2017

Uniform Service Coding Standards Manual



Colorado Department of Human Services

people who help people

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I. Introduction

The Colorado Department of Health Care Policy and Financing (HCPF) is the single state agency (SSA) responsible for the

administration of the Colorado Medical Assistance Program (MAP). HCPF has developed a comprehensive array of covered

mental health (MH) and substance abuse (SA) treatment services to assure that medically necessary, appropriate and cost

effective behavioral health (BH) care is provided to eligible Medicaid Members through the Colorado Medicaid Community

Behavioral Health Services Program.

The Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH), is responsible for the

administration of service contracts that provide for mental health and substance abuse treatment provided to the non-

Medicaid population.

In the most basic sense, coding is the numeric or alphanumeric depiction of written service or procedure descriptions.

Coding allows standardized, efficient data gathering for a variety of purposes, from providing detailed clinical

representations of patient populations, managing population health, predicting service demands, evaluating quality

outcomes and standards of care, supervising business functions, and ensuring service reimbursements.1

The coding pages for Medicaid and OBH are represented in separate section in order to clearly identify the service standards

applicable to each funding source. The Medicaid pages are formatted in green, while the OBH pages are formatted in blue.

a. Purpose

The purpose of this Uniform Service Coding Standards (USCS) Manual is to achieve uniform documenting and reporting of

covered Colorado Medicaid State Plan (required services), Behavioral Health Program 1915(b)(3) Waiver services

(alternative or (b)(3) services) and OBH services. Standardizing the documentation and reporting of behavioral health (BH)

encounters contributes to the accurate estimation of service costs, development of actuarially sound capitation rates, and

compliance with federal regulations for managed care utilization oversight.

HCPF and OBH have established this USCS Manual to provide common definitions of the program service categories covered

under the Colorado Community Behavioral Health Services Program. The USCS Manual also provides guidance in do-

cumenting and reporting covered services in coding formats that are in compliance with the Health Insurance Portability

and Accountability Act of 1996 (HIPAA).

The clinical coding systems currently used in the United States are the:

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)²

Current Procedural Terminology (CPT®), Professional Edition³

Healthcare Common Procedure Coding System (HCPCS) ⁴

These clinical coding systems are used by HCPF and OBH for the Colorado Community Behavioral Health Services Program

The USCS manual is a living document that is updated each fiscal year to maintain consistency between the BHO contract, the OBH contract, the State Plan Amendments, the (b)(3) waiver, and coding guidelines. Unless otherwise noted, the State

(HCPF and OBH) has agreed that it will accept coding provided under the previous edition through January 31, 2017. Providers must implement the January 2017 edition by February 1, 2017 for dates of service January 1st and thereafter, regardless of submission date.

b. Manual Format

Service categories are listed to promote clarity of understanding through the consistent use of common terms, followed by individual HCPF and/or OBH procedure code pages in numeric and alphanumeric order. Service categories include primary, secondary, and tertiary groupings, with primary categories listed as follows (see Appendix D for complete list):

- Screening
- Crisis
- Assessment
- Prevention/Early Intervention Services
- Peer Support/Recovery Services

Each procedure code page is outlined as follows:

- CPT®/HCPCS Procedure Code
- Usage
- Service Description
- Notes
- Applicable Population(s)
- Allowed Mode(s) of Delivery
- Place of Service (POS)

- Treatment Services
- Evaluation and Management (E&M)
- Respite Care Services
- Residential Services
- Support Services
- Procedure Code Description
- Minimum Documentation Requirements
- Example Activities
- Unit and Duration
- Program Service Category(ies)⁵
- Staff Requirements

This format assists providers to conceptualize behavioral health (BH) services rendered in terms of 10 key data elements and ensure the appropriate procedure code is assigned to services rendered:

- **Core Services** are the basic services rendered, such as assessment, treatment, case management, peer support/recovery, prevention/early intervention, residential, respite, and crisis services.
- Modality gives more detail about the core service rendered (e.g., individual therapy, group therapy, family therapy, medication administration, etc.).
- **Program** may be different for each community mental health center (CMHC) or provider (e.g., outpatient, residential, day treatment, etc.); this information provides further detail about the specific core service rendered and is useful in pricing those specific services.
- Location, or place of service (POS), is where the service is rendered (e.g., CMHC, patient's home, community, etc.).
- Framework Data is basic descriptive information about the patient and the service rendered, including:
 - Patient's Medicaid identification number (ID)
 - Patient's date of birth (DOB)
 - Start and end time/duration of the service
- Date of service
- Emergency status
- Staff/peer credentials

These key data elements are drawn from Colorado Health Network's (CHN) encounter design matrix, which is described in Appendix A, and provided herein as an optional reference and training tool.

II. Colorado Community Behavioral Health Services Program

The Colorado Department of Health Care Policy and Financing (HCPF) contracts with managed care organizations (MCOs), known as behavioral health organizations (BHOs), to administer, manage and operate the Colorado Community Behavioral Health Services Program by providing medically necessary covered behavioral health (BH) services.

a. Program Service Categories

The Colorado Community Behavioral Health Services Program covered service categories are defined according to the Colorado Medicaid State Plan (required services) and Behavioral Health Program 1915(b)(3) Waiver (alternative or (b)(3) services). All Colorado Community Behavioral Health Services Program covered procedure codes are categorized as either State Plan (SP), (b)(3), or both.

i. Medicaid State Plan Services

The Medicaid State Plan is the document by which the State of Colorado certifies that it will comply with all Federal requirements for Medicaid. Some of the requirements are identical for all states, and some permit the State to choose certain options. In order to be eligible to receive federal matching funds (Federal Financial Participation or FFP) to operate its Medicaid program, the State must agree to comply with all parts of the Medicaid State Plan on file with the Centers for Medicare and Medicaid Services (CMS). The following table describes the Colorado Medicaid State Plan program service categories.^{6,7}

Medicaid State Plan Program Service Categories		
Category	Category Description	
Inpatient	 A. Inpatient Hospital – Adult 21-64: A program of psychiatric care in which the Member remains twenty-four (24) hours a day in a facility licensed as a hospital by the State, excluding State Institutions for Mental Disease (IMDs). B. Inpatient Hospital – Under 21: A program of care for Members under age twenty-one (21) in which the Member remains twenty-four (24) hours a day in a psychiatric hospital, or other facility licensed as a hospital by the State. Members who are inpatient on their twenty-first birthday are entitled to receive inpatient benefits until discharged from the facility or until their twenty-second (22) birthday, whichever is earlier, as outlined in 42 CFR 441.151. C. Inpatient Hospital – 65 and Over: A program of care for Members age sixty-five (65) and over in which the 	
	Member remains twenty-four (24) hours a day in Institutions for Mental Diseases (IMD) or other facility licensed as a hospital by the State.	
Outpatient	A program of care in which the Member receives services in a hospital or other health care facility/office, but does not remain in the facility twenty-four (24) hours a day, including:	
	A. Physician Services, including psychiatric care: Behavioral health services provided within the scope of practice of medicine as defined by State law.	
	B. Rehabilitative Services: Any remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, for maximum reduction of	
	behavioral/emotional disability and restoration of a patient to his/her best possible functional level, including: 1. Individual Behavioral Health Therapy: Therapeutic contact with one patient.	
	 Individual Brief Behavioral Health Therapy: Therapeutic contact with one patient. Group Behavioral Health Therapy: Therapeutic contact with more than one patient. 	
	 Family Behavioral Health Therapy: Face to face therapeutic contact with a patient and family member(s), or other persons significant to the patient, for improving patient-family functioning. Family behavioral health 	

Medicaid State Plan Program Service Categories		
Category	Description	
	therapy is appropriate when intervention in the family interactions is expected to improve the patient's emotional/behavioral health. The primary purpose of family behavioral health therapy is treatment of the patient.	
	5. Behavioral Health Assessment : Face to face clinical assessment of a patient by a behavioral health professional that determines the nature of the patient's problem(s), factors contributing to the problem(s), a patient's strengths, abilities and resources to help solve the problem(s), and any existing diagnoses.	
	C. Pharmacologic Management : Monitoring of medications prescribed and consultation provided to patients by a physician or other medical practitioner authorized to prescribe medications as defined by State law, including associated laboratory services, as indicated.	
	D. Outpatient Day Treatment : Therapeutic contact with a patient in a structured, non-residential program of therapeutic activities. Services include assessment and monitoring; individual/group/family therapy; medical/nursing support; psychosocial education; skill development and socialization training focused on improving functional and behavioral deficits; medication management; expressive and activity therapies; and coordination of needed services with other agencies. When provided in an outpatient hospital program, may be called "partial hospitalization."	
	E. Emergency/Crisis Services: Services provided during a behavioral health emergency which involve unscheduled, immediate, or special interventions in response to crisis situation with a patient/family, including associated laboratory services, as indicated.	
	F. Pharmacy Services : Prescribed drugs when used in accordance with 10 CCR 2505-10 Section 8.800, Pharmaceuticals.	
	G. Targeted Case Management : Case management services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.	
	H. School-Based Behavioral Health Services: Behavioral health services provided to school-aged children and adolescents on-site in their schools, with the cooperation of the schools.	
	 Drug Screening and Monitoring: Substance use disorder counseling services provided along with screening results to be discussed with patient. 	
	J. Detoxification Services: Services relating to detoxification including all of the following: Physical assessment of detox progression including vital signs monitoring; level of motivation assessment for treatment evaluation; provision of daily living needs (includes hydration, nutrition, cleanliness and toiletry); safety assessment, including assessment of suicidal ideation and other behavioral health issues.	
	K. Medication-Assisted Treatment : Administration of Methadone or another approved controlled substance to an opiate-dependent person for the purpose of decreasing or eliminating dependence on opiate substances.	

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

The Social Security Act authorizes multiple waiver and demonstration authorities to allow states flexibility in operating Medicaid programs. Each authority has a distinct purpose, and distinct requirements. Section 1915(b), Managed Care/Freedom of Choice Waivers, provides the Secretary of the US Department of Health and Human Services (HHS) with the authority to grant waivers that allow states to implement managed care delivery systems, or otherwise limit individuals' choice of provider under Medicaid. To execute these programs, the Secretary may waive certain Medicaid requirements (state-wideness, comparability of services, and freedom of choice of provider). Under Section 1915(b), there are four types of authorities that states may request:

- (b)(1) mandates Medicaid enrollment into managed care
- (b)(2) utilizes a "central broker"

- (b)(3) uses cost savings to provide additional services
- (b)(4) limits the number of providers for services⁸

1915(b)(3) waiver services must be for medical or health-related care, or other services as described in 42 Code of Federal Regulations (CFR) Part 440. These services are subject to approval by the Centers for Medicare and Medicaid Services (CMS). The following table describes the 1915(b)(3) Waiver Program service categories in Colorado, including a description of the eligible populations, provider type, geographic availability, and reimbursement method.^{9,10}

D.A	1915(b)(3) Waiver Program Service Categories	
Mandatory services to Members in at least the scope, amount and duration proposed in contract Exhibit G. Effective July 1, 2011, all 1915(b)(3) services provided to children/youth from age 0 to 21, except for respite and vocational rehabilitation, are included in the State Plan as Expanded EPSDT services. These services will not be listed individually in the State Plan, but may be provided to children/youth with a covered behavioral health diagnosis based on medical necessity.		
Category	Description	
Vocational Services	Services designed to help adult and adolescent patients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, educational services, vocational assessment, and job coaching.	
Intensive Case Management	Community-based services averaging more than one hour per week, provided to adults with serious behavioral health disorders who are at risk of a more intensive 24-hour placement and who need extra support to live in the community. Services are assessment, care plan development, multi-system referrals, and assistance with wraparound and supportive living services, monitoring and follow-up. Intensive case management may be provided to children/youth under the <i>Early Periodic Screening, Diagnosis, and Treatment (EPSDT)</i> program.	
Prevention/Early Intervention Activities	Proactive efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that promote positive behavioral health. Services include behavioral health screenings; educational programs promoting safe and stable families; senior workshops related to aging disorders; and parenting skills classes.	
Clubhouse and Drop-in Centers	Peer support services for people who have behavioral health disorders, provided in a Clubhouse or Drop-In Center setting. Clubhouse participants may use their skills for clerical work, data input, meal preparation, providing resource information and outreach to patients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting and supporting recovery.	
Residential Services	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the patient is living, in real-time, with immediate interventions available as needed. Clinical interventions are assessment and monitoring of mental and physical health status; assessment and monitoring of safety; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and/or family therapy; medication management; and behavioral interventions. Residential services may be provided to children/youth under EPSDT.	
Assertive Community Treatment (ACT)	Comprehensive, locally-based, individualized treatment for adults with serious behavioral health disorders that is available 24 hours a day, 365 days a year. Services include case management, initial and ongoing behavioral health assessment, psychiatric services, employment and housing assistance, family support and education, and substance use disorders services.	
Recovery Services	Community-based services that promote self-management of behavioral health symptoms, relapse prevention, treatment choices, mutual support, enrichment, rights protection, social supports. Services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring, consumer and family support groups, warm lines, and advocacy services.	
Respite Services	Temporary or short-term care of a child, youth or adult patient provided by adults other than the birth parents, foster/adoptive parents, family members patient. Respite is designed to give the caregivers some time away from the patient to allow them to emotionally recharge and become better prepared to handle normal day-to-day challenges. Respite care providers are specially trained to serve individuals with behavioral health issues.	

III. Diagnoses

The Colorado Community Behavioral Health Services Program identifies covered diagnoses using the *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM).xi The ICD-10-CM is the official system of assigning codes to diagnoses and procedures used by all health care settings, including hospitals, physicians, nursing homes (NH), home health agencies and other providers. ICD-10-CM code selection follows the *Official ICD-10-CM Guidelines for Coding and Reporting*,xii developed cooperatively by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare and Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). These guidelines are a companion document to the ICD-10-CM, and while not exhaustive, assist the user in situations where the ICD-10-CM does not provide direction. The ICD-10-CM is updated annually, effective October 1st. The ICD-10-CM does not include diagnostic criteria, primarily because its principal function as an international system is to define categories that aid in the collection of basic health statistics.

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

a. Non-Covered Diagnoses

A covered diagnosis is required for reimbursement, unless it falls in the Screening, Assessment (with the exception of Treatment Planning), Crisis (with the exception of Psychotherapy for Crisis), or Prevention/Early Intervention category. For these services, a non-covered diagnosis may be reported when these services have been rendered to a Medicaid enrollee for the purpose of evaluating and assessing to determine the presence of and/or diagnose a behavioral health (BH) disorder(s). When no other diagnosis has been determined, R69 or Z03.89 may be used. These codes are specifically intended for use when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist.*

Non-Covere	Non-Covered Diagnosis Codes for use ONLY with Assessment (excluding Treatment Planning), Crisis (excluding	
Psychotherapy	Psychotherapy for Crisis), and Prevention/Early Intervention Services when no other diagnosis has been determine	
Code	Description	
R69	Illness, unspecified	
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out	

b. Covered Diagnoses

The table below lists the covered diagnoses under the Colorado Community Behavioral Health Services Program. OBH also covers the diagnosis codes listed below. Additionally, in an effort to provide early intervention services to the "non-targeted" children's population (ages zero to eleven), OBH will allow for behavioral health codes not listed below. "Non-targeted" children are defined as those not meeting the Severe Emotional Disturbance definition as defined through the Colorado Client Assessment Record (CCAR) Manual. OBH is allowing for a broader range of diagnosis codes for "Non-targeted" children in an effort to provide services to children who are at risk of developing a severe diagnosis and/or who are difficult to diagnose as a result of their age.

i. Mental Health Covered Diagnoses

ICD-10-CM Code Ranges

Start Value	End Value
F20.0	F48.1
F48.9	F51.03
F51.09	F51.12
F51.19	F51.9
F60.0	F63.9
F68.10	F69
F90.0	F99
R45.1	R45.2
R45.5	R45.82

Codes with Descriptions

ICD-10-CM Code	Description
F20 - F29	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	Schizophrenia
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified
	Schizotypal Disorder
F21	Schizotypal disorder
	Delusional Disorders
F22	Delusional disorders
	Brief psychotic Disorder
F23	Brief psychotic disorder
	Shared psychotic Disorder
F24	Shared psychotic disorder
	Schizoaffective Disorders

ICD-10-CM Code Description	
F25.8 Other schizoaffective disorders F25.9 Schizoaffective disorder, unspecified Other Psychotic Disorder Not Due to a Substance or Known Physiological Condition F28 Other psychotic disorder not due to a substance or known physiological condition Unspecified Psychosis Not Due to a Substance or known Physiological Condition F29 Unspecified psychosis not due to a substance or known physiological condition F30 - F39 Mood [Affective] Disorders Manic Episode F30.10 Manic episode without psychotic symptoms, unspecified F30.11 Manic episode without psychotic symptoms, mild F30.12 Manic episode without psychotic symptoms, moderate F30.13 Manic episode without psychotic symptoms, severe F30.2 Manic episode, severe with psychotic symptoms F30.3 Manic episode in partial remission F30.4 Manic episode in partial remission F30.8 Other manic episodes F30.9 Manic episode, unspecified Bipolar Disorder F31.10 Bipolar disorder, current episode manic without psychotic features, unspecified F31.11 Bipolar disorder, current episode manic without psychotic features, moderate F31.12 Bipolar disorder, current episode manic without psychotic features, severe F31.2 Bipolar disorder, current episode manic without psychotic features F31.3 Bipolar disorder, current episode manic severe with psychotic features F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild	
F25.8 Other schizoaffective disorders F25.9 Schizoaffective disorder, unspecified Other Psychotic Disorder Not Due to a Substance or Known Physiological Condition F28 Other psychotic disorder not due to a substance or known physiological condition Unspecified Psychosis Not Due to a Substance or known Physiological Condition F29 Unspecified psychosis not due to a substance or known physiological condition F30 - F39 Mood [Affective] Disorders Manic Episode F30.10 Manic episode without psychotic symptoms, unspecified F30.11 Manic episode without psychotic symptoms, mild F30.12 Manic episode without psychotic symptoms, moderate F30.13 Manic episode without psychotic symptoms, severe F30.2 Manic episode without psychotic symptoms, severe F30.3 Manic episode in partial remission F30.4 Manic episode in partial remission F30.8 Other manic episodes F30.9 Manic episode, unspecified Bipolar Disorder F31.10 Bipolar disorder, current episode manic without psychotic features, unspecified F31.11 Bipolar disorder, current episode manic without psychotic features, moderate F31.13 Bipolar disorder, current episode manic without psychotic features, severe F31.2 Bipolar disorder, current episode manic without psychotic features F31.3 Bipolar disorder, current episode manic severe with psychotic features F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.3 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified	
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F31.32 Bipolar disorder, current episode depressed, moderate F31.4 Bipolar disorder, current episode depressed, severe, without psychotic features	
F31.4 Bipolar disorder, current episode depressed, severe, without psychotic features	
F31.5 Bipolar disorder, current episode depressed, severe, with psychotic features	
F31.60 Bipolar disorder, current episode mixed, unspecified	
F31.61 Bipolar disorder, current episode mixed, mild	
F31.62 Bipolar disorder, current episode mixed, moderate	
F31.63 Bipolar disorder, current episode mixed, severe without psychotic features	
F31.64 Bipolar disorder, current episode mixed, severe with psychotic features	
F31.70 Bipolar disorder, currently in remission, most recent episode unspecified	
F31.71 Bipolar disorder, in partial remission, most recent episode hypomanic	
F31.72 Bipolar disorder, in full remission, most recent episode hypomanic	
F31.73 Bipolar disorder, in partial remission, most recent episode manic	
F31.74 Bipolar disorder, in full remission, most recent episode manic	
F31.75 Bipolar disorder, in partial remission, most recent episode depressed	
F31.76 Bipolar disorder, in full remission, most recent episode depressed	
F31.77 Bipolar disorder, in partial remission, most recent episode mixed	
F31.78 Bipolar disorder, in full remission, most recent episode mixed	
F31.81 Bipolar II disorder	
F31.89 Other bipolar disorder	
F31.9 Bipolar disorder, unspecified	

ICD-10-CM Code	Description
	Major Depressive Disorder, Single Episode
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.81	Premenstrual dysphoric disorder**
F32.89	Other specified depressive episodes**
F32.9	Major depressive disorder, single episode, unspecified
	Major Depressive Disorder, Recurrent
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
	Persistent Mood [Affective] Disorders
F34.0	Cyclothymic disorder
F34.1	Dysthymic disorder
F34.81	Disruptive mood dysregulation disorder**
F34.89	Other specified persistent mood disorders**
F34.9	Persistent mood [affective] disorder, unspecified
F34.9	Persistent mood [affective] disorder, unspecified
	Unspecified Mood [Affective] Disorder
F39	Unspecified mood [affective] disorder
F40-F48	Anxiety, Dissociative, Stress-Related, Somatoform and Other Nonpsychotic Mental Disorders
	Phobic Anxiety Disorders
F40.00	Agoraphobia, unspecified
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying

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ICD-10-CM Code Description	
F40.248 Other sit	uational type phobia
F40.290 Androph	
F40.291 Gynepho	
	ecified phobia
F40.8 Other ph	nobic anxiety disorders
F40.9 Phobic a	nxiety disorder, unspecified
· · · · · · · · · · · · · · · · · · ·	iety Disorders
F41.0 Panic dis	order [episodic paroxysmal anxiety] without agoraphobia
F41.1 Generali	zed anxiety disorder
F41.3 Other m	ixed anxiety disorders
F41.8 Other sp	ecified anxiety disorders
F41.9 Anxiety	disorder, unspecified
Obsessive-	-Compulsive Disorder
F42.2 Mixed of	osessional thoughts and acts**
F42.3 Hoarding	g disorder**
F42.8 Other ob	osessive-compulsive disorder**
F42.9 Obsessiv	e-compulsive disorder, unspecified**
Reaction t	o Severe Stress, and Adjustment Disorders
F43.0 Acute st	ress reaction
F43.10 Post-trai	umatic stress disorder, unspecified
F43.11 Post-trai	umatic stress disorder, acute
F43.12 Post-trai	umatic stress disorder, chronic
F43.20 Adjustm	ent disorder, unspecified
F43.21 Adjustm	ent disorder with depressed mood
F43.22 Adjustm	ent disorder with anxiety
F43.23 Adjustm	ent disorder with mixed anxiety and depressed mood
F43.24 Adjustm	ent disorder with disturbance of conduct
F43.25 Adjustm	ent disorder with mixed disturbance of emotions and conduct
F43.29 Adjustm	ent disorder with other symptoms
F43.8 Other re	actions to severe stress
F43.9 Reaction	to severe stress, unspecified
Dissociativ	ve and Conversion Disorders
F44.0 Dissociat	tive amnesia
F44.1 Dissociat	tive fugue
F44.2 Dissociat	tive stupor
F44.4 Conversi	on disorder with motor symptom or deficit
F44.5 Conversi	on disorder with seizures or convulsions
	on disorder with sensory symptom or deficit
F44.7 Conversi	on disorder with mixed symptom presentation
· · · · · · · · · · · · · · · · · · ·	tive identity disorder
-	ssociative and conversion disorders
	tive and conversion disorder, unspecified
	rm Disorders
	ation disorder
F45.1 Undiffer	entiated somatoform disorder
	ondriacal disorder, unspecified
E4E 24	ondriasis
, .	smorphic disorder

ICD-10-CM Code	Description
F45.29	Other hypochondriacal disorders
F45.41	Pain disorder exclusively related to psychological factors
F45.42	Pain disorder with related psychological factors
F45.8	Other somatoform disorders
F45.9	Somatoform disorder, unspecified
	Other Nonpsychotic Mental Disorders
F48.1	Depersonalization-derealization syndrome
F48.9	Nonpsychotic mental disorder, unspecified
F50 - F59	Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors
	Eating Disorders
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.81	Binge eating disorder**
F50.89	Other specified eating disorder**
F50.9	Eating disorder, unspecified
	Sleep Disorders Not Due to a Substance or Known Physiological Condition
F51.01	Primary insomnia
F51.02	Adjustment insomnia
F51.03	Paradoxical insomnia
F51.09	Other insomnia not due to a substance or known physiological condition
F51.11	Primary hypersomnia
F51.12	Insufficient sleep syndrome
F51.19	Other hypersomnia not due to a substance or known physiological condition
F51.3	Sleepwalking [somnambulism]
F51.4	Sleep terrors [night terrors]
F51.5	Nightmare disorder
F51.8	Other sleep disorders not due to a substance or known physiological condition
F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
F60 - F69	Disorders of Adult Personality and Behavior
	Specific Personality Disorders
F60.0	Paranoid personality disorder
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.4	Histrionic personality disorder
F60.5	Obsessive-compulsive personality disorder
F60.6	Avoidant personality disorder
F60.7	Dependent personality disorder
F60.81	Narcissistic personality disorder
F60.89	Other specific personality disorders
F60.9	Personality disorder, unspecified
	Impulse Disorders
F63.0	Pathological gambling
F63.1	Pyromania
F63.2	Kleptomania
F63.3	Trichotillomania

ICD-10-CM CodeDescriptionF63.81Intermittent explosive disorderF63.89Other impulse disordersF63.9Impulse disorder, unspecifiedOther Disorders of Adult Personality and BehaviorF68.10Factitious disorder, unspecifiedF68.11Factitious disorder with predominantly psychological signs and symptomsF68.12Factitious disorder with predominantly physical signs and symptomsF68.13Factitious disorder with combined psychological and physical signs and symptomsF68.8Other specified disorders of adult personality and behaviorUnspecified Disorder of Adult Personality and Behavior	
F63.89 Other impulse disorders F63.9 Impulse disorder, unspecified Other Disorders of Adult Personality and Behavior F68.10 Factitious disorder, unspecified F68.11 Factitious disorder with predominantly psychological signs and symptoms F68.12 Factitious disorder with predominantly physical signs and symptoms F68.13 Factitious disorder with combined psychological and physical signs and symptoms F68.8 Other specified disorders of adult personality and behavior	
F63.9 Impulse disorder, unspecified Other Disorders of Adult Personality and Behavior F68.10 Factitious disorder, unspecified F68.11 Factitious disorder with predominantly psychological signs and symptoms F68.12 Factitious disorder with predominantly physical signs and symptoms F68.13 Factitious disorder with combined psychological and physical signs and symptoms F68.8 Other specified disorders of adult personality and behavior	
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F68.11 Factitious disorder with predominantly psychological signs and symptoms F68.12 Factitious disorder with predominantly physical signs and symptoms F68.13 Factitious disorder with combined psychological and physical signs and symptoms F68.8 Other specified disorders of adult personality and behavior	
F68.12 Factitious disorder with predominantly physical signs and symptoms F68.13 Factitious disorder with combined psychological and physical signs and symptoms F68.8 Other specified disorders of adult personality and behavior	
F68.13 Factitious disorder with combined psychological and physical signs and symptoms F68.8 Other specified disorders of adult personality and behavior	
Unspecified Disorder of Adult Personality and Behavior	
F69 Unspecified disorder of adult personality and behavior	
F90 - F98 Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and Adole	scence
Attention-Deficit Hyperactivity Disorders	
F90.0 Attention-deficit hyperactivity disorder, predominantly inattentive type	
F90.1 Attention-deficit hyperactivity disorder, predominantly hyperactive type	
F90.2 Attention-deficit hyperactivity disorder, combined type	
F90.8 Attention-deficit hyperactivity disorder, other type	
F90.9 Attention-deficit hyperactivity disorder, unspecified type	
Conduct Disorders	
F91.0 Conduct disorder confined to family context	
F91.1 Conduct disorder, childhood-onset type	
F91.2 Conduct disorder, adolescent-onset type	
F91.3 Oppositional defiant disorder	
F91.8 Other conduct disorders	
F91.9 Conduct disorder, unspecified	
Emotional Disorders with Onset Specific to Childhood	
F93.0 Separation anxiety disorder of childhood	
F93.8 Other childhood emotional disorders	
F93.9 Childhood emotional disorder, unspecified	
Disorders of Social Functioning with Onset Specific to Childhood and Adolescence	
F94.0 Selective mutism	
F94.1 Reactive attachment disorder of childhood	
F94.2 Disinhibited attachment disorder of childhood	
F94.8 Other childhood disorders of social functioning	
F94.9 Childhood disorder of social functioning, unspecified	
Tic Disorders	
F95.0 Transient tic disorder	
F95.1 Chronic motor or vocal tic disorder	
F95.2 Tourette's disorder	
F95.8 Other tic disorders	
F95.9 Tic disorder, unspecified	
Other Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and	
Adolescence	
F98.0 Enuresis not due to a substance or known physiological condition	
F98.1 Encopresis not due to a substance or known physiological condition	
F98.21 Rumination disorder of infancy	
F98.29 Other feeding disorders of infancy and early childhood	
F98.3 Pica of infancy and childhood	

ICD-10-CM Code	Description	
F98.4	Stereotyped movement disorders	
F98.5	Adult onset fluency disorder	
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	
F98.9	Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	
F99	Unspecified Mental Disorder	
	Mental Disorder, Not Otherwise Specified	
F99	Mental disorder, not otherwise specified	
R40 - R46	Symptoms and Signs Involving Cognition, Perception, Emotional State and Behavior	
	Symptoms and Signs Involving Emotional State	
R45.1	Restlessness and agitation	
R45.2	Unhappiness	
R45.5	Hostility	
R45.6	Violent behavior	
R45.7	State of emotional shock and stress, unspecified	
R45.81	Low self-esteem	
R45.82	Worries	

^{*}These diagnosis codes are covered only until September 30, 2016.

ii. Substance Abuse Disorder Covered Diagnoses

ICD-10-CM Code Ranges

Start Value	End Value
F10.10	F10.26
F10.28	F10.96
F10.98	F13.26
F13.28	F13.96
F13.98	F18.159
F18.18	F18.259
F18.28	F18.959
F18.980	F19.16
F19.18	F19.26
F19.28	F19.99

Codes with Descriptions

ICD-10-CM Code Description	
F10 - F19	Mental and Behavioral Disorders Due to Psychoactive Substance Use
	Alcohol Related Disorders
F10.10	Alcohol abuse, uncomplicated
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.129	Alcohol abuse with intoxication, unspecified
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations

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^{**}These diagnosis codes are covered only starting October 1, 2016.

ICD-10-CM Code	Description
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.19	Alcohol abuse with unspecified alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F10.220	Alcohol dependence with intoxication, uncomplicated
F10.221	Alcohol dependence with intoxication delirium
F10.229	Alcohol dependence with intoxication, unspecified
F10.230	Alcohol dependence with withdrawal, uncomplicated
F10.231	Alcohol dependence with withdrawal delirium
F10.232	Alcohol dependence with withdrawal with perceptual disturbance
F10.239	Alcohol dependence with withdrawal, unspecified
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction
F10.282	Alcohol dependence with alcohol-induced sleep disorder
F10.288	Alcohol dependence with other alcohol-induced disorder
F10.29	Alcohol dependence with unspecified alcohol-induced disorder
F10.920	Alcohol use unspecified with intoxication, uncomplicated
F10.921	Alcohol use, unspecified with intoxication delirium
F10.929	Alcohol use, unspecified with intoxication, unspecified
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder
F10.988	Alcohol use, unspecified with other alcohol-induced disorder
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder
	Opioid Related Disorders
F11.10	Opioid abuse, uncomplicated
F11.120	Opioid abuse with intoxication, uncomplicated
F11.121	Opioid abuse with intoxication delirium
F11.122	Opioid abuse with intoxication with perceptual disturbance
F11.129	Opioid abuse with intoxication, unspecified
F11.14	Opioid abuse with opioid-induced mood disorder
F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions
F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified

ICD-10-CM Code	Description
F11.181	Opioid abuse with opioid-induced sexual dysfunction
F11.182	Opioid abuse with opioid-induced sleep disorder
F11.188	Opioid abuse with other opioid-induced disorder
F11.19	Opioid abuse with unspecified opioid-induced disorder
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F11.90	Opioid use, unspecified, uncomplicated
F11.920	Opioid use, unspecified with intoxication, uncomplicated
F11.921	Opioid use, unspecified with intoxication delirium
F11.922	Opioid use, unspecified with intoxication with perceptual disturbance
F11.929	Opioid use, unspecified with intoxication, unspecified
F11.93	Opioid use, unspecified with withdrawal
F11.94	Opioid use, unspecified with opioid-induced mood disorder
F11.950	Opioid use, unspecified with opioid-induced psychotic disorder with delusions
F11.951	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations
F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
F11.981	Opioid use, unspecified with opioid-induced sexual dysfunction
F11.982	Opioid use, unspecified with opioid-induced sleep disorder
F11.988	Opioid use, unspecified with other opioid-induced disorder
F11.99	Opioid use, unspecified with unspecified opioid-induced disorder
	Cannabis Related Disorders
F12.10	Cannabis abuse, uncomplicated
F12.120	Cannabis abuse with intoxication, uncomplicated
F12.121	Cannabis abuse with intoxication delirium
F12.122	Cannabis abuse with intoxication with perceptual disturbance
F12.129	Cannabis abuse with intoxication, unspecified
F12.150	Cannabis abuse with psychotic disorder with delusions
F12.151	Cannabis abuse with psychotic disorder with hallucinations
F12.159	Cannabis abuse with psychotic disorder, unspecified
F12.180	Cannabis abuse with cannabis-induced anxiety disorder
F12.188	Cannabis abuse with other cannabis-induced disorder
F12.19	Cannabis abuse with unspecified cannabis-induced disorder
F12.20	Cannabis dependence, uncomplicated
F12.21	Cannabis dependence, in remission
F12.220	Cannabis dependence with intoxication, uncomplicated

ICD-10-CM Code	Description
F12.221	Cannabis dependence with intoxication delirium
F12.222	Cannabis dependence with intoxication with perceptual disturbance
F12.229	Cannabis dependence with intoxication, unspecified
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence with psychotic disorder with hallucinations
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F12.90	Cannabis use, unspecified, uncomplicated
F12.920	Cannabis use, unspecified with intoxication, uncomplicated
F12.921	Cannabis use, unspecified with intoxication delirium
F12.922	Cannabis use, unspecified with intoxication with perceptual disturbance
F12.929	Cannabis use, unspecified with intoxication, unspecified
F12.950	Cannabis use, unspecified with psychotic disorder with delusions
F12.951	Cannabis use, unspecified with psychotic disorder with hallucinations
F12.959	Cannabis use, unspecified with psychotic disorder, unspecified
F12.980	Cannabis use, unspecified with anxiety disorder
F12.988	Cannabis use, unspecified with other cannabis-induced disorder
F12.99	Cannabis use, unspecified with unspecified cannabis-induced disorder
	Sedative, Hypnotic or Anxiolytic Related Disorders
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
F13.121	Sedative, hypnotic, or anxiolytic abuse with intoxication delirium
F13.129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified
	Sedative, hypnotic, or anxiolytic abuse with sedative-, hypnotic-, or anxiolytic-induced mood
F13.14	disorder
	Sedative, hypnotic, or anxiolytic abuse with sedative-, hypnotic-, or anxiolytic-induced psychotic
F13.150	disorder with delusions
	Sedative, hypnotic, or anxiolytic abuse with sedative-, hypnotic-, or anxiolytic-induced psychotic
F13.151	disorder with hallucinations
	Sedative, hypnotic, or anxiolytic abuse with sedative-, hypnotic-, or anxiolytic-induced psychotic
F13.159	disorder, unspecified
	Sedative, hypnotic, or anxiolytic abuse with sedative-, hypnotic-, or anxiolytic-induced anxiety
F13.180	disorder
	Sedative, hypnotic, or anxiolytic abuse with sedative-, hypnotic-, or anxiolytic-induced sexual
F13.181	dysfunction
F42 402	Sedative, hypnotic, or anxiolytic abuse with sedative-, hypnotic-, or anxiolytic-induced sleep
F13.182	disorder
F12 100	Sedative, hypnotic, or anxiolytic abuse with other sedative, hypnotic, or anxiolytic-induced disorder
F13.188	
F13.19	Sedative, hypnotic, or anxiolytic abuse with unspecified sedative, hypnotic, or anxiolytic-induced disorder
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13.21	Sedative, hypnotic or anxiolytic dependence, in remission Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13.220	
F13.221	Sedative, hypnotic, or anxiolytic dependence with intoxication delirium
F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified

ICD-10-CM Code	Description
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13.231	Sedative, hypnotic, or anxiolytic dependence with withdrawal delirium
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
	Sedative, hypnotic, or anxiolytic dependence with sedative-, hypnotic-, or anxiolytic-induced
F13.24	mood disorder
	Sedative, hypnotic, or anxiolytic dependence with sedative-, hypnotic-, or anxiolytic-induced
F13.250	psychotic disorder with delusions
	Sedative, hypnotic, or anxiolytic dependence with sedative-, hypnotic-, or anxiolytic-induced
F13.251	psychotic disorder with hallucinations
	Sedative, hypnotic, or anxiolytic dependence with sedative-, hypnotic-, or anxiolytic-induced
F13.259	psychotic disorder, unspecified
	Sedative, hypnotic, or anxiolytic dependence with sedative-, hypnotic-, or anxiolytic-induced
F13.26	persisting amnestic disorder
	Sedative, hypnotic, or anxiolytic dependence with sedative-, hypnotic-, or anxiolytic-induced
F13.280	anxiety disorder
	Sedative, hypnotic, or anxiolytic dependence with sedative-, hypnotic-, or anxiolytic-induced
F13.281	sexual dysfunction
	Sedative, hypnotic, or anxiolytic dependence with sedative-, hypnotic-, or anxiolytic-induced sleep
F13.282	disorder
	Sedative, hypnotic, or anxiolytic dependence with other sedative-, hypnotic-, or anxiolytic-induced
F13.288	disorder
	Sedative, hypnotic, or anxiolytic dependence with unspecified sedative, hypnotic, or anxiolytic-
F13.29	induced disorder
F13.90	Sedative, hypnotic or anxiolytic use, unspecified, uncomplicated
F13.920	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, uncomplicated
F13.921	Sedative, hypnotic, or anxiolytic use, unspecified with intoxication delirium
F13.929	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, unspecified
F13.930	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, uncomplicated
F13.931	Sedative, hypnotic, or anxiolytic use, unspecified with withdrawal delirium
F13.932	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal with perceptual disturbance
F13.939	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, unspecified
	Sedative, hypnotic, or anxiolytic use, unspecified with sedative-, hypnotic-, or anxiolytic-induced
F13.94	mood disorder
	Sedative, hypnotic, or anxiolytic use, unspecified with sedative-, hypnotic-, or anxiolytic-induced
F13.950	psychotic disorder with delusions
	Sedative, hypnotic, or anxiolytic use, unspecified with sedative-, hypnotic-, or anxiolytic-induced
F13.951	psychotic disorder with hallucinations
	Sedative, hypnotic, or anxiolytic use, unspecified with sedative-, hypnotic-, or anxiolytic-induced
F13.959	psychotic disorder, unspecified
	Sedative, hypnotic, or anxiolytic use, unspecified with sedative-, hypnotic-, or anxiolytic-induced
F13.96	persisting amnestic disorder
	Sedative, hypnotic, or anxiolytic use, unspecified with sedative-, hypnotic-, or anxiolytic-induced
F13.980	anxiety disorder
	Sedative, hypnotic, or anxiolytic use, unspecified with sedative-, hypnotic-, or anxiolytic-induced
F13.981	sexual dysfunction
	Sedative, hypnotic, or anxiolytic use, unspecified with sedative-, hypnotic-, or anxiolytic-induced
F13.982	sleep disorder

ICD-10-CM Code	Description
	Sedative, hypnotic, or anxiolytic use, unspecified with other sedative-, hypnotic-, or anxiolytic-
F13.988	induced disorder
	Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-
F13.99	induced disorder
	Cocaine Related Disorders
F14.10	Cocaine abuse, uncomplicated
F14.120	Cocaine abuse with intoxication, uncomplicated
F14.121	Cocaine abuse with intoxication with delirium
F14.122	Cocaine abuse with intoxication with perceptual disturbance
F14.129	Cocaine abuse with intoxication, unspecified
F14.14	Cocaine abuse with cocaine-induced mood disorder
F14.150	Cocaine abuse with cocaine-induced psychotic disorder with delusions
F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
F14.180	Cocaine abuse with cocaine-induced anxiety disorder
F14.181	Cocaine abuse with cocaine-induced sexual dysfunction
F14.182	Cocaine abuse with cocaine-induced sleep disorder
F14.188	Cocaine abuse with other cocaine-induced disorder
F14.19	Cocaine abuse with unspecified cocaine-induced disorder
F14.20	Cocaine dependence, uncomplicated
F14.21	Cocaine dependence, in remission
F14.220	Cocaine dependence with intoxication, uncomplicated
F14.221	Cocaine dependence with intoxication delirium
F14.222	Cocaine dependence with intoxication with perceptual disturbance
F14.229	Cocaine dependence with intoxication, unspecified
F14.23	Cocaine dependence with withdrawal
F14.24	Cocaine dependence with cocaine-induced mood disorder
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14.280	Cocaine dependence with cocaine-induced anxiety disorder
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F14.90	Cocaine use, unspecified, uncomplicated
F14.920	Cocaine use, unspecified with intoxication, uncomplicated
F14.921	Cocaine use, unspecified with intoxication delirium
F14.922	Cocaine use, unspecified with intoxication with perceptual disturbance
F14.929	Cocaine use, unspecified with intoxication, unspecified
F14.94	Cocaine use, unspecified with cocaine-induced mood disorder
F14.950	Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions
F14.951	Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations
F14.959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified
F14.980	Cocaine use, unspecified with cocaine-induced anxiety disorder
F14.981	Cocaine use, unspecified with cocaine-induced sexual dysfunction
F14.982	Cocaine use, unspecified with cocaine-induced sleep disorder
F14.988	Cocaine use, unspecified with other cocaine-induced disorder
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ICD-10-CM Code	Description	
F14.99	Cocaine use, unspecified with unspecified cocaine-induced disorder	
	Other Stimulant Related Disorders	
F15.10	Other stimulant abuse, uncomplicated	
F15.120	Other stimulant abuse with intoxication, uncomplicated	
F15.121	Other stimulant abuse with intoxication delirium	
F15.122	Other stimulant abuse with intoxication with perceptual disturbance	
F15.129	Other stimulant abuse with intoxication, unspecified	
F15.14	Other stimulant abuse with stimulant-induced mood disorder	
F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified	
F15.180	Other stimulant abuse with stimulant-induced anxiety disorder	
F15.181	Other stimulant abuse with stimulant-induced sexual dysfunction	
F15.182	Other stimulant abuse with stimulant-induced sleep disorder	
F15.188	Other stimulant abuse with other stimulant-induced disorder	
F15.19	Other stimulant abuse with unspecified stimulant-induced disorder	
F15.20	Other stimulant dependence, uncomplicated	
F15.21	Other stimulant dependence, in remission	
F15.220	Other stimulant dependence with intoxication, uncomplicated	
F15.221	Other stimulant dependence with intoxication delirium	
F15.222	Other stimulant dependence with intoxication with perceptual disturbance	
F15.229	Other stimulant dependence with intoxication, unspecified	
F15.23	Other stimulant dependence with withdrawal	
F15.24	Other stimulant dependence with stimulant-induced mood disorder	
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions	
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations	
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified	
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder	
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction	
F15.282	Other stimulant dependence with stimulant-induced sleep disorder	
F15.288	Other stimulant dependence with other stimulant-induced disorder	
F15.29	Other stimulant dependence with unspecified stimulant-induced disorder	
F15.90	Other stimulate use, unspecified, uncomplicated	
F15.920	Other stimulant use, unspecified with intoxication, uncomplicated	
F15.921	Other stimulant use, unspecified with intoxication delirium	
F15.922	Other stimulant use, unspecified with intoxication with perceptual disturbance	
F15.929	Other stimulant use, unspecified with intoxication, unspecified	
F15.93	Other stimulant use, unspecified with withdrawal	
F15.94	Other stimulant use, unspecified with stimulant-induced mood disorder	
F15.950	Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions	
F15.951	Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations	
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified	
F15.980	Other stimulant use, unspecified with stimulant-induced anxiety disorder	
F15.981	Other stimulant use, unspecified with stimulant-induced sexual dysfunction	
F15.982	Other stimulant use, unspecified with stimulant-induced sleep disorder	
F15.988	Other stimulant use, unspecified with other stimulant-induced disorder	
F15.99	Other stimulant use, unspecified with unspecified stimulant-induced disorder	
	Hallucinogen Related Disorders	
F16.10	Hallucinogen abuse, uncomplicated	
F16.120	Hallucinogen abuse with intoxication, uncomplicated	

