

Code	Description	Primary Category	Unit	Comm Insure First	Medi- care First
H2021	Community-based wrap-around services, per 15 mins	Treatment	15 M		
H2022	Community-based wrap-around services, per diem	Treatment	D		
H2023	Supported employment, per 15 mins	Treatment	15 M		
H2024	Supported employment, per diem	Treatment	D		
H2025	Ongoing support to maintain employment, per 15 mins	Treatment	15 M		
H2026	Ongoing support to maintain employment, per diem	Treatment	D		
H2027	Psychoeducational service, per 15 mins	Treatment	15 M		
H2030	Mental health Clubhouse services, per 15 mins	Treatment	15 M		
H2031	Mental health Clubhouse services, per diem	Treatment	D		
H2032	Activity therapy, per 15 mins	Treatment	15 M		
H2033	Multisystemic therapy for juveniles, per 15 mins	Treatment	15 M		
H2036 +U1	ASAM level 3.1 - Clinically managed low-intensity residential services, per diem	Residential	D		
H2036 +U3	ASAM level 3.3 - Clinically managed population-specific high-intensity residential services, per diem	Residential	D		
H2036 +U5	ASAM level 3.5 - Clinically managed high-intensity residential services, per diem	Residential	D		
H2036 +U7	ASAM level 3.7 - Medically monitored intensive inpatient services, per diem	Residential	D		
S5150	Unskilled respite care, not hospice; per 15 mins	Respite Care	15 M		
S5151	Unskilled respite care, not hospice; per diem	Respite Care	D		
S9445	Member education, not otherwise classified, non- physician provider, individual	Treatment	E		
S9453	Smoking cessation classes, non-physician provider, per session	Prevention/ El	E		
S9454	Stress management classes, non-physician provider, per session	Prevention/ El	E		
S9480	Intensive outpatient psychiatric (IOP) services, per diem	Treatment	D		Χ
S9485	Crisis intervention mental health services, per diem	Crisis	D		
T1005	Respite care services, 15 mins	Respite Care	15 M		
T1017	Targeted Case management, each 15 mins	Treatment	15 M		
T2022 + HK	Enhanced Functional Family Therapy (EFFT)	Treatment	Month		
T2022 +HT	Enhanced High Fidelity Wraparound (EHFW)	Treatment	Month		
T2022 +HA	Enhanced Multi-Systemic Therapy (EMST)	Treatment	Month		

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

Code	Description	
0510	CLINIC PSYCHIATRIC CLINIC PSYCH CLINIC	
0513	CLINIC PSYCHIATRIC CLINIC PSYCH CLINIC	
0902	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X)	
	MILIEU THERAPY BEHAVIORAL HEALTH/MILIEU THERAPY	
0903	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X)	
	PLAY THERAPY BEHAVIORAL HEALTH/PLAY THERAPY	
0904	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X)	
2225	ACTIVITY THERAPY BEHAVIORAL HEALTH/ACTIVITY THERAPY	
0905	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X)	
0007	INTENSIVE OUTPATIENT SERVICES - PSYCHIATRIC BEHAVIORAL HEALTH/INTENS OP/PSYCH*	
0906	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) INTENSIVE OUTPATIENT SERVICES - CHEMICAL DEPENDENCY BEHAVIORAL HEALTH/INTENS	
	OP/CHEM DEP**	
Code	Description	
Code	Description	
0907	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X)	
	COMMUNITY BEHAVIORAL HEALTH PROGRAM (DAY TREATMENT) BEHAVIORAL	
	HEALTH/COMMUNITY	
0911	BEHAVIORAL HEALTH TREATMENT/SERVICES-EXTENSION OF 090X***	
	Psychiatric Residential Treatment Facilities (PRTF) should bill using this code	
0912	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL	
0043	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	
0916	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X FAMILY THERAPY BEHAVIORAL HEALTH/FAMILY RX	
0917	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X BIO FEEDBACK	
0717	BEHAVIORAL HEALTH / REATMENTS / SERVICES - EXTENSION OF 070X BIO FEEDBACK	
0918	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X TESTING BEHAVIORAL	
	HEALTH/TESTING	
0919	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X OTHER BEHAVIORAL	
	HEALTH TREATMENTS/SERVICES BEHAVIORAL HEALTH/OTHER	
0960	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) GENERAL CLASSIFICATION PRO FEE	
0961	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) PSYCHIATRIC PRO FEE/PSYCH	
1000	BEHAVIORAL HEALTH ACCOMMODATIONS GENERAL CLASSIFICATION	
1001	BEHAVIORAL HEALTH ACCOMMODATIONS RESIDENTIAL - PSYCHIATRIC	
1002	Medically Monitored Inpatient Withdrawal Management**	
1003	BEHAVIORAL HEALTH ACCOMMODATIONS SUPERVISED LIVING*	
1005	BEHAVIORAL HEALTH ACCOMMODATIONS GROUP HOME***	

^{*} For mental health diagnoses only

^{**} For Substance Use Disorder (SUD) diagnoses only - revenue code must be billed without procedure code.

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

|APPENDIX J: SERVICE PROVIDERS

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

APPENDIX K: PLACE OF SERVICE CODES

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

APPENDIX L: MEDICAID BILLING PROVIDER TYPES

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

APPENDIX M: MODIFIERS FOR MEDICAID CAPITATED BEHAVIORAL HEALTH BENEFIT

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