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ICD-10-CM Code	Description
F16.121	Hallucinogen abuse with intoxication with delirium
F16.122	Hallucinogen abuse with intoxication with perceptual disturbance
F16.129	Hallucinogen abuse with intoxication, unspecified
F16.14	Hallucinogen abuse with hallucinogen-induced mood disorder
F16.150	Hallucinogen abuse with hallucinogen-induced psychotic disorder with delusions
F16.151	Hallucinogen abuse with hallucinogen-induced psychotic disorder with hallucinations
F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified
F16.180	Hallucinogen abuse with hallucinogen-induced anxiety disorder
F16.183	Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks)
F16.188	Hallucinogen abuse with other hallucinogen-induced disorder
F16.19	Hallucinogen abuse with unspecified hallucinogen-induced disorder
F16.20	Hallucinogen dependence, uncomplicated
F16.21	Hallucinogen dependence, in remission
F16.220	Hallucinogen dependence with intoxication, uncomplicated
F16.221	Hallucinogen dependence with intoxication with delirium
F16.229	Hallucinogen dependence with intoxication, unspecified
F16.24	Hallucinogen dependence with hallucinogen-induced mood disorder
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
F16.280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F16.90	Hallucinogen use, unspecified, uncomplicated
F16.920	Hallucinogen use, unspecified with intoxication, uncomplicated
F16.921	Hallucinogen use, unspecified with intoxication, uncomplicated Hallucinogen use, unspecified with intoxication with delirium
F16.929	Hallucinogen use, unspecified with intoxication, unspecified
F16.94	Hallucinogen use, unspecified with hallucinogen-induced mood disorder
F16.950	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with delusions
F16.951	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with hallucinations
F16.959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified
F16.980	Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder
F16.983	Hallucinogen use, unspecified with hallucinogen persisting perception disorder (flashbacks)
F16.988	Hallucinogen use, unspecified with other hallucinogen-induced disorder
F16.99	Hallucinogen use, unspecified with unspecified hallucinogen-induced disorder
110.55	Nicotine Dependence
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.200	Nicotine dependence, unspecified, in remission
F17.201	Nicotine dependence, unspecified, with withdrawal
F17.203 F17.208	Nicotine dependence, unspecified, with other nicotine-induced disorders
F17.208	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
F17.209	Nicotine dependence, cigarettes, uncomplicated
F17.210	Nicotine dependence, cigarettes, uncomplicated Nicotine dependence, cigarettes, in remission
F17.211 F17.213	Nicotine dependence, cigarettes, mit remission Nicotine dependence, cigarettes, with withdrawal
	Nicotine dependence, cigarettes, with withdrawai Nicotine dependence, cigarettes, with other nicotine-induced disorders
F17.218	
F17.219 F17.220	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders Nicotine dependence, chewing tobacco, uncomplicated
117.220	inicoline dependence, chewing tobacco, uncomplicated

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ICD-10-CM Code	Description
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.223	Nicotine dependence, chewing tobacco, with withdrawal
F17.228	Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
F17.229	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F17.293	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders
F17.299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders
	Inhalant Related Disorders
F18.10	Inhalant abuse, uncomplicated
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.121	Inhalant abuse with intoxication delirium
F18.129	Inhalant abuse with intoxication, unspecified
F18.14	Inhalant abuse with inhalant-induced mood disorder
F18.150	Inhalant abuse with inhalant-induced psychotic disorder with delusions
F18.151	Inhalant abuse with inhalant-induced psychotic disorder with hallucinations
F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified
F18.180	Inhalant abuse with inhalant-induced anxiety disorder
F18.188	Inhalant abuse with other inhalant-induced disorder
F18.19	Inhalant abuse with unspecified inhalant-induced disorder
F18.20	Inhalant dependence, uncomplicated
F18.21	Inhalant dependence, in remission
F18.220	Inhalant dependence with intoxication, uncomplicated
F18.221	Inhalant dependence with intoxication delirium
F18.229	Inhalant dependence with intoxication, unspecified
F18.24	Inhalant dependence with inhalant-induced mood disorder
F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
F18.280	Inhalant dependence with inhalant-induced anxiety disorder
F18.288	Inhalant dependence with other inhalant-induced disorder
F18.29	Inhalant dependence with unspecified inhalant-induced disorder
F18.90	Inhalant use, unspecified, uncomplicated
F18.920	Inhalant use, unspecified with intoxication, uncomplicated
F18.921	Inhalant use, unspecified with intoxication with delirium
F18.929	Inhalant use, unspecified with intoxication, unspecified
F18.94	Inhalant use, unspecified with inhalant-induced mood disorder
F18.950	Inhalant use, unspecified with inhalant-induced psychotic disorder with delusions
F18.951	Inhalant use, unspecified with inhalant-induced psychotic disorder with hallucinations
F18.959	Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified
F18.980	Inhalant use, unspecified with inhalant-induced anxiety disorder
F18.988	Inhalant use, unspecified with other inhalant-induced disorder
F18.99	Inhalant use, unspecified with unspecified inhalant-induced disorder
	Other Psychoactive Substance Related Disorder
F19.10	Other psychoactive substance abuse, uncomplicated
F19.120	Other psychoactive substance abuse with intoxication, uncomplicated
F19.121	Other psychoactive substance abuse with intoxication delirium

ICD-10-CM Code	Description
F19.122	Other psychoactive substance abuse with intoxication with perceptual disturbance
F19.129	Other psychoactive substance abuse with intoxication, unspecified
F19.14	Other psychoactive substance abuse with psychoactive substance-induced mood disorder
	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with
F19.150	delusions
	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with
F19.151	hallucinations
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
. 13.133	Other psychoactive substance abuse with psychoactive substance-induced persisting amnestic
F19.16	disorder
F19.180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
F19.181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction
F19.182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
F19.188	Other psychoactive substance abuse with other psychoactive substance-induced disorder
F19.19	Other psychoactive substance abuse with other psychoactive substance-induced disorder
F19.20	Other psychoactive substance abuse with unspecified psychoactive substance induced disorder Other psychoactive substance dependence, uncomplicated
F19.21	Other psychoactive substance dependence, in remission
F19.21 F19.220	
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
	Other psychoactive substance dependence with intoxication delirium
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19.229	Other psychoactive substance dependence with intoxication, unspecified
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19.231	Other psychoactive substance dependence with withdrawal delirium
F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F19.239	Other psychoactive substance dependence with withdrawal, unspecified
F19.24	Other psychoactive substance dependence with psychoactive substance-induced mood disorder
-10.0-0	Other psychoactive substance dependence with psychoactive substance-induced psychotic
F19.250	disorder with delusions
540.354	Other psychoactive substance dependence with psychoactive substance-induced psychotic
F19.251	disorder with hallucinations
540.350	Other psychoactive substance dependence with psychoactive substance-induced psychotic
F19.259	disorder, unspecified
E40.26	Other psychoactive substance dependence with psychoactive substance-induced persisting
F19.26	amnestic disorder
F19.280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
E40 004	Other psychoactive substance dependence with psychoactive substance-induced sexual
F19.281	dysfunction
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.288	Other psychoactive substance dependence with other psychoactive substance-induced disorder
	Other psychoactive substance dependence with unspecified psychoactive substance-induced
F19.29	disorder
F19.90	Other psychoactive substance use, unspecified, uncomplicated
F19.920	Other psychoactive substance use, unspecified with intoxication, uncomplicated
F19.921	Other psychoactive substance use, unspecified with intoxication with delirium
F19.922	Other psychoactive substance use, unspecified with intoxication with perceptual disturbance
F19.929	Other psychoactive substance use, unspecified with intoxication, unspecified
F19.930	Other psychoactive substance use, unspecified with withdrawal, uncomplicated

ICD-10-CM Code	Description
F19.931	Other psychoactive substance use, unspecified with withdrawal delirium
F19.932	Other psychoactive substance use, unspecified with withdrawal with perceptual disturbance
F19.939	Other psychoactive substance use, unspecified with withdrawal, unspecified
F19.94	Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder
F19.950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions
F19.951	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations
F19.959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified
F19.96	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnestic disorder
F19.980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F19.981	Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction
F19.982	Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder
F19.988	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorder
F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder

^{III} US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).

IV Provider Types

Within community behavioral health (BH), a variety of licensed and non-licensed staff renders behavioral health (BH) services to patients and families. This section defines the various types of providers and their scope(s) of practice. A Mental Health Professional (MHP) is defined by the State of Colorado as:

- "A person licensed to practice medicine or psychology in the State of Colorado, or any person on the staff of a facility designated by the Executive Director of the Colorado Department of Human Services (DHS) for 72-hour treatment and evaluation who is authorized by the facility to do mental health hospital placement pre-screenings under the supervision of a person licensed to practice medicine or psychology in the State of Colorado." 14
- Specific to services rendered to patients in psychiatric residential treatment facilities (PRTFs) or therapeutic residential child care facilities (RCCFs), a Licensed Mental Health Professional (LMHP) is a Psychologist, Psychiatrist, Clinical Social Worker (CSW), Marriage and Family Therapist (MFT), or Professional counselor (LPC) who is licensed to practice in the

State of Colorado, or a Social Worker (SW) licensed by the State of Colorado who is supervised by a Licensed Clinical

Social Worker (LCSW).15

Scope of practice "means the extent of the authorization to provide health services granted to a health practitioner by a

license issued to the practitioner in the State in which the principal part of the practitioner's services are rendered, including

any conditions imposed by the licensing authority."16 When considering service provision, documentation, reporting and

billing, note that under the Colorado Mental Health Practice Act, "no licensee, [psychological candidate] registrant,

certificate holder, or unlicensed psychotherapist is authorized to practice outside of or beyond his/her area of training,

experience or competence."17 According to the American Medical Association (AMA) Current Procedural Terminology

(CPT®), "the qualifications of the non-physician healthcare practitioner must be consistent with guidelines or standards

established or recognized by a physician society, a non-physician healthcare professional society/association, or other

appropriate source." ¹⁸ Refer to Appendix B for a scope of practice algorithm.

In instances where codes are open to both Medicaid and the Office of Behavioral Health (OBH), staff requirements listed

on the code page directly relate to credentials required for Medicaid. The Office of Behavioral Health (OBH) may have

different credentialing requirements for staff to provide services under their authority.

Medicaid services provided in community mental health centers, substance use disorder clinics, or other facilities by

practitioners not enrolled in Medicaid must be supervised by and billed under a Medicaid enrolled practitioner who is

documented as overseeing the member's course of treatment.

In order to comply with Medicaid policy, "Less than Bachelor's" has been removed from the provider type template. Less

than Bachelor's staff may contribute to the therapeutic milieu of residential programs, however, services are only

Medicaid compensable when they are performed by a practitioner defined in this section. Residential programs who

continue to incorporate and document the activities of less than bachelor's level staff, must also show documentation to

support services provided by Medicaid allowed practitioners during the same per diem billing period.

a. Bachelor's Degree

A Bachelor's Degree provider has a Bachelor's Degree in social work, counseling, psychology or a related health care

field, from an accredited institution. Providers with a Bachelor's Degree in a non-related field may perform the

functions of a Bachelor's Degree level staff person if they have one year experience in the

behavioral health field.

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b. Certified Addiction Counselor (CAC)

A Certified Addiction Counselor (CAC) is a person who has a certificate to practice addiction counseling pursuant to the

Colorado Mental Health Practice Act. For the purposes of Medicaid, CACs must practice in a facility licensed

by the OBH and under the supervision of a licensed physician or other licensed practitioner with additional

addictions treatment credentials. CACs may only perform services for the treatment of a primary SUD

diagnosis. CAC's are certified in Colorado at three levels in ascending order of responsibility and requirements:

i. Certified Addiction Counselor (CAC I)

A CAC I is an entry-level counselor who may co-facilitate individual or group counseling sessions with a CAC II, CAC III,

or LAC; make treatment chart notations co-signed by a CAC II, CAC III, or LAC; and document vital signs in licensed

treatment programs. CAC I staff can only account for a maximum of one guarter or 25% of the counseling staff for all

licensed programs.

ii. Certified Addiction Counselor (CAC II)

A CAC II is a primary counselor who may independently conduct individual and group counseling sessions and engage

in the complete range of therapeutic duties, with the exception of clinical supervision.

iii. Certified Addiction Counselor (CAC III)

A CAC III is a senior counselor who may perform any of the lower-level functions, as well as provide clinical supervision

after successful completion of the required clinical supervision training.

c. Certified Prevention Specialist

Certified Prevention Specialist is credentialed by the Colorado Prevention Certification Board, working under strict

guidelines set by the International Certification & Reciprocity Consortium (IC&RC). Certified Prevention Specialist must

receive the certification and this program is deal for therapists, social workers, counselors, HR staff, educators, youth service

providers, law enforcement, military officers, community advocates, faith based leaders, and prevention specialists for

nonprofit organizations

d. Intern

An intern must be from the clinical program of study that meets minimum credentials for service provided or code

billed. Clinical programs of study are Masters, Doctoral, or Prescriber programs. Prescriber programs for APNs include

preceptorships and mentorships. Bachelors-level programs are not clinical programs of study, and students in a

bachelors-level program will not be classified as interns under this definition. The intern will perform duties under the

direct clinical supervision of appropriately licensed staff, such as a licensed Master's clinician, licensed psychologist, or

licensed MD.

e. Licensed Addiction Counselor (LAC)

A Licensed Addiction Counselor (LAC) is a senior counselor who holds a Master's degree in a behavioral healthcare discipline and is licensed in addiction counseling by the Colorado Department of Regulatory Agencies (DORA). An LAC is able to operate independently in treating substance use and addiction disorders and provide clinical supervision for CAC I, CAC II, CAC III, and other LACs. In addition, an LAC may supervise other licensed and unlicensed behavioral health professionals in the area of substance use and addiction. The LAC offers a fourth level of credentialing for addiction professionals. For the purposes of Medicaid, LACs may only perform services for the treatment of a primary SUD diagnosis.

f. Licensed Clinical Social Worker (LCSW)

A Licensed Clinical Social Worker (LCSW) is a person with a Master's or Doctoral degree from an accredited program offering full-time course work approved by the CSWE, who is licensed by the Colorado Board of Social Work Examiners. ¹⁹ Clinical social work practice includes "the professional application of social work theory and methods" "for the purpose of prevention, assessment, diagnosis and intervention with individual, family, group, organizational and societal problems, including alcohol and substance abuse and domestic violence, based on the promotion of bio-psychosocial developmental processes, person-in-environment transactions and empowerment of the consumer system."²⁰

Scope of Practice: Professional social work practice takes place in public or private agencies or institutional, educational or independent settings and may include, but is not limited to:

- Assessment
- Differential diagnosis
- Treatment/service planning and evaluation
- Measurement of psychosocial functioning
- Crisis intervention, outreach, short- and long-term treatment
- Therapeutic individual, marital and family interventions
- Patient education
- Case management
- Mediation
- Advocacy

- Discharge, referral and continuity of care planning and implementation
- Consultation
- Supervision
- Research
- Management and administration
- Program evaluation and education
- Social group work
- Community organization and development
- Psychotherapy²¹
- Consultation, supervision and teaching in higher education²²

g. Licensed Marriage and Family Therapist (LMFT)

A Licensed Marriage and Family Therapist (LMFT) is a person who possesses a Master's degree or higher from a graduate program with course study accredited by the Commission on Accreditation for Marriage and Family Therapy Education (CAMFTE), and who is licensed by the Colorado Board of Marriage and Family Therapist Examiners.²³

Scope of Practice: The LMFT's scope of practice involves "the rendering of professional marriage and family therapy services to individuals, couples and families, singly or in groups," utilizing "established principles that recognize the interrelated nature of individual problems and dysfunctions to assess, understand, diagnose and treat emotional and mental problems, alcohol and substance abuse, and domestic violence, and modify intrapersonal and interpersonal dysfunctions." Professional marriage and family therapy practice includes, but is not limited to:

- Assessment and testing
- Diagnosis
- Treatment/service planning and evaluation
- Therapeutic individual, marital, family, group or organizational interventions

h. Licensed Professional Counselor (LPC)

A Licensed Professional Counselor (LPC) is a person who possesses a Master's degree or higher in professional counseling from an accredited college or university, and who is licensed by the Colorado Board of Licensed Professional Counselor Examiners to practice professional counseling or mental health counseling.²⁴

Scope of Practice: With regard to professional counseling, the LPC's scope of practice includes:

Activities that assist the patient in developing an understanding of personal, emotional, social, educational, alcohol and substance abuse, domestic violence and vocational issues, and in planning and effecting actions to increase functioning or gain control of his/her behavior in such areas, including, but not limited to:

- Skill-building in communications, decision-making, and problem-solving
- Clarifying values
- Promoting adaptation to loss and other life changes
- Developing social skills

- Restructuring cognitive patterns
- Defining educational and career goals
- Facilitating adjustment to personal crises and conflict

An LPC has a voluntary relationship between the his/herself and the patient in which the LPC staff assists the patient, group or organization to cope with relationships, conflicts, problem-solving, decision-making and competencies by interpreting, reporting on, or applying counseling theory. The LPC staff is able to rend, or offer to render, counseling services that facilitate effective personal, emotional, social, education and vocational development in individuals, couples, groups and organizations, with an emphasis on the natural aspects of human development and with an educational orientation. The LPC staff follows a planned procedure of interventions that take place on a regular basis, over time, or in the cases of assessment and brief professional counseling, as a single intervention.

With regard to clinical mental health counseling the LPC's scope of practice includes:

Assessment, counseling activities, consultation, and referral.

Treatment, diagnosis, assessment, psychotherapy, or counseling in a professional relationship to assist individuals or groups to alleviate mental and emotional disorders, understand unconscious or conscious motivation, resolve emotional,

relationship, or attitudinal conflicts, or modify behaviors that interfere with effective emotional, social, or intellectual functioning.²⁵

i. Licensed Psychologist

A Licensed Psychologist is a person with a Doctoral degree (PhD, PsyD, EdD) in clinical or counseling psychology from an accredited program offering psychology courses approved by the American Psychological Association (APA), and who is licensed by the Colorado Board of Psychologist Examiners.²⁶ Psychologists have met the educational requirements and at least one year of postdoctoral experience practicing psychology under approved supervision and have demonstrated professional competence by passing a single, written examination in psychology as prescribed by the board and a jurisprudence examination administered by the division *prior* to receiving their licensure.

Scope of Practice: The Licensed Psychologist's scope of practice entails "the observation, description, evaluation, interpretation, treatment or modification of behavior, cognitions or emotions by the application of psychological, behavioral and physical principles, methods or procedures, for the purpose of preventing or eliminating symptomatic, maladaptive or undesired behavior, cognitions or emotions, and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health and mental health. Psychologists use any and all psychological principles, methods and devices to consider the full range of possible causes of patients' illnesses, and then select and apply the appropriate treatment methods." Psychological services may be rendered to individuals, families, groups, organizations, institutions, the public, and/or the courts. The practice of psychology includes, but is not limited to:

- "Psychological testing and evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests and aptitudes"
- "Neuropsychological tests, assessments, diagnoses and treatment of neuropsychological and brain disorders"
- "Psychotherapy, including psychoanalytic, existential, cognitive and behavioral therapies, hypnosis and biofeedback"
- "Clinical and counseling psychology, including the diagnosis and treatment of mental, neurological, psychophysiological and emotional disorder(s) or disability(ies), alcoholism and substance abuse, behavioral abuse (including dangerousness to self or others) and disorders of habit or conduct"
- "Rehabilitation psychology, dealing with the psychological aspects of physical illness, accident, injury or disability and rehabilitation"
- "Health psychology, dealing with the role of psychological factors in health and illness"
- "Forensic psychology, dealing with the relation and application of psychological research and knowledge to legal issues, including but not limited to, assessments of competency in civil or criminal matters, legal questions of sanity, or civil commitment proceedings"
- "Organizational psychology, including assessment and intervention by an employee within his/her organization or by a consultant retained by the organization"
- "Community psychology, emphasizing prevention and early discovery of potential difficulties, rather than awaiting initiation of therapy by affected individual or groups, which is generally practiced outside of an office setting"
- "Psychological evaluation, therapy, remediation, and consultation"
- "Research psychology, applying research methodologies, statistics and experimental design to psychological data"

Peer Specialist (PS) j.

A peer specialist may also be referred to as a peer support specialist, recovery coach, peer and family recovery support specialist, peer mentor, family advocate or family systems navigator. A peer specialist "is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency." A family advocate is a person whose "lived experience" is defined as having a family member who has mental illness or substance use disorder and the knowledge of the behavioral health care system gained through navigation and support of their family member. Peer Specialists perform a wide variety of non-clinical tasks to assist patients "in regaining control over their own lives and recovery process."vi The following is a useful overview of the four major types of recovery support services: (1) peer mentoring or coaching, (2) recovery resource connecting, (3) facilitating and leading recovery groups, and (4) building community. Peer specialists assist patients in navigating treatment systems for mental health and substance use disorders. Peer Specialists "promote self-determination, personal responsibility and the empowerment inherent in self-directed recovery."

Colorado does not require a peer specialist to be certified or licensed by the Colorado Department of Regulatory Agencies but to have formal training in specific content areas as outlined in "Combined Core Competencies for Colorado's Peer Specialists / Recovery Coaches and Family Advocates / Family Systems Navigators - Updated and Approved by Behavioral Health Transformation Council 01-25-2013) (Attachment - Appendix E,)

Physician Assistant (PA) k.

A Physician Assistant (PA) is a person who has successfully completed an education program for PAs and the national certifying examination for PAs, and is licensed by the Colorado Board of Medical Examiners.²⁸

Scope of Practice: The PA renders delegated medical functions under the direction and supervision of a Physician licensed and practicing in the State of Colorado.²⁹

1. **Professional Nurses**

i. *Medical Assistant* (documented via education, training, experience)

Colorado does not currently have licensure for a Medical Assistant, although a Certification can be obtained through an accredited school. The U.S. Bureau of Labor identifies a medical assistant as an individual who completes administrative and clinical tasks in the offices of physicians, hospitals, and other healthcare facilities. Tasks may include the following:

- Perform nursing procedures under supervision of physician or physician assistant
- Assist physician in exam rooms
- Escort patients to exam rooms, interviews patients, measure vital signs, including weight, blood pressure, pulse, temperature, and document all information in patient's chart

Give instructions to patients as instructed by physician
 Ensure all related reports, labs and information is filed is available in patients' medical records prior to their appointment

 Keep exam rooms stocked with adequate medical supplies, maintain instruments, prepare sterilization as required

Take telephone messages and provide feedback and answers to patient/physician/pharmacy calls

Their duties vary with the location, specialty, and size of the practice. Under § 12-36-106(3)(I), C.R.S. delegation of routine, technical services that do not require the specialized skills of a physician may occur through delegation._Delegated services under § 12-36-106(3)(I), C.R.S. cannot include the prescribing of drugs. The prescribing of drugs does not include the ordering a prescription refill by a delegate pursuant to a written protocol-driven refill procedure developed by one or more supervising physician(s).

Delegated services must be the type that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate; therefore, delegated services should be routine, technical services not requiring the special skills of a licensed physician.

It is the responsibility of the physician to ensure that the delegate has the necessary education, training or experience to perform the delegated services. The delegate's qualifications shall be documented in writing and may include, but not be limited to, copies of diplomas, certificates or professional degrees from bona fide training program(s) appropriate to the specific services delegated and/or documentation of direct observation of the repeated and successful performance of the delegated services and/or appropriate credentialing by a bona fide agency or institution. Generally, personal and responsible direction and supervision requires that a delegating physician should be on the premises and readily available.

ii. Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)

A Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) is a person who has graduated from an approved program of practical nursing, and holds a license as a Practical Nurse from the Colorado Board of Nursing.³⁰

Scope of Practice: The LPN/LVN's scope of practice is the performance, under the supervision of a Physician or Professional Nurse licensed by the State, "of those services requiring the education, training and experience, as evidenced by the knowledge, abilities and skills" required for licensure, "in caring for the ill, injured or infirm, in teaching and promoting preventive health measures, in acting to safeguard life and health, or in administering treatments and medications" prescribed by a legally authorized Physician or Physician Assistant (PA) implementing a medical plan of care.³¹

iii. Registered Nurse/Registered Professional Nurse (RN)

A Registered Nurse (RN) or Registered Professional Nurse (RPN) is a person who has graduated from an approved program of professional nursing, and is licensed as a Professional Nurse by the Colorado Board of Nursing.³²

Scope of Practice: The RN's scope of practice entails "the performance of both independent nursing functions and delegated medical functions in accordance with accepted practice standards."³³

Functions include:

- "Initiation and performance of nursing care through health promotion"
- "Supportive or restorative care"
- o "Disease prevention"
- "Diagnosis and treatment of disease, ailment, pain, injury, deformity and physical or mental condition using specialized knowledge, judgment and skill involving the application of biological, physical, social and behavioral science principles"³⁴

Services include:

- o "Evaluating health status through collection and assessment of health data"
- "Health teaching and health counseling"
- o "Providing therapy and treatment that is supportive and restorative to life and well-being, either directly to the patient or indirectly through consultation with, delegation to, supervision of, or teaching of others"
- "Executing delegated medical functions"
- "Referring to medical or community agencies those patients who need further evaluation and/or treatment"
- "Reviewing and monitoring therapy and treatment/service plans"³⁵

iv. Advanced Practice Nurse (APN)

An Advanced Practice Registered Nurse (APN) is a Professional Nurse licensed by the Colorado Board of Nursing, "who obtains specialized education and/or training," and who been recognized and included on the Advanced Practice Registry (APR) by the Colorado Board of Nursing. APN roles recognized by the Colorado Board of Nursing include:

Nurse Practitioner (NP)

- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)^{36, 37}

Scope of Practice: The APN's scope of practice "is founded on the specialized education or training acquired by the Professional Nurse in preparation for advanced practice." "It is within the independent scope of advanced practice nursing to order diagnostic testing, treatment and other nursing services." 38, 39

v. Advanced Practice Nurse with Prescriptive Authority (RxN)

An Advanced Practice Nurse with Prescriptive Authority (RxN) is a Professional Nurse licensed by the Colorado Board of Nursing, who has been granted recognition on the Advanced Practice Registry (APR) in at least one (1) role and specialty, and who has been granted Prescriptive Authority by the Colorado Board of Nursing.⁴⁰

Scope of Practice: The RxN's scope of practice is determined by the Colorado Board of Nursing, and "is limited to prescribing only those prescription medications and controlled substances that are appropriate for treating patients within the RxN's area of practice." The RxN works under "a written collaborative agreement with a Physician licensed by the State whose medical education, training, experience and active practice correspond with that of the RxN." The RxN may accept, possess, administer and dispense medication, including samples, "for routine health maintenance, routine preventive care,

an acute self-limiting condition, the care of a chronic condition that has stabilized, or terminal comfort care," within the limits of his/her prescriptive authority. 41, 42

m. Psychiatrist

A Psychiatrist is a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) who is licensed by the Colorado Board of Medical Examiners and renders services within the scope of practice of medicine as defined by State law.⁴³

Scope of Practice: The Psychiatrist's scope of practice includes "diagnosing, treating, prescribing for, palliating or preventing any disease, ailment, pain, injury, deformity, or physical or mental condition, by the use of medications, surgery, manipulation, electricity, telemedicine, interpretation of tests, images or photographs, or any physical, mechanical or other means."⁴⁴

n. Qualified Medication Administration Person (QMAP)

A Qualified Medication Administration Person (QMAP) is a person who has successfully completed a State-approved medication administration training course. A QMAP is employed by a licensed facility on a contractual, full- or part-time basis to provide direct care services, including medication administration to residents upon written order of a licensed physician or other licensed authorized practitioner. A QMAP may also be a person employed by a home health agency who functions as permanent direct care staff to licensed facilities, who is trained in medication administration, and who administers medication only to the residents of the licensed facility.⁴⁵

Scope of Practice: Successful completion of a State-approved medication administration course qualifies a QMAP to administer medications in settings authorized by law. Such settings include:

- Correctional facilities under the supervision of the Executive Director of the Department of Corrections (DOC), including but not limited to:
 - Minimum security facilities
 - Jails
 - Community correctional facilities and programs
 - Regimented inmate discipline and treatment program
 - Denver Regional Diagnostic Center (DRDC)
- Institutions for juveniles
- Assisted living residences
- Adult foster care facilities
- Alternative care facilities
- Residential childcare facilities
- Secure residential treatment centers
- Residential facilities providing treatment for persons with mental illnesses, except for facilities that are publicly or privately licensed hospitals
- Services for persons with developmental disabilities (DD) funded and regulated by the Department of Human Services (DHS)
- State certified adult day programs⁴⁶

Successful completion of a State-approved medication course does not lead to certification or licensure," nor does it "allow the person to make any type of judgment, assessment or evaluation of a patient." QMAPs may not "administer medication by injection or tube," or "draw insulin or other medication into syringes."⁴⁷ A QMAP may administer medications by the following routes of administration:

- Oral
- Sublingual
- Topical
- Eye
- Ear

- Rectal
- Vaginal
- Inhalant
- Transdermal⁴⁸

o. Treatment Facility

Treatment facilities are licensed by the Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) based on Substance Use Disorder Treatment Rules (2015). These treatment rules govern the provision of treatment to persons with substance-related disorders.

p. Unlicensed Doctorate (PhD, PsyD, EdD)

A provider in this category possess a Ph.D., Psy.D. or Ed.D degree, all of which are doctoral level credentials, but may not call themselves a Psychologist (Article 43, Mental Health Practice Act, 12-43-306(3)). Providers in this category have received extensive training in research and/or in clinical psychology but have not attained licensure by the Colorado Board of Psychologist Examiners.

q. Unlicensed Master's Degree

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

Registered Psychotherapist

Any person not otherwise licensed, registered, or certified pursuant to this article who is practicing psychotherapy in this state shall register with the board. An unlicensed person whose primary practice is psychotherapy or who holds himself or herself out to the public as able to practice psychotherapy for compensation shall not practice psychotherapy unless the person is registered with the board and included in the database required by this section. Notwithstanding the requirements of this section, a registered psychotherapist shall not use the term "licensed", "certified", "clinical", "state-approved", or any other term or abbreviation that would falsely give the impression that the psychotherapist or the service that is being provided is recommended by the state, based solely on inclusion in the database. However, Unlicensed Psychotherapists who are employees of community mental health centers (CMHCs) are not required to be registered in the State database.

V. Place of Service (POS)

Place of service (POS) codes are two-digit codes used on health care professional claims to specify where a service was rendered. The Centers for Medicare & Medicaid Services (CMS) maintain the POS codes used throughout the health care industry. This code set is required for use in the implementation guide adopted as the national standard for electronic transmission of professional health care claims under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). ⁴⁹ POS information is often needed to determine the acceptability of direct billing of Medicare, Medicaid and private insurance services rendered by a given provider. The POS codes most commonly used in behavioral health are listed in the table below. ⁵⁰

	Place of Service (POS) Codes				
Code	Name	Description			
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.			
02	Unassigned	Not Applicable (N/A)			
03	School	A facility whose primary purpose is education.			
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).			
05	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service (IHS), which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.			
06	Indian Health Service Provider-Based Facility	A facility or location, owned and operated by the IHS, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.			
07	Tribal 638 Free- Standing Facility	A facility or location, owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.			
08	Tribal 638 Provider- Based Facility	A facility or location, owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.			
09	Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. Medicaid will not reimburse for services provided to a person living in a public institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control (42 CFR 435.1010). Public institutions include correctional institutions. Additional information on Medicaid and Criminal Justice Involved Populations can be located on the Department's website.			
10	Unassigned	N/A			
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.			
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.			
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24-hours a day, 7 days a week, with the capacity to deliver or arrange for services, including some health care and other services.			

	Place of Service (POS) Codes					
Code	Name	Description				
14	Group Home	A residence, with shared living areas, where patients receive supervision and other services, such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).				
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.				
17-19	Unassigned	N/A				
20	Urgent Care Facility	A location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.				
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under the supervision of physicians to patients admitted for a variety of medical conditions.				
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.				
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.				
24	Ambulatory Surgical Center	A free-standing facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.				
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care, as well as immediate care of newborn infants.				
26	Military Treatment Facility (MTF)	A medical facility operated by one or more of the Uniformed Services. MTF also refers to certain former US Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).				
27-30	Unassigned	N/A				
31	Skilled Nursing Facility (SNF)	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing or rehabilitative services, but does not provide the level of care or treatment available in a hospital.				
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled or sick persons, or on a regular basis health-related care services above the level of custodial care to other than individuals with mental retardation (MR).				
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.				
34	Hospice ⁵¹	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.				
35-40	Unassigned	N/A				
41	Ambulance – Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.				
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.				
43-48	Unassigned	N/A				
49	Independent Clinic	A location, not part of a hospital and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.				
50	Federally Qualified Health Center (FQHC)	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.				
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.				
52	Psychiatric Facility – Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full-time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.				

	Place of Service (POS) Codes					
Code	Name	Description				
53	Community Mental Health Center (CMHC) ⁵²	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24-hours a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.				
54	Intermediate Care Facility – Mentally Retarded (ICF-MR) ⁵³	A facility which primarily provides health-related care and services above the level of custodial care to individuals with MR, but does not provide the level of care or treatment available in a hospital or SNF.				
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, psychological testing, and room and board.				
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.				
57	Non-Residential Substance Abuse Treatment Center	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, and psychological testing.				
58-59	Unassigned	N/A				
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as a public health center, pharmacy or mall, but may include a physician office setting.				
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.				
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.				
63-64	Unassigned	N/A				
65	End-Stage Renal Disease Treatment Facility	A facility, other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.				
66-70	Unassigned	N/A				
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.				
72	Rural Health Clinic	A certified facility which is located in a rural medically under-served area that provides ambulatory primary medical care under the general direction of a physician.				
73-80	Unassigned	N/A				
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.				
82-98	Unassigned	N/A				
99	Other Place of Service	Other place of service (POS) not identified above.				

VI. Procedure Code Modifiers

Procedure code modifiers, when used correctly, allow providers to more accurately document and report the services rendered. The two-digit modifiers are appended to the Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (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.⁵⁴ Modifiers are used when the information provided by a CPT® or HCPCS procedure code descriptor needs to be supplemented to identify specific circumstances, or to provide additional information, that may apply to a service or item, including but not limited to:

- Service/procedure was increased/ reduced
- Mandated service/procedure

- Credentials/training of the provider
- Unusual event(s) occurred

Modifiers may be classified as payment modifiers (e.g., increased procedural services, mandated services, reduced services, repeat procedure or service, etc.), which may affect reimbursement, and informational modifiers (e.g., Clinical Psychologist, Master's degree level, Intern, etc.), which do not affect reimbursement. Up to four (4) modifiers may be used for each procedure code; however, in the behavioral health organization (BHO) encounter data reporting to the Department of Health Care Policy and Financing (HCPF), the first modifier is reserved for the Colorado Community Mental Health Services Program category identifier. CPT® and HCPCS modifiers may be appended to either CPT® or HCPCS procedure codes. As a rule, when there are payment modifiers and information modifiers, the payment modifiers are sequenced first, in order of importance. All payment modifiers are listed before any and all information modifiers.

BHOs and providers are encouraged, but not required, to use procedure code modifiers, with the following exceptions:

- To identify the level of care (LOC) for residential procedure codes, use modifier TF (Intermediate Level of Care) or TG (Complex/High-Tech LOC).
- To identify telemedicine (telehealth) services, use modifier GT (via Interactive Audio & Video Telecommunication Systems).
- When certain services such as 90853 are rendered more than once per day and billed on separate lines, use modifier 76 (Repeat procedure or service by same physician or other qualified health care professional on the same date), or modifier 77 (Repeat procedure or service by another physician or other qualified health care professional on the same date) to indicate this is a repeat procedure and not a duplicate.

a. CPT® Modifiers

CPT® modifiers are two-digit numeric codes listed after a procedure code and separated from the procedure code by a hyphen (e.g., 90832-76). Not all of the 31 total CPT® modifiers are applicable to behavioral health (BH) services, so only the modifiers that are potentially useful to providers are included in the table below. The appropriate CPT® modifier(s) for each procedure code are identified, as applicable.

	Common Behavioral Health CPT® Modifiers				
Modifier Description Definition ⁵⁶					
76	Repeat Services	Repeat procedure or service by same physician or other qualified health care professional on the same date. The modifier should be placed in modifier places 2-4.			
77	Repeat Services	Repeat procedure or service by another physician or other qualified health care professional on the same date. The modifier should be placed in modifier places 2-4.			

b. HCPCS Level II Modifiers

HCPCS Level II modifiers are two-digit alpha or alphanumeric codes listed after a procedure code and separated from the procedure code by a hyphen (e.g., 90832-AH). For example, a TF (Intermediate Level of Care) modifier is used when a service requires an intermediate level of care (LOC), which is not adequately described by the procedure code; a TG (Complex/High-Tech LOC) modifier is used to indicate the service requires a complex LOC, which is not adequately described by the procedure code. Thus, behavioral health, short-term residential (non-hospital residential treatment program), without room and board, per diem (H0018) rendered at an intermediate LOC is documented and reported as H0018-TF. However, the same service or procedure rendered at a complex LOC – for example, a short-term residential facility identified as a hospital alternative or step-down facility, which is not licensed as an acute treatment unit (ATU), but has 24-hour MHP staffing – is documented and reported as H0018-TG. Not all of the 394 total HCPCS Level II modifiers are applicable to behavioral health (BH) services, so only the modifiers that are potentially useful to providers are included in the table below. The appropriate HCPCS modifier(s) for each procedure code are identified, as applicable.

	Common Behavioral Health HCPCS Level II Modifiers					
Modifier	Description	Definition				
Specialized Programs						
EP	Service Provided as Part of Medicaid Early Periodic Screening Diagnosis & Treatment (EPSDT) Program	Designates a service/procedure rendered as part of an EPSDT program.				
НА	Child/Adolescent (C/A) Program	Designates a service/procedure associated with a program specifically designed for children and/or adolescents; specific age boundaries are not identified to allow for variation among the states.				
НВ	Adult Program, <i>Non-Geriatric</i>	Designates a service/procedure designed for non-geriatric adults; specific age boundaries are not identified to allow for variation among the states.				
НС	Adult Program, <i>Geriatric</i>	Designates a service/procedure designed for older (geriatric) adults; specific age boundaries are not identified to allow for variation among the states.				
HD	Pregnant/Parenting Women's Program	Designates a service/procedure associated with a program specifically designed for pregnant women/women with dependent children as a unit in a comprehensive treatment setting.				
HE	Mental Health (MH) Program	Designates a service/procedure associated with a program specifically designed to provide MH treatment services.				
HF	Substance Abuse (SA) Program	Designates a service/procedure associated with a program specifically designed to provide SA treatment services.				
НН	Integrated Mental Health/Substance Abuse (MH/SA) Program	Designates a service/procedure associated with a program specifically designed to provide integrated MH/SA treatment services.				
НІ	Integrated Mental Health & Mental Retardation/ Developmental Disabilities (MH/MR/DD) Program	Designates a service/procedure associated with a program specifically designed to provide integrated MH/MR/DD treatment services.				
НК	Specialized Mental Health (MH) Programs for High-Risk Populations	Designates a service/procedure associated with a program specifically designed to address the MH needs of a high-risk population.				
Education Le	evel of Treatment Staff					
AF	Specialty Physician	Designates the person rendering a service/procedure is a physician with a specialty (e.g., psychiatry).				
АН	Clinical Psychologist (CP)	Designates the person rendering a service/procedure is a Licensed Clinical Psychologist.				
AJ	Clinical Social Worker (LCSW)	Designates the person rendering a service/procedure a Licensed Clinical Social Worker (LCSW).				
НМ	Less Than Bachelor's Degree Level	Indicates the rendering provider's educational attainment is less than a bachelor's degree.				
HN	Bachelor's Degree Level	Indicates the rendering provider's highest educational attainment is a bachelor's degree.				
НО	Master's Degree Level	Indicates the rendering provider's highest educational attainment is a master's degree.				

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	Common Behavioral Health HCPCS Level II Modifiers					
Modifier	Description	Definition				
НР	Doctoral Level	Indicates the rendering provider's highest educational attainment is a doctoral degree.				
PA	Physician Assistant (PA)	Designates the person rendering a service/procedure is a Physician Assistant (PA).				
SA	Nurse Practitioner (APN/RxN) Rendering Service in Collaboration with a Physician (MD/DO)	Designates the person rendering a service/procedure is a Nurse Practitioner (APN/RxN) collaborating with a physician (MD/DO).				
TD	Registered Nurse (RN)	Designates the person rendering a service/procedure is a Registered Nurse (RN).				
TE	Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN)	Designates the person rendering a service/procedure is a Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN).				
Treatment C	Context					
HQ	Group Setting	Designates a service/procedure rendered to more than one (1) patient during a single treatment encounter/session, such that the patients have no particular relationship during a single treatment encounter.				
HR	Family/Couple with Patient Present	Designates a service/procedure rendered to more than one (1) patient during a single treatment encounter/session, such that the persons served share a familial/significant other relationship.				
HS	Family/Couple without Patient Present	Designates a service/procedure rendered to more than one (1) patient during a single treatment encounter/session, such that the persons served share a familial/significant other relationship.				
UK	Services Provided on Behalf of the Patient to Someone Other Than the Patient (Collateral Relationship)	Designates a service/procedure rendered to collateral of a patient (i.e., spouse, child, parent/other person) who is adversely affected by the patient's behavioral health (BH) problem(s).				
Court-Order	ed Treatment	1 1 2 2 2 3 177				
Н9	Court-Ordered	Indicates a court, probation/parole officer ordered a service/ procedure.				
Multi-Discip	linary					
AM	Physician, Team Member Service	Designates the person rendering a service/procedure is a medical doctor (MD/DO) acting as part of a team service.				
HT	Multi-Disciplinary Team	Designates a service/procedure rendered by multiple providers of different disciplines.				
Service Fund	ling/Financing Arrangement					
HU	Funded by Child Welfare Agency	Indicates a service/procedure funded by money appropriated by a child welfare agency.				
HX	Funded by County/Local Agency	Indicates a service/procedure funded by money appropriated by a county/local agency.				
M2	Medicare Secondary Payer (MSP)	Indicates Medicare is the secondary payer for a service/procedure.				
SE	State &/or Federally-Funded Programs/Services	Indicates a service/procedure, or an associated program, funded by money appropriated by a State and/or federal agency.				
Level of Care		appropriated by a state unity or reaction agency.				
TF	Intermediate Level of Care (LOC)	Indicates a service/procedure requiring an intermediate LOC.				
TG	Complex/High-Tech Level of Care (LOC)	Indicates a service/procedure requiring a complex/high-tech LOC.				
Other Modif	fiers					
CR	Catastrophe/Disaster-Related	Indicates a service/procedure rendered to a victim of a catastrophe/disaster (e.g., Hurricane Katrina).				
ET	Emergency Services	Indicates a rendered emergency service/procedure. Services provided through Colorado Crisis Services should include the ET modifier in fields 2 through 4. For Medicaid, providers should refer to their BHO contracts to determine which crisis codes they can provide.				
GQ	Via Asynchronous Telecommunications System	Indicates the distant site physician (MD/DO)/Mental Health Professional (MHP) certifies that the asynchronous medical file was collected and transmitted to him/her at his/her distant site from an eligible originating site when the <i>telemedicine</i> (<i>telehealth</i>) service/procedure was rendered.				
GT	Via Interactive Audio & Video Telecommunication Systems	Indicates real-time communication between the distant-site physician (MD/DO)/Mental Health Professional (MHP) has taken place with the patient present and participating in the <i>telemedicine</i> (<i>telehealth</i>) service/procedure.				

c. Colorado Community Behavioral Health Program/Service Modifiers

The Colorado Department of Health Care Policy and Financing (HCPF) has defined modifiers for the Medicaid State Plan and Mental Health Program 1915(b)(3) Waiver program service categories (Refer to Section II.a.). These modifiers are listed below.

	Colorado Community Behavioral Health Program/ Service Modifiers				
Identifier	Category	Description			
HE	State Plan (SP) Services	State Plan (SP) behavioral health (BH) services include inpatient psychiatric hospital services, outpatient services such as psychiatrist, psychosocial rehabilitation, case management (CM), medication management, and emergency services.			
HF	Substance Abuse (SA) Program	Substance Abuse services, as determined by the provider. This modifier should be in the second modifier field.			
TG	Other State Plan (SP) Services	Other State Plan (SP) services not identified by HE above.			
HK**	Residential Services	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the patient is living, in real-time, with immediate interventions available as needed. Clinical interventions are assessment and monitoring of mental and physical health status; assessment and monitoring of safety; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and family therapy; medication management; and behavioral interventions **			
U4**	Intensive Case Management (ICM)	Community-based services averaging more than one hour per week, provided to adults with serious behavioral health disorders who are at risk of a more intensive 24 hour placement and who need extra support to live in the community. Services are assessment, care plan development, multi-system referrals, and assistance with wraparound and supportive living services, monitoring and follow-up. **			
TM	Assertive Community Treatment (ACT)	Comprehensive, locally-based, individualized treatment for adults with serious behavioral health disorders that is available 24 hours a day, 365 days a year. Services include case management, initial and ongoing behavioral health assessment, psychiatric services, employment and housing assistance, family support and education, and substance use disorders services.			
НМ	Respite Services	Temporary or short-term care of a child, youth or adult patient provided by adults other than the birth parents, foster/adoptive parents, family members or caregivers that the patient normally resides with. Respite is designed to give the caregivers some time away from the patient to allow them to emotionally recharge and become better prepared to handle normal day-to-day challenges. Respite care providers are specially trained to serve individuals with behavioral health issues.			
HJ	Vocational (Voc) Services	Services designed to help adult and adolescent patients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, educational services, vocational assessment, and job coaching.			
HQ**	Clubhouses & Drop- In Centers	Peer support services for people who have behavioral health disorders, provided in a Clubhouse or Drop-In Center setting. Clubhouse participants may use their skills for clerical work, data input, meal preparation, providing resource information, and outreach to patients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting, and supporting recovery. **			
TT**	Recovery Services	Community-based services that promote self-management of behavioral health symptoms, relapse prevention, treatment choices, mutual support, enrichment, rights protection, social supports. Services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring, consumer and family support groups, warm lines, and advocacy services.**			
HT**	Prevention/Early Intervention Activities (Prev/EI)	Proactive efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that promote positive behavioral health. Services include behavioral health screenings; educational programs promoting safe and stable families; senior workshops related to aging disorders; and parenting skills classes.**			

^{**}Effective July 1, 2011 (HT) is no longer a valid Program Service Category for children/youth age 0 to 21. Covered services to children/youth should be identified with the HE program service modifier for State Plan services.

VII. Procedure Categories

This section details the procedure codes that are covered under the Colorado Community Behavioral Health Services Program by HCPF and/or OBH. Category service descriptions are presented first and can also be found in <u>Appendix D</u>.

a. Prevention/Early Intervention Services

Prevention and Early Intervention Services include "screening and outreach to identify at-risk populations, proactive efforts to educate and empower Members to choose and maintain healthy life behaviors and lifestyles that promote mental and behavioral health (BH). Services can be population-based, including proven media, written, peer, and group interventions, and are not restricted to face-to-face interventions." ⁵⁷ Prevention and Early Intervention Services include:

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

i. Substance Use Prevention Services

Substance use prevention services are targeted towards individuals before they develop an alcohol and/or drug use disorder. Prevention programs promote constructive lifestyles and norms that discourage alcohol and/or drug usage.

ii. Substance Use Intervention Services

Substance use intervention services provide advice or counseling to individuals with minor or risky substance use disorders, and are also used to encourage individuals with a serious dependence problem to seek or accept a more intensive treatment regimen. Brief interventions can be provided within a primary care setting or screeners can refer someone to a specialized alcohol and / or drug treatment program. An intervention is an activity used to assist patients with recognizing that substance use is putting them at risk and to encourage them to change their behavior in order to reduce or discontinue their substance use.

b. Crisis Services

Crisis/Emergency Services are "provided during a mental health (MH) emergency, which involves unscheduled, immediate, or special interventions in response to a crisis with a patient, including associated laboratory services, as indicated." Services are designed to:

- Improve or minimize an acute crisis episode
- Assist the patient in maintaining or recovering his/her level of functioning (LOF) by providing immediate intervention and/or treatment in a location most appropriate to the needs of the patient and in the least restrictive environment available
- Prevent further exacerbation or deterioration and/or inpatient hospitalization, where possible
- Prevent injury to the patient and/or others

Stabilization is emphasized so that the patient can actively participate in needs assessment and treatment/service planning. Services are characterized by the need for highly coordinated services across a range of service systems. Crisis/Emergency Services are available on a 24-hour, 7-day a week basis.

i. Psychotherapy for Crisis

Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high stress. 90839 and 90840 are used to report the total duration of face-to-face with the patient and/or family spent by the physician or other qualified healthcare professional providing psychotherapy for crisis, even if the time spent on that date is not continuous. For any period of time spent providing psychotherapy for crisis state, the provider must devote his or her full, attention to the patient and therefore, cannot provide services to another patient during the same time period. The patient must be present for all or some of the services.

Screening Services C.

i. Behavioral Health Screening

Behavioral health screening is provided to address the needs of those seeking behavioral health (BH) treatment services (typically via telephone) in a timely manner. This brief assessment involves an initial appraisal of an individual's need for services. If there are sufficient indications of a mental illness (MI) and/or substance-related disorder, further diagnostic assessment is warranted to determine the individual's eligibility for admission to behavioral health (BH) treatment services, as well as appropriate referrals and preliminary recommendations.

ii. Substance Use Screening

Substance use screening can consist of two separate activities, depending upon its purpose. When used as a part of treatment, screening services are often performed through specimen collection to test for the presence of alcohol and/or drugs. Results are discussed with the patient during a substance abuse counseling session. Screening is also used to identify individuals whose substance use may put them at increased risk for health problems or other substance use related problems. Providers use a screening tool to obtain information about a patient's substance use behaviors, which assists providers in identifying people who may need further assessment of their substance use and related issues. Screenings often provide patients with personal feedback about their increased risks due to substance use and may identify problems that can prompt individuals to change their substance use behavior.

d. Assessment Services

Assessment Services are the process, both initial and ongoing, of collecting and evaluating information about a patient for

developing a profile on which to base treatment/service planning and referral.⁵⁹ An Assessment may also use a diagnostic

tool to gather the information necessary in the Assessment Services process.

i. Diagnosis

Codes with the Diagnosis subcategory refer to behavioral health (BH) assessments evaluating a patient's medical,

psychological, psychiatric, and/or social condition to determine the presence of and/or diagnose a mental illness (MI)

and/or substance-related disorder, and to establish a treatment/service plan for all medically necessary behavioral health

(BH) treatment services.

ii. Psychological Testing/Neuropsychological Testing

Codes with the Psychological Testing subcategory refer to the assessment of a patient's cognitive and/or

neuropsychological, intellectual, academic, behavioral, emotional and personality functioning for evaluation, diagnostic or

therapeutic purposes, using standardized psychological tests and measures, including interpretation of results and report

preparation. A Licensed Psychologist, or a Technician under the supervision of a Licensed Psychologist, administers

psychological and/or neuropsychological testing. Testing includes the use of a wide range of reliable and valid, standardized,

projective and objective measures for the assessment of personality, psychopathology, affect, behavior, intelligence,

abilities and disabilities, etc. Individuals licensed, registered or regulated by the State must meet minimum professional

preparation standards (i.e., education and experience) set forth in the Colorado Mental Health Practice Act⁶⁰ to administer,

score or interpret psychometric or electrodiagnostic testing:

Standardized personnel selection, achievement, general aptitude or proficiency tests

• Tests of general intelligence, special aptitudes, temperament, values, interests and personality inventories

Projective testing, neuropsychological testing, or a battery of three or more tests to determine the presence, nature,

causation or extent of psychosis, dementia, amnesia, cognitive impairment, influence of deficits on competence, and ability to function adaptively; determine the etiology or causative factors contributing to psychological dysfunction,

criminal behavior, vocational disability, neurocognitive dysfunction, or competence; or predict psychological

response(s) to specific medical, surgical and behavioral interventions

• Staff performing the testing needs to meet the qualifications and training necessary to administer and interpret the

results: generally, this includes licensed or unlicensed PhD/PsyD or interns in doctoral psychology programs.

iii. Treatment/Service Planning

Treatment/Service Planning is the formulation and implementation of an individualized, integrated, comprehensive written

treatment/service plan designed with the purpose of promoting the patient's highest possible level of independent

functioning and to reduce the likelihood of hospitalization/re-hospitalization or restrictive confinement. 61 The

Treatment/Service Planning code (H0032) requires a covered diagnosis for reimbursement.

e. Peer Support/Recovery Services

Peer Support/Recovery Services are "designed to provide choices and opportunities for adults with serious mental illnesses (SMIs), youth with serious emotional disturbances (SEDs), or individuals with substance use disorders. Recovery-oriented services promote self-management of psychiatric symptoms, relapse prevention, treatment choices, mutual support, enrichment, and rights protection. Peer Support/Recovery Services also provide social supports and a lifeline for individuals who have difficulties developing and maintaining relationships. These services can be provided at schools, churches or other community locations. Most recovery services are provided by behavioral health (BH) peers or family members, whose qualifications are having a diagnosis of mental illness (MI) or substance use or being a family member of a person with mental illness (MI) and/or substance use." ⁶² Peer Support/Recovery Services include:

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

f. Respite Care Services

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

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

g. Treatment Services

Behavioral Health (BH) Treatment Services use a variety of methods for the treatment of mental disorders and behavioral disturbances, in an attempt to alleviate emotional disturbances, reverse, or change maladaptive patterns of behavior and encourage personality growth and development.

i. Targeted Case Management (TCM) Services

Targeted Case Management (TCM) Services are defined, per Colorado Medicaid State Plan Amendment, as services that assist individuals diagnosed with or being assessed for a mental health disorder in gaining access to medical, social, educational, and other services. TCM services may be provided through a licensed community mental health center (CMHC) or clinic by approved practitioners under the supervision of a physician (See Appendix F for more information on Targeted Case Management.)

ii. Psychotherapy

Psychotherapy is the treatment of a mental illness and behavioral disturbances in which the physician or other qualified healthcare professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. Psychotherapy codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic intervention, and may include involvement of family member(s) or others in the treatment process. To report or bill Psychotherapy only, the appropriate procedure code is selected based on the face-to-face time spent with the patient and/or family member. When evaluation and management (E/M) services are included with Psychotherapy, the appropriate procedure code is selected based on E/M criteria in addition to the above criteria for Psychotherapy. E/M services rendered in addition to psychotherapy may include:

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

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

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

Group Psychotherapy is "therapeutic contact facilitated by a qualified mental health professional (MHP) in a group setting with two (2) or more patients who are typically not family members. The MHP facilitates structured group interactions in an effort to change individual behavior of each person in the group and assist group members in meeting individual recovery goals."

Family Psychotherapy is face-to-face therapeutic contact with a patient and family member(s), or other person(s) significant to the patient, for improving patient-family functioning. Family Psychotherapy is appropriate when intervention

in the family interactions would be expected to improve the patient's emotional/behavioral disturbance. The primary

purpose of family psychotherapy is the treatment of the patient.

iii. Medication Management

Psychiatric Services are "provided within the scope of practice of psychiatric medicine as defined by State law." 64

Medication Management Services include the "monitoring of medications prescribed and consultation provided to

Members by a Physician or other Medical Practitioner authorized to prescribe medications as defined by State law, including

associated laboratory services, as indicated."65

iv. Substance Use Treatment Services

Treatment services utilize a variety of methods to treat mental, behavioral, and substance use disorders. The goal is to

alleviate emotional disturbances and reverse or change maladaptive patterns of behavior in order to encourage a patient's

personal growth and development. Treatment services often utilize assessments to formulate and implement an

individualized comprehensive written treatment/service plan that is used to promote the patient's highest possible level of

independent functioning. Treatment can include relapse planning, information about the process of addiction, and assist

patients to understand some of the underlying issues that lead them to use substances.

v. Other Professional Services

Psychoeducational Services are an adjunct treatment modality that focus on educating patients, families and significant

others in subject areas that support the goals of treatment, recovery and rehabilitation, specific to the patients' behavioral

health (BH) needs.

Biofeedback Training involves monitoring a patient's bodily functions (i.e., blood pressure, heart rate, skin temperature,

breathing rate, sweat gland activity and muscle tension) through the use of surface electrodes (sensors), which convey

information (i.e., "feedback") to the patient in real-time. The patient is taught how certain thought processes, stimuli, and

actions affect these physiological responses. The patient learns to recognize and manipulate these responses to control

maladapted physiological functions, through relaxation and awareness techniques. Biofeedback Training requires

specialized training on the part of the mental health professional (MHP), and involves both assessment and treatment using

biofeedback equipment.

Community-Based Wrap-Around Services for children and adolescents utilizes a treatment team consisting of members

determined by the family, often representing multiple agencies and/or informal supports. The treatment team creates a

highly individualized treatment/service plan for the child/adolescent that consists of behavioral health (BH) treatment

services, as well as other services and supports that are secured from, and funded by, other community agencies. The wrap-

around plan is the result of a collaborative team planning process that focuses on the identified strengths, values,

preferences, needs, strategies and outcomes of the child/youth and family, and is developed in partnership with other

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community agencies. The individualized, community-based clinical interventions identified in the individualized

treatment/service plan are delivered as an alternative or adjunct to traditional behavioral health (BH) treatment services.

Multi-Systemic Therapy (MST) is an intensive family- and community-based treatment targeting chronic, violent or

substance abusing juvenile offenders at high risk of out-of-home placement and their families. MST strives to promote

behavior change in the youth's natural environment, using the strengths of the systems with which the youth is involved

(e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change. Within a context of support

and skill building, the mental health professional (MHP) places developmentally appropriate demands on the adolescent

and family for responsible behavior. Intervention strategies include strategic/structural family therapy (SFT), behavioral

parent training, and cognitive behavior therapies (CBTs). A home-based model of service delivery aids in overcoming

barriers to service access, increasing family retention in treatment, allowing for the provision of intensive services (i.e.,

MHPs have low caseloads), and enhancing the maintenance of treatment gains. The primary goals of MST are to reduce

anti-social behavior, reduce out-of-home placement, and empower families to resolve future difficulties. The usual duration

of MST treatment is approximately four (4) months.

vi. Intensive Treatment Services

Behavioral Health (BH) Day Treatment is a non-residential treatment program designed for children and adolescents under

the age of 21 who have emotional, behavioral, and neurobiological/substance abuse (SA) problems and may be at high-risk

for out-of-home placement. Day Treatment services include psychotherapy (family, group, individual); parent-patient

education; skill and socialization training focused on improving functional and behavioral deficits, and intensive

coordination with schools and/or other child service agencies.

Intensive Outpatient Psychiatric (IOP) Services for Behavioral Health and Substance Use Disorder (SUD) focus on

maintaining and improving functional abilities for the patient through a time-limited, multi-faceted approach to treatment.

A multidisciplinary treatment team renders services consisting of, but not limited to

Individual, group and family psychotherapy

Medication management and education

Psychological assessment

Therapeutic psycho-education

Crisis intervention

IOP Services are based on a comprehensive and coordinated individualized and recovery-oriented treatment/service plan,

involving the use of multiple concurrent services and treatment modalities. Treatment focuses on symptom reduction,

safety reinforcement, promoting stability and independent living in the community, relapse prevention, restoration to a

higher level of functioning (LOF), and reducing the need for a more acute level of care (LOC).

Partial Hospitalization (PHP) is a non-residential, medically directed treatment program for patients who require intensive,

highly coordinated, structured, multi-modal ambulatory treatment within a stable therapeutic milieu. The use of PHP as a

setting of care presumes that the patient does not currently meet medical necessity criteria for inpatient psychiatric treatment; at the same time, it implies that routine outpatient treatment is of insufficient intensity to meet the patient's present treatment needs. The patient requires a minimum of 20 hours/week of therapeutic services as evidenced in his/her treatment/service plan. The patient is likely to benefit from a coordinated program of services and requires more than isolated sessions of outpatient treatment. The patient has an adequate support system while not actively engaged in the

program. The patient has a covered mental health (MH) diagnosis, is not judged to be dangerous to self/others, has the

cognitive and emotional capacity to participate in the active treatment process and can tolerate the intensity of the PHP.

PHP entails programmatically-linked (i.e., a separate and distinct, identifiable, organized program representing a significant component within the continuum of comprehensive behavioral health (BH) services) ambulatory treatment, which is prescribed, supervised and reviewed by a Psychiatrist, and provided at a properly licensed/certified facility by a multidisciplinary team of mental health professionals (MHPs) within their scope(s) of practice. PHP must be:

Reasonable and necessary for the diagnosis and active treatment of a patient's mental health (MH) condition (i.e., SMI/SPMI and/or co-occurring Substance-Related Disorder)

Reasonably expected to improve or maintain the patient's condition and level of functioning (LOF)

Reasonably expected to prevent relapse or hospitalization

The treatment program of a PHP closely resembles that of a highly structured, short-term hospital inpatient program, with treatment at a more intensive level than outpatient day treatment or psychosocial rehabilitation. PHP services may include assessment; psychological testing; family, group and individual psychotherapy; medical and nursing support; medication management; skill development; psychosocial education and training; and expressive and activity therapies. 66,67

vii. Inpatient Services

Inpatient Services are rendered in an Inpatient Hospital or Inpatient Psychiatric Facility, which is a program of medically structured and supervised psychiatric care in which the patient remains 24-hours a day in a facility licensed as a hospital by the State.

 \boxtimes The procedure codes found in this section are also used for psychiatric services in Partial Hospital (PHP) settings.

 \boxtimes Treatment in an inpatient hospital setting should be reported or billed using the evaluation and management (E/M) procedure codes (99221 - 99233).

Evaluation and Management (E/M) Services h.

Evaluation and management codes are covered by the BHOs when they are billed in conjunction with a psychotherapy addon or when used for the purposes of medication management with minimal psychotherapy provided by a prescriber from the BHO network. The evaluation and management (E/M) codes were introduced in the 1992 update to the fourth edition of Physicians' Current Procedural Terminology (CPT). These codes cover a broad range of services for patients in both inpatient and outpatient settings. In 1995 and again in 1997, the Health Care Financing Administration (now the Centers for $Medicare\ and\ Medicaid\ Services,\ or\ CMS)\ published\ documentation\ guidelines\ to\ support\ the\ selection\ of\ appropriate\ E/M$

codes for services provided to Medicare beneficiaries. Please refer to the CMS website for the 1995 and 1997 versions.

The major difference between the two sets of guidelines is that the 1997 set includes a single-system psychiatry examination

(mental status examination) that can be fully substituted for the comprehensive, multisystem physical examination required

by the 1995 guideline. Because of this, it clearly makes the most sense for mental health practitioners to use the 1997

guidelines. Clinicians currently have the option of using the 1995 or 1997 CMS documentation guidelines for E/M services,

although for mental health providers the 1997 version is the obvious choice.

The E/M codes are generic in the sense that they are intended to be used by all physicians, nurse-practitioners, and

physician assistants and to be used in primary and specialty care alike. The decision to use one set of codes over another

should be based on which code most accurately describes the services provided to the patient.

DEFINITIONS:

New patient/patient: A new patient/patient is defined as one who has not received any professional services from the

prescriber or another prescriber of the exact same specialty and subspecialty who belongs to the same group within the

past 3 years.

Established patient/patient: An established patient/patient is one who has received professional services from the

prescriber or another prescriber of the exact same specialty and subspecialty who belongs to the same group within the

past 3 years.

In the instance where a prescriber is on-call covering for another prescriber, the patient's/patient's service will be classified

as it would have been by the prescriber who is not available. When advanced practice nurses and physician assistants are

working with physicians, they are considered as working in the exact same specialty and exact same subspecialties as the

physician.

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

i. Consultation Services

Consultation services are services rendered by a physician whose opinion or advice is requested by another appropriate

practitioner (e.g., treating physician or other qualified health care professional) for the further evaluation and management

(E/M) of the patient. A Consultation includes a report of findings, opinion and advice or recommendations that is provided

to the referring provider for his/her use in the treatment of the patient. A consultant interviews and examines the patient,

and may initiate diagnostic and/or therapeutic services. While the consultant has a wide degree of latitude in providing

services, he/she does not typically assume care or provide treatment/service plans. When more than 50% of the

consultant's time is spent in providing counseling, ⁶⁸ coordination of care or both, the service is coded based upon the length

of time spent with the patient and/or family.⁶⁹

ii. Medical Team Conference

Medical Team Conference is a face-to-face collaboration of at least three (3) qualified mental health professionals (MHPs) from different specialties/disciplines who are actively involved in the development, revision, coordination, and implementation of behavioral health (BH) services for the patient. Individuals do not report these procedure codes when their participation in the conference is part of a service that is contractually provide by the organizational or facility provider.⁷⁰

See Appendix I for more information on E/M services.

i. Residential Services

Residential Services are 24-hour care, excluding room and board, provided in a non-hospital, non-nursing home (NH) setting." Residential Services are "appropriate for children, youth, adults and older adults whose mental health (MH) issues and symptoms are severe enough to require a 24-hour structured program, but do not require hospitalization." ⁷¹ Clinical interventions provided in residential settings include:

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

OBH allows for all services identified above. In addition, OBH provides for room and board for the "indigent population." In order for room and board services to be provided, all contractual indigent criteria must be met.

To identify the level of care for residential services, the following HCPCS procedure code(s) and modifier(s) are required:

Residential Procedure Codes & Modifiers							
Residential Service	HCPCS Modifier	LOC Modifier Description	Procedure Code	HCPCS Procedure Code Description			
Acute Treatment Unit (ATU)		(Acute LOC)	H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem			
			H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem			
	TF	Intermediate LOC	H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem			
	TG	Complex/High- Tech LOC	H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem			
All Other Residential Facilities		ŀ	H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem			
	TF	Intermediate LOC	H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem			
	TG	Complex/High- Tech LOC	H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem			

i. Supported Housing

Supported Housing is a specific program model in which a patient lives in a house, apartment, or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from behavioral health (BH) provider(s) or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing include: affordability, right to tenure, service choice, individualization and availability, Integration (with persons who do not have mental illness), and functional separation of housing from service provision.

ii. Alternative Care Facility (ACF)

Alternative care facility (ACF) is an assisted living residence (ALR) certified by the Colorado Department of Health Care Policy and Financing (HCPF) to receive Medicaid reimbursement for the services provided by the facility.⁷²

iii. Assisted Living Residence (ALR)

Assisted Living Residence (ALR) is a residential facility that makes available to three (3) or more adults not related to the owner of such facility, either directly or indirectly through a resident agreement with the resident, room and board and at least the following services:

- Personal services
- Protective oversight
- Social care due to impaired capacity to live independently
- Regular supervision that is available on a 24-hour basis, but not to the extent that regular 24-hour medical or nursing care is required.⁷³

iv. Group Home

Group Home is a 24-hour facility that provides behavioral health (BH) treatment for extended periods. Group Homes are licensed by the Colorado Department of Public Health and Environment (CDPHE) as personal care boarding homes, are associated with a community mental health center (CMHC), and are approved by the Colorado Department of Human Services, Office of Behavioral Health (DHS-OBH) as residential treatment facilities (RTF).

v. Psychiatric Residential Treatment Facility (PRTF)

Psychiatric Residential Treatment Facility (PRTF) is a licensed residential childcare facility (RCCF),⁷⁴ which is a facility other than a hospital that provides inpatient psychiatric services for patients under age 21, under the direction of a physician licensed by the State Board of Medical Examiners, in a residential setting. PRTFs must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation of Services for Families and Children (COA), and have a current provider agreement with the Colorado Department of Health Care Policy and Financing (HCPF).^{75, 76, 77}

vi. Residential Treatment Facility (RTF)

Residential Treatment Facility (RTF) is an assisted living residence (ALR) for adults with severe and persistent mental illness (SPMI) that is operated and maintained for no more than 16 residents, and provides treatment commensurate to the

residents' psychiatric needs. Individuals are often admitted for medication management and the need for protective oversight and supervision. RTFs are operated by community mental health centers (CMHCs) and licensed by the Colorado

Department of Public Health and Environment (CDPHE). RTFs provide the following services on a 24-hour basis:

Personal services, including a physically safe environment, regular supervision, assistance with activities of daily living (ADLs) (e.g., medication administration, laundry, recreational activities, transportation arrangements)

Protective oversight, including monitoring needs to ensure residents receive services and care necessary to protect

their health, well-being and safety.⁷⁸

Residential Child Care Facility (RCCF) vii.

Residential Child Care Facility (formerly TRCCF) is a licensed residential child care facility (RCCF)⁷⁹ that provides 24-hour care

for five (5) or more children ages three (3) to 18 years of age. Youth in the custody of a County Department of Social/Human

Services (DSS/DHS) who are in need of mental health treatment in a structured environment may be placed in a RCCF by

court order prior to their 18th birthday; youth in the custody of the Division of Youth Corrections (DYC) may be placed in an

RCCF by court order past their 18th birthday but prior to their 21st birthday.⁸⁰

viii. Acute Treatment Unit (ATU)

Acute Treatment Units (ATUs) provide short-term psychiatric care (an average of three to seven days, but generally no

longer than 30 days) to persons (age 18 and over) who do not require inpatient hospitalization but need intense and

individualized services, such as crisis management and stabilization. ATUs provide 24-hour care in a therapeutically planned

and professionally staffed environment consisting of a locked unit serving a maximum of 16 persons.⁸¹ ATUs are licensed

by the Colorado Department of Public Health and Environment (CDPHE), Health Facilities and Emergency Medical Services

Division, and granted a "27-65" designation by the Colorado Department of Human Services, Office of Behavioral Health

(DHS-OBH).82

Social Ambulatory Detoxification (Social Detox) ix.

Social Ambulatory Detoxification services are rendered to patients whose intoxication or withdrawal signs and / or

symptoms are severe enough to require a 24-hour structured program. These services are not provided to patients that

require hospitalization for their intoxication or withdrawal symptoms. Medicaid reimbursed services are provided by a

facility that is licensed by the Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) based on

the American Society of Addiction Medicine (ASAM) criteria. These services do not include room and board.

Social/Ambulatory Detoxification Services may include any of the following: a physical assessment of detoxification

progression (i.e., vital signs monitoring); a safety assessment (i.e., suicidal ideation [SI] and other behavioral health [BH]

issues); a level of motivation assessment for treatment evaluation; or the provision of daily living needs (i.e., hydration,

nutrition, cleanliness, and toiletry). Detoxification in a non-Medicaid reimbursed facility can be provided in a facility greater

than 16 beds.

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x. Room and Board

Room and Board Services are provided to patients residing in a facility. Patients must reside in the facility for at least 24 hours while they are provided with lodging and meals.

j. Rehabilitation Services

"Rehabilitative services include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, for maximum reduction of mental disability and restoration of a consumer to his/her best possible level of functioning (LOF)."83,84

i. Clubhouse/Drop-In Center

Clubhouses and Drop-In Centers provide "peer support services for people who have mental illnesses (MIs)." In Clubhouses, "individuals (members) utilize their skills for clerical work, data input, meal preparation, providing resource information or reaching out to fellow members. Staff and members work side by side, in a unique partnership." In drop-in centers, "individuals with mental illnesses plan and conduct programs and activities in a club-like setting. There are planned activities and opportunities for individuals to interact with social groups." The International Center for Clubhouse Development (ICCD) Clubhouse Model is recognized as an Evidenced-Based Practice by SAMHSA. ICCD Certified Clubhouse programs are identified as following the EBP.

ii. Community Psychiatric Support Treatment Services (CPST)

Community Psychiatric Support Treatment (CPST) coordinates and provides services and resources to patients and families necessary to promote recovery, rehabilitation, and resiliency. CPST identifies and addresses the barriers impeding the patient's development of the skills necessary for independent functioning in the community, as well as the strengths, which may aid the patient and family in the recovery/resiliency processes. CPST addresses patient and family goals for independent living.

iii. Psychosocial Rehabilitation (PSR) Services

Psychosocial Rehabilitation (PSR) Services are "an array of therapeutic services designed to help individuals with long-term psychiatric disabilities increase their functioning so that they are successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention. These services are designed to capitalize on personal strengths, to develop coping strategies and skills to deal with deficits, and to develop a supportive environment in which to function as independently as possible. PSR Services are provided in clinic or community-based settings and include:

- Individual or group skill-building activities
- Development of problem-solving techniques
- Development of self-medication skills
- Activities to increase cognitive and psychosocial functioning
- Illness management strategies
- Wellness activities

iv. Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) is "a service-delivery model that provides comprehensive, locally-based treatment to adults with serious mental illnesses (SMIs). ACT Services are highly individualized and are available 24 hours a day, seven (7) days a week, 365 days a year, to patients who need significant assistance and support to overcome the barriers and obstacles that confront them because of their mental illnesses. ACT teams provide:

- Case management
- Initial and ongoing mental health assessments
- Psychiatric services
- Employment and housing assistance
- Family support and education
- Substance abuse services (individuals with co-occurring substance abuse/mental illness)

ACT models are built around a self-contained multi-disciplinary team (i.e., psychiatrist, SW, RN/APN/RxN/LPN/LVN, etc.) that serves as the fixed point of responsibility for all patient care for a specific group of patients. In this approach, normally used with patients with the most serious and intractable symptoms of severe and persistent mental illness (SPMI), the treatment team typically provides all patient services using a highly integrated approach to care. The treatment team delivers an integrated array of treatment, support and rehabilitation services to patients, with the majority of services being rendered in patients' own homes, work settings, or any other place in the community where support might be needed. Assessment and treatment/service planning are done in a collaborative manner, and result in a plan that is customized for each individual patient.

k. Vocational Services

Vocational Services are "services designed to assist adults and adolescents who are ineligible for State Vocational Rehabilitation services and require long-term services and supports in developing skills consistent with employment and/or in obtaining employment." 85 Vocational Services include:

- Skill and support development interventions
- Educational services (GED, college prep skills)
- Vocational assessment
- Job coaching

VIII. Procedure Code Outline and Pages

Individual procedure code pages listed in numerical and alphanumerical order. Each procedure code page uses the following outline structure:

- CPT®/HCPCS Procedure Code The 5-digit numeric Current Procedural Terminology (CPT®) or alphanumeric Healthcare Common Procedure Coding System (HCPCS) code used to identify, report and/or bill the specific service or procedure rendered.
- **Procedure Code Description** A brief narrative description of the procedure code based on the definitions from the 2009 Coders' Desk Reference for Procedures^[xxxxvi] and/or the Centers for Medicare and Medicaid Services (CMS). [xxxvii]
- Usage Identification of whether the service is used by Medicaid and/or OBH.
- Service Description A brief narrative of the common or generally accepted method(s) of accomplishing the procedure or service indicated by the procedure code description.
- Minimum Documentation Requirements The essential elements that are required in the clinical record to support
 the service or procedure rendered. These are listed on the individual codes pages and on page 346 under <u>Technical</u>
 Documentation Requirements. bxxxix
- Notes Additional descriptive information regarding the procedure code or service.xc
- 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.)xci
- Applicable Population(s) Any limitations on the use of the procedure code or service based on age. xcii
- Unit The amount of time for a time-based procedure code (i.e., per 15 minutes, per hour, per diem, per month), or the number of occurrences (i.e., session, encounter) for a non-time based procedure code, which is spent face-to-face with the patient.
 - Encounter or Session = One (1) unit, regardless of the duration (e.g., 90832)
 - o 15 Minute Unit = Divide the total duration by 15 minutes (refer to Section VIX.a.)
 - Hour Unit = Calculate the number of units by the total number of hours. For example, a "per hour" procedure code (e.g., 96101) rendered for a total of four (4) hours equals four (4) units.
 - o Day (Per Diem) Unit = One day of service, typically offour (4) to 24 hours, equals one (1) unit of service
 - Month Unit = One (1) month equals one (1) unit of service
- Duration The minimum and maximum time allowed for the service or procedure, as applicable. *Cili For encounter-based procedure codes, the minimum and maximum time allowed should be considered general guidance, unless otherwise specified in the procedure code description.
- Allowed Mode(s) of Delivery The modalities in which the service or procedure may be rendered. **The appropriate modifiers, if applicable, are identified in parentheses.
 - Video Conference is based on the current allowable procedure codes for telemedicine (telehealth).xcv

Telemedicine (Telehealth)xcvi

- Telemedicine (telehealth) is a means of providing specific services approved by the Colorado Medical Assistance Program (MAP) to Medicaid enrollees in areas where access to an appropriate provider is limited or unavailable.
- Telemedicine (telehealth) services are rendered "live" in real-time via audio-video communications circuits. Telemedicine (telehealth) does not include telephone (interactive audio) or facsimile machines.
- The availability of services through telemedicine in no way alters the scope of practice of any health care provider; or authorizes the delivery of health care services in a setting or manner not otherwise authorized by law."xcvii
- Telemedicine (telehealth) involves an "originating provider/site" where the patient is located and a "distance provider" who acts as a consultant to the originating provider, or in some cases, is the only provider involved in the service. For Medicaid, an originating provider is not required for all Telemedicne Direct Member Services. It is acceptable to use Telemedicine Direct Member Services to facilitate 'live' contact directly between a member and a distand provider via telecommunications equipment.
- Procedure codes that are Medicaid-approved for telemedicine (telehealth) are identified in the following sub-sections under "Allowed Mode(s) of Delivery" as Video Conf (GT).
- Program Service Category(ies) The Medicaid State Plan and/or 1915(b)(3) Waiver category(ies) in which the service
 or procedure may be reported. xcviii
- **Staff Requirements** The staff credentials allowed to render the service or procedure, unless specifically restricted by the procedure code description. *cix* The appropriate modifiers, if applicable, are identified in parentheses.
- Place of Service (POS) The actual place(s) or location(s) where the procedure code or service may be rendered. For example, a CMHC outpatient clinic is POS 53, while a CMHC residential facility might be POS 56 (depending on facility type and level of care).^c The appropriate POS codes are identified in parentheses.

	SCRE	ENING – DRUG – PA	ATHOLOGY AND LABORATORY			
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	USAGE		
	80305	Drug screen, pre	☑ OBH			
SERVICE DESCRIPTION	N		MINIMUM DOC	UMENTATION RI	EQUIREMENTS	
number of devices or of being read by direc	tive, any number of dr procedures (eg, immu t optical observation c s) includes sample vali of service.	 Date of service Patient consent Screening results Patient's identified treatment/service plan (if applicable) Referral for treatment (if applicable) Signed with 1st initial, last name & credentials 				
NOTES			EXAMPLE ACTIV			
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.			Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.			
APPLICABLE POPULAT	rion(s)		UNIT		DURATION	
		dult (21-64) eriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S) C	F DELIVERY		PROGRAM SERV	/ICE CATEGORY(I	ES)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual □ Group (HQ) □ Family (HR/HS)	☐ HE ☐ TG ☐ HK ☐ HF (2 nd modif	□ \ □ T □ F fier-SUD)	тм □нс	•
STAFF REQUIREMENT	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑Intern	⊠ LCSW (A. ⊠ LPC ⊠ LMFT	☐ Unlicensed E	Master's Level (HO) dD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN (⊠ RN (TD) ⊠ APN (SA) □ QMAP	TE) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (PO	OS)					
☑ CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	 ☑ Shelter (04) ☐ SNF (31) ☑ FQHC (50) ☐ RSATF (55) ☑ NRSATF (57) 	☐ Inpt H ☐ Inpt PF ☐ ER (23) ☐ PF-PHF	(51) Sch	son/CF (09) nool (03) her POS (99)

SCREENING – DRUG – PATHOLOGY AND LABORATORY						
CPT®/HCPCS PROCED	PROCEDURE CODE DESCRIPTION USAGE					
	Drug screen, presumptive, read by instrument ☑ OBH					
SERVICE DESCRIPTION	ı		MINIMUM DOO	CUMENTATION RI	QUIREMENTS	
Drug test(s), presump number of devices or instrument assisted di cups, cards, cartridges performed, per date o	 Date of service Patient consent Screening results Patient's identified treatment/service plan (if applicable) Referral for treatment (if applicable) Signed with 1st initial, last name & credentials 					
NOTES			EXAMPLE ACTIV	/ITIES		
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.			Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.			
APPLICABLE POPULAT	TION(S)		UNIT		DURATION	
⊠ Adol (12-17) (18	3-20) ⊠ G	dult (21-64) eriatric (65+)	⊠ Encounter □ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S) O	F DELIVERY			VICE CATEGORY(I		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	□ Individual □ Group (HQ) □ Family (HR/HS)	☐ HE ☐ TG ☐ HK ☐ HF (2 nd modif	□	тм 🗆 но	-
STAFF REQUIREMENT	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑Intern	⊠ LCSW (A. ⊠ LPC ⊠ LMFT	☐ Unlicensed E	laster's Level (HO) dD/ PhD/PsyD (HP) J/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN († ⊠ RN (TD) ⊠ APN (SA) □ QMAP	TE) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)
PLACE OF SERVICE (PO	OS)					
☑ CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	 ☑ Shelter (04) ☐ SNF (31) ☑ FQHC (50) ☐ RSATF (55) ☑ NRSATF (57) 	☐ Inpt H ☐ Inpt PF ☐ ER (23) ☐ PF-PHF	(51) Sch	son/CF (09) nool (03) her POS (99)

	SCREENING – PATHOLOGY AND LABORATORY - ALCOHOL						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	82075		Alcohol (ethanol); bi	reath		☑ OBH	
SERVICE DESCRIPTION	N		MINIMUM DOCUM	ENTATION RE	QUIREMENTS		
Alcohol breathalyzer degree of alcohol int		 Date of service Client consent Screening resu 	lts	ame & credentia	is		
NOTES			EXAMPLE ACTIVITIE	S			
Staff performing bre collection, handling, sample viability for e	recording and stor	ing procedures assuring	Breathalyzer admini intoxication	stered to test	t for the degree o	of alcohol	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION		
	•	区 Adult (21-64) 区 Geriatric (65+)		15 Minutes 1 Hour	Minimum: NA Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	CATEGORY(I	•		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	□ Individual □ Group (HQ) □ Family (HR/I	HS)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-S		(ACT) ☐ I (Respite) ☐ T	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)	
STAFF REQUIREMEN	ITS						
☑ Peer Specialist☑ Bachelor's Level (HN☑ Intern	N) ⊠ LCSW ⊠ LPC ⊠ LMFT		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN (⊠ RN (TD) ⊠ APRN (SA) ⊠ QMAP	ΣΙ RXN (SA)	
PLACE OF SERVICE (I							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ OutpHospital(22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RSATF (55) ☑ NRSATF (57)	☑ Inpt Hos ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	Since the second	n/CF (09) ol (03) r POS (99)	

TREATMENT - PSYCHOTHERAPY - INTERACTIVE COMPLEXITY							
CPT®/HCPCS PROCEDI	URE CODE		PROCEDURE CODE I		USAGE		
	90785* ADD-ON	Interactive complexity (list separately in addition to the code for the primary service)			☑ Medicaid		
SERVICE DESCRIPTION	J		MINIMUM DOCUM	ENTATION RE	QUIREMENTS		
Code 90785 is an add- complexity. Interactiv communication factor psychiatric procedure. difficult communicatio members and engager undeveloped or impair service are those who guardians, other family translators, agencies, of their psychiatric care (e complexity refers s that complicate the Some common factor with discordant of ment of young and were patients. Patien have third parties sy members, interpresourt officers, or solventials.	to specific the delivery of a tors include more for emotional family verbally ts that require this such as parents, eters, language mools involved in	Primary Service r met Means of interact		·		
NOTES			EXAMPLE ACTIVITIE	S			
This code is to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832-90834-90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838, 99201-99255, 99304-99337, 99341-99350), and group psychotherapy (90853).							
APPLICABLE POPULAT	TON(S)		UNIT		DURATION		
⊠ Adol (12-17) (1	Young Adult 8-20)	✓ Adult (21-64)✓ Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: NA Maximum: NA		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE	CATEGORY(IE	•		
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) □ Family (HR/H	S)	□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-S	⊠ U4 (⊠ TM □ HM SUD) (Respit	(ACT) □ HQ (□ TT (I	voc) (Clubhouse) Recovery) Prev/El)	
STAFF REQUIREMENTS	S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	⊠Unlicensed	d Master's Level (HO) EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP	E) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)	
PLACE OF SERVICE (PC							
☑ Office (11) ☑ Mobile Unit (15)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) Prison Schoo	l (03)	

TREATMENT - PSYCHOTHERAPY - INTERACTIVE COMPLEXITY						
CPT®/HCPCS PROCEI	DURE CODE		PROCEDURE CODE DESCRIPTION			USAGE
90785* ADD-ON			Interactive complexity (list separately in addition to the code for the primary service)			☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION RE	QUIREMENTS	
Code 90785 is an add-on code used to report the interactive complexity. Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Some common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Patients that require this service are those who have third parties such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care (see Appendix H for more information).			Primary Service met Means of interactions		·	
NOTES		·	EXAMPLE ACTIVITI	ES		
This code is to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832-90834-90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838, 99201-99255, 99304-99337, 99341-99350), and group psychotherapy (90853).						
APPLICABLE POPULA	• •		UNIT		DURATION	
	⊻ Young Adult 18-20)	✓ Adult (21-64)✓ Geriatric (65+)] 15 Minutes] 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	E CATEGORY(IE	ES)	
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/H	IS)	□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-	☑ U4 (☑ TM □ HM -SUD) (Respit	(ACT) □ HQ □ TT (Voc) (Clubhouse) Recovery) (Prev/EI)
STAFF REQUIREMEN	TS					
☐ Peer Specialist☐ Bachelor's Level (HN) ☑ Intern	∠ LCSW∠ LPC∠ LMFT	⊠Unlicensed	d Master's Level (HO) I EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E) RxN (SA) Ry PA (PA) MD/DO(AF)
PLACE OF SERVICE (F	•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ ICF-MR (54)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) Schoo	

ASSESSMENT - DIAGNOSIS							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE D	CODE DESCRIPTION USAGE			
	90791		Psychiatric diagnostic evaluation			☑ Medicaid	
SERVICE DESCRIPTION	N		MINIMUM DOCUME	NTATION REQUIREM	IENTS		
assessment, including The evaluation may in sources and review an The MHP interviews t appropriate initial dia patient's history and a disposition. The MHP friends, co-workers, o	evaluation is an integral shistory, mental status, and ordering of diagnostic the patient in a culturally gnostic examination, who assessing his/her mental may spend time communion other sources as part of procedure code H0031.	and recommendations. ith family or other studies. and developmentally ich includes taking the status, as well as nicating with family,	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Psychiatric diagnostic interview examination elements 4. Review of psychosocial, family, and treatment history 5. Mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition				
NOTES		fa	EXAMPLE ACTIVITIES				
In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. Codes 90791 may be reported more than once, but not on the same day, for the patient, when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90791 may be reported once per day but not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction 90791. 90791 are used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90791 flappropriate and based on patient stability/status in social detox, Assessment services (90791) may be provided prior to discharge.					appropriate level of		
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	✓ Young Adult (18-20)	✓ Adult (21-64) ✓ Geriatric (65+)	□ Day □	15 Minutes 11 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) C	JF DELIVERY		PROGRAM SERVICE (\A\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1/2.5	
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Video Conf (GT) ☐ Group (HQ) ☐ II (Gubhous					(Clubhouse) Recovery)	
STAFF REQUIREMENT	15						
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	✓ LMF	☑ Unlicer	nsed Master's Level (H0 nsed EdD/ PhD/PsyD (H ed EdD/PhD/PsyD (AH)		□ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO(AF)	
PLACE OF SERVICE (PO		Williamine (24)		W land 11 (24)			
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (13) 	☑ ICF-IVIK (54)	区 Shelter (04) 区 SNF (31) 区 FQHC (50)	✓ Inpt Hosp (21)✓ Inpt PF (51)✓ ER (23)✓ DE DHD (52)	☐ Prisc ☑ Scho	on/CF (09) ool (03) er POS (99)	

ASSESSMENT - DIAGNOSIS							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE D	CEDURE CODE DESCRIPTION USAGE			
	90791		Psychiatric diagnos	☑ ОВН			
SERVICE DESCRIPTION	N		MINIMUM DOCUME	NTATION REQUIREM	IENTS		
assessment, including The evaluation may ir sources and review at The MHP interviews t appropriate initial dia patient's history and a disposition. The MHP friends, co-workers, o	evaluation is an integral shistory, mental status, a clude communication wand ordering of diagnostic he patient in a culturally gnostic examination, whas sessing his/her mental may spend time communor other sources as part of procedure code H0031. cedure code 90792.	and recommendations. ith family or other studies. and developmentally ich includes taking the status, as well as inicating with family,	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Psychiatric diagnostic interview examination elements 4. Review of psychosocial, family, and treatment history 5. Mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition				
NOTES		former to the mile	EXAMPLE ACTIVITIES				
In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. Codes 90791 may be reported more than once, but not on the same day, for the patient, when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90791 may be reported once per day but not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction 90791. 90791 are used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90791 flappropriate and based on patient stability/status in social detox, Assessment services (90791) may be provided prior to discharge.					appropriate level of		
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	☑ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	□ Day □	15 Minutes 11 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S)	JF DELIVEKY		PROGRAM SERVICE (\/\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Voc	
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (Clubhouse) ☑ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENT	rs						
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	. ✓ × LPC	` ′ ′ ⊠ Unlicer	nsed Master's Level (HO nsed EdD/ PhD/PsyD (H ed EdD/PhD/PsyD (AH)	, I ICACI	□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP	RxN (SA) PA (PA) MD/DO(AF)	
PLACE OF SERVICE (P	OS) ☑ ACF (13)	✓ Hospice (34)		☑ Inpt Hosp (21)			
□ Civine (53) □ Office (11) □ Mobile Unit (15) □ Outp Hospital(22)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	Inpt Hosp (21)Inpt PF (51)ER (23)REPUBLIF (52)	☐ Prisc ☑ Scho	on/CF (09) ool (03) er POS (99)	

ASSESSMENT - DIAGNOSIS							
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	90792		Psychiatric diagnost	ic evaluation with n	nedical services	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Psychiatric diagnostic medical assessment, physical examination recommendations. Twith family or other streview and ordering. In certain circumstan members, guardians, the patient. * This code is for Pre NOTES Codes 90792 may be not on the same day	c evaluation is an integra including history, menta including history, menta in elements as indicated, a free evaluation may inclusources, prescription of rof laboratory or other districts one or more other in or significant others) may escriber (or prescriber in reported more than one by the same provider what are conducted with the	al status, other and de communication medications, and agnostic studies. Informants (family any be seen in lieu of anterns) only.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Psychiatric diagnostic interview examination elements 4. Review of medical and medication history, psychosocial, family, and treatment history 5. mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition EXAMPLE ACTIVITIES ut history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning determine diagnosis/diagnoses, baseline level of				
informants. Report so not the informant or 90792 may be report an evaluation and ma provider for the same evaluation may included add-on code) when for psychiatric procedured assessment (s), if required services. Psychotherapy powith the appropriate 90840 cannot be billed and based on patient	ervices as being provided other party in such circulated once per day and not anagement service perfole patient. The psychiatride interactive complexity actors exist that complicate. 90792 is used for assessipatined, and do not include apy services may not be provided to a patient in corrisis code (H2011, 9083 and on the same day as 90 at stability/status in social or perioded prior to discontinuous discontinuous designations.	to the patient and imstances. Codes on the same day as rmed by the same c diagnostic y services (90785 – ate the delivery of the sament(s) and rese psychotherapeutic reported on the same risis state is reported 39-90840). 90839-0792. If appropriate detox, Assessment	necessary referrals				
APPLICABLE POPULA	ITION(S)		UNIT		DURATION		
☑ Child (0-11)	✓ Young Adult ✓	⊠ Adult (21-64)	⊠ Encounter	☐ 15 Minutes	Minimum: N/A		
☑ Adol (12-17)	(18-20)	☑ Geriatric (65+)	□ Day	1 Hour	Maximum: N/A		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE		(ICM)	11 (Voc)	
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential □ HF (2 nd modifie	I) □ HN	1 (ACT) □ H ⁄I (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicense			ed Master's Level (HO) ed EdD/ PhD/PsyD (HP EdD/PhD/PsyD (AH)	LICACI	□ LPN/LVN (TE □ RN (TD) □ APN (SA) □ QMAP	E RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)	
PLACE OF SERVICE (P					(2.1)	(27 (22)	
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outh Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTE (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)✓ Independent Clini	 ☑ Inpt Hos ☑ Inpt PF (! ☑ ER (23) c (49) ☑ PF-PHP (51) ☑ Schoo ☑ NRSA	· ·	

ASSESSMENT - DIAGNOSIS							
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE	USAGE			
90792			Psychiatric diagnost	☑ OBH			
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENTATION REQUIREMENTS				
Psychiatric diagnostic evaluation is an integrated biophysical and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. * This code is for Prescribers (or prescriber interns) only. Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or ager complaint/presenting concern(s) or problem(s) 2. Referral source 3. Psychiatric diagnostic interview examination elements 4. Review of medical and medication history, psychosocial, far treatment history 5. mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordina with 3 rd parties and disposition					, family, and		
NOTES Codes 90792 may be	reported more than on	ice for the patient, but	Prescriber evaluation		and medication hist	ory, psychosocial	
not on the same day diagnostic evaluation informants. Report so not the informant or 90792 may be report an evaluation and may provider for the same evaluation may included on code) when for psychiatric procedure assessment (s), if required services. Psychother day. Psychotherapy pwith the appropriate 90840 cannot be billed and based on patient.	by the same provider was are conducted with the ervices as being provided other party in such circulated once per day and not an agement service perference patient. The psychiatric de interactive complexifactors exist that compliance. 90792 is used for assequired, and do not include appy services may not be provided to a patient in crisis code (H2011, 908) and on the same day as 90 at stability/status in social to be provided prior to displace of the provided prior to displace on the same day as 90 at stability/status in social to the provided prior to displace on the prior to displace on the prior to displace	when separate the patient and other and to the patient and umstances. Codes of on the same day as formed by the same fric diagnostic try services (90785 – cate the delivery of the the passes of the	history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.				
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
☑ Child (0-11)	⊠ Young Adult	⊠ Adult (21-64)	⊠ Encounter	☐ 15 Minutes	Minimum: N/A		
☑ Adol (12-17)	(18-20)	☑ Geriatric (65+)	□ Day	☐ 1 Hour	Maximum: N/A		
ALLOWED MODE(S) ▼ Face-to-Face ✓ Video Conf (GT) □ Telephone	OF DELIVERY ☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERVICE ☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie	⊠ U4 ⊠ TM I) □ HM	I (ACT) □ H I (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) T (Prev/El)	
STAFF REQUIREMEN	TS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicense			ed Master's Level (HO ed EdD/ PhD/PsyD (HF EdD/PhD/PsyD (AH)		☐ LPN/LVN (TE)☐ RN (TD)☐ APN (SA)☐ QMAP) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)	
PLACE OF SERVICE (P		W Haaring (2.4)	W Chaltan (OA)	W	- (24)	- (CF (00)	
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outo Hospital(22)	✓ ACF (13) ✓ Cust Care (33) ✓ Grp Home (14)	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ RRTE (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)✓ Independent Clini	☑ Inpt Hos ☑ Inpt PF (! ☑ ER (23)	51) ⊠ Schoo ⊠ NRSA	• •	

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	90832		Psychotherapy, 30 minutes with the patient			☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	UIREMENTS		
Face-to-face psychothe member is present, the patient and not on the	erapy with a patient e focus of the session	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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					
NOTES			needed with	<u> </u>		ATION mum: 16 Minutes imum: 37 Minutes HJ (Voc) HQ (Clubhouse) HJ (Recovery) HT (Prev/EI) LPN/LVN (TE) RN (TD) RN (TD) APN (SA) M MD/DO(AE)	
Incidental telephone convergence as psychotheral life psychotherapy is provided management services, use code. All providers, license psychotherapy only within accordance with State rule. Psychotherapy provided the appropriate crisis code cannot be billed in additional care professional on the subsequence of the services are performed Diagnosis is required.	apy. led by a prescriber with the the appropriate psyched or unlicensed, are in their areas of completes and regulations. led a patient in crisis state (H2011, 90839-9084) and to psychotherapy beame day. led interactive complex in the complex interactive complex in the appropriate interactive complex in the appropriate interactive complex in the appropriate interactive complex int						
APPLICABLE POPULATI	ION(S)		UNIT		DURATION		
⊠ Adol (12-17) (18	3-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Maximum: 37		
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SERVICE	•	•	—	
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		⋈ HE (SP)☐ TG (Other SP)⋈ HK (Residential)⋈ HF (2nd modifie		ACT)	☐ HQ (Clubhouse) ☐ TT (Recovery)	
STAFF REQUIREMENTS							
□ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/ PhD/PsyD (HP) □ CAC II □ RN (ID) □ PA (PA)					× RXN (SA) × PA (PA)		
PLACE OF SERVICE (PO	S)						
☑ Office (11) ☑ ☑Mobile Unit (15) ☐	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Hos ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	(51) ☐ Pris ☑ Scho	ool (03)	

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
90832			Psychotherapy, 3	0 minutes with th	nutes with the patient	
SERVICE DESCRIPTIO	N		MINIMUM DOCU	JMENTATION REC	QUIREMENTS	
Face-to-face psychotl member is present, the patient and not on the	he focus of the session	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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				
NOTES			EXAMPLE ACTIVI	TIES		
Incidental telephone correportable as psychother If psychotherapy is provident and a psychotherapy is provident accordance with State round appropriate crisis contained by the appropriate crisis contained to billed in additional care professional on the Use add-on code 90785	erapy. ided by a prescriber will use the appropriate psyntem or unlicensed, are nin their areas of compules and regulations. It to a patient in crisis stude (H2011, 90839-908-cion to psychotherapy be same day.					
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	-	☑ Adult (21-64)		☐ 15 Minutes	Minimum: 16	
		☑ Geriatric (65+)	□ Day	☐ 1 Hour	Maximum: 37	Minutes
ALLOWED MODE(S) © Face-to-Face Video Conf (GT) □ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERVI ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☐ HF (2 nd modifie	⊠ U4 (I ⊠ TM (I) □ HM (CM)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENT ☐ Peer Specialist	13			×LAC	☐ LPN/LVN (TC\
☐ Bachelor's Level (HN) ☑ Intern	☑ LCS ☑ LPC ☑ LMI	∑ Vr	nlicensed Master's Le nlicensed EdD/ PhD/P censed EdD/PhD/Psy	rei (HO)	I □ RN (TD) II ৷ ☑ APN (SA)	IE) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (P						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Hos ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (51) ⊠ Sch	on/CF (09) ool (03) er POS (99)

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE		
90833* ADD-ON	Psychotherapy, 30 minutes with the patient when performed with an evaluation and management service (list separately in addition to the code for primary service)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIR	REMENTS			
Face-to-face psychotherapy with a patient 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 patient and not on the family unit.	Technical Documentation Requirement See Page 346 Service Content 1. The reason for the visit. What was How does the service relate to the service of the service and the service of the se	as the intended he treatment/se utilized and the individual's prog	rvice plan? individual's ress towards		
NOTES	EXAMPLE ACTIVITIES				
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy on the same day by the same health care professional. Use add-on code 90785 for interactive complexity as appropriate.					
APPLICABLE POPULATION(S)	UNIT	URATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour M	linimum: 16 Min laximum: 37 Mir			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	a) =) /)		
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	□ TG (Other SP) □ TM (ACCE) □ HK (Residential) □ HF (2 nd modifier-SUD)	CT) □ HQ espite) □ TT (Voc) (Clubhouse) Recovery) (Prev/EI)		
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Ur	nlicensed Master's Level (HO) nlicensed EdD/ PhD/PsyD (HP) ensed EdD/PhD/PsyD (AH) □ CAC II □ CAC III □ CACIII	□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)		
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ Inpt Hose ☑ Inpt PF (1) ☑ ER (23) ☑ PF-PHP (1) 	51) ⊠ Sch	son/CF (09) nool (03) ner POS (99)		

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE		
90833* ADD-ON	Psychotherapy, 30 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQU	JIREMENTS			
Face-to-face psychotherapy with a patient 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 patient and not on the family unit.	Technical Documentation Requirem See Page 346 Service Content 1. The reason for the visit. What how does the service relate to 2. Description of the service 3. The therapeutic intervention(s response to the intervention(s 4. How did the service impact the goals/objectives? 5. Plan for next contact(s) includineeded with 3 rd parties See Appendix I for more information	was the intended the treatment/se () utilized and the) e individual's prog ng any follow-up	ervice plan? individual's gress towards		
NOTES	EXAMPLE ACTIVITIES				
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy on the same day by the same health care professional. Use add-on code 90785 for interactive complexity as appropriate.					
APPLICABLE POPULATION(S)	UNIT	DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour	Minimum: 16 Mir Maximum: 37 Mi			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	CNA)	()/as)		
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-SUD) □ HM (ACT) □ HQ Respite) □ TT	(Voc) (Clubhouse) (Recovery) (Prev/EI)		
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Ur	nlicensed Master's Level (HO) nlicensed EdD/ PhD/PsyD (HP) ensed EdD/PhD/PsyD (AH)	□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP	E)		
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ PF-PHF 	(51) ⊠ Sch	son/CF (09) nool (03) ner POS (99)		

TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE		
90834	Psychotherapy, 45 minutes with a pat	tient	☑ Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUI	IREMENTS			
Face-to-face psychotherapy with a patient. If a family	Technical Documentation Requirements				
member is present, the focus of the session is still on the	See Page 346				
patient and not on the family unit.	Service Content				
	1. The reason for the visit. What w	vas the intended	goal or agenda?		
	How does the service relate to t	the treatment/se	ervice plan?		
	2. Description of the service				
	3. The therapeutic intervention(s)	utilized and the	individual's		
	response to the intervention(s)				
	4. How did the service impact the	individual's prog	ress towards		
	goals/objectives?				
	5. Plan for next contact(s) including any follow-up or coordination				
NOTES	needed with 3 rd parties EXAMPLE ACTIVITIES				
NOTES Incidental telephone conversations and consultations are not	EXAMPLE ACTIVITIES				
reportable as psychotherapy.					
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.					
accordance with state rules and regulations.					
Psychotherapy provided to a patient in crisis state is reported with					
the appropriate crisis code (H2011, 90839-90840). 90839-90840					
cannot be billed in addition to psychotherapy on the same day by					
the same health care professional.					
Use add-on code 90785 for interactive complexity as appropriate.					
If services are performed by a LAC provider, a SUD Primary					
Diagnosis is required.					
APPLICABLE POPULATION(S)	UNIT	DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)		Minimum: 38 Mir	nutes		
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	,	Maximum: 52 Mi	nutes		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Individual	☑ HE (SP) ☑ U4 (IC		(Voc)		
☑ Video Conf (GT) ☐ Group (HQ)	☐ TG (Other SP) ☑ TM (A		Q (Clubhouse)		
☐ Telephone ☐ Family (HR/HS)	☑ HK (Residential) ☐ HM (R		(Recovery)		
	☑ HF (2 nd modifier-SUD)	□ H ⁻	Γ (Prev/EI)		
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ LCSW (AJ) ☐ UD Bachelor's Level (HN)	nlicensed Master's Level (HO)	 □ LPN/LVN (TE) □ RN (TD) 	■ RxN (SA)		
X Intern	nlicensed EdD/ PhD/PsyD (HP)	△ RN (TD) ✓ APN (SA)	ĭ PA (PA)		
☑ IMFT ☑ Li	censed EdD/PhD/PsyD (AH)	□ QMAP	☑ MD/DO(AF)		
PLACE OF SERVICE (POS)					
 ✓ CMHC (53) ✓ ACF (13) ✓ Hospice (34) 	☑ Chalkan (O4) ☑ Inpt Ho	osp (21)	10-10-		
 ✓ Office (11) ✓ Cust Care (33) ✓ ICF-MR (54) 	✓ Shelter (U4)	(51) LI Pri	son/CF (09)		
⊠Mobile Unit (15) ⊠ Grp Home (14) ⊠ NF (32)	× SNF (31)	× Scr	nool (03)		
☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	☑ FQHC (50)	IXI OH	ner POS (99)		

TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE COL		USAGE	
	90834		Psychotherapy, 4	.5 minutes with a	patient	☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCU	JMENTATION REC	UIREMENTS	
Face-to-face psychot member is present, t patient and not on th	he focus of the session		Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agend How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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			
NOTES			EXAMPLE ACTIVI	TIES		
Incidental telephone co reportable as psychother if psychotherapy is providerable. If psychotherapy is providerable as a psychotherapy only with accordance with State roughly in the appropriate crisis contained the same health care provided the s	erapy. vided by a prescriber will use the appropriate psynsed or unlicensed, are hin their areas of compules and regulations. If to a patient in crisis stode (H2011, 90839-908-tion to psychotherapy crofessional.	th an evaluation and chotherapy add-on required to practice etency, in ate is reported with 40). 90839-90840 on the same day by				
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	_	☑ Adult (21-64)		☐ 15 Minutes	Minimum: 38 Mi	
	•	☑ Geriatric (65+)	□ Day	☐ 1 Hour	Maximum: 52 M	inutes
ALLOWED MODE(S) □ Face-to-Face □ Video Conf (GT) □ Telephone STAFF REQUIREMEN	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERV ☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie		(ICM) (ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
☐ Peer Specialist				×LAC	☐ LPN/LVN (TE) —
☐ Bachelor's Level (HN) ☑ Intern	⊠ LCS ⊠ LPC ⊠ LMI	∵ ∑ Ur	nlicensed Master's Le nlicensed EdD/ PhD/F ensed EdD/PhD/Psyl	PsyD (HP) □CAC I	□ RN (TD) I ⊠ APN (SA)	⁷ ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	⋈ Hospice (34)⋈ ICF-MR (54)⋈ NF (32)⋈ PRTF (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)	⊠ Inpt ⊠ Inpt I ⊠ ER (2 ⊠ PF-PI	7F (51) ⊠ Sc ⊠ Ot	ison/CF (09) thool (03) ther POS (99)

	EVALUATION AND	MANAGEMENT - PS	YCHOTHERAPY – I	NDIVIDUAL PSYC	HOTHERAPY	
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COI	DE DESCRIPTION		USAGE
	90836* ADD-ON		performed with	15 minutes with a an evaluation and rately in addition	l management	☑ Medicaid
SERVICE DESCRIPTION	l		MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face psychoth same day as an Evalua same prescriber. The t separately identifiable focus of the session is family unit.	tion and Manageme wo services must be . If a family member	nt service by the significant and is present, the	n the Technical Documentation Requirements y the See Page 346 and Service Content 1. The reason for the visit. What was the intended goal or			
NOTES			EXAMPLE ACTIV		on on E/W services.	
Incidental telephone of not reportable as psychotherapy is proevaluation and manag psychotherapy add-on unlicensed, are requirewithin their areas of concluse and regulations. Psychotherapy provide reported with the app 90840). 90839-90840 psychotherapy on the professional. Use add-on code 9078 appropriate.	hotherapy. byided by a prescribe ement services, use of code. All providers, ed to practice psycho competency, in accord ed to a patient in cris ropriate crisis code (cannot be billed in accord same day by the sam 5 for interactive com	er with an the appropriate licensed or otherapy only dance with State is state is H2011, 90839- ddition to ne health care				
APPLICABLE POPULAT			UNIT		DURATION	
		☑ Adult (21-64)	⊠ Encounter	☐ 15 Minutes	Minimum: 38 Min	
		S Geriatric (65+)	Day Day	1 Hour	Maximum: 52 Min	utes
ALLOWED MODE(S) O ▼ Face-to-Face Video Conf (GT) □ Telephone	Individual ☐ Group (HQ) ☐ Family (HR/HS)				(ICM)	Voc) (Clubhouse) Recovery) (Prev/El)
STAFF REQUIREMENT	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMF1	□ Unli	icensed Master's Lev icensed EdD/ PhD/Ps nsed EdD/PhD/PsyD	yD (HP) DCACI	I 🗵 APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (PC						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	⊠ Inpt ⊠ Inpt I ⊠ ER (2 ⊠ PF-PI	3) ⊠ Scl	son/CF (09) nool (03) her POS (99)

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
	Psychotherapy, 45 minutes with a patient when			
90836* ADD-ON	performed with an evaluation and management	☑ OBH		
	service (list separately in addition to the code for			
	primary service)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face psychotherapy with a patient provided on the	Technical Documentation Requirements			
same day as an Evaluation and Management service by the same prescriber. The two services must be significant and	See Page 346 Service Content			
separately identifiable. If a family member is present, the	The reason for the visit. What was the intended	d goal or		
focus of the session is still on the patient and not on the	agenda? How does the service relate to the tre			
family unit.	plan?			
Turniny unit.	Description of the service			
	The therapeutic intervention(s) utilized and the	individual's		
	response to the intervention(s)			
	4. How did the service impact the individual's pro	gress towards		
	goals/objectives?			
	5. Plan for next contact(s) including any follow-up	or coordination		
	needed with 3 rd parties			
	See Appendix I for more information on E/M services			
NOTES	EXAMPLE ACTIVITIES			
Incidental telephone conversations and consultations are				
not reportable as psychotherapy.				
If psychotherapy is provided by a prescriber with an				
evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or				
unlicensed, are required to practice psychotherapy only				
within their areas of competency, in accordance with State				
rules and regulations.				
Psychotherapy provided to a patient in crisis state is				
reported with the appropriate crisis code (H2011, 90839-				
90840). 90839-90840 cannot be billed in addition to				
psychotherapy on the same day by the same health care				
professional.				
Use add-on code 90785 for interactive complexity as				
appropriate.				
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 38 Min			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Day 1 Hour Maximum: 52 Min	nutes		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	(1/0.0)		
	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (☐ TG (Other SP) ☑ TM (ACT) ☐ HQ	(Clubhouse)		
☑ Video Conf (GT) ☐ Group (HQ)		(Recovery)		
☐ Telephone ☐ Family (HR/HS)		(Prev/EI)		
STAFF REQUIREMENTS	Tim (2 modulet 300)	(1104/21)		
□ Peer Specialist	Engrand Master/a Laural (UO) □LAC □ LPN/LVN (TE)		
La Bachelor's Level (HN)	icensed Master's Level (HO)	⁾ ⊠ RxN (SA) ⊠ PA (PA)		
I IXI INTERN	nsed EdD/PhD/PsvD (AH)	⊠ MD/DO(AF)		
	□CACIII □ QMAP	5,55(, ,		
PLACE OF SERVICE (POS)	[F] (24)			
 ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cycle Care (23) ☑ UCF MB (54) 		ison/CF (09)		
 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) 		hool (03)		
☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	☑ FQHC (50)	ther POS (99)		

TREATMENT - PSYCHO	OTHERAPY – INDIVIDUAL PSYCHOTHERAPY			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90837	Psychotherapy, 60 minutes with a patient	☑ Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face psychotherapy with a patient. If a family member is present, the focus of the session is still on the	Technical Documentation Requirements			
patient and not on the family unit.	Service Content 1. The reason for the visit. What was the intended	goal or		
	agenda? How does the service relate to the trear plan? 2. Description of the service	-		
	3. The therapeutic intervention(s) utilized and the irresponse to the intervention(s) 1. The therapeutic intervention(s) are response to the intervention(s).	individual's		
	4. How did the service impact the individual's prog	ress towards		
	goals/objectives? 5. Plan for next contact(s) including any follow-up or coordinati			
	needed with 3 rd parties			
NOTES	EXAMPLE ACTIVITIES			
Incidental telephone conversations and consultations are not reportable as psychotherapy.				
If psychotherapy is provided by a prescriber with an evaluation management services, use the appropriate psychotherapy add-code. All providers, licensed or unlicensed, are required to pracipsychotherapy only within their areas of competency, in accord with State rules and regulations.	on tice			
Psychotherapy provided to a patient in crisis state is reported w the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy by the same healt care professional on the same day.	hotherapy provided to a patient in crisis state is reported with appropriate crisis code (H2011, 90839-90840). 90839-90840 and be billed in addition to psychotherapy by the same health			
Use add-on code 90785 for interactive complexity as appropriat If services are performed by a LAC provider, a SUD Primary Diag is required.				
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65) 	·			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Vo ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (C ☑ HK (Residential) ☐ HM ☐ TT (Re ☑ HF (2 nd modifier-SUD) (Respite) ☐ HT (Pr	llubhouse) ecovery)		
STAFF REQUIREMENTS	≥ TIF (2 Hodiner-30D) (Respite) □ TIT (FI	iev/Li)		
☐ Peer Specialist	LPN/LVN (TE)			
□ Bachelor's Level (HN) ⊠ LCSW (AJ) ⊠ Ur ⊠ LPC ⊠ Ur	nlicensed Master's Level (HO) nlicensed EdD/ PhD/PsyD (HP) censed EdD/PhD/PsyD (AH) CAC I RN (TD) CAC I APN (SA) CACIII QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)		
PLACE OF SERVICE (POS)				
 ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (3 ☑ ICF-MR (54 	4) ☑ SNE (31) ☑ Inpt PF (51) ☑ School (
☑Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	X EOHC (50) X Other Pi	•		

	TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	90837		Psychotherapy, 60	minutes with a	patient	☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	IENTATION REC	QUIREMENTS	
Face-to-face psychoti member is present, ti patient and not on th	he focus of the session	nt. If a family Technical Documentation Requirements				itment/service individual's gress towards
NOTES Incidental telephone conversations and consultations are not			EXAMPLE ACTIVITIE	ES		
reportable as psychother of the psychotherapy is provided. All providers, licer psychotherapy only with with State rules and region of the appropriate crisis contained by the appropriate crisis contained by the professional on the Use add-on code 90785	erapy. rided by a prescriber with use the appropriate psyntsed or unlicensed, are nin their areas of compulations. If to a patient in crisis stande (H2011, 90839-908-tion to psychotherapy be same day.	th an evaluation and chotherapy add-on required to practice etency, in accordance ate is reported with 40). 90839-90840 by the same health				
APPLICABLE POPULA			UNIT		DURATION	
⊠ Adol (12-17) (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	☐ Day ☐	15 Minutes 1 Hour	Minimum: 53 Min Maximum: no max	
□ Face-to-Face □ Video Conf (GT) □ Telephone	OF DELIVERY ☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERVICE ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-	⊠ U4 (I ⊠ TM (□ HM	ICM) ☐ HJ (V ACT) ☐ HQ (C ☐ TT (R	Clubhouse) ecovery)
STAFF REQUIREMENT	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-IVIK (54)	☑Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) School ((03)

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
90838* ADD-ON	Psychotherapy, 60 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face psychotherapy with a patient 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 patient and not on the family unit.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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 See Appendix I for more information on E/M services.			
NOTES	EXAMPLE ACTIVITIES			
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a patient in crisis state is reported with codes 90839 and 90840. 90839/90840 cannot be reported in addition to the psychotherapy codes 90832-90838, if provided by the same health care professional on the same day. Use add-on code 90785 for interactive complexity as appropriate.				
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (Clubhouse) ☑ HK (Residential) ☐ HM ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) (Respite) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Un	licensed Master's Level (HO) licensed EdD/ PhD/PsyD (HP) ensed EdD/PhD/PsyD (AH) □ CAC II □ RN (TD) □ RXN (SA) □ CAC II □ APN (SA) □ MD/DO(AF) □ CAC II □ QMAP			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	☑ Shelter (04) ☑ Inpt Hosp (21) ☐ Prison/CF (09) ☑ SNF (31) ☑ ER (23) ☑ Other POS (99) ☑ PF-PHP (52) ☑ Other POS (99)			

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
90838* ADD-ON	Psychotherapy, 60 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face psychotherapy with a patient 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 patient and not on the family unit.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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 See Appendix I for more information on E/M services.			
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a patient in crisis state is reported with codes 90839 and 90840. 90839/90840 cannot be reported in addition to the psychotherapy codes 90832-90838, if provided by the same health care professional on the same day. Use add-on code 90785 for interactive complexity as appropriate.				
appropriate. APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	⊠ Encounter			
 ☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS) 	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (Clubhouse) ☑ HK (Residential) ☐ HM ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) (Respite) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ LPC □ Unli □ Intern □ LMFT □ Licer	censed Master's Level (HO) □LAC □LPN/LVN (TE) ☑ RxN (SA) censed EdD/PhD/PsyD (HP) □CAC II ☑ RN (TD) ☑ PA (PA) nsed EdD/PhD/PsyD (AH) □CAC III ☑ APN (SA) ☑ MD/DO(AF)			
PLACE OF SERVICE (POS)				
☑ Office (11) ☑ Cust Care (33) ☑ ICF-INK (54) ☑ Mobile Unit (15) ☑ Gro Home (14) ☑ NF (32)				

	CRI	SIS - PSYCHOTHERA	PY – PSYCHOTHER	APY FOR CRISIS		
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
	90839		Psychotherapy for Crisis, first 60 min ☑ Medicaid			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION REQ	UIREMENTS	
Urgent assessment and relevant behavioral health history of a crisis state mental status exam, and disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. Use 90840 for each additional 30 minutes of service.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVI	<u> </u>		
Please note that this code cannot be used with CPT codes 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785-90899 if services are on the same day. This code should be used only once per date even if the time spent by the physician or other healthcare provider is not continuous on that date. If services are performed by a LAC provider, a SUD Primary Diagnosis is required.			 Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to precrisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), 			
APPLICABLE POPULA	TION(S)		or contributing UNIT	Tactors.	DURATION	
⊠ Child (0-11)	☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter □ Day	☐ 15 Minutes	Minimum: 30 N Maximum: 74 N *Less than 30 min billed as 90832 o	Minutes nutes should be
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	ICE CATEGORY(IES	5)	
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (Clubhouse) ☑ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2nd modifier-SUD) ☐ HT (Prev/EI)			IQ (Clubhouse) T (Recovery)
STAFF REQUIREMEN	TS					
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	∑ Unlicen	sed Master's Level (H sed EdD/ PhD/PsyD (d EdD/PhD/PsyD (AH)	HP) DCACI	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E)
PLACE OF SERVICE (P	POS)					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ Independent (⊠ Inp	t PF (51) 🗵 (23) 🗵	Prison/CF (09) School (03) NRSATF (57) Other POS (99)

	CRISIS - PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS					
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION			USAGE
	90839		Psychotherapy for Crisis, first 60 min ☑ OBH			
SERVICE DESCRIPTIO			MINIMUM DOCUMENTA	ATION REQ	UIREMENTS	
Urgent assessment and relevant behavioral health history of a crisis state mental status exam, and disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. Use 90840 for each additional 30 minutes of service.		Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES			EXAMPLE ACTIVITIES			
Please note that this code cannot be used with CPT codes 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785-90899 if services are on the same day. This code should be used only once per date even if the time spent by the physician or other healthcare provider is not continuous on that date.			 Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to precrisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), 			
APPLICABLE POPULA	TION(S)		or contributing factors. UNIT		DURATION	
☑ Child (0-11)	☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ 15	Minutes Hour	Maximum:) minutes should be
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CAT		•	
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-SUD)		(ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMEN	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	` ′ Unlicen	sed Master's Level (HO) sed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LV □ RN (TD) ☑ APN (S) □ QMAP	X RXN (SA) IN PA (PA)
PLACE OF SERVICE (F	703)					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent Clinic (4	⊠ Inpt ⊠ ER (Hosp (21) t PF (51) (23) PHP (52)	☐ Prison/CF (09) ☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)

PSYMER CODE BESCRIPTION 90840* ADD-ON **Medicaid** 90840* ADD-ON **Medicaid** 90840 is the add-on-code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 75 minutes. **Medicaid** 90840 is the add-on-code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 75 minutes. **Technical Documentation ReQuirements* **See Page 346 **Service Content** 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 2. The therapeutic intervention(s) utilized (assessment, mental study, description of the crisis/need for crisis intervention. 3. Relevant behavioral health history 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 3. Relevant behavioral health history 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 3. Relevant behavioral health history 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 3. The therapeutic intervention(s) utilized (assessment, mental individual's response to the intervention(s). 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (was present to the individual's response to the intervention (short the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (was present to response to the intervention (short the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 5. The therapeutic primary crisis plan (was present to response to the intervention (short the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 5. The therapeutic primary crisis plan (was present to response t		CRIS	SIS PSYCHOTHERAPY	/ – PSYCHOTHERAPY	FOR CRISIS		
## MINIMUM DOCUMENTATION REQUIREMENTS ## SERVICE DESCRIPTION ## MINIMUM DOCUMENTATION REQUIREMENTS ## PROPOSED	CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE	DESCRIPTION	ı	USAGE
SERVICE DESCRIPTION 90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 75 minutes. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis value. The proposed in the dividuals response to the intervention. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis value. The proposed in the dividuals response to the intervention. 1. The reason for the crisis/need for crisis value. The proposed in the dividuals response of the reason for the crisis value. The proposed in the dividual strength of the proposed				Psychotherapy for	Psychotherapy for Crisis, each additional 30		
SERVICE DESCRIPTION 90840 Is the add-on code for the primary code of 90839. 1. See 93840 for each additional 30 minutes of service past 75 minutes. 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 2. The therapeutic intervention(s) utilized (assessment, mental status, de-excitation techniques, consultation, referral, therapy) and the individual's response to the intervention(s). 3. Relevant behavioral health history. 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available. 5. Other problems identified (mental health, substance abuse, medical, etc.). 6. Plan for next contact(s) including any follow-up or coordinate placement of crisis states including immeration in the crisis state, risk, triage and support to previde assessment of crisis state, risk, triage and support to prevent from enedded with therapy session (leg. walk in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from enedded with therapy session (leg. walk in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from enedded with therapy session (leg. walk in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from enedding higher level of crase vervices or further assess and/or coordinate placement for higher level of crase services or further assess and/or coordinate placement for higher level of crase incurbosing to return to precise level of functioning (leg. practice DPJ bistress Tolerane stalls for client who is a frequent crisis suitage and currently decompensating to unalitation outposition tree (large). 2. Unliking specific therapy/currently services and unitary decompensating to unalitation outposition tree (large). 3. Unliking specific therapy (surposed or for provided assessment to lot to screen or gather more information about the crisis situation, precipitating		90840* ADD-ON			-	on to code	☑ Medicaid
See				90839 for primary	service)		
See Page 346 Service Content	SERVICE DESCRIPTIO	N		MINIMUM DOCUM	MENTATION R	EQUIREMENTS	
Service Content 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3° parties **Possed for seach additional 30 minutes of service past 74 minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes. 90840 can only be used if 90839 is over 74 minutes					ntation Requi	rements	
1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if a valiable 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if a valiable 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties **OBM40 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 74 minutes. 90840 or each additional 30 minutes of service past 74 minutes. 90840 are needed with 3rd parties **OBME ACTIVITES **OBM40 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 74 minutes. 90840 are needed with 3rd parties **OBM60 for each additional 30 minutes of service past 74 minutes. 90840 are needed with 3rd parties **OBM60 including time reported using 90839) is over 74 minutes. **OBM60 for each additional 30 minutes of service past 74 minutes. 90840 are needed with 3rd parties **OBM60 including time reported using 90839) is over 74 minutes. **OBM60 including time reported using 90839) is over 74 minutes. **OBM60 including time reported using 90839) is over 74 minutes. **OBM60 including time reported using 90839) is over 74 minutes. **OBM60 including time reported using 90839) is over 74 minutes. **OBM60 including time reported using 90839) is over 74 minutes. **OBM60 including time reported using 90839) is over 74 minutes. **OBM60 including time reported using 90839) is over 74 minutes. **OBM60 including time rep		dditional 30 minutes	of service past 75	_			
Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) and the individual's particle part in the intervention(s) and the individual's particle parti	minutes.				the visit. What	was the intended	d goal or agenda?
status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 8. EXAMPLE ACTIVITIES 8. EXAMPLE ACTIVITIES 9. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 8. Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care. 9. Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate assessment of crisis state, risk, triage and support to prevent from needing higher level of care. 9. Unicitizing specific therapy/counseling or assessment to placement for higher level of care services further assess and/or coordinate assessment for higher level of care services further assess and/or coordinate assessment for higher level of care. 9. Unitiating specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors. APPLICABLE POPULATION(S) 8. Child (0-11) 9. Young Adult 9. Child (0-11) 9. Young Adult 9. Child (0-11) 9. Young Adult 9. Adult (21-64) 9. Child (0-11) 9. Young Adult 9. Child (0-11) 9. Young Adult 9. Child (0-11) 9. Young Adult 9. Higher the velocity of the treatment for higher level of care. 9. Unitiating specific therapy/counseling or assessment tools to screen or							
and the individual's response to the intervention(s) 3. Relevant behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties **90840 is the add-on-code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 74 minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes. **Possible of functional for insight relevel of care service and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to pre- crisis level of functioning (e.g. practice BPT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). **Possible of providing factors** APPLICABLE POPULATION(S) **Child (0-11)** Syong Adult** Adult (21-64) **Eface-to-Face** Individual** **APLICABLE POPULATION(S)** **Child (0-11)** Syong Adult** Adult (21-64) **Eface-to-Face** Individual** **Efa				•		•	·
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If services are performed by a LAC provider, a SUD Primary Diagnosis is required. Crisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). • Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors. APPLICABLE POPULATION(S)	· ·	ading time reported de					
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gather more information about the crisis situation, precipitating event(s), or contributing factors. APPLICABLE POPULATION(S) Solid (0-11)				•	•	ing or assessment to	ools to screen or
APPLICABLE POPULATION(S) □ Child (0-11) □ Young Adult □ Adult (21-64) □ Encounter □ 15 Minutes Minimum: 75+ Minutes, in 30 min increments Maximum: none ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Individual □ Group (HQ) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ TG (Other SP) □ TT (Recovery) □ TT (Recovery) □ HF (2nd modifier-SUD) □ TT (Recovery) □ HT (Prev/El) STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/PhD/PsyD (HP) □ CAC I□ RN (TD) □ PA (PA) □ PA (PA) □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC I□ C						_	
☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Encounter ☐ 15 Minutes ☐ 1 Hour ☐ 1		=:a/a)			ibuting factors.		
Some of the control of the contro	APPLICABLE POPULA	ATION(S)			4.5. N.A		Alexander in 20 main
Adol (12-17) (18-20) ☑ Geriatric (65+) ☐ Day ☑ 30 Minutes Maximum: none ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) ☑ Face-to-Face ☑ Individual ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☑ Video Conf (GT) ☐ Group (HQ) ☑ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI) STAFF REQUIREMENTS ☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ LCSW (AJ) ☑ Unlicensed Master's Level (HO) ☑ LAC ☐ LPN/LVN (TE) ☑ RxN (SA) ☑ Intern ☑ LPC ☑ Unlicensed EdD/ PhD/PsyD (HP) ☐ CAC I ☐ RN (TD) ☑ PA (PA) ☑ Intern ☑ APN (SA) ☑ APN (SA) ☑ MD/DO(AF) PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Shelter (04) ☑ Inpt Hosp (21) ☐ Prison/CF (09) ☑ CMHC (53) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Shelter (04) ☑ Inpt PF (51) ☑ School (03) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ FOHC (50) ☑ ER (23) ☑ Other POS (99)	☑ Child (0-11)	Young Adult	Adult (21-64)	I ∐ Encounter			finutes, in 30 min
ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual HI (Voc) TG (Other SP) TM (ACT) HQ (Clubhouse) HT (Prev/El)	⊠ Adol (12-17) (1	8-20)	Geriatric (65+)	I □ Dav			
☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☑ Family (HR/HS) TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ TT (Recovery) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI) ☐ HM (Respite) ☐ HT (Prev/EI) ☐ HM (Respite) ☐ HT (Prev/EI) ☐ HM (Respite) ☐	ALLOWED MODE(S)	OE DELIVERY					
□ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ Telephone □ Family (HR/HS) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ LPC □ Unlicensed Master's Level (HO) □ CAC I □ RN (TD) □ RN (TD) □ PACE OF SERVICE (POS) □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC II □ APN (SA) □ AP					•	•	HI (Voc)
HK (Residential)							• •
STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern LICSW (AJ)	• •					M (Respite) □	TT (Recovery)
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ Unlicensed EdD/ PhD/PsyD (HP) □ Licensed EdD/ PhD/PsyD (AH) □ Licensed EdD/ PhD/PsyD (AH) □ CAC II □ RN (TD) □ CAC II □ RN (TD) □ CAC II □ RN (TD) □ CAC II □ CAC II □ RN (TD) □ CAC II □ RN (TD) □ CAC II □ PPI (PACE OF SERVICE (POS) □ MD/DO(AF)	<u>'</u>			□ HF (2 nd modifier	-SUD)		HT (Prev/EI)
□ Bachelor's Level (HN) □ Intern □ Burdensed Master's Level (HO) □ Intern		TS					
□ Intern □ Internal □ Intern □ Intern □ Intern □ Internal □	•					, ,	′ 🗷 RxN (SA)
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ Prison/CF (09) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ SNF (31) ☑ Inpt PF (51) ☑ School (03) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ FOHC (50) ☑ ER (23) ☑ Other POS (99)	, ,	ĭ⊠ LPC				_ ` '	, ,
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Shelter (04) ☒ Inpt Hosp (21) ☒ Prison/CF (09) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ SNF (31) ☒ Inpt PF (51) ☒ School (03) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ FOHC (50) ☒ ER (23) ☒ Other POS (99)				Lub/Filb/F3yb (All)	□CACIII	☐ QMAP	₩ IVID/DO(AI)
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Shelter (04) ☑ Inpt PF (51) ☑ School (03) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ FOHC (50) ☑ ER (23) ☑ Other POS (99)	•		V Hospies (24)		V locat II	2 (21)	
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)				Shelter (04)			Prison/CF (09)
X FOH((50)			X	SNF (31)		×.	School (03)
	☑ Nobile Offit (15) ☑ Outp Hospital(22)	☑ Grp Home (14)	≥ NF (32) ≥ PRTF (56)	I FQHC (50)		S2)	Other POS (99)

Uniform Service Coding Standards Manual 2017

	CRISIS PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS					
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE	DESCRIPTION	1	USAGE
			Psychotherapy for	Crisis, each ad	ditional 30	
90)840* ADD-ON		minutes (List separ	ately in addition	on to code	☑ OBH
			90839 for primary	service)		
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION RI	EQUIREMENTS	
90840 is the add-on code	e for the primary o	code of 90839.	Technical Docume	ntation Requi	rements	
Use 90840 for each addit	tional 30 minutes	of service past 75	See Page 346			
minutes.			Service Content			!
			1. The reason for t		for crisis interven	-
			2. The therapeutic			
			· ·		ies, consultation,	·
					to the intervention	
			3. Relevant behav			
			4. Treatment need		_	·
			with an existing available	crisis pian (w	RAP, advance dire	ective), if
			5. Other problems	identified (m	ental health, subs	tance abuse.
			medical, etc.)			
			6. Plan for next co	ntact(s) includ	ling any follow-up	or coordination
			needed with 3 rd			
NOTES			EXAMPLE ACTIVITI			
*90840 is the add-on code f	· · ·		Unscheduled ther assessment of cris		g. walk-in, urgent sed lage and support to	
90840 for each additional 30 minutes. 90840 can only be		· · ·			ces or further assess	•
entire crisis session (includir		-	placement for higher level of care.			
minutes.	O	6 ,	Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to pre-			
			•	•	actice DBT Distress T	- '
			client who is a fre	quent crisis util	izer and currently de	
			maintain outpatie		ing or accomment to	aals ta saraan ar
			 Utilizing specific t gather more infor 		ne crisis situation, p	
			event(s), or contr			
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	
☑ Child (0-11) ☑ You	ung Adult 🗵	Adult (21-64)	□ Encounter	15 Minutes	Minimum: 75+ N	Ainutes, in 30 min
☑ Adol (12-17) (18-20	_	Geriatric (65+)	Day	1 Hour	increments	
		Conditio (65×)	— 50,	30 Minutes	Maximum: none	
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SERVICE	•		
▼ Face-to-Face ▼	☑ Individual		⊠ HE (SP)			HJ (Voc)
☑ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP) ☑ HK (Residential)			HQ (Clubhouse) TT (Recovery)
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifier			HT (Prev/EI)
STAFF REQUIREMENTS				-	_	(, ,
☐ Peer Specialist			1 1 (1)	⊠LAC	☐ LPN/LVN (T	E) 🖂 (2.)
☐ Bachelor's Level (HN)	⊠ LCSW (⊠ LPC		ed Master's Level (HO) ed EdD/ PhD/PsyD (HP)	□CAC I	RN (TD)	^L / ⊠ RxN (SA) ⊠ PA (PA)
☑ Intern	Li ∈ Li		EdD/PhD/PsyD (AH)		⊠ APN (SA)	☑ MD/DO(AF)
PLACE OF SERVICE (POS)				□CACIII	☐ QMAP	
	ACF (13)	☑ Hospice (34)		☑ Inpt Hosp	2 (21)	
	Cust Care (33)	X ICF-MR (54)	Shelter (04)	☑ Inpt PF (5	1)	Prison/CF (09)
	Grp Home (14)	⊠ NF (32)] SNF (31)	☑ IIIpt11 (3	X	School (03)
	Home (12)	≥ PRTF (56)	FQHC (50)	□ PF-PHP (5)	52)	Other POS (99)

	TREA	ATMENT - PSYCHOTH	ERAPY - FAMILY PS	YCHOTHERAPY		
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	90846		Family psychotherapy (without the patient present)			
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the response to the intervention(s). Emphasis on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVIT			
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are generally from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90846. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. If services are performed by a LAC provider, a SUD Primary			a patient's intoAssessing confinenceassisting, thropatient	eraction(s) with flicts/impedimer ugh psychothera ents specific feed	ough psychotherap family members ots within family sy opy, family membe Iback and strategio	ystem and ers in managing
Diagnosis is required. APPLICABLE POPULA	TION(S)		UNIT		DURATION*	
⊠ Child (0-11)	⊠ Young Adult 18-20)	□ Adult (21-64) □ Geriatric (65+)	☑ Encounter	☐ 15 Minutes ☐ 1 Hour	Minimum: 26 m Maximum: N/A	inutes
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)	
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☐ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia) ☑ HF (2 nd modifie		(ACT) □ HQ	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREME	NTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicense	ed Master's Level (HO ed EdD/ PhD/PsyD (HF EdD/PhD/PsyD (AH)		□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE	(POS)					
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	ICF-MR (54)✓ NF (32)	区 Shelter (04) SNF (31) FQHC (50) Independent Cli	⊠ Inpt ⊠ ER (PF (51) 23)	☐ Prison/CF (09) ☐ School (03) ☑ NRSATF (57) ☑ Other POS (99)

TREATMENT - PSYCHOTHERAPY - FAMILY PSYCHOTHERAPY							
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	90846		Family psychotherapy (without the patient present)				
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	ENTATION RE	QUIREMENTS		
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the response to the intervention(s). Emphasis on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES			EXAMPLE ACTIVITIE		<u> </u>		
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are generally from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90846. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.			 Observing and correcting, through psychotherapeutic techniques, a patient's interaction(s) with family members Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient Providing parents specific feedback and strategies for managing child's behavior 				
APPLICABLE POPULA	TION(S)		UNIT		DURATION*		
⊠ Child (0-11)	☑ Young Adult 18-20)	Adult (21-64) Geriatric (65+)	☑ Encounter □	15 Minutes 1 Hour	Minimum: 26 mi Maximum: N/A	inutes	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	CATEGORY(IE			
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☐ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☒ HE (SP)☐ TG (Other SP)☒ HK (Residential)☒ HF (2nd modifier-	☑ U4 (☑ TM ☐ HM SUD) (Respit	(ACT) □ HQ □ TT (Voc) (Clubhouse) (Recovery) (Prev/EI)	
STAFF REQUIREME	NTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP	X RxN (SA) 区 PA (PA) 区 MD/DO(AF)	
PLACE OF SERVICE	(POS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	 ✓ ACF (13) ✓ Cust Care (33) ✓ Grp Home (14) ✓ Home (12) 	☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ Independent Clinio	⊠ Inpt ⊠ ER (PF (51) 23) \(\begin{array}{ccc} \begin{array}{ccc}	Prison/CF (09) School (03) NRSATF (57) Other POS (99)	

TREATMENT - PSYCHOTHERAPY - FAMILY						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCR	RIPTION	l	USAGE
	90847		Family psychotherapy (conjoint psychotherapy) (with patient present)			☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTA	TION R	EQUIREMENTS	
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVITIES			
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90847. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. If services are performed by a LAC provider, a SUD Primary			 Conjoint psychotherapy in the office with a married couple in their mid-40s, for marital issues related to the wife's symptoms of moderate depression with vegetative signs, which is gradually improving with antidepressant medication (focus is on treatment of wife's condition) Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient 			
APPLICABLE POPULAT	ION(S)		UNIT		DURATION*	
 ☑ Child (0-11) ☑ Y ☑ Adol (12-17) ☑ ALLOWED MODE(S) O 	·20) 🗵	Adult (21-64) Geriatric (65+)	☑ Encounter☐ Day☐ 1 HourPROGRAM SERVICE CATE	r	Minimum: 26 mi Maximum: N/A	nutes
☐ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☐ Individual ☐ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-SUD)	⊠ U4	(ICM) □ HJ 1 (ACT) □ HC 1 □ TT	(Voc) Q (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENTS	5					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW (A ☑ LPC ☑ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP)	LAC CAC I CAC II CACIII	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E)
PLACE OF SERVICE (PC						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent Clinic (49)	□ Inp	ot PF (51)	Prison/CF (09) School (03) NRSATF (57) Other POS (99)

	TREATMENT - PSYCHOTHERAPY - FAMILY					
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTIO	N	USAGE	
	90847		Family psychotherapy (conjoint (with patient present)	psychotherapy)	☑ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION I	REQUIREMENTS		
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVITIES			
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient in his/her individual treatment/service plan. Family psychotherapy sessions are from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the patient's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90847. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.			 Conjoint psychotherapy in the office with a married couple in their mid-40s, for marital issues related to the wife's symptoms of moderate depression with vegetative signs, which is gradually improving with antidepressant medication (focus is on treatment of wife's condition) Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient 			
APPLICABLE POPULAT	ION(S)		UNIT	DURATION*		
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	'oung Adult	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 26 mi Maximum: N/A	nutes	
ALLOWED MODE(S) O Face-to-Face Video Conf (GT) □ Telephone	☐ Individual ☐ Group (HQ) ☑ Family (HR/HS)		1	4 (ICM) ☐ HJ M (ACT) ☐ HC M ☐ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ ☑ LPC ☑ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □CAC II □CAC II □CAC II	□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E)	
PLACE OF SERVICE (PC						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ Cust Care (33) ☑ Grp Home (14)	☑ ICF-MR (54)		pt PF (51) R (23)	Prison/CF (09) School (03) NRSATF (57) Other POS (99)	

TREATMENT - PSYCHOTHERAPY - GROUP						
CPT®/HCPCS PROCEDI	JRE CODE		PROCEDURE CODE DE	SCRIPTION	l	USAGE
	90849		Multiple-family group	therapy		☑ Medicaid
SERVICE DESCRIPTION	<u> </u>		MINIMUM DOCUMEN	NTATION R	EQUIREMENTS	
Meeting with several patients' families together to address similar issues of the patients' treatment. Attention is also given to the impact the patients' conditions have on the families.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided including number members present. 3. The therapeutic intervention(s) utilized and response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties 6. If the identified patient is not present for the group the progress note for the group session needs to describe why the patient was not present. The explanation should include the clinical reasoning as to why the patient was not part of the group and			
			how therapy group EXAMPLE ACTIVITIES	o is necessa	ry for the covered	diagnosis.
NOTES 90849 is reported once for each family group present. 90849 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document as family therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention services use code H0025. If services are performed by a LAC provider, a SUD Primary			An example would be is not present in the th			where the child
Diagnosis is required. APPLICABLE POPULAT	ION(S)		UNIT		DURATION*	
		ult (21-64)		Minutes	Minimum: 30 mi	nutes
☑ Adol (12-17) (18-		riatric (65+)	☐ Day ☐ 1 H		Maximum: N/A	
☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) ☑ Family (HR/HS)		PROGRAM SERVICE C ☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residential) ☑ HF (2 nd modifier-SU	⊠ U4 ⊠ TIV □ HM	(ICM) □ HJ I (ACT) □ HC I	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicense	censed Master's Level (HO) □ CAC I □ RN (TD) □ PA (PA) □ CAC II □ RN (SA) □ PA (PA) □ CAC II □ QMAP			
PLACE OF SERVICE (PC				<u>_</u> _		
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☐ Home (12)	☑ Hospice (34☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	X Shelter (I)A)	☐ Inpt ☐ ER (PF (51) 23) 🗵 S	rison/CF (09) chool (03) other POS (99)

Uniform Service Coding Standards Manual 2017

TREATMENT - I	PSYCHOTHERAPY - GROUP		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
90849	Multiple-family group therapy	☑ ОВН	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
Meeting with several patients' families together to address similar issues of the patients' treatment. Attention is also given to the impact the patients' conditions have on the families.	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided including number members present. 3. The therapeutic intervention(s) utilized and response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 6. If the identified patient is not present for the group the progress note for the group session needs to describe why the patient was not present. The explanation should include the clinical reasoning as to why the patient was not part of the group and 		
NOTES	how therapy group is necessary for the covered EXAMPLE ACTIVITIES	diagnosis.	
90849 is reported once for each family group present. 90849 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document as family therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention services use code H0025.	is not present in the therapy group.	where the child	
APPLICABLE POPULATION(S)	UNIT DURATION*		
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY		nutes	
☑ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☑ Group (HQ) ☐ Telephone ☑ Family (HR/HS)	□ HE (SP) □ TG (Other SP) □ HM □ HM □ TT	(Voc) Q (Clubhouse) (Recovery) C (Prev/El)	
STAFF REQUIREMENTS			
□ Bacrielor's Level (FIN) □ LPC □ Unlicer □ LMFT □ License	nsed Master's Level (HO) nsed EdD/ PhD/PsyD (HP) ed EdD/PhD/PsyD (AH) CAC RN (TD) CAC APN (SA) CAC QMAP	E) RXN (SA) PA (PA) MD/DO(AF)	
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (12) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (52) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☐ Home (12) ☑ PRTF (56)	54)	rison/CF (09) chool (03) bther POS (99)	

TREATMENT - PSYCHOTHERAPY - GROUP				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90853	Group psychotherapy (other than of a multiplefamily group)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	rs		
Facilitating emotional and rational cognitive interactions in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchanges. The group may include patients with separate, distinct, maladaptive disorders, or share some facet of a disorder with other people in the group (e.g., drug abuse, victims of violence). Goals relate to BH treatment, including the development of insight/affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality/any combination thereof to provide therapeutic change.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided including number of patients present. 3. The therapeutic intervention(s) utilized and the response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES	EXAMPLE ACTIVITIES			
90853 is used for group psychotherapy involving patients other than the patients' families. 90853 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one group member is present, document as individual therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Recommended minimum is 45 minutes for adults and 30 minutes for children/youth. Document and report 90853 for each identified patient within the group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. If services are performed by a LAC provider, a SUD Primary Diagnosis is required.	 Serving special patient populations with a particular theoretical framework/addressing a specific problem, such as low selfesteem, poor impulse control, depression, etc., through cognitive behavioral therapy (CBT), motivational enhancement therapy, trauma counseling, anger management, and/or sexual offender (SO) treatment Personal dynamics of a patient may be discussed by group and dynamics of group may be explored at same time Interpersonal interactions, support, emotional catharsis, and reminiscing 			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ 15 Minutes ☐ 15 Minutes ☐ 16 Minimum: 45 min. (children) ☐ 16 Maximum: N/A	n. (adult); 30		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☐ Individual☐ Video Conf (GT)☑ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ H ☐ HK (Residential) ☐ HM ☐ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)		
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) ☑ LPC ☑ Unlicens	Sed Master's Level (HO) □CAC I □ RN (TD) Sed EdD/ PhD/PsyD (HP) □CAC I □ RN (SA) □EdD/PhD/PsyD (AH) □CACII □ QMAP	E) RxN (SA) PA (PA) MD/DO(AF)		
PLACE OF SERVICE (POS)				
⊠ CMHC (53) ⊠ ACF (13) □ Hospice (34) ⊠ Office (11) ⊠ Cust Care (33) ⊠ ICF-MR (54) □ Mobile Unit (15) ⊠ Grp Home (14) ⊠ NF (32) ⊠ Outpt Hospital(22) □ Home (12) ⊠ PRTF (56)	☑ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison ☑ SNF (31) ☐ ER (23) ☑ School ☑ FQHC (50) ☒ PF-PHP (52) ☒ Other	I (03)		

TREATMENT - PSYCHOTHERAPY - GROUP				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
90853	Group psychotherapy (other than of a multiplefamily group) ✓ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Facilitating emotional and rational cognitive interactions group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interperson exchanges. The group may include patients with separate distinct, maladaptive disorders, or share some facet of a disorder with other people in the group (e.g., drug abuse victims of violence). Goals relate to BH treatment, includit the development of insight/affective understanding, the of behavior modification techniques, the use of supportion interactions, the use of cognitive discussion of reality/any combination thereof to provide therapeutic change.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided including number of patients present. 3. The therapeutic intervention(s) utilized and the response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES	EXAMPLE ACTIVITIES			
90853 is used for group psychotherapy involving patients other the patients' families. 90853 does not include socialization, mus therapy, recreational activities, art classes, excursions, group me or sensory stimulation. If only one group member is present, document as individual therapy. While group psychotherapy is n time-based service, the average session length is 1.5 hours. Recommended minimum is 45 minutes for adults and 30 minute for children/youth. Document and report 90853 for each identif patient within the group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordawith State rules and regulations.	framework/addressing a specific problem, such as low self- esteem, poor impulse control, depression, etc., through cognitive behavioral therapy (CBT), motivational enhancement therapy, trauma counseling, anger management, and/or sexual offender (SO) treatment Personal dynamics of a patient may be discussed by group and dynamics of group may be explored at same time Interpersonal interactions, support, emotional catharsis, and			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64) ☑ Geriatric (65+ 				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☐ Video Conf (GT) ☑ Group (HQ) ☐ Telephone ☐ Family (HR/HS) 	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (Clubhouse) ☑ HK (Residential) ☐ HM ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) (Respite) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
☐ Bachelor's Level (HN) ☑ Intern ☑ LPC ☑ Un	nlicensed Master's Level (HO) □ CAC I □ RN (TD) □ RN (TD) □ RN (FD) □ RN (
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (☐ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☒ Qutnt Hospital (22) ☐ Home (12) ☒ PRTF (56)	(54) Shelter (04) ☐ Inpt PF (51) ☐ School (03) ☐ ER (23) ☐ Other POS (09)			

TREATMENT - OTHER PROFESSIONAL SERVICES - BIOFEEDBACK				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 30 minutes	☑ Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intendagenda? How does the service relate to the tiplan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and tiresponse to the intervention(s). Include biofe interventions 4. How did the service impact the individual's pigoals/objectives? 5. Plan for next contact(s) including any follow-coordination needed with 3rd parties	the individual's eedback		
NOTES	EXAMPLE ACTIVITIES			
Biofeedback training may not be suitable for some patients, including those with a pacemaker/other implantable electrical devices; those who wish to gain insight into their symptoms (biofeedback focuses on behavioral change); those with cognitive impairments (e.g., organic brain disease/TBI), depending on levels of functioning; those with specific pain symptoms of unknown origin.				
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	 ☑ Encounter ☐ Day ☐ 15 Minutes Minimum: 16Min Maximum: 37 M PROGRAM SERVICE CATEGORY(IES) 			
 ☑ Face-to-Face ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS) 	☑ HE (SP) ☐ U4 (ICM) ☐ H ☐ TG (Other SP) ☐ TM (ACT) ☐ H ☐ HK (Residential) ☐ HM (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMENTS Peer Specialist	LAC LPN/LVN (T	E/		
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicense □ LPC □ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) CAC I RN (TD) CAC II APN (SA) CACIII QMAP	E RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☒ Outp Hospital(22) ☐ Home (12) ☐ PRTF (56)	\square SNF (31) \square ER (23) \square Sc	ison/CF (09) hool (03) ther POS (99)		

	SSIONAL SERVICES -	BIOFEEDBAC	K			
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	DESCRIPTION	l	USAGE
	90875		Individual psychoph incorporating biofe modality (face-to-fa psychotherapy (e.g modifying or suppo approximately 30 m	edback training the parties of the p	ng by any atient), with nted, behavior	⊠ ОВН
SERVICE DESCRIPTION			MINIMUM DOCUM		EQUIREMENTS	
The MHP renders individualizing biofeedback tra (i.e., supportive interact discussions, re-educatio and reassurance) to mod	ining combined with cions, suggestion, per n, behavior modifica	psychotherapy suasion, reality	agenda? How plan? 2. Description o 3. The therapeu response to tinterventions 4. How did the sigoals/objective	or the visit. When does the service partic intervention the intervention of the interv	hat was the intenvice relate to the provided on(s) utilized and on(s). Include biof the individual's pluding any follow	treatment/service the individual's eedback progress towards
NOTES			EXAMPLE ACTIVITIE		5 parties	
Biofeedback training maincluding those with a pelectrical devices; those symptoms (biofeedback those with cognitive impdisease/TBI), depending specific pain symptoms	acemaker/other imp who wish to gain ins focuses on behavior pairments (e.g., organ on levels of function	lantable ight into their al change); nic brain				
APPLICABLE POPULATION			UNIT		DURATION	
⊠ Adol (12-17) (18-2	(0) 🗵 G	dult (21-64) eriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: 16M Maximum: 37 N	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE			
☐ Video Conf (GT) ☐] Individual] Group (HQ)] Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modifier-	□ TM □ HM	1 (ACT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN († ☑ RN (TD) ☑ APN (SA) □ QMAP	「E)
PLACE OF SERVICE (POS	5)					
☑ Office (11) [☐ Mobile Unit (15)	□ ACF (13) □ Cust Care (33) □ Grp Home (14) □ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☐ Shelter (04) ☐ SNF (31) ☑ FQHC (50)	☐ Inpt Hosp ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	1)	rison/CF (09) chool (03) ther POS (99)

	TREATMENT - OTHER PROFESSIONAL SERVICES - BIOFEEDBACK					
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION	l	USAGE
	90876		Individual psychoph incorporating biofe modality (face-to-fapsychotherapy (e.g modifying or suppoapproximately 45 m	edback training ace with the p ., insight-orien artive psychotl	ng by any atient), with nted, behavior	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM		EQUIREMENTS	
The MHP renders indivutilizing biofeedback to (i.e., supportive interactions, re-educations) and reassurance) to m	raining combined wit ctions, suggestion, pe ion, behavior modific	h psychotherapy ersuasion, reality	agenda? How plan? 2. Description o 3. The therapeu response to tinterventions 4. How did the sigoals/objective	or the visit. When does the service partic intervention the intervention of the interv	hat was the intend vice relate to the to provided on(s) utilized and to on(s). Include biofe to the individual's pu	neatment/service the individual's edback rogress towards
NOTES			EXAMPLE ACTIVITIES		3 rd parties	
Biofeedback training m including those with a electrical devices; thos symptoms (biofeedback those with cognitive in disease/TBI), dependir specific pain symptom	pacemaker/other im se who wish to gain ir ck focuses on behavio npairments (e.g., organg ng on levels of function	plantable nsight into their oral change); anic brain				
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
⊠ Adol (12-17) (18-	-20) 🗵	Adult (21-64) Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: 38 Mi Maximum: N/A	nutes
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE		•	() ()
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual☐ Group (HQ)☐ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier-	□ TM □ HM	ı ⊓TT	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	∑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TE ☑ RN (TD) ☑ APN (SA) □ QMAP	E) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (PC	os)					
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ NF (32)	☐ Shelter (04) ☐ SNF (31) ☑ FQHC (50)	☐ Inpt Hosp ☐ Inpt PF (5: ☐ ER (23) ☐ PF-PHP (5:	1) Schoo	l (03)

TREATMENT - OTHER PROFESSIONAL SERVICES - BIOFEEDBACK						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	90876		Individual psychoph incorporating biofe modality (face-to-fapsychotherapy (e.g modifying or suppo approximately 45 m	edback training ace with the p ., insight-orien rtive psychot	ng by any atient), with nted, behavior	☑ ОВН
SERVICE DESCRIPTION			MINIMUM DOCUM		EQUIREMENTS	
The MHP renders indivutilizing biofeedback to (i.e., supportive interactions, re-education and reassurance) to m	raining combined wit ctions, suggestion, pe ion, behavior modific	h psychotherapy ersuasion, reality	agenda? How plan? 2. Description o 3. The therapeu response to tinterventions 4. How did the sigoals/objective	or the visit. When does the service partic intervention the intervention is revice impactives?	nat was the intend vice relate to the to provided on(s) utilized and ti on(s). Include biofe the individual's pu	reatment/service he individual's edback rogress towards
NOTES			EXAMPLE ACTIVITIE		o parties	
Biofeedback training m including those with a electrical devices; thos symptoms (biofeedbac those with cognitive in disease/TBI), dependir specific pain symptom	pacemaker/other im se who wish to gain ir ck focuses on behavio npairments (e.g., organg ng on levels of function	plantable nsight into their oral change); anic brain				
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
⊠ Adol (12-17) (18-	-20) 🗵	Adult (21-64) Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: 38 Mi Maximum: N/A	nutes
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE		•	() ()
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential) ☑ HF (2 nd modifier-	□ TM □ HM	1 DTT	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	. Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TE ☑ RN (TD) ☑ APN (SA) □ QMAP	E RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (PC	OS)					
区 CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☑ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ NF (32)	□ Shelter (04) □ SNF (31) ☑ FQHC (50)	☐ Inpt Hosp ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	1) Schoo	l (03)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCED	URE CODE		PROCEDU	JRE CODE DESC	CRIPTION	USAGE
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 patient			☑ Medicaid
SERVICE DESCRIPTION	N		MINIMUM DOCU	MENTATION R	EQUIREMENTS	
The treatment of the patient requires explanation(s) to the family, employer(s), or other involved persons to obtain their support and/or participation in the therapy/treatment process. The provider interprets the results of any psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the patient's condition. Advice is also given as to how the family and other involved persons can best assist the patient.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service provided and patient response 3. Summary of test results, interpretation of test results, discussion with individual about results 4. Treatment recommendations			
NOTES			EXAMPLE ACTIVIT	TIES		
If interpretation or explanation of psychological testing results are performed by an intern, they must be supervised by a licensed psychologist. The interpretation or explanation of results is under the licensed psychologist's direction, but his/her presence is not required during the actual service. The services provided for procedure code 90887 are considered separate and distinct from the work involved in psychotherapy (see psychotherapy procedure codes) as they have to do with explaining results of testing or an exam to			 Interpretation of results of exam or testing Discussion regarding results of exam or testing Di253 Discussion of assistance family members can give patient 			
family or other respon			UNIT		DURATION	
☑ Child (0-11) ☑ \ ☑ Adol (12-17) (18	Young Adult 🗵 -20) 🗵	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ ☐ Day ☐	l 15 Minutes l 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family/collateral (HR/HS)			PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☑ HK (Residential) ☐ HM ☐ TT (Recovery) ☑ HF (2nd modifier-SUD) (Respite) ☐ HT (Prev/EI)			(Clubhouse) (Recovery)
STAFF REQUIREMENT ☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	LCSW	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □	ADN (SA) X PA	N (SA) . (PA) D/DO (AF)
PLACE OF SERVICE (PC	•					
☑ Office (11) ☑ Mobile Unit (15)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54) ☑ ICF-MR (54)	Shelter (04) SNF (31) FQHC (50)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) School	(03)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCED	URE CODE		PROCEDU	JRE CODE DESC	RIPTION	USAGE
	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 patient			☑ ОВН
SERVICE DESCRIPTION	V		MINIMUM DOCU	MENTATION R	EQUIREMENTS	
The treatment of the patient requires explanation(s) to the family, employer(s), or other involved persons to obtain their support and/or participation in the therapy/treatment process. The provider interprets the results of any psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the patient's condition. Advice is also given as to how the family and other involved persons can best assist the patient.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service provided and patient response 3. Summary of test results, interpretation of test results, discussion with individual about results 4. Treatment recommendations			
NOTES			EXAMPLE ACTIVIT	ΓIES		
If interpretation or explanation of psychological testing results are performed by an intern, they must be supervised by a licensed psychologist. The interpretation or explanation of results is under the licensed psychologist's direction, but his/her presence is not required during the actual service. The services provided for procedure code 90887 are considered separate and distinct from the work involved in psychotherapy (see psychotherapy procedure codes) as they have to do with explaining results of testing or an exam to			 Interpretation of results of exam or testing Discussion regarding results of exam or testing Di253 Discussion of assistance family members can give patient 			
family or other responsible POPULATION TO THE PO	•		UNIT		DURATION	
☑ Child (0-11) ☑ ☑ ☑ Adol (12-17) (18	Young Adult 8-20)	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ ☐ Day ☐] 15 Minutes] 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERVICE ☑ HE (SP)		(ICM) IN HI (()/os)
☑ Face-to-Face☐ Video Conf (GT)☑ Telephone	□Individual □ Group (HQ) ☑Family/collateral (HR/HS)	☐ TG (Other SP) ☐ HK (Residential ☐ HF (2 nd modifie	□ TM □ HM	I (ACT) ☐ HQ	(Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENT	'S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □	APN (SΔ) Σ PA	N (SA) . (PA) D/DO (AF)
PLACE OF SERVICE (P	OS)					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)		Shelter (04) SNF (31) FQHC (50)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) School	(03)

		ASSESSMENT - P	SYCHOLOGICAL TES	STING		
CPT®/HCPCS PROCED	URE CODE		PROCEDU	JRE CODE DESCRIPT	ΙΟΝ	USAGE
*This code should no 96102 or 96103.	96101 t be used in conju	nction with	Psychological test assessment of em personality, and p Rorschach, WAIS), physician's time, b administering test interpreting these report	☑ Medicaid		
SERVICE DESCRIPTION	N		MINIMUM DOC	UMENTATION REQ	UIREMENTS	
The licensed psychologist or physician administers and interprets the results of psychological testing. The testing, in written, oral, or combined formats, measures personality, emotions, intellectual functioning, and psychopathology in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the patient, as well as interpretation and report preparation are included.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (Specific test(s)administered) 3. Summary of test results 4. Treatment recommendations			
NOTES			EXAMPLE ACTIV			
If psychological testing services are performed by an intern, services must be supervised and at the direction of a licensed psychologist, even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic psychological and		 Psychological testing can be helpful when treatment interventions are ineffective and there is a need to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 				
neuropsychological test APPLICABLE POPULA		production	UNIT		DURATION	
⊠ Adol (12-17) (18-	-20) 🗵	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Minutes 区 1 Hour	Minimum: ≥ Maximum: N	
ALLOWED MODE(S)	OF DELIVERY			ICE CATEGORY(IES)		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifie		oite) 🗆 TT (I	Voc) (Clubhouse) Recovery) Prev/El)
STAFF REQUIREMENT	rs					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (A □ LPC □ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ LPN/LV □CAC I □ RN (TD) □CAC II ☑ APN (S/ □CACIII □ QMAP	· · · × RxN	PA)
PLACE OF SERVICE (P	•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Hosp (21)☑ Inpt PF (51)☐ ER (23)☑ PF-PHP (52)	□ Prison/ ☑ School ☑ Other P	(03)

		ASSESSMENT - P	SYCHOLOGICAL TES	STING		
CPT®/HCPCS PROCED	URE CODE		PROCEDU	JRE CODE DESCRIPT	TION	USAGE
*This code should no 96102 or 96103.	96101 t be used in conju	nction with	Psychological test assessment of em personality, and p Rorschach, WAIS), physician's time, b administering test interpreting these report	☑ ОВН		
SERVICE DESCRIPTION	N		MINIMUM DOC	UMENTATION REQ	UIREMENTS	
The licensed psychologi interprets the results of written, oral, or combin emotions, intellectual fuculturally and developm Information obtained tha written report is gene administering the tests interpretation and repo	psychological testing ed formats, measure unctioning, and psych nentally appropriate brough the testing is rated. Both face-to-f to the patient, as we	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (Specific test(s)administered) 3. Summary of test results 4. Treatment recommendations				
NOTES			EXAMPLE ACTIV			
If psychological testing services are performed by an intern, services must be supervised and at the direction of a licensed psychologist, even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic psychological and		 Psychological testing can be helpful when treatment interventions are ineffective and there is a need to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 				
neuropsychological test APPLICABLE POPULA			UNIT		DURATION	
⊠ Adol (12-17) (18	-20) 🗵	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Minutes 区 1 Hour	Minimum: ≥ Maximum: N	
ALLOWED MODE(S)	OF DELIVERY			ICE CATEGORY(IES)		. `
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifie)		ite) 🗆 TT (I	Voc) (Clubhouse) Recovery) Prev/El)
STAFF REQUIREMENT	rs					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (A □ LPC □ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ LPN/LV □CAC I □ RN (TD) □CAC II ☑ APN (S/ □CACIII □ QMAP	` ′ ⊠ RxN	PA)
PLACE OF SERVICE (P	•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Hosp (21)☑ Inpt PF (51)☐ ER (23)☑ PF-PHP (52)	□ Prison/ ☑ School ☑ Other P	(03)

ASSESSMENT -	PSYCHOLOGICAL TESTING				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
96102 *This code should not be used in conjunction with 96101 or 96103.	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	☑ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The technician, supervised by a licensed psychologist, administers the psychological test, which is interpreted and reported by a licensed psychologist. The testing, in written, oral, or combined formats, measures personality, emotions, intellectual functioning, and psychopathology in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report generated by the licensed psychologist. The technician's face-to-face time administering the tests to the patient, as well as the licensed psychologist's time for interpreting the test results and creating the report is included.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations				
NOTES	EXAMPLE ACTIVITIES				
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice.	 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	☐ Encounter ☐ 15 Minutes ☐ Minimum: ≥ 31 ☐ Day ☐ 1 Hour ☐ Maximum: N/A PROGRAM SERVICE CATEGORY(IES)	mins			
☐ Face-to-Face ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family(HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ H ☐ TG (Other SP) ☐ TM (ACT) ☐ H ☐ HK (Residential) ☐ HM (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)			
STAFF REQUIREMENTS					
□ LPC □ Unlicensed □ LMFT □ Licensed E	d Master's Level (HO) d EdD/ PhD/PsyD (HP) d CAC I □ RN (TD) □ CAC I □ RN (SA) □ CAC II ☑ APN (SA) □ CACIII □ QMAP				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	☑ Sheiter (04) ☑ Inpt PF (51) ☑ School	n/CF (09) bl (03) · POS (99)			

	ASSI	ESSMENT - P	PSYCHOLOGICAL TESTING			
CPT®/HCPCS PROCEDI	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*This code should n 96101 or 96103.	96102 ot be used in conjunction	n with	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
administers the psychoreported by a licensed oral, or combined form intellectual functioning and developmentally a obtained through the report generated by the technician's face-to-fapatient, as well as the	ised by a licensed psychological test, which is interpolation in the psychologist. The testing, in the psychologist. The testing, in the psychologist. The testing is and psychopathology in compropriate ways. Information testing is interpreted and a value licensed psychologist. The ce time administering the tellicensed psychologist's time esults and creating the reportations.	reted and n written, emotions, ulturally on written ests to the for	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations			
NOTES			EXAMPLE ACTIVITIES			
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
APPLICABLE POPULAT	sts under their scope of praction(s)		UNIT DURATION			
		(21-64) tric (65+)	☐ Encounter ☐ 15 Minutes Minimum: ≥31 mins ☐ Day ☑ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family(HR/HS)		□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HF (2 nd modifier-SUD) □ HT (Prev/EI)			
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LPC □ LMFT □	Unlicensed I	Master's Level (HO) □ CAC I □ RN (TD) □ RXN (SA) EdD/ PhD/PsyD (AH) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ QMAP □ MD/DO (AF)			
PLACE OF SERVICE (PC						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	✓ Cust Care (33)✓ Grp Home (14)✓ N	ospice (34) :F-MR (54) F (32) RTF (56)	☑ Shelter (04) ☑ Inpt Hosp (21) ☐ Prison/CF (09) ☑ SNF (31) ☑ ER (23) ☑ Other POS (99) ☑ FQHC (50) ☑ PF-PHP (52)			

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
*This code should n 96101 or 96102.	96103 ot be used in conju	unction with	Psychological test assessment of em personality and p WAIS), administe health care profe	notionality, intel sychopathology red by a comput	lectual abilities, , e.g., MMPI and er, with qualified	☑ Medicaid
SERVICE DESCRIPTION	l		MINIMUM DOCU			
The testing, administered by computer, measures personality, emotions, intellectual functioning, and psychopathology. Results are interpreted and reported by a qualified health care professional.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations			
NOTES			EXAMPLE ACTIVIT			
Computer administered testing is administered under the Licensed Psychologist's overall direction and control, but his/her presence is not required during administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If psychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic psychological			 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
tests under their scope APPLICABLE POPULAT	•		UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ (18)	Young Adult 28-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□Day	□ 15 Minutes ☑1 Hour	Minimum: ≥31 n Maximum: N/A	nins
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI ☑ HE (SP)		•	(\(\lambda c\)
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☐ TG (Other SP) ☐ HK (Residentia) ☑ HF (2 nd modifie		(ACT) ☐ HC I (Respite) ☐ TT	(Voc) Q (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (☐ LPC☐ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ F	.PN/LVN (TE) RN (TD) □ Rx APN (SA) □ PA QMAP □ MI	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (PC						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-IMR (54) ☑ NE (22)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Hos ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	51) \boxtimes Schoo	n/CF (09) ol (03) · POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
*This code should n 96101 or 96102.	96103 ot be used in conju	unction with	Psychological test assessment of em personality and p WAIS), administer health care profes	notionality, intel sychopathology red by a comput	lectual abilities, , e.g., MMPI and er, with qualified	☑ OВН
SERVICE DESCRIPTION			MINIMUM DOCU			
The testing, administered by computer, measures personality, emotions, intellectual functioning, and psychopathology. Results are interpreted and reported by a qualified health care professional.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations			
NOTES			EXAMPLE ACTIVIT			
Computer administered testing is administered under the Licensed Psychologist's overall direction and control, but his/her presence is not required during administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If psychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic psychological			 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
tests under their scope APPLICABLE POPULAT	•		UNIT		DURATION	
☑ Child (0-11) ☑ ☑ ☑ Adol (12-17) (13	Young Adult 28-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□Day	□ 15 Minutes ☑1 Hour	Minimum: ≥31 m Maximum: N/A	nins
ALLOWED MODE(S) O			PROGRAM SERVI	CE CATEGORY(II	•	(Voc)
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual☐ Group (HQ)☐ Family (HR/HS)		☐ TG (Other SP) ☐ HK (Residential ☑ HF (2 nd modifie	□ TM I) □ HM	(ACT) ☐ HC I (Respite) ☐ TT	(Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (☐ LPC ☐ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ F	LPN/LVN (TE) RN (TD) APN (SA) MAPN (SA) ME ME	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (PO						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-IMR (54) ☑ NE (22)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	⊠ Inpt Hos ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	51) ⊠ Schoo	

ASSESSMENT - PSYCHOLOGICAL TESTING				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the licensed psychologist or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
The licensed psychologist evaluates aspects of thinking, reasoning, and judgment, to evaluate a patient's neurocognitive abilities. Information obtained through the examination is interpreted and a written report is generated. Both face-to-face time with the patient and time spent interpreting test results and preparing a report is included.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. mental status exam 4. Summary of test results in a formal report 5. Treatment recommendations			
NOTES	EXAMPLE ACTIVITIES			
If neurobehavioral status exam services are performed by an intern, they must be supervised by a licensed psychologist. The exam includes an initial clinical assessment and evaluation of the patient'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 patient and family/significant other(s), if appropriate, are used.	 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Allowed Mode(s) OF DELIVERY 	☐ Encounter ☐ 15 Minutes Minimum: ≥ 31 mins ☐ Day ☑ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES)			
☐ Face-to-Face ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HF (2 nd modifier-SUD) □ HT (Prev/EI)			
STAFF REQUIREMENTS Peer Specialist	LAC DLPN/LVN (TE)			
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed I	Master's Level (HO) □ CAC I □ RN (TD) ☑ RxN (SA) EdD/ PhD/PsyD (HP) □ CAC I ☑ APN (SA) ☑ PA (PA) D/PhD/PsyD (AH) □ CACIII □ QMAP ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)				
 ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56) 	☑ Shelter (04) ☑ Inpt Hosp (21) ☐ Prison/CF (09) ☑ SNF (31) ☑ ER (23) ☑ Other POS (99) ☑ PF-PHP (52) ☑ Other POS (99)			

ASSESSMENT - PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the licensed psychologist or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The licensed psychologist evaluates aspects of thinking, reasoning, and judgment, to evaluate a patient's neurocognitive abilities. Information obtained through the examination is interpreted and a written report is generated. Both face-to-face time with the patient and time spent interpreting test results and preparing a report is included. NOTES 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 patient'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 patient and family/significant other(s), if appropriate, are used.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended g How does the service relate to the treatment/service What is the clinical need for specific testing? 2. Description of the service (specific test(s)administ) 3. mental status exam 4. Summary of test results in a formal report 5. Treatment recommendations EXAMPLE ACTIVITIES Differential diagnosis between psychogenic and ne syndromes Delineation of neurocognitive effects of central ner (CNS) disorders	vice plan? tered) urogenic			
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: ≥31 mi ☐ Day ☐ 1 Hour Maximum: N/A	ins			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)		Clubhouse) Recovery)			
STAFF REQUIREMENTS					
□ LPC □ Unlicensed E	Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RN (TD) □ RN (TD) □ RN (TD) □ PA (PA) EdD/ PhD/PsyD (HP) □ CAC II □ APN (SA) □ PA (PA) D/PhD/PsyD (AH) □ CACIII □ QMAP □ MD/E	A)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)		on/CF (09) ol (03) er POS (99)			

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE
*96118 should not be or 96120	96118 e used in conjunc	tion with 96119	Neuropsychologic Neuropsychologic Scales, and Wiscon of the licensed psy both face-to-face patient and time i and preparing the	al Battery Wech: nsin Card Sorting ychologist or phy time administeri nterpreting thes	sler Memory g test), per hour vsician's time, ng tests to the	☑ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOC		REQUIREMENT	rs
The licensed psychologist administers a series of tests in thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the patient, as well as interpretation and report preparation are included.			Technical Documentation Requirements See Page 346 Service Content: 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s) administered) 3. Summary of test results 4. Treatment recommendations			
NOTES			EXAMPLE ACTIV	'ITIES		
If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.		syndromes	neurocognitive (psychogenic and		
APPLICABLE POPULA		- р. ш	UNIT		DURATION	
⊠ Adol (12-17) (18	-20) D	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Day	□ 15 Minutes ☑ 1 Hour	Minimum: ≥ 31 Maximum: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV		<u> </u>	/
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)	□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie		(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENT	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (, ☐ LPC ☐ LMFT		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ☒ A	PN (SA)	kN (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (P	•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	☑ Inpt Ho ☑ Inpt PF (☑ ER (23) ☑ PF-PHP	(51)	rison/CF (09) chool (03) other POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	DE DESCRIPTIO	ON	USAGE
*96118 should not be or 96120	96118 e used in conjunct	ion with 96119	Neuropsychologica Neuropsychologica Scales, and Wiscor of the licensed psy both face-to-face to patient and time in and preparing the	al Battery Wech: nsin Card Sorting ychologist or phy time administeri nterpreting thes	sler Memory g test), per hour vsician's time, ng tests to the	☑ ОВН
SERVICE DESCRIPTION	N		MINIMUM DOC	<u> </u>	REQUIREMEN	TS
The licensed psychologic thinking, reasoning, judge patient's neurocognitive developmentally appropriate through the testing is in generated. Both face-to the patient, as well as in are included.	gment, and memory e abilities in culturall priate ways. Informa terpreted and a writ -face time administe	to evaluate the y and tion obtained ten report is ring the tests to	agenda? How plan? What it 2. Description of 3. Summary of	or the visit. What w does the servi is the clinical ne of the service (sp	at was the intend ce relate to the ed for specific te pecific test(s) ad	treatment/service sting?
NOTES			EXAMPLE ACTIV	ITIES		
If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.			syndromes	neurocognitive (psychogenic and	d neurogenic I nervous system
APPLICABLE POPULA	•		UNIT		DURATION	
☑ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	oung Adult ⊠ -20) ⊠	Adult (21-64) Geriatric (65+)	□ Day [□ 15 Minutes ☑ 1 Hour	Minimum: ≥3 Maximum: N/	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV		• •	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modifier		(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENT	rs					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (A ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R	PN (SA)	XXN (SA) YA (PA) MD/DO (AF)
PLACE OF SERVICE (P	•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	☑ Inpt Ho ☑ Inpt PF (☑ ER (23) ☑ PF-PHP	[51] \(\times\)	Prison/CF (09) School (03) Other POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
96119 *96119 should not be used in conjunction with 96118 or 96120	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), with qualified health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Testing measures thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. The technician, under supervision of a licensed psychologist, administers the neuropsychological test, which is interpreted and reported by the licensed psychologist. Information obtained through the testing is interpreted and a written report is generated by the licensed psychologist. The psych technician's face-to-face time administering the tests to the patient, as well as the licensed psychologist's time for interpreting the test results and creating the report is included.	Technical Documentation Requirements See Page 346 Service Content: 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. What is the clinical need for specific testing? 3. Description of the service (specific test(s) administered) 4. Summary of test results			
NOTES	EXAMPLE ACTIVITIES			
The tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If neuropsychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.	 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual ☐ Video Conf (GT) ☐ Group (HQ) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: ≥ 31 mins ☐ Day ☐ 1 Hour ☐ Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)			
☐ Telephone ☐ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Unlicensed E	Master's Level (HO) □CAC I □ RN (TD) □CAC II □ RN (SA) □CAC II □ APN (SA) □CAC II □ QMAP			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	☑ Shelter (04) ☑ Inpt Hosp (21) ☐ Prison/CF (09) ☑ SNF (31) ☑ Inpt PF (51) ☑ School (03) ☑ FQHC (50) ☑ PF-PHP (52) ☑ Other POS (99)			

ASSESSMENT - PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
96119 *96119 should not be used in conjunction with 96118 or 96120	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), with qualified health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Testing measures thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. The technician, under supervision of a licensed psychologist, administers the neuropsychological test, which is interpreted and reported by the licensed psychologist. Information obtained through the testing is interpreted and a written report is generated by the licensed psychologist. The psych technician's face-to-face time administering the tests to the patient, as well as the licensed psychologist's time for interpreting the test results and creating the report is included.	Technical Documentation Requirements See Page 346 Service Content: 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. What is the clinical need for specific testing? 3. Description of the service (specific test(s) administered) 4. Summary of test results				
NOTES	EXAMPLE ACTIVITIES				
The tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If neuropsychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.	 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: ≥ 31 mins ☐ Day ☑ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)				
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed	Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) EdD/ PhD/PsyD (HP) □ CAC II □ RN (TD) □ PA (PA) ID/PhD/PsyD (AH) □ CAC III □ QMAP □ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Qutp Hospital(22) ☒ Home (12) ☒ PRTF (56)	☑ Shelter (04) ☑ Inpt Hosp (21) ☐ Prison/CF (09) ☑ SNF (31) ☑ ER (23) ☑ School (03) ☑ FQHC (50) ☑ PF-PHP (52) ☑ Other POS (99)				

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDU	IRE CODE		PROCED	URE CODE DESC	RIPTION	USAGE
*96120 should not b	96120 *96120 should not be used in conjunction with 96118			cal testing (e.g., ninistered by a c are professional	omputer, with	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS	
The test is administered by computer, which is interpreted and reported by a qualified health care professional. NOTES The computer testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If neuropsychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations EXAMPLE ACTIVITIES • Computer based testing with a child/adolescent to assess neurocognitive abilities. • Testing when treatment interventions are ineffective and neuropsychological deficits are expected.			
neuropsychological tes APPLICABLE POPULATI			UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ (18	Young Adult 🗵 A 3-20) 🗵 G	Adult (21-64) Geriatric (65+)		□ 15 Minutes ☑ 1 Hour	Minimum: ≥31 m Maximum: N/A	ins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	•	•	
☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential☑ HF (2nd modified)		(ACT) ☐ H (Respite) ☐ T	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ I	LPN/LVN (TE) RN (TD) APN (SA) QMAP L RXN ☑ RXN ☑ RXN ☑ MD	
PLACE OF SERVICE (PO	S)					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	☑ Inpt Hos ☑ Inpt PF (! ☑ ER (23) ☑ PF-PHP (51) ⊠ Schoo	l (03)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			USAGE
*96120 should not b or 96119	96120 e used in conjunctio	n with 96118	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.			☑ ОВН
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS	
The test is administered by computer, which is interpreted and reported by a qualified health care professional.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. Summary of test results 4. Treatment recommendations			
NOTES		a linemand	EXAMPLE ACTIVIT		b:ld/- d-l	
The computer testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If neuropsychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic			neurocognitive • Testing when	e abilities.	a child/adolescent to the control of	
neuropsychological test APPLICABLE POPULATION APPLICABLE POPULATIO		practice.	UNIT		DURATION	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18	Young Adult ⊠ A 3-20) ⊠ G	dult (21-64) Geriatric (65+)	☐ Encounter ☐ ☐ Day	☐ 15 Minutes ☑ 1 Hour	Minimum: ≥31 m Maximum: N/A	iins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	•	•	. () (
☐ Video Conf (GT)	☑ Individual □ Group (HQ) □ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential☑ HF (2nd modifie		(ACT) ☐ H (Respite) ☐ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) dD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ F	PN/LVN (TE) RN (TD) APN (SA)	
PLACE OF SERVICE (POS	S)					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Hos ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	□ Prison Schoo	

	TREATMENT - MEDICATION MANAGEMENT					
CPT®/HCPCS PROCE	OURE CODE		PROCEDI	URE CODE DESCR	RIPTION	USAGE
			Therapeutic, prop	hylactic, or diagr	nostic injection	
	96372		(specify substance	e or drug) subcut	aneous or	☑ Medicaid
			intramuscular			
SERVICE DESCRIPTIO			MINIMUM DOCU		•	
A therapeutic, proph		ection for the	Technical Docume	entation Require	ements	
administration of me			See Page 346			
Written physician ord			Service Content			
Actual injectable med	dication reported/bill	led separately.	1. Documentatio	n supports inject	ion of medication	on ordered
			2. Injection site			
			3. Medication ad			
			4. Patient respon			
				ell or are there co		e effects. If not
NOTEC				dication actions t	aken	
NOTES	nd in a clinic/CNALIC c	wan if nationt	EXAMPLE ACTIVIT	IIES		
This code may be use						
brings in the medicat						
cannot bill for the ad						
office/clinic. Injectab administration/use in						
a patient in a LTC fac						
A certified medical as						
under a physician's/A	•	•				
be under the signatur						
~	lual sees a nurse or o					
nurse's aide or medic						
require the physician						
injection.	•	,				
Do not report 96372	for injections given v	vithout direct				
physician or other qu	ualified health care pr	ofessional				
supervision. To repor	rt, use 99211 instead	. (AMA CPT 2016)				
96372 should not be	reported with a 9921	I1 E&M code as				
this is considered to I	be an included servic	e. However if				
additional distinct an						
more complex E&M o	code such as 99201-9	9205 or 99212-				
99215 ,these may be	•	ier 25.				
APPLICABLE POPULA			UNIT	_	DURATION	
	_	☑ Adult (21-64)		☐ 15 Minutes	Minimum: N/A	
, , ,	•	☑ Geriatric (65+)		1 Hour	Maximum: N/	4
ALLOWED MODE(S)			PROGRAM SERVIO			7 () (==)
☑ Face-to-Face	☑ Individual		⊠ HE (SP)	□ U4 (☐ HJ (Voc)
☐ Video Conf (GT)	☐ Group (HQ)	c)	☐ TG (Other SP)) MT 🗆	•	☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR/H	5)	☐ HK (Residential ☑ HF (2 nd modifie			□ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMEN	TC		M HF (2 [™] IIIOuille	1-300)	L	חו (פופע/בו)
,	13				🗓	RxN (SA)
☐ Peer Specialist	, □ LCSW	(AJ) Unlicensed I	Master's Level (HO)		PIN/LVIN (IE) 🔽 I	PA (PA)
☐ Bachelor's Level (HN) ☑ Intern	D LPC	☐ Unlicensed I	EdD/ PhD/PsyD (HP)			MD/DO (AF)
□ intern	☐ LMFT	☐ Licensed EdI	D/PhD/PsyD (AH)		MAP	Certified/Registered
					Me	dical Assistant
PLACE OF SERVICE (P		- (2.1)	□ (1 tr (2 tr)		(64)	10. (05.(00)
☑ CMHC (53)	☑ ACF (13)	,	Shelter (04)	•		Prison/CF (09)
☑ Office (11)	☑ Cust Care (33)		SNF (31) SNF (50) SNF (50)	☐ Inpt		School (03)
✓ Mobile Unit (15)	☑ Grp Home (14)	• •	☑ FQHC (50)	□ ER (2		NRSATF (57)
☑Outp Hospital(22)	☑ Home (12)	☑ PRTF (56)	☑ Independent Cli	IIIC (49) 전 PF-P	HP (52) 区	Other POS (99)

	TREATMENT - MEDICATION MANAGEMENT					
CPT®/HCPCS PROCEDURE	CODE		PROCEDI	JRE CODE DESCR	RIPTION	USAGE
			Therapeutic, prop	hylactic, or diagr	nostic injection	
	96372		(specify substance	or drug) subcut	aneous or	☑ OBH
			intramuscular			
SERVICE DESCRIPTION			MINIMUM DOCU			
A therapeutic, prophylacti		ection for the	Technical Docume	entation Require	ements	
administration of medicat			See Page 346			
Written physician order (r			Service Content			
Actual injectable medicati	on reported/bill	ed separately.	1. Documentation	n supports inject	ion of medication	n ordered
			2. Injection site			
			3. Medication ad			
			4. Patient respon			
					omplaints of side	effects. If not
NOTES			EXAMPLE ACTIVIT	lication actions t	акеп	
	a clinic/CMHC o	won if nationt	EXAMPLE ACTIVIT	IE3		
This code may be used in a						
brings in the medication to cannot bill for the adminis						
office/clinic. Injectable dru						
administration/use in the						
a patient in a LTC facility n						
A certified medical assista						
under a physician's/APN's						
be under the signature of						
used when an individual so						
nurse's aide or medical te	chnician for serv	vices that do not				
require the physician to pe						
injection.						
Do not report 96372 for in	njections given w	ithout direct				
physician or other qualifie	ed health care pr	ofessional				
supervision. To report, use	e 99211 instead.	(AMA CPT 2016)				
96372 should not be repo						
this is considered to be an						
additional distinct and sep						
more complex E&M code						
99215 ,these may be repo APPLICABLE POPULATION		iei 25.	UNIT		DURATION	
		☑ Adult (21-64)		☐ 15 Minutes	Minimum: N/A	
☑ Adol (12-17) (18-20	•	☑ Geriatric (65+)		□ 19 Williates □ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF DI	,		PROGRAM SERVICE			
	☑ Individual		⊠ HE (SP)	□ U4 (HJ (Voc)
▼ Face-to-Face	☐ Group (HQ)		☐ TG (Other SP)	□ TM (HQ (Clubhouse)
☐ Video Conf (G1)	☐ Family (HR/H	S)	☐ HK (Residential		•	TT (Recovery)
☐ Telephone	, , ,	•	☑ HF (2 nd modifie			HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist				□LAC 🗵 LI		(N (SA)
☐ Bachelor's Level (HN)	□ LCSW	• •	Master's Level (HO)		и (тр) · · · 🗵 Р/	A (PA)
✓ Intern	□ LPC □ LMFT		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		PN (SA)	D/DO (AF) ertified/Registered
		Licensed Edi	C, I NO/ I SYD (AII)	□CACIII □ Q	IVIAP	cal Assistant
PLACE OF SERVICE (POS)						
	ACF (13)	☑ Hospice (34)	☑ Shelter (04)	☐ Inpt	Hosp (21)	Prison/CF (09)
	Cust Care (33)		☑ SNF (31)	□ Inpt		School (03)
	Grp Home (14)		☑ FQHC (50)	□ ER (2		NRSATF (57)
☑Outp Hospital(22) ☑ F	Home (12)	☑ PRTF (56)	☑ Independent Clir	nic (49) 🗵 PF-P	HP (52)	Other POS (99)

Uniform Service Coding Standards Manual 2017

	TREATMENT - REHABILITATION					
CPT®/HCPCS PROCE	DURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes				
SERVICE DESCRIPTION	ON	MINIMUM DOCUMENTATION REQUIREME	NTS			
and trains a patient in and home managemen function in the commu address the specific ne limited to Activities of	_ ·	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how service increases ADLs and ability to function in the community and patient response to service 3. How did the service impact progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES		EXAMPLE ACTIVITIES				
Patient 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 patient's functional level will improve as a result of this service.		Develop/implement reminder tools or calendars for housekeeping needs, medications, appointments, or other activities. Step-by-step problem solving interventions: develop shopping list to obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; cook foods following recipes for basic meal preparation skills. Develop and reconcile budget for personal needs/bills.				
APPLICABLE POPULA		UNIT DURATION				
☐ Adol (12-17) (18-		☐ Encounter ☑ 15 Minutes Minimum: 8 n ☐ Day ☐ 1 Hour Maximum: 8 h	-			
ALLOWED MODE(S)	OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)	☑ HE (SP) ☑ U4 (ICM) ☐ TG (Other SP) ☑ TM (ACT) ☑ HK (Residential) ☐ HM (Respite) ☑ HF (2 nd modifier-SUD)	☑ HJ (Voc) ☑ HQ (Clubhouse) □ TT (Recovery) ☑ HT (Prev/EI)			
STAFF REQUIREMEN	ITS					
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	∠ LPC ∠ Unlicensed	EdD/ PhD/PsyD (HP)	Rxn (SA) PA (PA) MD/DO (AF)			
PLACE OF SERVICE (•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13) ☑ Hospice (34) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Grp Home (14) ☑ NF (32) ☑ Home (12) ☐ PRTF (56)	\boxtimes SNF (31) \square Inpt PF (51) \boxtimes Sch	son/CF (09) nool (03) ner POS (99)			

	TREATMENT - REHABILITATION				
CPT®/HCPCS PROCE	DURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
	97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	☑ ОВН		
SERVICE DESCRIPTION)N	MINIMUM DOCUMENTATION REQUIREMENT	ΓS		
and trains a patient in and home management function in the commuthe specific needs of the Activities of Daily Living impairments, meal pre	tact in which the provider instructs the performance of essential self-care at activities related to his/her ability to nity. Activities are designed to address are patient, including but not limited to g (ADLs) and compensatory training for paration, safety procedures, and use devices/adaptive equipment.	Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended agenda? How does the service relate to the truplan? Description of the service and how service incability to function in the community and patiens service How did the service impact progress towards and the service impact progress towards are plan for next contact(s) including any follow-uneeded with 3rd parties	eatment/service creases ADLs and nt response to goals/objectives?		
NOTES		EXAMPLE ACTIVITIES			
Patient 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 patient's functional level will improve as a result of this service.		Develop/implement reminder tools or calendars for housekeeping needs, medications, appointments, or other activities. Step-by-step problem solving interventions: develop shopping list to obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; cook foods following recipes for basic meal preparation skills. Develop and reconcile budget for personal needs/bills.			
APPLICABLE POPULA	ATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Y ☐ Adol (12-17) (18-	oung Adult Adult (21-64) Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 min ☐ Day ☐ 1 Hour Maximum: 8 hou	-		
ALLOWED MODE(S)	OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMEN	TS				
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	∠ LPC ∠ Unlicensed	EdD/ PhD/PsyD (HP)	xN (SA) A (PA) ID/DO (AF)		
PLACE OF SERVICE (I	•				
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	 ☑ ACF (13) ☑ Hospice (34) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Grp Home (14) ☑ NF (32) ☑ Home (12) ☐ PRTF (56) 	✓ Shelter (04) ☐ Inpt Hosp (21) ☐ Prisor ✓ SNF (31) ☐ ER (23) ☒ School ☒ FQHC (50) ☐ PF-PHP (52) ☒ Other			

TREATMENT - REHABILITATION					
CPT®/HCPCS PROCEDU	JRE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
	97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	☑ Medicaid		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Direct one-on-one contact in which the provider instructs and trains a patient 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 patient 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.		Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how the service is designed to increase community/work functioning and patient response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or			
NOTES		coordination needed with 3 rd parties EXAMPLE ACTIVITIES			
Patient 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 patient's functional level will improve as a result of this service.		Applying for transportation assistance by planning bus route and stop times, scheduling transportation service rides, practicing route to and from work site. Resume, interview, and job coaching skills to obtain employment and ensure success. Review and address hygiene, proper dress attire, interpersonal skills and expectations for workplace environment.			
APPLICABLE POPULAT	ION(S)	UNIT DURATION			
☐ Child (0-11)	oung Adult ⊠ Adult (21-64) 20) ⊠Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 m ☐ Day ☐ 1 Hour Maximum: 8 h	-		
ALLOWED MODE(S) O	F DELIVERY	PROGRAM SERVICE CATEGORY(IES)	111 () (2.2)		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) □ Family (HR/HS)	☐ TG (Other SP) ☑ TM (ACT) ☑ ☑ HK (Residential) ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENTS		_			
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	∠ LPC ✓ Unlicensed	I EdD/ PhD/PsyD (HP)	RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (PO					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital(22)	☑ ACF (13) ☐ Hospice (34) ☑ Cust Care (33) ☒ ICF-MR (54) ☒ Grp Home (14) ☒ NF (32) ☒ Home (12) ☐ PRTF (56)	\boxtimes SNF (31) \square Inpt PF (51) \boxtimes Scho	on/CF (09) ool (03) er POS (99)		

TREATMENT - REHABILITATION				
CPT®/HCPCS PROCEDU	JRE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
97537		Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
and trains a patient in of Daily Living (ADLs) re the community and to environment. Activities needs of the patient in transportation, money and/or work environm	tact in which the provider instructs the performance of essential Activities elated to his/her ability to function in reintegrate into the work are designed to address the specific cluding but not limited to shopping, management, avocational activities ent/modification analysis, work task sistive technology devices/adaptive	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended agenda? How does the service relate to the triplan? 2. Description of the service and how the service increase community/work functioning and page 3. How did the service impact the individual's prigoals/objectives? 4. Plan for next contact(s) including any follow-coordination needed with 3rd parties	e is designed to tient response ogress towards	
NOTES		EXAMPLE ACTIVITIES		
Patient 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 patient's functional level will improve as a result of this service.		Applying for transportation assistance by planning bus route and stop times, scheduling transportation service rides, practicing route to and from work site. Resume, interview, and job coaching skills to obtain employment and ensure success. Review and address hygiene, proper dress attire, interpersonal skills and expectations for workplace environment.		
APPLICABLE POPULAT	ION(S)	UNIT DURATION		
☐ Child (0-11) ☑ Y ☐ Adol (12-17) (18- ALLOWED MODE(S) O ☑ Face-to-Face ☐ Video Conf (GT)	F DELIVERY ☑ Individual ☐ Group (HQ)	☐ TG (Other SP) ☑ TM (ACT) ☑ F		
☐ Telephone	☐ Family (HR/HS)	, , , , , , , , , , , , , , , , , , , ,	T (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS	S			
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	☑ LPC ☑ Unlicensed Education	HEdD/ PhD/PsyD (HP) □CAC II □ APN (SA) □ P	ixn (SA) ra (PA) лD/DO (AF)	
PLACE OF SERVICE (PO				
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital(22)	☑ ACF (13) ☐ Hospice (34) ☑ Cust Care (33) ☒ ICF-MR (54) ☒ Grp Home (14) ☒ NF (32) ☒ Home (12) ☐ PRTF (56)	\boxtimes SNF (31) \square Inpt PF (51) \boxtimes School	n/CF (09) bl (03) · POS (99)	

	ASSESSMENT –	NON-FACE-TO-FACE	- PHONE ASSESSM	ENT AND MANA	GEMENT		
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE				
*Not recommended f	98966 for use; if used,	please follow CPT	Telephone assessment and management provided by qualified non-physician health care professional.				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REG	QUIREMENTS		
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5 - 10 minutes of medical discussion.			Technical Documentation Requirements See Page 346 Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. Disposition – need for BH services, referral, etc.				
NOTES			EXAMPLE ACTIVIT	TIES			
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULATI			UNIT		DURATION		
	Young Adult 3-20)	✓ Adult (21-64)✓ Geriatric (65+)		■ 15 Minutes□ 1 Hour	Minimum: 5 mir Maximum: 10 m	-	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI		•		
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual □ Group (HQ) □ Family (HR/H	S)	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☑ HF (2 nd modifie	,	ACT) \square (Respite) \square	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	PN/LVN (TE) N (TD) PN (SA) MAP	` '	
PLACE OF SERVICE (PO	•			[F] book 11	(24)		
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54)	区 Shelter (04) 区 SNF (31) 区 FQHC (50)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) Schoo		

	ASSESSMENT – N	ION-FACE-TO-FACE	- PHONE ASSESSM	ENT AND MANA	GEMENT		
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
*Not recommended for guidelines.	98966 or use; if used, pl	lease follow CPT	Telephone assessment and management provided by qualified non-physician health care professional. ✓ OBH				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Telephone assessment a a qualified non-physician established patient, pare a related assessment an within the previous 7 da management service or or soonest available app discussion.	Technical Documentation Requirements See Page 346 Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. Disposition – need for BH services, referral, etc.						
NOTES			EXAMPLE ACTIVIT	TIES			
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULATION	ON(S)		UNIT		DURATION		
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-		☑ Adult (21-64) ☑ Geriatric (65+)		☑ 15 Minutes ☐ 1 Hour	Minimum: 5 mir Maximum: 10 m	-	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)		
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS))	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie		(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (, ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II □ A	PN/LVN (TE) N (TD)	` '	
PLACE OF SERVICE (POS	•						
☑ Office (11) ☑ Mobile Unit (15) ☑	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-IVIK (54) ☑ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) Schoo		

ASSESSMENT – NON-FACE-TO-FACE - PHONE ASSESSMENT AND MANAGEMENT							
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
*Not recommended guidelines.	98967 for use; if used, pleas	e follow CPT	Telephone assessment and management provided by qualified non-physician health care professional. ✓ Medica				
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION REC	QUIREMENTS		
a qualified non-phy established patient, p a related assessmer within the previous 7 management service	nt and management s sician health care p parent, or guardian no nt and management 7 days not leading to a or procedure within appointment; 11-20 n	rofessional to an ot originating from service provided in assessment and the next 24 hours	Review of me and treatmer	oncern(s)/problenedical and medical thistory.		nosocial, family,	
NOTES			EXAMPLE ACTIVIT	TIES			
		 Phone assessment with the patient needs Phone assessment with the patient social history information With the patient's permission, photomembers, collateral sources to collect (educational, medical, social service) 				illy to collect h family	
APPLICABLE POPULA	TION(S)		• UNIT DURATION				
⊠ Adol (12-17) (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 11 m Maximum: 20 m	-	
ALLOWED MODE(S)			PROGRAM SERVI			11.07	
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie	I) □ H№	(ACT) □ H 1 (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	∠ LCSW∠ LPC∠ LMFT	∑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI □CAC II □ A	PN/LVN (TE) N (TD)	, ,	
PLACE OF SERVICE (P							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital(22)	 ☒ ACF (13) ☒ Cust Care (33) ☒ Grp Home (14) ☒ Home (12) 	□Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)	⊠ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) Schoo		

	ASSESSMENT – I	E - PHONE ASSESSMENT AND MANAGEMENT					
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
*Not recommended guidelines.	98967 for use; if used, pleas	e follow CPT	Telephone assessment and management provided by qualified non-physician health care professional. ✓ OBH				
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION REC	QUIREMENTS		
a qualified non-phy established patient, p a related assessmer within the previous 7 management service	nt and management so sician health care p parent, or guardian no nt and management 7 days not leading to a or procedure within appointment; 11-20 m	rofessional to an object originating from service provided in assessment and the next 24 hours	Review of me and treatment	oncern(s)/probler edical and medica nt history.		nosocial, family,	
NOTES			EXAMPLE ACTIVIT	TIES			
		needs Phone assessr social history i With the patie members, coll	ment with the pat information ent's permission,	ient in order to as ient/patient's fam phone contact wit collect pertinent i rvices, etc.)	illy to collect h family		
APPLICABLE POPULA	TION(S)		UNIT DURATION				
⊠ Adol (12-17) (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Minutes □ 1 Hour	Minimum: 11 m Maximum: 20 m		
ALLOWED MODE(S)			PROGRAM SERVI				
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	I) □ H№	(ACT) □ H 1 (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	✓ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	PN/LVN (TE) N (TD)	, ,	
PLACE OF SERVICE (P							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital(22)	 ☒ ACF (13) ☒ Cust Care (33) ☒ Grp Home (14) ☒ Home (12) 	□Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)	⊠ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) Schoo		

ASSESSMENT – NON-FACE-TO-FACE - PHONE ASSESSMENT AND MANAGEMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
98968 *Not recommended for use; if used, please follow CPT guidelines.	Telephone assessment and management provided by qualified non-physician health care professional. ✓ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	Technical Documentation Requirements See Page 346 Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. 3. Disposition – need for BH services, referral, etc.			
NOTES	EXAMPLE ACTIVITIES			
	 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☐ Face-to-Face ☑ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☑ Telephone ☐ Family (HR/HS)	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) □ PA (PA) D/PhD/PsyD (AH) □ CAC II □ APN (SA) □ MD/DO (AF)			
PLACE OF SERVICE (POS)	_			
☑ CMHC (53) ☒ ACF (13) ☐ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☐ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)				

ASSESSMENT – NON-FACE-TO-FACE - PHONE ASSESSMENT AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
98968 *Not recommended for use; if used, please follow CPT guidelines.	Telephone assessment and management provided by qualified non-physician health care professional. ☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.	Technical Documentation Requirements See Page 346 Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. 3. Disposition – need for BH services, referral, etc.				
NOTES	EXAMPLE ACTIVITIES				
	 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☑ 15 Minutes				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☐ Face-to-Face ☑ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☑ Telephone ☐ Family (HR/HS)	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) EdD/ PhD/PsyD (HP) □ CAC II □ APN (SA) □ PA (PA) D/PhD/PsyD (AH) □ CAC III □ QMAP □ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☐ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☐ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)					

EVAL	JATION AND MANA	GEMENT - OFFICE OR	OTHER OUTPATIEN	T- NEW & ES	STABLISHED	PATIENT	
CPT®/HCPCS PROCED	LIDE CODE			PRO	OCEDURE CO	DDE	IISAGE
CFT /HCFC3 PROCED	OKE CODE			DES	CRIPTION		USAGE
New Patient 99201 requires problem focused history, problem focused examination, and straight forward medical decision making. Typical time spent is 10 minutes. 99202 requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 20 minutes. 99203 requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30 minutes. 99204 requires comprehensive history, comprehensive examination, and moderate complexity medical decision making. Typical time spent is 45 minutes. 99205 requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 60 minutes. Established patient 99212 requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10 minutes. 99213 requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is					ce or Other patient Serv		USAGE ✓ Medicaid
examination, and low complexity medical decision making. Typical time spent is 15 minutes. 99214 requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 25 minutes. 99215 requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40 minutes.							
SERVICE DESCRIPTION	N .		MINIMUM DOC	CUMENTATIO	ON REQUIR	EMENTS	
These codes are used other outpatient setting an individual with present A patient is considered hospital occurs.	ng for the evaluation senting problem(s) o	and management of forwarying severity.	Technical Docu See Page 346 See <u>Appendix I</u> 1		·		ices.
NOTES			EXAMPLE ACTIV	VITIES			
APPLICABLE POPULAT			UNIT			RATION	
区 Child (0-11) ☑ Adol (12-17)	⊠ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+		☐ 15 Minut	billir		ypical times for e-based code
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERV				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual☐ Group (HQ)☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP □ HK (Resident ☑ HF (2 nd modit	r) \square	□ U4 (ICM) □ TM (ACT) □ HM (Respi	ite)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENT	S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	· ·	aster's Level (HO) ID/ PhD/PsyD (HP) IPhD/PsyD (AH)	□CAC II □] LPN/LVN (TE] RN (TD)] APN (SA)] QMAP	✓ × RxN × PA (
PLACE OF SERVICE (PO	OS)						
☑ CMHC (53) ☑Office (11) ☑Mobile Unit (15) ☑Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ ICF-MR (54) ☐ NF (32) 区	Shelter (04) SNF (31) FQHC (50) Independent Clinic	□ Inp	pt Hosp (21 pt PF (51) (23) PHP (52)	⊠ So ⊠ N	rison/CF (09) chool (03) RSATF (57) cher POS (99)

EVAL	UATION AND MANA	GEMENT - OFFICE OR	ROTHER OUTPATIENT- N	EW & ESTABL	ISHED PATIENT	
CPT®/HCPCS PROCED	LIRE CODE			PROCEDU	RE CODE	USAGE
	OKE CODE			DESCRIPT		USAGE
New Patient				Office or 0	Other	
99201 requires proble				Outpatien	it Services.	☑ OBH
	al decision making. T					
99202 requires expanded problem focused history, expanded problem focused						
	nd straightforward m	edical decision maki	ng. Typical time spent is			
20 minutes.			1 10 11 1			
99203 requires detaile	• • • • • • • • • • • • • • • • • • • •		complexity medical			
	g. Typical time spent		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
99204 requires compr						
	dical decision making		is 45 minutes. ation, and high complexit	v		
	on making. Typical tin			y		
Established patient	on making. Typical till	ic spent is oo minute				
99212 requires proble	em focused history, p	roblem focused exan	nination, and			
	d medical decision ma					
99213 requires expan						
			ng. Typical time spent is			
15 minutes.	' '		0 /1 1			
99214 requires detaile	ed history, detailed e	xamination, and mod	derate complexity medica	ı		
	g. Typical time spent		. ,			
99215 requires compr	rehensive history, cor	nprehensive examina	ation, and high complexit	у		
medical decision	on making. Typical tin	ne spent is 40 minute	es			
SERVICE DESCRIPTION	V		MINIMUM DOCUM	ENTATION RE	QUIREMENTS	
These codes are used			Technical Documen	tation Require	ements	
other outpatient setti	-	-	-		_	
an individual with pre			See <u>Appendix I</u> for m	nore informati	ion on E/M serv	ices.
A patient is considere	d outpatient until inp	atient admission to a	9			
hospital occurs.			EVALABLE A CENTER			
NOTES			EXAMPLE ACTIVITIE	:5		
APPLICABLE POPULAT	TIONI(S)		UNIT		DURATION	
☑ Child (0-11)		V Adult (21.64		15 Minutes		unical times for
⊠ Adol (12-17)	☑ Young Adult (18-20)			L Hour	billing as a tim	ypical times for
ALLOWED MODE(S) C	•	⊡ GCHatric (05	PROGRAM SERVICE		_	c basea coae
			□ HE (SP)	□ U4 (I		HJ (Voc)
	☑ Individual		☐ TG (Other SP)	□ TM (HQ (Clubhouse)
☑ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residential)	•	•	TT (Recovery)
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifier-5			HT (Prev/EI)
STAFF REQUIREMENT	S		<u> </u>	·		
☐ Peer Specialist	Птест	(A1)	Apator/a Laval (UO) DLA(C □ LPN/L	.VN (TE)	(6.1)
☐ Bachelor's Level (HN)	☐ LCSW ☐ LPC		Master's Level (HO) □CA EdD/ PhD/PsyD (HP) □CA	•	' IVIDA/	
✓ Intern	□ LMFT)/PhD/PsvD (AH)		SA) X MD/	DO (AF)
			CAC	CIII 🗆 QMAI	,	- v ·· /
PLACE OF SERVICE (PO			7.01 (0.4)		(24)	. (07 (00)
区 CMHC (53)	☐ ACF (13)		Shelter (04)	☐ Inpt Ho		rison/CF (09)
⊠Office (11)	☐ Cust Care (33)		SNF (31)	☐ Inpt PF (chool (03)
☑Mobile Unit (15) ☑Outpt Hospital(22)	☐ Grp Home (14)		FQHC (50)	□ER (23)		RSATF (57)
≝outpt Hospital(∠∠)	☐ Home (12)	☐ PRTF (56) [3	Independent Clinic (49)) □ PF-PHP ((JZ) LIUI	ther POS (99)

E	ANAGEMENT - OFFIC	ICE OR OTHER OUTPATIENT – ESTABLISHED PATIENT						
CPT®/HCPCS PROCI	EDURE CODE		PROCEDURE CO	DE DESCI	RIPTION			USAGE
	99211		Office or other out require the presenting problem	nce of a ph	nysician. l	•	not	☑ Medicaid
SERVICE DESCRIPTI	ON		MINIMUM DOC	UMENTA	TION RE	QUIREN	1ENTS	
This service is an "inciprovided if the patien physician or qualified to provide direct super The service code is us other trained nurse's that do not require the blood pressure or well follow-up on side effect the code is generated.	at is an established post is an established post in the office ervision. The end when an individual aide or medical techne physician to perforight checks, medicatects, etc. The physician to post ight checks, medicatects, etc.	natient and the suite and available and sees a nurse or inician for services arm the service, e.g. ion counseling, ans or NPPs.	Technical Documentation Requirements See Page 346 The service does not require any of the key components required by other E&M services. It is not billed based on time spent. The progress note needs to include sufficient information to support the reason for the encounter and E/M service and any relevant history, physical assessment and plan of care. See Appendix I for more information on E/M services.					on to support
Typically 5 minutes or NOTES	less, presenting pro	blems are minimal	EXAMPLE ACTIV	UTIEC				
The service must be medically necessary If another E&M service (including Psychotherapy plus E&M codes) is provided on the same day, the work of the both providers is combined for one higher code that is billed under the prescriber. If another service code more accurately describes the service provided it should be used in place of the 99211, for example, injection codes.			An individual is seen by the nurse for a blood pressure check and to discuss any concerns about medications. An individual appears requesting a blood pressure check because they were in the area. No symptoms are reported. This would not meet medical necessity and should not be billed. An individual follows-up with the nurse post a TB test for reading results.					
APPLICABLE POPUL			UNIT			DURAT	ION	
⊠ Child (0-11)	Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)		□ 15 Mini □ 1 Hour	utes	Typical t less	ime spen	t: 5 minutes or
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV					
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modifier]] (□ U4 (ICN □ TM (AC □ HM (Re	CT)		(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREME	NTS							
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	⊠ LPN, ⊠ RN (⊠ APN □ QMA	(SA)	RxN (S R PA (PA MD/D Certific Medical A	O (AF) ed/Registered
PLACE OF SERVICE								
区MHC (53) ☑Office (11) ☑Mobile Unit (15) ☑ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ ICF-MR (54) ☐ NF (32)	□ Shelter (04) □ SNF (31) ☑ FQHC (50) ☑ Independent Clir	nic (49)	☐ Inpt H☐Inpt PI☐ ER (2☐ PF-PH	3)	□ Sc 区 N	rison/CF (09) chool (03) RSATF (57) ther POS (99)

E	VALUATION AND M	ANAGEMENT - OFFIC	E OR OTHER OUTP	ATIENT -	ESTABLIS	HED PATI	ENT	
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE CO	DE DESC	RIPTION			USAGE
	99211		Office or other ou require the presenting proble	nce of a pl	nysician. I		not	☑ ОВН
SERVICE DESCRIPTI	ON		MINIMUM DOC	UMENTA	ATION RI	QUIREN	1ENTS	
This service is an "inc provided if the patien physician or qualified to provide direct supe The service code is us other trained nurse's that do not require the blood pressure or we follow-up on side effect The code is generally Typically 5 minutes on	nt is an established p d NPP is in the office ervision. sed when an individual aide or medical tech ne physician to perforight checks, medicat ects, etc. not used by physicia	patient and the suite and available and sees a nurse or inician for services orm the service, e.g. tion counseling, ans or NPPs.	Technical Documentation Requirements See Page 346 The service does not require any of the key components req other E&M services. It is not billed based on time spent. The progress note needs to include sufficient information to the reason for the encounter and E/M service and any relevant history, physical assessment and plan of care. See Appendix I for more information on E/M services.					:. on to support
NOTES			EXAMPLE ACTIV	/ITIES				
The service must be medically necessary If another E&M service (including Psychotherapy plus E&M codes) is provided on the same day, the work of the both providers is combined for one higher code that is billed under the prescriber. If another service code more accurately describes the service provided it should be used in place of the 99211, for			An individual is seen by the nurse for a blood pressure check and to discuss any concerns about medications. An individual appears requesting a blood pressure check because they were in the area. No symptoms are reported. This would not meet medical necessity and should not be billed. An individual follows-up with the nurse post a TB test for reading results.					
example, injection co			UNIT			DURAT	ION	
⊠ Child (0-11)	⊻ Young Adult 18-20)	✓ Adult (21-64) ✓ Geriatric (65+)	☑ Encounter	□ 15 Min □ 1 Hour	utes			t: 5 minutes or
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV	VICE CATI	EGORY(I	ES)		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie	I) I	□ U4 (ICI □ TM (A0 □ HM (R0	CT)		(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREME	NTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	⊠ LPN ⊠ RN (⊠ APN □ QMA	(SA)	□ RxN (S □ PA (PA □ MD/D □ Certific Medical A	N) O (AF) ed/Registered
PLACE OF SERVICE								
区CMHC (53) ☑Office (11) ☑Mobile Unit (15) ☑ Outh Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ ICF-MR (54) ☐ NF (32)	☐ Shelter (04) ☐ SNF (31) ☑ FQHC (50) ☑ Independent Cli	nic (49)	☐ Inpt I☐ Inpt PI☐ ER (2☐ PF-PI	3)	□ So 区 N	rison/CF (09) chool (03) RSATF (57) ther POS (99)

EVAI	.UATION AND MANA	GEMENT - HOSPIT	AL OBSERVATION -	 OBSERVATION 	CARE DISCHA	ARGE	
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	00247		Observation Care discharge day management when provided on a day other than day of				
	99217		when provided or admission.	when provided on a day other than day of			
CED UCE DECEDIDATION			0.0	NACNITATION DE	OLUBER AFRITA		
SERVICE DESCRIPTION			MINIMUM DOCU			S	
This code is to be utilize	•		Technical Docum	entation Requir	ements		
patient on discharge f		_	See Page 346				
on a day other than th			The final examina	•		• • • • • • • • • • • • • • • • • • • •	
To report services to a			instructions for co	ontinuing care a	nd preparatio	n of discharge	
status or inpatient sta		charged on the	records.				
same date use code ra	nge 99234-99236.		See Appendix I for	r more informat	ion on E/M se	ervices.	
NOTES			EXAMPLE ACTIVIT	ΓIES			
1101120				0			
APPLICABLE POPULAT	TON(S)		UNIT		DURATION		
		dult (21-64)	☑ Encounter	☐ 15 Minutes	See chart fo	or typical times for	
		Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-based code				
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY(I	ES)		
	☑ Individual		⊠ HE (SP)	□ U ₄	1 (ICM)	☐ HJ (Voc)	
☑ Face-to-Face	☐ Group (HQ)		☐ TG (Other SP)		л (ACT)	☐ HQ (Clubhouse)	
☐ Video Conf (GT)	☑ Family (HR)		☐ HK (Residential	I) □ HI	M (Respite)	☐ TT (Recovery)	
☐ Telephone	☐ Family HS)					☐ HT (Prev/EI)	
STAFF REQUIREMENT	S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (A □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ F	(Ν (ΙΔ) ΔΡΝ (SΔ)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (PC	OS)						
区MHC (53)	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04)	☐ Inpt Hosp		☐ Prison/CF (09)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	☐ Inpt PF (5	1)	☐ School (03)	
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ FQHC (50)	☐ ER (23)		☐ Other POS (99)	
☑ Outpt Hospital(22)	☐ Home (12)	☐ PRTF (56)	□ 1 Q11C (30)	⊠ PF-PHP (5	2)	ы оппет ғоз (ээ)	

EVAI	.UATION AND MANA	GEMENT - HOSPIT	AL OBSERVATION -	 OBSERVATION 	CARE DISCH	IARGE
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	99217		Observation Care when provided or admission.	☑ ОВН		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENT	rs
This code is to be utilized to report all services provided to a patient on discharge from Observation status if discharged on a day other than the initial date of Observation status. To report services to a patient designated as Observation status or inpatient status admitted and discharged on the same date use code range 99234-99236.			Technical Documentation Requirements See Page 346 The final examination of the patient, discussion of the stay, instructions for continuing care and preparation of discharge records. See Appendix I for more information on E/M services.			
NOTES			EXAMPLE ACTIVIT	ΓIES		
APPLICABLE POPULAT	TON(S)		UNIT		DURATION	N .
⊠ Adol (12-17) (18	3-20) ×] Adult (21-64)] Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour		for typical times for time-based code
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY(I	ES)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual☐ Group (HQ)☑ Family (HR)☐ Family HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☑ HF (2 nd modifie	⊓ Tr 	4 (ICM) И (ACT) И (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENT	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (A☐ LPC☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ I	LPN/LVN (TE) RN (TD) APN (SA) QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (PC	OS)					
区MHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☑ Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50)	☐ Inpt Hos ☐ Inpt PF (5 ☐ ER (23) ☑ PF-PHP (5	1)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - INITIAL OBSERVATION CARE						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
complexity me minutes	sive exam, and straig dical decision makin	ht forward or low g, Typical time is 30	Initial observation and management	care, per day, for the e	valuation	☑ Medicaid
	rehensive history, co derate complexity m Il time is 50 minutes	•				
99220 requires comp		mprehensive				
	nplexity medical dec	ision making,				
Typical time is SERVICE DESCRIPTION			MINIMIIM DOCII	MENTATION REQUIREM	/FNTS	
The following codes a		encounter(s) by		entation Requirements	ILIVIS	
the supervising physic			See Page 346	entation negan ements		
professional with the				r more information on E	/M service:	s.
"observation status."					,	
observation status, su						
observation and perfo						
This code is used for a	all services provided	on the date the				
physician or NPP (qua	lified Non-Physician	Practitioner) first				
provides the inpatient		dless of the				
number of days since						
The physician who is t		an must append				
modifier AI to all clain	ns.					
TI I :: /NDD	1.1216	2.54				
The physician/NPP ma						
Services provided in n should be included in		g. EN OF OFFICE				
NOTES	the single code.		EXAMPLE ACTIVIT	TIES		
APPLICABLE POPULA	TION(S)		UNIT	DURA	TION	
		☑ Adult (21-64)	☑ Encounter	☐ 15 Minutes See ch	art for typ	ical times for
⊠ Adol (12-17) (18-20)	☑ Geriatric (65+)	☐ Day	□ 1 Hour billing	as a time-l	pased code
ALLOWED MODE(S))F DELIVERY		PROGRAM SERVI	CE CATEGORY(IES)		
▼ Face-to-Face				□ U4 (ICM	I) 🗆	HJ (Voc)
☐ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)	☐ TM (AC	•	HQ (Clubhouse)
☐ Telephone	□ Family (HR)		☐ HK (Residential	•		TT (Recovery)
	☐ Family (HS)		☑ HF (2 nd modifie	r-SUD)		HT (Prev/EI)
STAFF REQUIREMENT ☐ Peer Specialist	'S				(- -)	
☐ Bachelor's Level (HN)	☐ LCSW		Master's Level (HO)	\Box LAC \Box LPN/LVN (\Box CAC I \Box RN (TD)	(IE) 🗵 Rxi	N (SA)
☑ Intern	□ LPC		dD/ PhD/PsyD (HP)	□CAC II ⊠ APN (SA)	⊠ PA	
	☐ LMFT	☐ Licensed EdD	D/PhD/PsyD (AH)	□CACIII □ QMAP	⊠ MD	/DO (AF)
PLACE OF SERVICE (P	OS)					
⊠CMHC (53)	☐ ACF (13)	☐ Hospice (34)	Chalter (04)	☑ Inpt Hosp (21)	□ Prices	/CE (00)
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (04) ☐ SNF (31)	☑ Inpt PF (51)	☐ Prison☐ Schoo	
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ FQHC (50)	☐ ER (23)	☐ Other	
☐ Outp Hospital(22)	☐ Home (12)	□ PRTF (56)	□ 1 Q11C (30)	☑ PF-PHP (52)		1 03 (33)

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - INITIAL OBSERVATION CARE						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	sive exam, and straig edical decision makin	ht forward or low g, Typical time is 30	Initial observation and management	care, per day, for the of a patient	evaluation	☑ ОВН
	derate complexity m	edical decision				
99220 requires comp	al time is 50 minutes rehensive history, co	mprehensive				
exam, high cor	mplexity medical dec	·				
Typical time is SERVICE DESCRIPTION			DAININALINA DOCLI	MENTATION DECLUD	FNAFNITC	
		a anagumtar(s) by		MENTATION REQUIR		
The following codes a the supervising physic			See Page 346	entation Requiremen	ıs	
professional with the				more information or	F/M service	s
"observation status."			Sec <u>Appendix I</u> 101	more imormation of	i L/ IVI SCI VICC.	J.
observation status, su						
observation and perfo						
This code is used for a						
physician or NPP (qua	alified Non-Physician	Practitioner) first				
provides the inpatien	t hospital care, regar	dless of the				
number of days since						
The physician who is		ian must append				
modifier AI to all clain	ns.					
The physician/NPP ma						
Services provided in r should be included in		g. ER or office				
NOTES	the single code.		EXAMPLE ACTIVIT	TIEC		
NOTES			EXAMPLE ACTIVIT	ILS		
APPLICABLE POPULA	TION(S)		UNIT	DUI	RATION	
	☑ Young Adult	☑ Adult (21-64)			chart for typ	ical times for
	18-20)	☑ Geriatric (65+)			ng as a time-l	
ALLOWED MODE(S)		,	PROGRAM SERVIO		<u> </u>	
☑ Face-to-Face	☑ Individual		☑ HE (SP)	□ U4 (IC	CM) 🗆	HJ (Voc)
	☐ Group (HQ)		☐ TG (Other SP)	□ TM (A		HQ (Clubhouse)
☐ Video Conf (GT)☐ Telephone	☑ Family (HR)		☐ HK (Residential) □ HM (F	Respite) 🗆	TT (Recovery)
п тетернопе	☐ Family (HS)		☑ HF (2 nd modifie	r-SUD)		HT (Prev/EI)
STAFF REQUIREMENT	rs					
☐ Peer Specialist☐ Bachelor's Level (HN)	□ LCSW	(AJ) Unlicensed N	Master's Level (HO)	□LAC □ LPN/LV	, , IXI D^V	N (SA)
☐ Bachelor's Level (HIV)	LI LPC		EdD/ PhD/PsyD (HP)	□CAC I □ RN (TD) □CAC II ☑ APN (SA	<u> </u>	
e	☐ LMFT	☐ Licensed Ed[D/PhD/PsyD (AH)	□CACIII □ QMAP	" × MD	/DO (AF)
PLACE OF SERVICE (P	OS)					
⊠CMHC (53)	☐ ACF (13)	☐ Hospice (34)	□ Chaltan (0.1)	☑ Inpt Hosp (21)	□ p	/CF (00)
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (04)	☑ Inpt PF (51)	☐ Prison	
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ SNF (31)☐ FQHC (50)	☐ ER (23)	□ Schoo □ Other	
☐ Outp Hospital(22)	☐ Home (12)	□ PRTF (56)	⊔ гцпс (эв)	☑ PF-PHP (52)	□ Other	r U3 (33)

	EVALUATION AND	MANAGEMENT - H	IOSPITAL INPATIEN	NT- INITIAL HOSP	ITAL CARE		
CPT®/HCPCS PROCEDI	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	99221		Initial hospital ca			☑ Medicaid	
			and management			_ medicala	
SERVICE DESCRIPTION			MINIMUM DOCU		-		
Initial inpatient/partia			Technical Docum	entation Require	ements		
patient by the admit requiring admission ar			See Page 346 Service Content				
are required:	e low severity. Tillee	key components		or each natient e	ncounter includes:		
Detailed/compre	hensive history			•	ant history, physi		
	hensive examination			rior diagnostic te			
 Medical decision- 	-making that is straig	htforward/of low	2. Assessment, o	clinical impression	and diagnosis		
complexity			3. Plan for care				
When counseling and			4. Date and iden				
(more than 50%) the M		•	5. Past diagnose				
(face-to-face time of considered the key/co			6. Appropriate h		and changes in tr	oatmont and	
of service.	mitroning ractor to qu	ially for the level		gnosis if applicab	_	eatilielit, allu	
0.00.7.00.					rformed to coordi	nate patient care	
			_		encounter, docum		
			more than	50% of time spen	t with patient was	used counseling	
				nating care is requ			
			•		umented (e.g., "2		
					ed counseling/ co	•	
NOTES			See Appendix I for more information on E/M services. EXAMPLE ACTIVITIES				
This procedure code r	enresents all services	rendered on the					
DOS. Only one 99221							
MD/DO typically spend	ds 30 minutes at the p	oatient's bedside.					
APPLICABLE POPULAT	TION(S)		UNIT		DURATION		
	-	Adult (21-64)	☑ Encounter	☐ 15 Minutes	See chart for typ		
, , ,	•	Geriatric (65+)	□ Day	☐ 1 Hour	billing as a time-	based code	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI			III (\/o.s\	
▼ Face-to-Face	☑ Individual		☑ HE (SP) ☐ TG (Other SP)	□ U4 (□ TM (HJ (Voc) HQ (Clubhouse)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residentia		•	TT (Recovery)	
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifie	•		HT (Prev/EI)	
STAFF REQUIREMENTS	S						
☐ Peer Specialist	□ LCSW (A	\I\ □ Unlicensed N	Master's Level (HO)		PN/LVN (TE)	J (SA)	
☐ Bachelor's Level (HN) ☑ Intern	□ LPC		EdD/ PhD/PsyD (HP)		N (TD)	· ·	
™ intern	☐ LMFT	☐ Licensed EdD)/PhD/PsyD (AH)			D/DO (AF)	
PLACE OF SERVICE (PC	OS)						
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	□ Chal+a= (0.4)	☑ Inpt Hosp	(21)	/CE (00)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (04)☐ SNF (31)	✓ Inpt PF (5)			
☐ Mobile Unit (15)	☐ Grp Home (14)	□ NF (32)	☐ FQHC (50)	☐ ER (23)	□ Othor	POS (99)	
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)	_ (30)	≥ PF-PHP (5	2)	. 55 (55)	

	EVALUATION AND	MANAGEMENT - H	OSPITAL INPATIEN	NT- INITIAL HOSP	ITAL CARE		
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE	
	99221		Initial hospital ca			☑ OBH	
			and management				
SERVICE DESCRIPTION			MINIMUM DOCU				
Initial inpatient/partia	•		Technical Docum	entation Require	ements		
patient by the admit requiring admission ar			See Page 346 Service Content				
are required:	e low severity. Tillet	key components		or each natient e	ncounter includes		
Detailed/compre	hensive history				evant history, phys		
	hensive examination			prior diagnostic t			
 Medical decision 	-making that is straig	htforward/of low	2. Assessment, o	linical impression	and diagnosis		
complexity			3. Plan for care				
When counseling and			4. Date and iden				
(more than 50%) the M			5. Past diagnose				
(face-to-face time considered the key/co			6. Appropriate h		and changes in tr	oatmont and	
of service.	mitrolling ractor to qu	ially for the level		gnosis if applicab	_	eatinent, and	
0. 00. 1.00.						nate patient care	
					encounter, docum		
			more than	50% of time spen	t with patient was	used counseling	
				nating care is requ			
					umented (e.g., "2		
					ed counseling/ co		
NOTES			EXAMPLE ACTIVI		on on E/M service	5.	
This procedure code r	enresents all services	rendered on the	EXAMPLE ACTIVITIES				
DOS. Only one 99222							
MD/DO typically spend		-					
APPLICABLE POPULAT	TON(S)		UNIT		DURATION		
	-	Adult (21-64)	☑ Encounter	☐ 15 Minutes	See chart for typ		
, , ,		Geriatric (65+)	□ Day	☐ 1 Hour	billing as a time-	based code	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI			111 () ()	
▼ Face-to-Face	☑ Individual		☑ HE (SP) ☐ TG (Other SP)	□ U4 (□ TM (•	HJ (Voc) HQ (Clubhouse)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residentia		•	TT (Recovery)	
☐ Telephone	☑ Family (HR/HS))	☑ HF (2 nd modifie	•		HT (Prev/EI)	
STAFF REQUIREMENT	S		·	·			
☐ Peer Specialist	□ LCSW (/	VI) □ Unlicensed N	Master's Level (HO)		PN/LVN (TE)	u (SA)	
☐ Bachelor's Level (HN) ☑ Intern	□ LPC		EdD/ PhD/PsyD (HP)		N (TD) ☐ PA PN (SA) ☐ PA	· ·	
™ intern	☐ LMFT	☐ Licensed Ed□	D/PhD/PsyD (AH)			D/DO (AF)	
PLACE OF SERVICE (PC	OS)						
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	Chalter (O.6)	☑ Inpt Hosp	(21)	/CF (00)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (04) ☐ SNF (31)	☑ Inpt PF (5	· · I I Prichr	n/CF (09)	
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ FQHC (50)	☐ ER (23)	□ Othor	POS (99)	
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)	_ (30)	≥ PF-PHP (5	2)	. 55 (55)	

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - INITIAL HOSPITAL CARE							
CPT®/HCPCS PROCEDU	RE CODE			PROCEDURE CODE DESCRIPTION USAGE			
	99222		Initial hospital care, per day, for the evaluation				
			and management			- Ivicalcula	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Initial inpatient/partial			Technical Docum	entation Require	ements		
patient by the admittir			See Page 346				
requiring admission are moderate severity. Three key			Service Content				
components are require					ncounter includes:		
Comprehensive his	•				vant history, physi	cal examination	
Comprehensive exception				rior diagnostic te			
Medical decision-n			2. Assessment, c	linical impressioi	n and diagnosis		
When counseling and/			3. Plan for care				
(more than 50%) the MD			4. Date and iden				
(face-to-face time on			5. Past diagnoses				
considered the key/con	trolling factor to qua	alify for the level	6. Appropriate h				
of service.					and changes in tro	eatment, and	
				gnosis if applicat			
			_	d/or activities pe	erformed to coordi	nate patient	
			care	:::f:+-			
					encounter, docum		
					it with patient was	used counselling	
				ating care is req)	
					cumented (e.g., "30 sed counseling/ cod		
NOTES			See Appendix I for more information on E/M services. EXAMPLE ACTIVITIES				
This procedure code re	nresents all services	rendered on the	Partial hospital admission for an adolescent patient from chaotic				
DOS. Only one 99222			blended family, transferred from inpatient setting, for continued				
MD/DO typically spends			treatment to control symptomatic expressions of hostility and				
wib, bo typically spellas	, so minates at the p	attern 5 beasiae.	depression.				
APPLICABLE POPULATION	ON(S)		UNIT DURATION				
		Adult (21-64)		☐ 15 Minutes	See chart for typi	ical times for	
☑ Adol (12-17) (18-		Geriatric (65+)		☐ 1 Hour	billing as a time-l		
ALLOWED MODE(S) OF	•		PROGRAM SERVI				
			⊠ HE (SP)	□ U4 (•	HJ (Voc)	
▼ Face-to-Face	☑ Individual		☐ TG (Other SP)	□тм	•	HQ (Clubhouse)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residentia			TT (Recovery)	
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifie			HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist	□ LCSW (A.	I)	Master's Level (HO)		PN/LVN (TE)	I (CA)	
☐ Bachelor's Level (HN)	□ LPC		EdD/ PhD/PsyD (HP)		N (ID)	` '	
☑ Intern	☐ LMFT		D/PhD/PsyD (AH)			/DO (AF)	
DI ACE OF SERVICE (DOS	<u>.</u>			□CACIII □ C	IVIAP		
PLACE OF SERVICE (POS ☐ CMHC (53)	D ACF (13)	☐ Hospice (34)			n (21)		
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (04)	⊠ Inpt PF (5	1) Prison		
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ SNF (31)	□ ER (23)	□ Schoo	· •	
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)	☐ FQHC (50)	□ LN (23) ☑ PF-PHP (!	Other	POS (99)	
Louth Hospital(22)	□ HOITIE (12)	□ FIVIT (30)		E FFFFIF (141		

PROCEDURE CODE DESCRIPTION 99222 Initial hospital care, per day, for the evaluation and management of a patient (moderate severity) SERVICE DESCRIPTION Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key components are required: PROCEDURE CODE DESCRIPTION Initial hospital care, per day, for the evaluation and management of a patient (moderate severity) MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Page 346 Service Content Documentation for each patient encounter includes:
And management of a patient (moderate severity) SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key And management of a patient (moderate severity) Technical Documentation Requirements See Page 346 Service Content
SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key and management of a patient (moderate severity) Technical Documentation Requirements See Page 346 Service Content Service Content
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key Technical Documentation Requirements See Page 346 Service Content
patient by the admitting MD/DO. Usually, the problem(s) See Page 346 requiring admission are moderate severity. Three key Service Content
requiring admission are moderate severity. Three key Service Content
components are required: Documentation for each patient encounter includes:
• Comprehensive history 1. Reason for encounter and relevant history, physical examination
• Comprehensive instory • Comprehensive examination 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests
 Medical decision-making of moderate complexity Assessment, clinical impression and diagnosis
When counseling and/or coordination of care dominates 3. Plan for care
(more than 50%) the MD/DO-patient and/or family encounter 4. Date and identity of provider
(face-to-face time on the floor/unit/hospital), time is 5. Past diagnoses
considered the key/controlling factor to qualify for the level 6. Appropriate health risk factors
of service. 7. Patient's progress, response to and changes in treatment, and
revision in diagnosis if applicable
8. Counseling and/or activities performed to coordinate patient
care
 Where time is significant to encounter, documentation that
more than 50% of time spent with patient was used counseling
and coordinating care is required
• Time spent must also be documented (e.g., "30 minutes of the
50 minute encounter was used counseling/ coordinating care")
See <u>Appendix I</u> for more information on E/M services.
NOTES EXAMPLE ACTIVITIES
This procedure code represents all services rendered on the Partial hospital admission for an adolescent patient from chaotic
DOS. Only one 99222 should be rendered per admission. blended family, transferred from inpatient setting, for continued MD/DO typically spends 50 minutes at the patient's bedside. treatment to control symptomatic expressions of hostility and
depression.
APPLICABLE POPULATION(S) UNIT DURATION
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Encounter ☐ 15 Minutes ☐ See chart for typical times for
✓ Adol (12-17) (18-20) ✓ Geriatric (65+) ☐ Day ☐ 1 Hour billing as a time-based code
ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES)
⊠ HF (SP) □ 114 (ICM) □ H1 (Voc)
■ Face-to-Face ■ Individual □ TG (Other SD) □ TM (ACT) □ HO (Clubbouse)
☐ Video Conf (GT) ☐ Group (HQ) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)
□ Video Conf (GT) □ Group (HQ) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HF (2 nd modifier-SUD) □ HT (Prev/EI)
☐ Telephone ☐ Family (HR/HS) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)
□ Telephone □ Family (HR/HS) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ LCSW (A)) □ Uplicensed Master's Level (HO) □ LAC □ LPN/LVN (TE) □ Pen (SA)
□ Telephone □ Family (HR/HS) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HF (2 nd modifier-SUD) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RXN (SA) □ Bachelor's Level (HN) □ LPC □ LIplicensed EdD/PhD/PsyD (HP) □ CAC I□ RN (TD) □ RXN (SA)
□ Telephone □ Family (HR/HS) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HF (2 nd modifier-SUD) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ CAC I □ RN (TD) □ PA (PA) □ Intern □ LIMET □ Licensed EdD/PhD/PsyD (AH) □ CAC II□ APN (SA) □ PA (PA) □ MR (PD) (AF)
□ HK (Residential) □ HM (Respite) □ TT (Recovery) □ Telephone □ Family (HR/HS) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ CAC I □ RN (TD) □ PA (PA) □ Intern □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CAC II □ APN (SA) □ PA (PA) □ MD/DO (AF)
□ Telephone □ Family (HR/HS) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ CAC I □ RN (TD) □ PA (PA) □ LMFT □ Licensed EdD/PhD/PsyD (HP) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ QMAP PLACE OF SERVICE (POS) □ CMHC (53) □ ACE (13) □ Hospice (34) □ RN (TD) □ QMAP Machine Machin
□ HK (Residential) □ HM (Respite) □ TT (Recovery) □ Telephone □ Family (HR/HS) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ CAC I □ RN (TD) □ PA (PA) □ Intern □ LIMFT □ Licensed EdD/PhD/PsyD (HP) □ CAC II □ APN (SA) □ PA (PA) □ LMFT □ Licensed EdD/PhD/PsyD (AH) □ CACIII □ QMAP PLACE OF SERVICE (POS) □ CMHC (53) □ ACF (13) □ Hospice (34) □ Shelter (04) □ Inpt Hosp (21) □ Prison/CF (09) □ Office (11) □ Cust Care (33) □ ICF-MR (54) □ Shelter (04) □ Inpt PE (51) □ Prison/CF (09)
□ Telephone □ Family (HR/HS) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ CAC I □ RN (TD) □ PA (PA) □ LMFT □ Licensed EdD/PhD/PsyD (HP) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ QMAP PLACE OF SERVICE (POS) □ CMHC (53) □ ACE (13) □ Hospice (34) □ RN (TD) □ QMAP Machine Machin

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- INITIAL HOSPITAL CARE						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	DDE DESCRIPTION	ON	USAGE
	99223		· ·	re, per day, for th		✓ Medicaid
				t of a patient (hig		
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION	REQUIREMENTS	
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are acute/high severity. Three key components are required: • Comprehensive history • Comprehensive examination • Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service. 1. Reason for encounter and relevant history, physical examinating findings and prior diagnostic tests 2. Assessment, clinical impression and diagnosis 3. Plan for care 4. Date and identity of provider 5. Past diagnoses 6. Appropriate health risk factors 7. Patient's progress, response to and changes in treatment, a revision in diagnosis if applicable 8. Counseling and/or activities performed to coordinate patie • Where time is significant to encounter, documentation timore than 50% of time spent with patient was used cour and coordinating care is required • The time spent must also be documented (e.g., "50 minuthe 70 minute encounter was used counseling/coordinat care") See Appendix I for more information on E/M services.				eatment, and nate patient care entation that used counseling "50 minutes of		
			See <u>Appendix I</u> fo	or more informati	on on E/M services	i.
NOTES			EXAMPLE ACTIVITIES			
This procedure code rep DOS. Only one 99223 MD/DO typically spends	should be rende	red per admission.	 Initial hospital visit for 55-year-old female in chronic pain who has attempted suicide. Initial partial hospital admission for 16-year-old male, sullen and subdued, with 6-month history of declining school performance, increasing self-endangerment, and resistance to parental expectations. 			
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	oung Adult	✓ Adult (21-64)✓ Geriatric (65+)	Encounter □ Day	☐ 15 Minutes ☐ 1 Hour	See chart for typi billing as a time-b	
ALLOWED MODE(S) C		Genative (651)	PROGRAM SER			Juseu coue
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/F	IS)	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	□ U4 □ TM nl) □ HM	(ICM)	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)
STAFF REQUIREMENT	15			5		
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II □ A	PN/LVN (TE) N (TD) PN (SA) MAP RXN □ RXN □ PA (☑ MD	
PLACE OF SERVICE (P	OS)					
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14 ☐ Home (12)		☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50)	☑ Inpt Hosp ☑ Inpt PF (5 □ ER (23) ☑ PF-PHP (5	1) \square School	(03)

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- INITIAL HOSPITAL CARE						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	DDE DESCRIPTION	ON	USAGE
	99223			re, per day, for th		☑ OBH
				t of a patient (hig		
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION	REQUIREMENTS	
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are acute/high severity. Three key components are required: • Comprehensive history • Comprehensive examination • Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service. Technical Documentation Requirements See Page 346 Service Content Documentation for each patient encounter includes: 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression and diagnosis 3. Plan for care 4. Date and identity of provider 5. Past diagnoses 6. Appropriate health risk factors 7. Patient's progress, response to and changes in treatment, a revision in diagnosis if applicable 8. Counseling and/or activities performed to coordinate patien • Where time is significant to encounter, documentation the more than 50% of time spent with patient was used coun and coordinating care is required • The time spent must also be documented (e.g., "50 minute the 70 minute encounter was used counseling/coordination caree") See Appendix I for more information on E/M services.				eatment, and mate patient care entation that used counseling		
			See <u>Appendix I</u> fo	or more informati	on on E/M services	5.
NOTES			EXAMPLE ACTIV	VITIES		
This procedure code repost. Only one 99223 MD/DO typically spends	should be rende	red per admission.	 Initial hospital visit for 55-year-old female in chronic pain who has attempted suicide. Initial partial hospital admission for 16-year-old male, sullen and subdued, with 6-month history of declining school performance, increasing self-endangerment, and resistance to parental expectations. 			
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	oung Adult	☑ Adult (21-64)	⊠ Encounter	☐ 15 Minutes	See chart for typi	
/ / -	-20)	☑ Geriatric (65+)	□ Day	☐ 1 Hour	billing as a time-b	pased code
□ Face-to-Face □ Video Conf (GT) □ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/F	is)	PROGRAM SER ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	□ U4 □ TM nl) □ HM	(ICM)	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/El)
STAFF REQUIREMENT	3				DAT (1) (AT (TE)	
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II □ A	PN/LVN (TE) N (TD) □ RxN PN (SA) □ PA (MAP	
PLACE OF SERVICE (P	OS)					
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14 ☐ Home (12)		☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50)	☑ Inpt Hosp ☑ Inpt PF (5 □ ER (23) ☑ PF-PHP (5	1)	l (03)

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - SUBSEQUENT OBSERVATION CARE					CARE		
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE O	ODE DESCRI	PTION		USAGE
99224 requires problem for focused exam, and somedical decision masses expanded problem focused examedical decision masses examedical decision masses examedical decision masses detailed into complexity medical minutes.	traight forward or lo king. Typical time is a ocused interval histo am, and moderate co king. Typical time is a erval history, detaile	w complexity 15 minutes. bry, expanded bmplexity 25 minutes. d exam, high	Subsequent he evaluation and		-		☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATI	ON RE	OUIREMENT	S
All levels of subsequent obto the medical record and rev studies and changes in the history, physical condition, since the last assessment. This code is used for all semphysician or NPP (qualified provides the Observation of days since admission. The physician who is the acmodifier Al to all claims. The physician/NPP may only Services provided in multip should be included in the since Services provided subseques should be billed using one of Choose the code based on or subsequent care and by	iewing the results of patient's status (i.e., and response to man vices provided on the Non-Physician Practiare, regardless of the Imitting physician muy bill for one E&M cole locations, e.g. ER congle code. ent to the initial hosp of the subsequent cathe whether the service.	diagnostic changes in nagement) e date the itioner) first e number of ust append ode per day. or office oital care re codes.	Technical Documentation Requirements See Page 346 See Appendix I for more information on E/M services. Test of department of the services of				
NOTES	the level of code.		EXAMPLE ACTIVITIES				
APPLICABLE POPULATION			UNIT			DURATION	
⊠ Adol (12-17) (18-20)	⊠ Ge	ult (21-64) riatric (65+)	☑ Encounter ☐ Day	☐ 15 Min ☐ 1 Hour			or typical times for time-based code
ALLOWED MODE(S) OF DE	LIVERY		PROGRAM SE	RVICE CATEG		•	
☐ Video Conf (GT) ☐ Gr	dividual oup (HQ) mily (HR) mily (HS)		☑ HE (SP) ☐ TG (Other S☐ HK (Resider ☑ HF (2 nd mod	ntial)		(ICM) I (ACT) I (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HC EdD/ PhD/PsyD (H D/PhD/PsyD (AH)	, 110,000	□ R ⊠ A	N (1D) PN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)							
☐ Office (11) ☐ Mobile Unit (15)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (: ☐ ICF-MR (5 ☐ NF (32) ☐ PRTF (56)	54) □ SI	nelter (04) NF (31) QHC (50)	□ Inp	t Hosp (21) t PF (51) (23) PHP (52)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)

EVALUATION AND MANAGEMENT - HOSPITA	AL OBSERVATION - SUBSEQUENT OBSERVATION CARE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99224 requires problem focused interval history, problem	Subsequent hospital care, per day, for the				
focused exam, and straight forward or low complexity	evaluation and management of a patient.				
medical decision making. Typical time is 15 minutes.					
99225 expanded problem focused interval history, expanded					
problem focused exam, and moderate complexity					
medical decision making. Typical time is 25 minutes.					
99226 requires detailed interval history, detailed exam, high					
complexity medical decision making Typical time is 35					
minutes.					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
All levels of subsequent observation care include reviewing	Technical Documentation Requirements				
the medical record and reviewing the results of diagnostic	See Page 346				
studies and changes in the patient's status (i.e., changes in	See Appendix I for more information on E/M services.				
history, physical condition, and response to management)					
since the last assessment.					
This code is used for all services provided on the date the					
physician or NPP (qualified Non-Physician Practitioner) first					
provides the Observation care, regardless of the number of					
days since admission.					
The physician who is the admitting physician must append					
modifier AI to all claims.					
The physician/NPP may only bill for one E&M code per day.					
Services provided in multiple locations, e.g. ER or office					
should be included in the single code.					
Services provided subsequent to the initial hospital care					
should be billed using one of the subsequent care codes.					
Choose the code based on the whether the service is initial					
or subsequent care and by the level of code.	EVANABLE ACTIVITIES				
NOTES	EXAMPLE ACTIVITIES				
ADDUCADUS DODUU ATIOM/C)	LINUT				
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	UNIT DURATION ☑ Encounter ☐ 15 Minutes See chart for typical times for				
	* * * * * * * * * * * * * * * * * * * *				
	□ Day □ 1 Hour billing as a time-based code PROGRAM SERVICE CATEGORY(IES)				
` '	, ,				
☑ Individual ☑ Face-to-Face ☑ Individual	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse)				
☐ Group (HQ) ☐ Video Conf (GT)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)				
□ Telephone	☐ HK (Residential) ☐ HW (Respite) ☐ HT (Recovery) ☐ HT (Prev/EI)				
☐ Family (HS)	△ Hr (Z ¹⁵ Illoulliel-30D)				
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ LCSW (AJ) ☐ Unlicensed N	Master's Level (HO) ☐ LAC ☐ LPN/LVN (TE) ☐ RXN (SA)				
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed E	dD/ PhD/PsyD (HP) □CAC I □ RN (TD) ☑ RN (SA) □CAC I □ RN (TD) ☑ PA (PA) □CAC II ☑ APN (SA) □ PA (PA)				
☐ LMFT ☐ Licensed EdD	D/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☐ CMHC (53) ☐ ACF (13) ☐ Hospice (34) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
\square Office (11) \square Cust Care (33) \square ICF-MR (5	\square Shelter (04) \square Inpt PE (51) \square Prison/CF (09)				
\square Mobile Unit (15) \square Grp Home (14) \square NF (32)	\square SNF (31) \square ER (23) \square SCNOOI (03)				
\boxtimes Outpt Hospital(22) \square Home (12) \square PRTF (56)	1 1 FOHC (50)				

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE						
CPT®/HCPCS PROCEDI			PROCEDURE CODE DESCRIPTION USAGE			
			Subsequent hospital care, per day (stable,			
	99231		recovering or improving patient)			
SERVICE DESCRIPTION	l		MINIMUM DOCI	UMENTATION RE	QUIREMENTS	
Subsequent hospital	care includes medical	record review,	Technical Documentation Requirements			
	iew, along with a review		See Page 346			
patient's status (i.e., changes in history, physical condition			Service Content			
and response to mana	agement) since the last	assessment by	Documentation f	for each patient o	encounter includes	:
	east 2 of these 3 compo		1. Reason for er	ncounter (i.e., fol	low-up on conditio	n)
			2. Condition bei	ing followed		
 A problem-focuse 	ed interval history		3. Any changes	in relevant histor	y, physical examina	ation findings,
 A problem-focuse 	ed examination		and/or prior	diagnostic tests		
 Medical decision- 	-making that is straight	forward/of low	4. Assessment,	clinical impressio	n/diagnosis	
complexity		-	5. Plan for care		-	
			6. Date and idea	ntity of provider		
When counseling and	d/or coordination of d	care dominates	7. Past and pres			
(more than 50%) the M	1D/DO-patient and/or fa	amily encounter	8. Appropriate l	nealth risk factor	S	
(face-to-face time of	on the floor/unit/hos	pital), time is	9. Patient's prog	gress, response t	o and changes in tr	eatment, and
considered the key/co	ontrolling factor to qual	ify for the level		agnosis if applica		
of service.			10. Counseling ar	nd/or activities p	erformed to coordi	inate patient
			care			
			Where time is significant to encounter, documentation that			
			more than 50% of time spent with patient was used counseling			
			and coordinating care is required			
			Time spent must also be documented (e.g., "10 minutes of the			
			15 minute encounter was used counseling/ coordinating care")			
			See Appendix I for more information on E/M services.			
NOTES			EXAMPLE ACTIVITIES			
	is stable, recovering/	improving. The	Subsequent hospital visit for 14-year-old female in middle phase			
	ds 15 minutes at the pa		of inpatient treatment; now behaviorally stable and making			
, ,, ,,	·		satisfactory progress in treatment.			
APPLICABLE POPULAT	TION(S)		UNIT		DURATION	
		Adult (21-64)		☐ 15 Minutes	See chart for typ	ical times for
• •		Geriatric (65+)	□ Day	☐ 1 Hour	billing as a time-	
ALLOWED MODE(S) O			PROGRAM SERV		_	
			⊠ HE (SP)] HJ (Voc)
☑ Face-to-Face	☑ Individual		☐ TG (Other SP)		• •	HQ (Clubhouse)
☐ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residentia		, ,	TT (Recovery)
☐ Telephone	✓ Family (HR/HS)		✓ HF (2 nd modifi] HT (Prev/EI)
STAFF REQUIREMENT	S			<u> </u>		(- , ,
☐ Peer Specialist				□LAC □ I	.PN/LVN (TE)	
☐ Bachelor's Level (HN)	□ LCSW (AJ)		Master's Level (HO)		RN (TD)	` '
Intern ✓	□ LPC □ LMFT		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II □ /	APN (SA)	, ,
			AII)	□CACIII □ (QMAP E IVIL	D/DO (AF)
PLACE OF SERVICE (PC	OS)					
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	□ Shaltar (04)	☑ Inpt Hos	p (21)	n/CF (09)
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (04)	☑ Inpt PF (1) Prisor	
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ SNF (31)	☐ ER (23)	□ Schoo	
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)	☐ FQHC (50)	⊠ PF-PHP (52) 🗀 Other	POS (99)

	EVALUATION AND MA	NAGEMENT - HOS	SPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE			
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	00221		Subsequent hospital care, per day (stable, ☑ OBH			
	99231		recovering or improving patient)			
SERVICE DESCRIPTION	N		MINIMUM DOCI	UMENTATION RE	QUIREMENTS	
Subsequent hospital	care includes medica	I record review,	Technical Docum	nentation Requir	ements	
diagnostic studies rev	view, along with a revi	ew of changes in	See Page 346			
patient's status (i.e.,	changes in history, p	hysical condition	Service Content			
	agement) since the las		Documentation f	for each patient ϵ	encounter includes	:
MD/DO. Requires at le	east 2 of these 3 comp	onents:	1. Reason for en	counter (i.e., foll	ow-up on condition	n)
			2. Condition bei	ing followed		
 A problem-focus 	ed interval history		3. Any changes	in relevant histor	y, physical examina	ation findings,
A problem-focus				diagnostic tests		
-	n-making that is straigh	tforward/of low	4. Assessment,	clinical impressio	n/diagnosis	
complexity			5. Plan for care	•	, 0	
. ,			6. Date and ider	ntity of provider		
When counseling an	d/or coordination of	care dominates	7. Past and pres			
	MD/DO-patient and/or		8. Appropriate h	_	S	
	on the floor/unit/ho				o and changes in tr	eatment, and
	ontrolling factor to qua			agnosis if applica		ŕ
of service.	,	•			erformed to coordi	nate patient
			care	•		·
			Where tim	e is significant to	encounter, docum	entation that
				-	nt with patient was	
				nating care is rec		0
				-	•	0 minutes of the
			 Time spent must also be documented (e.g., "10 minutes of the 15 minute encounter was used counseling/ coordinating care") 			
			See Appendix I for more information on E/M services.			
NOTES			EXAMPLE ACTIVITIES			
	is stable, recovering	/improving The	Subsequent hospital visit for 14-year-old female in middle phase			
	nds 15 minutes at the p		of inpatient treatment; now behaviorally stable and making			
typicay spen	.ao 10ates at tire p		satisfactory progress in treatment.			
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
		Adult (21-64)	☑ Encounter	☐ 15 Minutes	See chart for typ	ical times for
	_	Geriatric (65+)	☐ Day	☐ 1 Hour	billing as a time-	
ALLOWED MODE(S) C		Geriatrie (651)	PROGRAM SERV		_	buseu coue
ALLOWED WIODE(5)	71 DELIVERT		⊠ HE (SP)		•] HJ (Voc)
▼ Face-to-Face	☑ Individual		☐ TG (Other SP)		• •	HQ (Clubhouse)
☐ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residentia			TT (Recovery)
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifi			HT (Recovery)
STAFF REQUIREMENT	rc		™ (2 modin	ei-30 <i>D</i> /	_	i i i (Fiev/Li)
☐ Peer Specialist	, 3			□LAC □ I	.PN/LVN (TE)	
☐ Bachelor's Level (HN)	☐ LCSW (A	•	Master's Level (HO)		RN (TD)	N (SA)
☑ Intern	□ LPC		dD/ PhD/PsyD (HP)		APN (SA) LI PA	• •
	☐ LMFT	☐ Licensed EdD	D/PhD/PsyD (AH)		QMAP 😕 ME	D/DO (AF)
PLACE OF SERVICE (P	OS)					
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)		☑ Inpt Hos	p (21)	1== 1==>
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (04)	☑ Inpt PF (5	1) Prisor	
☐ Mobile Unit (15)	☐ Grp Home (14)	□ NF (32)	☐ SNF (31)	☐ ER (23)	☐ School	
□ Outp Hospital(22)	☐ Home (12)	□ PRTF (56)	☐ FQHC (50)	☑ PF-PHP (52) Other	POS (99)

EVALUATION AND MANAGEMENT - HOS	EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- SUBSEQUENT HOSPITAL CARE						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE						
	Subsequent hospital care, per day (patient						
99232	responding inadequately to therapy or has ☑ Medicaid						
	developed a minor complication)						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Subsequent hospital care includes medical record review,	Technical Documentation Requirements						
diagnostic studies review, along with a review of changes in	See Page 346						
patient's status (i.e., changes in history, physical condition	Service Content						
and response to management) since the last assessment by	Documentation for each patient encounter includes:						
MD/DO. Requires at least 2 of these 3 components:	1. Reason for encounter (i.e., follow-up on conditio	n)					
An armounded analytical forward to be an all	2. Condition being followed	ation finalinas					
An expanded problem-focused interval history	3. Any changes in relevant history, physical examina	ation findings,					
 An expanded problem-focused examination Medical decision-making of moderate complexity 	and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis						
Intedical decision-making of moderate complexity	5. Plan for care						
When counseling and/or coordination of care dominates	6. Date and identity of provider						
(more than 50%) the physician-patient and/or family	7. Past and present diagnoses						
encounter (face-to-face time on the floor/unit or hospital),	8. Appropriate health risk factors						
time is considered the key or controlling factor to qualify for	9. Patient's progress, response to and changes in tr	eatment, and					
the level of service.	revision in diagnosis if applicable	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	10. Counseling and/or activities performed to coordi	nate patient care					
	Where time is significant to encounter, documentation that						
	more than 50% of time spent with patient was used counseling						
	and coordinating care is required						
	o Time spent must also be documented (e.g., "15 minutes of the						
	25 minute encounter was used counseling/ coordinating care")						
	See Appendix I for more information on E/M services.						
NOTES	EXAMPLE ACTIVITIES						
Usually, the patient is responding inadequately to	Subsequent hospital visit for a 46-year-old male who complains						
therapy/has developed a minor complication. The MD/DO	of symptoms related to recent adjustments to ps	ychotropic					
typically spends 25 minutes at the patient's bedside.	medications.						
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes See chart for typ						
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-	based code					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	1 (\/o.s\					
☑ Face-to-Face ☑ Individual		HJ (Voc)					
☐ Video Conf (GT) ☐ Group (HQ)] HQ (Clubhouse)] TT (Recovery)					
☐ Telephone 区 Family (HR/HS)		TT (Recovery) THT (Prev/EI)					
STAFF REQUIREMENTS	Em (2 modifici 300)	TTTT (TTCV/EI)					
☐ Peer Specialist	ALAC LPN/LVN (TE)						
L L Bachelor S Level (HIVI)	Viaster's Level (HO)	` '					
	A/PhD/PsyD (AH) LICAC II LI APN (SA)	(PA) D/DO (AF)					
	CACIII 🗆 QMAP	,, 50 (Al)					
PLACE OF SERVICE (POS)							
☐ CMHC (53) ☐ ACF (13) ☐ Hospice (34)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison	1/CF (09)					
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	\square SNF (31) \square School						
☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32)	\Box =0HC (50) \Box ER (23) \Box Other	POS (99)					
\square Outp Hospital(22) \square Home (12) \square PRTF (56)	☑ PF-PHP (52)	(,					

EVALUATION AND MANAGEMENT - HOS	EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- SUBSEQUENT HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
	Subsequent hospital care, per day (patient					
99232	responding inadequately to therapy or has ☐ OBH					
	developed a minor complication)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Subsequent hospital care includes medical record review,	Technical Documentation Requirements					
diagnostic studies review, along with a review of changes in	See Page 346					
patient's status (i.e., changes in history, physical condition	Service Content					
and response to management) since the last assessment by	Documentation for each patient encounter includes					
MD/DO. Requires at least 2 of these 3 components:	1. Reason for encounter (i.e., follow-up on condition	on)				
As a second of south to the second to be seen this term	2. Condition being followed	ation finalines				
An expanded problem-focused interval history An expanded problem focused expansions in the problem.	3. Any changes in relevant history, physical examir	lation findings,				
 An expanded problem-focused examination Medical decision-making of moderate complexity 	and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis					
Medical decision-making of moderate complexity	5. Plan for care					
When counseling and/or coordination of care dominates	6. Date and identity of provider					
(more than 50%) the physician-patient and/or family	7. Past and present diagnoses					
encounter (face-to-face time on the floor/unit or hospital),	8. Appropriate health risk factors					
time is considered the key or controlling factor to qualify for	9. Patient's progress, response to and changes in t	reatment, and				
the level of service.	revision in diagnosis if applicable	,				
	10. Counseling and/or activities performed to coord	linate patient care				
	Where time is significant to encounter, documentation that					
	more than 50% of time spent with patient was used counseling					
	and coordinating care is required					
	Time spent must also be documented (e.g., "15 minutes of the					
	25 minute encounter was used counseling/ co	oordinating care")				
	25 minute encounter was used counseling/ co See <u>Appendix I</u> for more information on E/M service	oordinating care")				
NOTES	25 minute encounter was used counseling/ co See <u>Appendix I</u> for more information on E/M service EXAMPLE ACTIVITIES	oordinating care") es.				
Usually, the patient is responding inadequately to	25 minute encounter was used counseling/ co See Appendix I for more information on E/M service EXAMPLE ACTIVITIES • Subsequent hospital visit for a 46-year-old male	oordinating care") es. who complains				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO	25 minute encounter was used counseling/ cc See Appendix I for more information on E/M service EXAMPLE ACTIVITIES Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p	oordinating care") es. who complains				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside.	25 minute encounter was used counseling/ co See Appendix I for more information on E/M service EXAMPLE ACTIVITIES Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications.	oordinating care") es. who complains				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S)	25 minute encounter was used counseling/ co See Appendix I for more information on E/M service EXAMPLE ACTIVITIES Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT DURATION	oordinating care") es. who complains sychotropic				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64)	25 minute encounter was used counseling/ conservation of E/M services EXAMPLE ACTIVITIES Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to pure medications. UNIT Encounter 15 Minutes See chart for type	who complains sychotropic				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+)	25 minute encounter was used counseling/ conservation of E/M services EXAMPLE ACTIVITIES Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to provide medications. UNIT Encounter	who complains sychotropic				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64)	25 minute encounter was used counseling/cc See Appendix I for more information on E/M service EXAMPLE ACTIVITIES ■ Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT DURATION Encounter 15 Minutes Day 1 Hour billing as a time PROGRAM SERVICE CATEGORY(IES)	who complains sychotropic Dical times for based code				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+)	25 minute encounter was used counseling/cc See Appendix I for more information on E/M service EXAMPLE ACTIVITIES Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT DURATION Encounter 15 Minutes Day 1 Hour billing as a time PROGRAM SERVICE CATEGORY(IES) HE (SP) U4 (ICM)	who complains sychotropic bical times for based code				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	25 minute encounter was used counseling/ cc See Appendix I for more information on E/M service EXAMPLE ACTIVITIES Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT DURATION Encounter 15 Minutes See chart for type billing as a time PROGRAM SERVICE CATEGORY(IES) HE (SP) TG (Other SP) TM (ACT)	who complains sychotropic bical times for based code HJ (Voc) HQ (Clubhouse)				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual	25 minute encounter was used counseling/ cc See Appendix I for more information on E/M service EXAMPLE ACTIVITIES Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT DURATION Encounter	who complains sychotropic bical times for based code HJ (Voc) HQ (Clubhouse) TT (Recovery)				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS)	25 minute encounter was used counseling/ cc See Appendix I for more information on E/M service EXAMPLE ACTIVITIES Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT DURATION Encounter	who complains sychotropic bical times for based code HJ (Voc) HQ (Clubhouse)				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS	25 minute encounter was used counseling/ co See Appendix I for more information on E/M service EXAMPLE ACTIVITIES • Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT □ DURATION □ Encounter □ 15 Minutes □ Day □ 1 Hour □ billing as a time PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ TG (Other SP) □ TM (ACT) □ HK (Residential) □ HM (Respite) □ HF (2 nd modifier-SUD) □ TD (ACC □ LPN/LVN (TE)	who complains sychotropic bical times for based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) In Child (0-11) In Young Adult In Adult (21-64) In Adol (12-17) In (18-20) In Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Individual In Group (HQ) In Telephone In Family (HR/HS) STAFF REQUIREMENTS Peer Specialist In Barbelor's Level (HN)	25 minute encounter was used counseling/ co	who complains sychotropic bical times for based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) In Child (0-11) In Young Adult In Adult (21-64) In Adol (12-17) In (18-20) In Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Individual In Group (HQ) In Telephone In Family (HR/HS) STAFF REQUIREMENTS In Peer Specialist In CCSW (AJ) In Unlicensed In Company In Comp	25 minute encounter was used counseling/ co See Appendix I for more information on E/M service EXAMPLE ACTIVITIES ■ Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT □ DURATION □ Encounter □ 15 Minutes □ Day □ 1 Hour □ billing as a time PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ TG (Other SP) □ TM (ACT) □ HK (Residential) □ HM (Respite)	who complains sychotropic bical times for based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) I Child (0-11)	25 minute encounter was used counseling/ co See Appendix I for more information on E/M service EXAMPLE ACTIVITIES • Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT DURATION Encounter 15 Minutes See chart for tyle billing as a time program Service CATEGORY(IES) HE (SP) U4 (ICM) FOR CATEGORY (IES) HE (SP) TM (ACT) TM (ACT) HK (Residential) HM (Respite) TM (ACT) HK (Residential) HM (Respite) TM (ACT) HF (2nd modifier-SUD) Master's Level (HO) CAC I RN (TD) RX Master's Level (HO) CAC I RN (TD) RX FOR CAC I RN (TD) RAPN (SA) PAPN (SA)	who complains sychotropic bical times for based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) I Child (0-11) I Young Adult I Adult (21-64) Adol (12-17) (18-20) I Geriatric (65+) ALLOWED MODE(S) OF DELIVERY I Face-to-Face I Individual Video Conf (GT) I Group (HQ) Telephone I Family (HR/HS) STAFF REQUIREMENTS Peer Specialist I LCSW (AJ) Unlicensed Bachelor's Level (HN) I Intern LICSW (AJ) Unlicensed Editory Licensed Editory Licensed Editory Licensed Editory Licensed Editory LICENSE (POS)	25 minute encounter was used counseling/ co	who complains sychotropic bical times for based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) I Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY I Face-to-Face Individual Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist CLCSW (AJ) Unlicensed Editorial Edi	25 minute encounter was used counseling/ co See Appendix I for more information on E/M service EXAMPLE ACTIVITIES Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT Encounter 15 Minutes Day 1 Hour billing as a time PROGRAM SERVICE CATEGORY(IES) HE (SP) TG (Other SP) TG (Other SP) HK (Residential) HK (Residential) HK (Respite) HK (Respite) Apply CAC I RN (TD) CAC I RN (TD) CAC II APN (SA) CAC III QMAP Sholter (O4) Inpt Hosp (21) Price	who complains sychotropic bical times for based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI) N (SA) (PA) D/DO (AF)				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside. APPLICABLE POPULATION(S) I Child (0-11) I Young Adult I Adult (21-64) Adol (12-17) (18-20) I Geriatric (65+) ALLOWED MODE(S) OF DELIVERY I Face-to-Face I Individual Video Conf (GT) I Group (HQ) Telephone I Family (HR/HS) STAFF REQUIREMENTS Peer Specialist I LCSW (AJ) Unlicensed Bachelor's Level (HN) I Intern LICSW (AJ) Unlicensed Editory Licensed Editory Licensed Editory Licensed Editory Licensed Editory LICENSE (POS)	25 minute encounter was used counseling/ co See Appendix I for more information on E/M service EXAMPLE ACTIVITIES • Subsequent hospital visit for a 46-year-old male of symptoms related to recent adjustments to p medications. UNIT DURATION	who complains sychotropic bical times for based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI) N (SA) (PA) D/DO (AF)				

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE		USAGE			
	Subsequent hospital care, per day (unstable				
99233	patient or the development of significant	☑ Medicaid			
	complications or problems)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Subsequent hospital care includes medical record review,	Technical Documentation Requirements				
diagnostic studies review, along with a review of changes in	See Page 346				
patient's status (i.e., changes in history, physical condition	Service Content				
and response to management) since the last assessment by	Documentation for each patient encounter includes:				
MD/DO. Requires at least 2 of these 3 components:	1. Reason for encounter (i.e., follow-up on condition)			
	Condition being followed				
A detailed interval history	3. Any changes in relevant history, physical examinat	tion findings,			
A detailed examination	and/or prior diagnostic tests				
 Medical decision-making of high complexity 	4. Assessment, clinical impression/diagnosis				
	5. Plan for care				
When counseling and/or coordination of care dominates	6. Date and identity of provider				
(more than 50%) the MD/DO-patient and/or family encounter	7. Past and present diagnoses				
(face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level	8. Appropriate health risk factors	atmost and			
of service.	9. Patient's progress, response to and changes in tre-	atment, and			
of service.	revision in diagnosis if applicable 10. Counseling and/or activities performed to coordin	ato nationt			
		ate patient			
	Care • Where time is significant to encounter, documentation that				
	 Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling 				
	and coordinating care is required	asea couriseiing			
	Time spent must also be documented (e.g., "20 minutes of the				
	35 minute encounter was used counseling/ coordinating care")				
	See Appendix I for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES				
Usually, the patient is unstable/has developed a significant	Subsequent hospital visit for an adolescent patient who is violent,				
complication/new problem. The MD/DO typically spends 35	unsafe, and noncompliant with multiple expectations for				
minutes at the patient's bedside.	participation in treatment/service plan and behavior on unit.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes See chart for typic	cal times for			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-ba				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
W. Franck and France W. Landbutch and	☑ HE (SP) □ U4 (ICM) □ H	J (Voc)			
☑ Face-to-Face ☑ Individual	☐ TG (Other SP) ☐ TM (ACT) ☐ H	Q (Clubhouse)			
☐ Video Conf (GT) ☐ Group (HQ)	☐ HK (Residential) ☐ HM (Respite) ☐ T	T (Recovery)			
☐ Telephone ☑ Family (HR/HS)	☑ HF (2 nd modifier-SUD) ☐ H	T (Prev/EI)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Resheled (Lovel (UN)) ☐ LCSW (AJ) ☐ Unlicensed	Master's Level (HO)	(C A)			
□ Bachelor's Level (HN) □ LDC □ Unliconsed	EdD/PhD/PsvD (HP) LICACT LI RN (TD)	` '			
X Intern	ID/PhD/PsvD (AH) LICAC II LI APN (SA)	DO (AF)			
	□CACIII □ QMAP	` ,			
PLACE OF SERVICE (POS)	V last Hosp /24\				
\square CMHC (53) \square ACF (13) \square Hospice (34)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ P	rison/CF (09)			
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	☐ SNF (31) ☐ EP (22) ☐ S	chool (03)			
 ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outp Hospital(22) ☐ Home (12) ☐ PRTF (56) 	☐ FQHC (50) ☐ ER (23) ☐ O	ther POS (99)			

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
	Subsequent hospital care, per day (unstable				
99233	patient or the development of significant				
	complications or problems)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Subsequent hospital care includes medical record review					
diagnostic studies review, along with a review of changes in					
patient's status (i.e., changes in history, physical condition					
and response to management) since the last assessment by	·				
MD/DO. Requires at least 2 of these 3 components:	1. Reason for encounter (i.e., follow-up on condition)				
A detailed internal bistom.	2. Condition being followed				
A detailed interval history A detailed assemble to a	3. Any changes in relevant history, physical examination findings,				
A detailed examination Madical decision making of high complexity.	and/or prior diagnostic tests				
Medical decision-making of high complexity	Assessment, clinical impression/diagnosis Plan for care				
When counceling and/or coordination of care dominate					
When counseling and/or coordination of care dominate (more than 50%) the MD/DO-patient and/or family encounte					
(face-to-face time on the floor/unit/hospital), time i	· · · · · · · · · · · · · · · · · · ·				
considered the key/controlling factor to qualify for the leve					
of service.	revision in diagnosis if applicable				
	10. Counseling and/or activities performed to coordinate patient				
	care				
	Where time is significant to encounter, documentation that				
	more than 50% of time spent with patient was used counseling				
	and coordinating care is required				
	Time spent must also be documented (e.g., "20 minutes of the				
	35 minute encounter was used counseling/ coordinating care")				
	See Appendix I for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES				
Usually, the patient is unstable/has developed a significan	Subsequent hospital visit for an adolescent patient who is violent,				
complication/new problem. The MD/DO typically spends 35	unsafe, and noncompliant with multiple expectations for				
minutes at the patient's bedside.	participation in treatment/service plan and behavior on unit.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes See chart for typical times for				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Individual	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)				
☐ Video Conf (GT) ☐ Group (HQ)	☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse)				
☐ Telephone ☑ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)				
	☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS Peer Specialist Specialist	DIAC DIRA/IVAL/TEV				
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicense	d Master's Level (HO) □ CAC I □ RN (TD) □ RXN (SA)				
Intern ☐ LPC ☐ Unlicense	a Edd/ Phd/PSyd (HP)				
☐ LMFT ☐ Licensed E	EdD/PhD/PsyD (AH)				
PLACE OF SERVICE (POS)					
☐ CMHC (53) ☐ ACF (13) ☐ Hospice (34	Sholter (04) Inpt Hosp (21)				
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	Shelter (04)				
\square Mobile Unit (15) \square Grp Home (14) \square NF (32)	☐ FQHC (50) ☐ ER (23) ☐ Other POS (99)				
\square Outp Hospital(22) \square Home (12) \square PRTF (56)	☐ FQHC (50) ☐ PF-PHP (52)				

EVA	ALUATION AND MANA	GEMENT - HOSPI	TAL INPATIENT - SU	JBSEQUENT HOS	SPITAL CARE	
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
99234 requires detailed	or comprehensive histo	ory, detailed or	Same day admit/c	lischarge observa	ation/inpatient	
	xam, straight forward o		Evaluation and Ma	_		☑ Medicaid
	lecision making, Typica			J		
minutes	0, 71					
99235 requires compreh	ensive history, compre	hensive exam.				
	exity med decision maki					
time 50 minutes	anty med decision make	iig, i ypicai				
99236 requires compreh	ensive history compre	hensive evam				
	ned decision making, Ty					
minutes	ned decision making, T	/picar time 33				
			BAINIBALIBA DOCLI	NACNITATION DE	OLUBENAENTS	
SERVICE DESCRIPTION			MINIMUM DOCU			
The following codes are			Technical Docume	entation Require	ements	
management services pr		-	See Page 346			
Hospital inpatient service			See Appendix I to	r more informati	on on E/M services	5.
patients in a "partial hos						
used to report these par						
psychiatry notes in the fo	ull text of the CPT code	set.				
The following codes are	used to report observa	tion or				
inpatient hospital care se	ervices provided to pat	ents admitted				
and discharged on the sa	ame date of service.					
- 1. 1. 10 11						
This code is used for all s						
physician or NPP (qualific	•	•				
provides the inpatient ho	ospital care, regardless	of the number				
of days since admission.						
The physician who is the	admitting physician m	ust annond				
modifier AI to all claims.	admitting physician in	ust appenu				
mounter Ar to an ciaims.						
The physician/NPP may	only bill for one E&M co	ode per day.				
Services provided in mul	tiple locations (e.g. ER	or office)				
should be included in the		•				
	_					
Services provided subsec						
should be billed using on	ne of the subsequent ob	servation care				
codes.						
NOTES			EXAMPLE ACTIVIT	ries <u> </u>		
APPLICABLE POPULATIO			UNIT		DURATION	
, ,	<u> </u>	dult (21-64)		☐ 15 Minutes	See chart for typ	
⊠ Adol (12-17) (18	3-20) 🗵 🤆	Geriatric (65+)		☐ 1 Hour	billing as a time-l	pased code
ALLOWED MODE(S) OF I			PROGRAM SERVI	CE CATEGORY(IE	S)	
	☑ Individual			□ U4	(ICM) □ H	J (Voc)
☐ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)	□ TM	1 (ACT) □ H	Q (Clubhouse)
☐ Telephone	☑ Family (HR)		☐ HK (Residential	I) □ HN	/I (Respite) □ T	T (Recovery)
•	☐ Family (HS)		☑ HF (2 nd modifie		· · ·	T (Prev/EI)
STAFF REQUIREMENTS	, , ,		,	,		, ,
☐ Peer Specialist				□LAC □ L	PN/LVN (TE)	
☐ Bachelor's Level (HN)	☐ LCSW (AJ)		Master's Level (HO)		N (TD)	
▼ Intern	□ LPC		EdD/ PhD/PsyD (HP)		PN (SA)	
	☐ LMFT	⊔ Licensed Ed[D/PhD/PsyD (AH)		MAP × MD	/DO (AF)
PLACE OF SERVICE (POS)						
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)		Inpt Ho	sp (21)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (04)	⊠ Inpt 110	51) LI Prisor	n/CF (09)
☐ Mobile Unit (15)	☐ Grp Home (14)		□ SNF (31)		Schoo	ol (03)
		□ NF (32)	□ FQHC (50)	☐ ER (23) ☑ PF-PHP	(E2) Other	POS (99)
☑ Outpt Hospital(22)	☐ Home (12)	☐ PRTF (56)		<u>∽</u> ۲۲-۲ΠΥ	(34)	

EVA	EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
99234 requires detailed	or comprehensive histo	ry, detailed or	Same day admit/c	discharge observa	ation/inpatient		
	xam, straight forward o		Evaluation and Ma	_		☑ OBH	
•	lecision making, Typical			J			
minutes	0, 71						
99235 requires compreh	ensive history, compre	hensive exam.					
	exity med decision maki						
time 50 minutes	anty med decision make	ilg, Typical					
99236 requires compreh	ensive history compre	hensive evam					
	ned decision making, Ty						
	iled decision making, Ty	pical tillie 33					
minutes			BAINUBALIBA DOCLI	DAENTATION DE	OLUDERAENTS		
SERVICE DESCRIPTION		•	MINIMUM DOCU				
The following codes are			Technical Docume	entation Require	ements		
management services pr			See Page 346		,		
Hospital inpatient service			See <u>Appendix I</u> for	r more informati	on on E/M service:	S.	
patients in a "partial hos							
used to report these par							
psychiatry notes in the fo	ull text of the CPT code	set.					
The following codes are	used to report observat	tion or					
inpatient hospital care se	ervices provided to pati	ents admitted					
and discharged on the sa	ame date of service.						
- 1. 1. 10 11		1					
This code is used for all s	•						
physician or NPP (qualific	· ·	· ·					
provides the inpatient ho	ospital care, regardless	of the number					
of days since admission.							
The physician who is the	admitting physician mu	ist annend					
modifier AI to all claims.	autiliting physician in	изт аррени					
mounter Ar to an ciaims.							
The physician/NPP may	only bill for one E&M co	ode per day.					
Services provided in mul	tiple locations (e.g. ER	or office)					
should be included in the		•					
	_						
Services provided subsec							
should be billed using on	ne of the subsequent ob	servation care					
codes.							
NOTES			EXAMPLE ACTIVIT	TIES			
APPLICABLE POPULATIO	. ,		UNIT		DURATION		
` ,	<u> </u>	dult (21-64)		☐ 15 Minutes	See chart for typ		
⊠ Adol (12-17) (18	3-20) ⊠ G	ieriatric (65+)	☐ Day	☐ 1 Hour	billing as a time-	pased code	
ALLOWED MODE(S) OF I			PROGRAM SERVI	CE CATEGORY(IE	S)		
	☑ Individual			□ U4	(ICM)	J (Voc)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)	□ TM	1 (ACT)	Q (Clubhouse)	
☐ Telephone	☑ Family (HR)		☐ HK (Residential	I) □ HN	// (Respite) □ T	T (Recovery)	
•	☐ Family (HS)		☑ HF (2 nd modifie		· · ·	T (Prev/EI)	
STAFF REQUIREMENTS	<u> </u>		,	,		<u> </u>	
☐ Peer Specialist				□LAC □ LI	PN/LVN (TE)		
☐ Bachelor's Level (HN)	☐ LCSW (AJ)		Master's Level (HO)		N (TD) × × × × × × × × × × × × × × × × × × ×		
Intern ✓	□ LPC		EdD/ PhD/PsyD (HP)		PN (SA)	· ,	
	☐ LMFT	⊔ Licensed Edl	D/PhD/PsyD (AH)		MAP × ME)/DO (AF)	
PLACE OF SERVICE (POS							
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)		Inpt Ho	sp (21)		
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (04)	⊠ Inpt PF ((51) ☐ Prisoi	n/CF (09)	
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ SNF (31)	☐ ER (23)	☐ 3CH00		
☑ Nobile Offit (15) ☑ Outpt Hospital(22)	☐ Home (12)	☐ PRTF (56)	□ FQHC (50)	□ ER (23) ☑ PF-PHP	(52) Other	r POS (99)	
E Gutht Hospital(22)	in Home (12)	□ FIXTE (30)		<u>™</u> FF-F11P	(24)		

EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT - HOSPITAL DISCHARGE									
CPT®/HCPCS PROCEDUF	PROCEDURE CODE DESCRIPTION					USAGE			
	Discharge day management; 30 minutes or less					caid			
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	N RE	QUIREMEN [*]	TS		
The total duration of MI	D/DO time spent (The	total time spent	Technical Docum	entation Re	equire	ements			
may or may not be conti	inuous and need not	be in direct	See Page 346						
contact with the patient) for hospital discharg	ge of a patient,	Service Content						
including as appropriate	, final examination of	the patient,	 Final examinat 	tion of pation	ent				
discussion of the hospita	al stay, instructions fo	r continuing care	Continuing car	re instruction	ons				
to all relevant caregivers	s, and preparation of	discharge	3. Prescriptions						
records, prescriptions ar	nd referral forms.		Referrals						
			See <u>Appendix I</u> fo	r more info	rmati	on on E/M s	services	5.	
NOTES			EXAMPLE ACTIVIT	TIES					
APPLICABLE POPULATION			UNIT DURATION						
· · ·	-	Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A						
, , ,		Geriatric (65+)	,	☐ 1 Hour		Maximum	: 30 Mi	nutes	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGO	RY(IE	S)			
			⊠ HE (SP)			(ICM)		HJ (Voc)	
▼ Face-to-Face			☐ TG (Other SP)			I (ACT)			HQ
☐ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residentia	•		1 (Respite)	•	lubhouse)	
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifie	er-SUD)				TT (Reco	
								HT (Prev	EI)
STAFF REQUIREMENTS									
☐ Peer Specialist	□ LCSW (A	U) □ Unlicensed	Master's Level (HO)	□LAC		PN/LVN (TE)	□ RxN	(SA)	
☐ Bachelor's Level (HN) ☑ Intern	□ LPC	,	EdD/ PhD/PsyD (HP)	□CAC I		N (TD)	□ PA	. ,	
⊠ intern	☐ LMFT	☐ Licensed Ed□	D/PhD/PsyD (AH)	□CAC II □CACIII		PN (SA) MAP	× MD	/DO (AF)	
PLACE OF SERVICE (POS	1					, , , , ,			
PLACE OF SERVICE (POS	<u> </u>						П	Prison/CI	
☐ CMHC (53)	□ ACF (13)	☐ Hospice (34)	☐ Shelter (04)	🗵 Inpt			(0:		
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	🗵 Inpt		1)	•	School (0	3)
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ FQHC (50)	□ ER (Other PO	•
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)	(50)	⊠ PF-F	PHP (5	2)	(9		-

EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT - HOSPITAL DISCHARGE								
CPT®/HCPCS PROCEDURE CODE				PROCEDURE CODE DESCRIPTION				
99238				Discharge day management; 30 minutes or less ☑ OBH				
		MINIMUM DOCU	MENTATIO	ON RE	QUIREMEN'	ΓS		
DO time spent (The	total time spent	Technical Docume	entation R	equire	ements			
uous and need not b	e in direct	See Page 346						
for hospital discharg	e of a patient,	Service Content						
final examination of	the patient,	1. Final examinat	ion of pati	ent				
stay, instructions fo	r continuing care	2. Continuing car	e instructi	ons				
and preparation of o	discharge	3. Prescriptions						
referral forms.		Referrals						
		See Appendix I for	r more info	rmati	on on E/M s	services	S.	
		EXAMPLE ACTIVIT	TIES					
I(S)		UNIT DURATION						
oung Adult 🗵	Adult (21-64)	☑ Encounter	□ 15 Minu	utes	Minimum	: N/A		
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ☐ Day ☐ 1 Hour Maximum: 30 Minu					nutes			
ELIVERY		PROGRAM SERVIO	CE CATEGO	DRY(IE	S)			
		⊠ HE (SP)		□ U4	(ICM)		HJ (Voc)	
☑ Individual		☐ TG (Other SP)			I (ACT)			HQ
☐ Group (HQ)		•	,		1 (Respite)	(C	lubhouse))
☑ Family (HR/HS)		☑ HF (2 nd modifie	r-SUD)				•	,,
							HT (Prev	/EI)
□ LCSW (A	I) ☐ Unlicensed N	Master's Level (HO)			. , ,	□ RyN	(SA)	
□ LPC	,	` '			` '		. ,	
☐ LMFT	☐ Licensed Ed□)/PhD/PsyD (AH)			, ,			
			ШСАСШ		IVIAP			
							Dui /61	_
☐ ACF (13)	☐ Hospice (34)	Chaltar (04)	☑ Inpt	t Hosp	(21)			
☐ Cust Care (33)	☐ ICF-MR (54)	` '	☑ Inpt	t PF (5	1)	•	,	121
☐ Grp Home (14)	☐ NF (32)						-	•
☐ Home (12)	□ PRTF (56)	L 1 (110 (30)	⊠ PF-I	PHP (5	2)			, ,
	DO time spent (The uous and need not be for hospital discharge final examination of stay, instructions for and preparation of conferral forms. (S)	DO time spent (The total time spent uous and need not be in direct for hospital discharge of a patient, stay, instructions for continuing care and preparation of discharge referral forms. Oung Adult	Do time spent (The total time spent uous and need not be in direct for hospital discharge of a patient, stay, instructions for continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge Continuing care and preparation of the patient, and prep	Do time spent (The total time spent uous and need not be in direct for hospital discharge of a patient, stay, instructions for continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care instructions for continuing care and preparation of discharge referral forms. Continuing care instructions for continuing care and preparation of discharge referral forms. Continuing care instructions for continuing care and preparation of discharge referral forms. Continuing care instructions for continuing care instructions	Do time spent (The total time spent uous and need not be in direct for hospital discharge of a patient, stay, instructions for continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care instructions	DO time spent (The total time spent uous and need not be in direct for hospital discharge of a patient, stay, instructions for continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care instructions	Do time spent (The total time spent uous and need not be in direct for hospital discharge of a patient, stay, instructions for continuing care and preparation of discharge referral forms. See Page 346	Do time spent (The total time spent uous and need not be in direct for hospital discharge of a patient, stay, instructions for continuing care and preparation of discharge referral forms. Continuing care and preparation of discharge referral forms. Continuing care and preparation Continuing care instructions Continuing care ins

EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT - HOSPITAL DISCHARGE							
CPT®/HCPCS PROCED	PROCEDURE CODE DESCRIPTION				USAGE		
	Discharge day management; more than 30				☑ Medicaid		
	99239		minutes				<u> </u>
SERVICE DESCRIPTION	N		MINIMUM DOCU	JMENTATION	REQUIREN	1ENTS	
The total duration of	MD/DO time spent (7	The total time	Technical Docum	nentation Req	uirements		
spent may or may not	t be continuous and r	need not be in	See Page 346				
direct contact with th	e patient) for hospita	al discharge of a	Service Content				
patient, including as a	ppropriate, final exa	mination of the	1. Examination	of patient			
patient, discussion of	the hospital stay, ins	tructions for	2. Continuing ca	re instruction:	S		
continuing care to all	relevant caregivers, a	and preparation of	3. Prescriptions				
discharge records, pre	escriptions and referr	al forms.	4. Referrals				
			See <u>Appendix I</u> fo	or more inform	nation on E,	/M services	5.
NOTES			EXAMPLE ACTIV	ITIES			
APPLICABLE POPULA	TION(S)		UNIT		DURA	TION	
☑ Child (0-11)	Young Adult	Adult (21-64)	区 Encounter	☐ 15 Minute	s Minim	ıum: 30 mir	nutes
⊠ Adol (12-17) (3	18-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour	Maxim	num: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
▼ Face-to-Face	✓ Individual		⊠ HE (SP)		U4 (ICM)		HJ (Voc)
☐ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)		TM (ACT)		HQ (Clubhouse)
☐ Telephone	☑ Group (HQ) ☑ Family (HR/H)	5)	☐ HK (Residentia		HM (Respi	te) \square	TT (Recovery)
— тетернопе		-	☑ HF (2 nd modifi	er-SUD)			HT (Prev/EI)
STAFF REQUIREMENT	rs						
☐ Peer Specialist	□ LCSW	(AI) Unlicensed	Master's Level (HO)		□ LPN/LVN (TE) □ RxN	(\$A)
☐ Bachelor's Level (HN)	□ LPC	` '	EdD/ PhD/PsyD (HP)		□ RN (TD)	□ PA (• •
☑ Intern	☐ LMFT	☐ Licensed EdI	D/PhD/PsyD (AH)		☐ APN (SA)		/DO (AF)
				□CACIII [□ QMAP		
PLACE OF SERVICE (P	•				(0.1)		
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04)	⊠ Inpt H		☐ Prison	/CF (09)
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	⊠ Inpt Pi		☐ Schoo	
☐ Mobile Unit (15)	☐ Grp Home (14)	□ NF (32)	☐ FQHC (50)	☐ ER (23		☐ Other	` '
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)	. , ,	⊠ PF-PH	P (52)		

EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT - HOSPITAL DISCHARGE							
CPT®/HCPCS PROCED	URE CODE	PROCEDURE COI	USAGE				
00220			Discharge day ma	☑ OBH			
99239			minutes			<u></u> ₩ ОВП	
SERVICE DESCRIPTION	N		MINIMUM DOCU	UMENTATION RE	QUIREMENTS		
The total duration of	MD/DO time spent (The total time	Technical Docum	nentation Require	ements		
spent may or may no	t be continuous and i	need not be in	See Page 346				
direct contact with th	e patient) for hospita	al discharge of a	Service Content				
patient, including as a	appropriate, final exa	mination of the	1. Examination of	of patient			
patient, discussion of	the hospital stay, ins	structions for	2. Continuing ca	are instructions			
continuing care to all	relevant caregivers,	and preparation of	3. Prescriptions				
discharge records, pre	escriptions and refer	ral forms.	4. Referrals				
			See <u>Appendix I</u> fo	or more informati	on on E/M service	S.	
NOTES			EXAMPLE ACTIV	ITIES			
APPLICABLE POPULA	TION(S)		UNIT DURATION				
☑ Child (0-11)	☑ Young Adult	Adult (21-64)	区 Encounter	☐ 15 Minutes	Minimum: 30 mi	nutes	
⊠ Adol (12-17) (18-20)	☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face	☑ Individual		⊠ HE (SP)	□ U4	(ICM)	l HJ (Voc)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)		I (ACT) □	l HQ (Clubhouse)	
☐ Telephone	☑ Group (HQ) ☑ Family (HR/H	S)	☐ HK (Residentia	•		l TT (Recovery)	
— тетернопе	E railing (ring in	<u> </u>	☑ HF (2 nd modifi	er-SUD)		l HT (Prev/EI)	
STAFF REQUIREMENT	rs						
☐ Peer Specialist	□ LCSW	(AI) Inlicensed	Master's Level (HO)		PN/LVN (TE)	I (\$A)	
☐ Bachelor's Level (HN)	□ LPC	` '	EdD/ PhD/PsyD (HP)		N (ID)	• •	
☑ Intern	☐ LMFT	☐ Licensed EdI	D/PhD/PsyD (AH)		PN (SA))/DO (AF)	
	>			□CACIII □ Q	MAP		
PLACE OF SERVICE (P					(0.1)		
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04)	⊠ Inpt Hosp	I I Pricor	/CF (09)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	☑ Inpt PF (5	1) ☐ Schoo		
☐ Mobile Unit (15)	☐ Grp Home (14)	□ NF (32)	☐ FQHC (50)	□ ER (23)	□ Other	POS (99)	
☐Outp Hospital(22)	☐ Home (12)	□ PRTF (56)	/	☑ PF-PHP (5)	2)	` '	

EVALUATION AND MANAGEMENT - CONSULTATIONS - OFFICE OR OTHER OUTPATIENT						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	USAGE		
This consultation code in prescriber-to-prescriber This consultation code in present.	r consultation rega	or established pat history, problem f	tpatient consultation ient. Requires proble ocused exam straigh ing, Typical time 15 r	m focused t forward	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REQUIR	REMENTS	
A consultation is a service Nurse whose opinion/ a management of a specific MD/DO/other appropriate Nurse consultant utilize providing direct consultant MD/DO/prescribing Nurse and/or coordination of the health care professional problem(s) and the patient of the problem of the problem of the problem of the problem of the patient of the problem of th	dvice regarding eva fic problem is reque ate source. An MD/I es this code for the pa ation services to an refer the purposes care with other phys Isconsistent with ent's and/or family'	luation and/or sted by another DO/prescribing purposes of other of "counseling sicians/qualified the nature of the s needs".	 Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face or floor time whichever is appropriate) 			
day of service. Please refer to Section documentation.	II.G.1. for details ab	out		ient does not see the		that day. BILL
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
	. ,	☑ Adult (21-64)	☑ Encounter	☐ 15 Minutes	Min: 8 min	
	8-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour	Max: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	CE CATEGORY(IES)		
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/	HS)	□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie)	□ U4 (I· □ TM (<i>i</i>) □ HM (ACT) \square Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ LPN/L\ □CAC I □ RN (TD □CAC II ☒ APN (S □CACIII □ QMAP	D) ⊠ RxN ⊠ PA	
PLACE OF SERVICE (POS	3)					
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ ICF-MR (54) ☐ ☑ NF (32)	□ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ Independent Clin	□Inpt Hosp □ Inpt PF (5: ☑ ER (23) sic (49) □ PF-PHP (5	1) □ So ☑ N	rison/CF (09) chool (03) RSATF (57) ther POS (99)

EVALUATION AND MANAGEMENT - CONSULTATIONS - OFFICE OR OTHER OUTPATIENT						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODI	USAGE		
This consultation code prescriber-to-prescribe This consultation code present.	r consultation rega	or established pat history, problem f	tpatient consultation ient. Requires proble ocused exam straigh ing, Typical time 15 r	m focused t forward	☑ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REQUIR	REMENTS	
A consultation is a service Nurse whose opinion/ a management of a specific MD/DO/other appropriate Nurse consultant utilized providing direct consult MD/DO/prescribing Nurse and/or coordination of the health care professional problem(s) and the patific Nortes NOTES Only one consultation is day of service. Please refer to Section	dvice regarding eva fic problem is reque ate source. An MD/ es this code for the pation services to an rise for the purposes care with other phy lsconsistent with ent's and/or family'	luation and/or sted by another DO/prescribing ourposes of other of "counseling sicians/qualified the nature of the s needs".	 Documentation of written, verbal/shared medical records request in patient record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face or floor tim whichever is appropriate) 			
documentation.				RATE GUIDANCE FOR		
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
	Young Adult .8-20)	✓ Adult (21-64) ✓ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Min: 8 min Max: N/A	
ALLOWED MODE(S) OF			PROGRAM SERVICE		,	
⊠ Face-to-Face ⊠ Video Conf (GT) ⊠ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR/	HS)	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifie	□ U4 (I· □ TM (<i>i</i> □ HM (ACT) \square Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ LPN/L\ □CAC I □ RN (TD □CAC II ☒ APN (S □CACIII □ QMAP) × × × × × × × × × × × × × × × × × × ×	
PLACE OF SERVICE (POS	5)					
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☑ NF (32)	⊠ SNF (31) ⊠ FQHC (50)	□Inpt Hosp □ Inpt PF (5: ☑ ER (23) sic (49) □ PF-PHP (5	1) □ Sα ☑ N	rison/CF (09) chool (03) RSATF (57) ther POS (99)

EVALUATION AND MANAGEMENT - CONSULTATIONS -				CE OR OTHER O	JTPATIENT	
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
making, Typical 99243 requires detailed	d exam straight forw time 30 minutes	rard med decision	Office or other Out and Management S	•	tions Evaluation	☑ Medicaid
time 60 minutes 99245 requires compre	lexity med decision	making, Typical nprehensive exam				
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION REQ	UIREMENTS	
A consultation is a servi opinion/ advice regardi a specific problem is reappropriate source. An diagnostic and/or thera same/subsequent visit. The services of the billing Only one consultation is subsequent to the component consultant assumes resportion/all of the patient procedure code is used Please refer to Section adocumentation.	ng evaluation and/o quested by another MD/DO consultant of peutic services at the ng prescriber must be s reported by the co pletion of a consultat ponsibility for mana nt's condition(s), the in lieu of 99251.	r management of MD/DO/other may initiate see face to face. nsultant. If stion, the gement of a appropriate E/M	Technical Documer See Page 346 1. Documentation of in patient record 9. Request for constitute of the patient of the patient record 10. Reason for constitute of the patient of the page 3. Copy of written 4. Formal report/of consultant of the patient of the patient of the patient of the patient of the page 3. Results of tests/See Appendix I for records.	of written, verbal : sultation from atte ultation oplies performed/o ime (face-to-face o /or activities per to be documented (ordinating care") report sent by ordinating opy of consultant O's name eferring MD/DO ordinating pinion regarding /procedures orde	I/shared medical anding MD/DO ordered by consultator floor time, which formed to coording e.g., "15 mins of the consultant to refer the state of the state o	nt ever is appropriate) nate patient care e 20 mins were rring MD/DO onsultation and
NOTES			EXAMPLE ACTIVITI	ES		
			An RN sees a patier physician. The patien 99211 –SEE SEPARA	ent does not see	the physician on	
APPLICABLE POPULATI			UNIT		DURATION	
⊠ Adol (12-17) (1	.8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day	☐ 15 Minutes ☐ 1 Hour	See chart for type billing as a time	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE			1 HT (Vos)
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR/H	I S)	⋈ HE (SP)☐ TG (Other SP)☐ HK (Residential)⋈ HF (2nd modifier-		(ACT) I (Respite)	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RN	PN (SA)	
PLACE OF SERVICE (PO						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☑ NF (32) ☐ PRTC (56)	□ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ Independent Cli	□ Inp ☑ ER	ot PF (51)	1 Prison/CF (09) 1 School (03) 1 NRSATF (57) 1 Other POS (99)

oxinesize Office (11) $oxinesize$ Cust Care (33) $oxinesize$ ICF-MR (54) $oxinesize$ SNF (31) $oxinesize$ Inpt PF (51) $oxinesize$ School (03)	EVALUATION AND MANAGEMENT - CONSULTATIONS - OFFICE OR OTHER OUTPATIENT				
problem focused exam straight forward med decision making, Typical time 30 minutes 99243 requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes 99244 requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 80 minutes 99245 requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes 99246 requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes 99247 requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 99248 requires complexity med decision making, Typical time 80 minutes 1000 mi	CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
complexity med decision making, Typical time 40 minutes 99244 requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 80 minutes 99245 requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes SERVICE DESCRIPTION A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/Other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. The services of the billing prescriber must be face to face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251. Please refer to Section Appendix I for details about documentation. NOTES **Evaluation** **APPLICABLE POPULATION(S) **ACIVATION STANDARD STAND	problem focused exam straight forward med decision making, Typical time 30 minutes	I	☑ ОВН		
moderate complexity med decision making. Typical time 80 minutes 99245 requires comprehensive history, comprehensive exam high complexity med decision making. Typical time 80 minutes SERVICE DESCRIPTION A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. The services of the billing prescriber must be face to face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the subsequent to the completion of a consultation. The services of the billing prescriber must be face to face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the appropriate E/M procedure code is used in lieu of 99251. Please refer to Section Appendix I for details about documentation. Please refer to Section Appendix I for details about documentation. See Appendix I for details about documentation. See Appendix I for details about documentation. See Appendix I for details about documentation of written, verbal/shared medical records request in patient record: 1.5. Total length of time (face-to-face or floor time, whichever is appropriate E/M procedure code is used in lieu of 99251. Please refer to Section Appendix I for details about documentation. See Appendix I for details about documentation of written, verbal/shared medical records request in patient record: 1.5. Total length of time (face-to-face or floor time, whichever is appropriate E/M procedures of the 20 mins were used consultants opinion 1.5. Total length of time (face-to-face or floor time, whichever is appropriate E/M procedures of the 20 mins were used consultants opinion 2. Copy of written report sent by consultant to referring MD/DO requested both consultation and consultants opinion 3. Results of tests/procedures ordered/p	complexity med decision making, Typical time 40				
SERVICE DESCRIPTION	moderate complexity med decision making, Typical				
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. The services of the billing prescriber must be face to face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the subsequent to the completion of a consultation, the consultant anagement of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251. Please refer to Section Appendix I for details about documentation. **NOTES** **EXAMPLE ACTIVITIES** An RN Sees a patient to follow-up on side effects per order of the physician. The patient does not see the physician on that day. BILL 99211—SEE SEPARATE GUIDANCE For typical times for bysician. The patient does not see the physician on that day. BILL 99211—SEE SEPARATE GUIDANCE For typical times for bysician. The patient does not see the physician on that day. BILL 99211—SEE SEPARATE GUIDANCE For typical times for billing as a time-based code of the Responding for the patient's condition on the consultant on the completion of a consultant on the completion of a consultant on the completion of the patient's condition and consultant's opinion on the patient's condition on the p	high complexity med decision making, Typical time 80				
opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. The services of the billing prescriber must be face to face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251. Please refer to Section Appendix I for details about documentation. **NOTES*** **EXAMPLE ACTIVITIES*** An RN sees a patient to follow-up on side effects per order of the physician. The patient does not see the physician on that day. BILL 99211-SEE SEPARATE GUIDANCE FOR THIS CODE. **APPLICABLE POPULATION(S)** **EXAMPLE ACTIVITIES*** APPLICABLE POPULATION(S)** **EXAMPLE ACTIVITIES*** **APPLICABLE POPULATION(S)** **EXAMPLE ACTIVITIES*** **PROGRAM SERVICE CATEGORY(IES**)** **PROGRAM SERVICE CATEGORY(IES**)** **PROGRAM SERVICE CATEGORY(IES**)** **FREQUIREMENTS** **PROGRAM SERVICE CATEGORY(IES**)** **PROGRAM SERVICE CATEGORY(IES**)** **IT (Recovery)** **IT (Reco	SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
NOTES ## CAMPLE ACTIVITIES An RN sees a patient to follow-up on side effects per order of the physician. The patient does not see the physician on that day. ## BILL 99211 - SEE SEPARATE GUIDANCE FOR THIS CODE. ## APPLICABLE POPULATION(S) Child (0-11)	opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. The services of the billing prescriber must be face to face. Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251. Please refer to Section Appendix I for details about	Technical Documentation Requirements See Page 346 1. Documentation of written, verbal/shared medical r in patient record: 13.Request for consultation from attending MD/DO 14.Reason for consultation 15.Services and supplies performed/ordered by consultant 16.Total length of time (face-to-face or floor time, whicheve 2. Counseling and/or activities performed to coordina • Time spent must be documented (e.g., "15 mins of the 2 used counseling/coordinating care") 3. Copy of written report sent by consultant to referring 4. Formal report/copy of consultant's note 5. Referring MD/DO's name 6. Evidence that referring MD/DO requested both con consultant's opinion 7. Advice and/or opinion regarding patient's condition 8. Results of tests/procedures ordered/performed	er is appropriate) ite patient care 20 mins were ing MD/DO isultation and		
physician. The patient does not see the physician on that day. BILL 99211 – SEE SEPARATE GUIDANCE FOR THIS CODE. APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Encounter ☐ 15 Minutes See chart for typical times for billing as a time-based code ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ☐ Day ☐ 1 Hour ☐ billing as a time-based code ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual ☐ Group (HQ) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TH (Resovery) ☐ TH (Recovery) ☐ TT (Recovery) ☐ TH (Respite) ☐ TT (Recovery) ☐ TH (ACT) ☐ TH (ACT) ☐ TT (Recovery) ☐ TT (Recovery	NOTES				
Signature Sig		physician. The patient does not see the physician on th			
Madol (12-17)	.,				
Secourable Face-to-Face Secourable Individual Group (HQ) Group (HQ) HK (Residential) HM (Respite) HT (Prev/El)	☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-ba			
Stace-to-Face Sindividual TG (Other SP) TM (ACT) HQ (Clubhouse) HK (Residential) HM (Respite) TT (Recovery) HT (Prev/EI) STAFF REQUIREMENTS HF (2 nd modifier-SUD) HF (2 nd modifier-SUD) HT (Prev/EI) Peer Specialist LCSW (AJ) Unlicensed Master's Level (HO) CAC I RN (TD) RN (TD) RN (TD) PACE OF SERVICE (POS) ACF (13) Hospice (34) Shelter (04) CAC II CAC II	ALLOWED MODE(S) OF DELIVERY	·			
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LPN/LVN (TE) □ CAC I □ RN (TD) □ APN (SA) □ PA (PA) □ CAC II □ APN (SA) □ APN (SA) □ Mobile Unit (15) □ Cust Care (33) □ ICF-MR (54) □ Shelter (04) □ Intern □ LICSW (AJ) □ Unlicensed Master's Level (HO) □ CAC II □ CAC II □ APN (SA) □ APN (SA) □ APN (SA) □ APN (SA) □ Inpt Hosp (21) □ Inpt Hosp (21) □ Inpt PF (51) □ School (03) □ Inpt PF (51) □ School (03) □ Nobile Unit (15) □ Grp Home (14) □ NF (32) □ FQHC (50) □ ER (23) □ NRSATF (57)	☑ Video Conf (GT) ☐ Group (HQ)	☐ TG (Other SP) ☐ TM (ACT) ☐ H ☐ HK (Residential) ☐ HM (Respite) ☐ T	HQ (Clubhouse) TT (Recovery)		
□ Bachelor's Level (HN) □ Intern □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LPC □ Unlicensed EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) □ APN (SA) □ APN (S	•				
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison/CF (09) ☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☒ SNF (31) ☐ Inpt PF (51) ☐ School (03) ☐ Mobile Unit (15) ☐ Grp Home (14) ☒ NF (32) ☒ FQHC (50) ☒ ER (23) ☒ NRSATF (57)	□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed □ LPC □ Unlicensed Ed	Master's Level (HO) EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) □ PA (PhD/PsyD (AH) □ CAC II □ APN (SA)	A)		
☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☒ SNF (31) ☐ Inpt PF (51) ☐ School (03) ☐ Mobile Unit (15) ☐ Grp Home (14) ☒ NF (32) ☒ FQHC (50) ☒ ER (23) ☒ NRSATF (57)					
	 ✓ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☒ NF (32) 	⊠ SNF (31) □ Inpt PF (51) □ S ⊠ FQHC (50) ⊠ ER (23) ⊠ N	School (03) NRSATF (57)		

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USA	AGE	
	Inpatient consultation for a new or established		
99251	patient; the presenting problem(s) are self-limited	Medicaid	
	or minor		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
A consultation is a service rendered by an MD/DO whose	Technical Documentation Requirements		
opinion/ advice regarding evaluation and/or management of a	See Page 346		
specific problem is requested by another MD/DO/other	Service Content	la	
appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the	Documentation of written, verbal/shared medical records	is request in	
diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:	patient record: 1. Request for consultation from attending MD/DO		
same, subsequent visit. Timee key components are required.	2. Reason for consultation		
Problem-focused history	3. Services and supplies performed/ordered by consultat	ant	
Problem-focused examination	4. Total length of time of encounter (face-to-face or floo		
Straightforward medical decision-making	whichever is appropriate)		
	5. Counseling and/or activities performed to coordinate	patient care	
When counseling and/or coordination of care dominates	Where time is significant to encounter, documentation that m		
(more than 50%) the MD/DO-patient and/or family encounter	of time spent with patient was counseling and coordinating co	•	
(face-to-face time on the floor/unit/hospital), time is	 Time spent must also be documented (e.g., "15 minutes of the encounter was used counseling/coordinating care") 	ne 20 minute	
considered the key/controlling factor to qualify for the level of	6. Copy of written report sent by consultant to referring	MD/DO	
service.	Formal report/copy of consultant's note	, , -	
	 Referring MD/DO's name 		
	Evidence that referring MD/DO requested both consultations and the street and the street are street.	tion and	
	consultant's opinion Advice and/or opinion regarding patient's condition		
	Results of tests/procedures ordered/performed		
	See Appendix I for more information on E/M services.		
NOTES	EXAMPLE ACTIVITIES		
Only one consultation is reported by the consultant per			
admission. For 99251, the presenting problem(s) are usually			
self-limited/minor. The consultant typically spends 20 mins at			
the patient's bedside. If subsequent to the completion of a			
consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the			
appropriate E/M procedure code is used in lieu of 99251.			
APPLICABLE POPULATION(S)	UNIT DURATION		
ATTECADEL FOL GEATION(S)	Minimum: 20 Minutes	25	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Maximum: See Appe		
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour typical times and billing		
	based code		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☑ Face-to-Face ☑ Individual	☑ HE (SP) □ U4 (ICM) □ HJ (Vo	oc)	
☑ Video Conf (GT) ☐ Group (HQ)		Clubhouse)	
☐ Telephone ☐ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Re	• • •	
, , ,	☑ HF (2 nd modifier-SUD) □ HT (Prediction of the prediction of the pre	rev/EI)	
STAFF REQUIREMENTS	F1.40 F1.00 (1.00 (75)		
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ LCSW (AJ) ☐ Unlicensed	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RXN (SA)	A)	
✓ Intern Unlicensed	Edd/ Phd/Psyd (HP) \Box CAC II \Box APN (SA) \Box PA (PA)		
☐ LMFT ☐ Licensed Ed	\square D/PhD/PsyD (AH) \square CACIII \square QMAP \square MD/DO	O (AF)	
PLACE OF SERVICE (POS)			
☐ CMHC (53) ☐ ACF (13) ☐ Hospice (34)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison/CF ((09)	
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	V CNE (21) Inpt PF (51)	. ,	
☐ Mobile Unit (15) ☐ Grp Home (14) ☑ NF (32)	□ FOHC (50) □ ER (23) □ Other POS	•	
\square Outp Hospital(22) \square Home (12) \square PRTF (56)	□ F (50) □ Other FO3 □ Other FO3	. (33)	

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
			Inpatient consult	ation for a new o	r established	
	99251		patient; the prese	enting problem(s) are self-limited or	☑ OBH
			minor			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
A consultation is a se	rvice rendered by a	n MD/DO whose	Technical Docum	nentation Require	ements	
opinion/ advice regarding	ng evaluation and/or	management of a	See Page 346			
specific problem is r	equested by anoth	ner MD/DO/other	Service Content			
appropriate source. A	An MD/DO consulta	ant may initiate	Documentation of	of written, verbal,	shared medical record	s request in
diagnostic and/or therap	peutic services at the	same/subsequent	patient record:			
visit. Three key compone	ents are required:		1. Request for c	onsultation from	attending MD/DO	
			2. Reason for co	nsultation		
 Problem-focused his 	istory		3. Services and s	supplies performe	ed/ordered by consulta	nt
 Problem-focused ex 	kamination		4. Total length o	of time of encoun	ter (face-to-face or floc	or time,
 Straightforward me 	edical decision-makin	g	whichever is a	appropriate)		
			5. Counseling an	nd/or activities pe	erformed to coordinate	patient care
When counseling and/o	r coordination of care	e dominates (more		•	ter, documentation that n	
than 50%) the MD/DO-p	atient and/or family e	encounter (face-to-	•	•	nseling and coordinating co	•
face time on the floor,	/unit/hospital), time	is considered the			ed (e.g., "15 minutes of th	e 20 minute
key/controlling factor to	qualify for the level of	of service.		used counseling/coo		MD/DO
				rt/copy of consulta	consultant to referring	IVID/DO
			Referring MI		iit s note	
					requested both consultat	ion and
			consultant's	_	•	
					g patient's condition	
				sts/procedures ord		
					on on E/M services.	
NOTES		1	EXAMPLE ACTIVI	ITIES		
Only one consultation is	reported by the cons					
		·				
admission. For 99251, th	ne presenting problem	n(s) are usually				
self-limited/minor. The o	ne presenting problem consultant typically sp	n(s) are usually ends 20 mins at				
self-limited/minor. The of the patient's bedside. If	ne presenting problem consultant typically sp subsequent to the co	n(s) are usually ends 20 mins at mpletion of a				
self-limited/minor. The c the patient's bedside. If consultation, the consult	ne presenting problem consultant typically sp subsequent to the contant assumes respons	n(s) are usually ends 20 mins at mpletion of a ibility for				
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portio	ne presenting problem consultant typically sp subsequent to the contant assumes respons n/all of the patient's of	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the				
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portio appropriate E/M proced	ne presenting problem consultant typically sp subsequent to the contant assumes respons in/all of the patient's of ture code is used in lie	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the	LIMIT		DUBATION	
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portio	ne presenting problem consultant typically sp subsequent to the contant assumes respons in/all of the patient's of ture code is used in lie	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the	UNIT		DURATION Minimum: 20 Minute	c
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portio appropriate E/M proced APPLICABLE POPULATION	te presenting problem consultant typically sp subsequent to the contant assumes respons in/all of the patient's of ure code is used in lie	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251.		□ 15 Minutes	Minimum: 20 Minute	-
self-limited/minor. The of the patient's bedside. If consultation, the consultation, the consultation appropriate E/M proced APPLICABLE POPULATION Child (0-11)	te presenting problem consultant typically sp subsequent to the contant assumes respons in/all of the patient's cure code is used in lie on(s)	n(s) are usually ends 20 mins at impletion of a ibility for condition(s), the u of 99251.	☑ Encounter	□ 15 Minutes	Minimum: 20 Minute Maximum: See Appe	ndix I for
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portio appropriate E/M proced APPLICABLE POPULATION Child (0-11)	te presenting problem consultant typically sp subsequent to the contant assumes respons in/all of the patient's cure code is used in lie on(s)	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251.		☐ 15 Minutes	Minimum: 20 Minute Maximum: See Appe typical times and billi	ndix I for
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portio appropriate E/M proced APPLICABLE POPULATIO Child (0-11) Adol (12-17)	te presenting problem consultant typically sp subsequent to the contant assumes respons n/all of the patient's oure code is used in lie on(s) Young Adult (18-20)	n(s) are usually ends 20 mins at impletion of a ibility for condition(s), the u of 99251.	☑ Encounter □ Day	□ 1 Hour	Minimum: 20 Minute Maximum: See Appe typical times and billi based code	ndix I for
self-limited/minor. The of the patient's bedside. If consultation, the consultation, the consultation appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF	te presenting problem consultant typically spusubsequent to the contant assumes responsin/all of the patient's cure code is used in lie on(s) Young Adult (18-20)	n(s) are usually ends 20 mins at impletion of a ibility for condition(s), the u of 99251.	☑ Encounter ☐ Day PROGRAM SERVI	☐ 1 Hour	Minimum: 20 Minute Maximum: See Appe typical times and billi based code S)	ndix I for ng as time-
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portio appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF The selection of the patients of the patie	te presenting problem consultant typically spusubsequent to the contant assumes respons in/all of the patient's cure code is used in lie in/(s) Young Adult (18-20) DELIVERY	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+)	☑ Encounter ☐ Day PROGRAM SERVI ☑ HE (SP)	□ 1 Hour ICE CATEGORY(IE □ U4 (Minimum: 20 Minute Maximum: See Appe typical times and billi based code S) ICM) HJ (Vo	ndix I for ng as time-
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portion appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF INTERPRETABLE POPULATION Face-to-Face Video Conf (GT)	te presenting problem consultant typically sp subsequent to the contant assumes respons in/all of the patient's oure code is used in lie on(s) Young Adult (18-20) DELIVERY Individual Group (HQ)	n(s) are usually ends 20 mins at impletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+)	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP)	☐ 1 Hour ICE CATEGORY(IE ☐ U4 (☐ TM	Minimum: 20 Minute Maximum: See Appe typical times and billi based code (S) ICM)	ndix I for ng as time- oc) lubhouse)
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portio appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF The selection of the patients of the patie	te presenting problem consultant typically spusubsequent to the contant assumes respons in/all of the patient's cure code is used in lie in/(s) Young Adult (18-20) DELIVERY	n(s) are usually ends 20 mins at impletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+)	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia	□ 1 Hour ICE CATEGORY(IE □ U4 (□ TM al) □ HM	Minimum: 20 Minute Maximum: See Appe typical times and billi based code (S) ICM)	ndix I for ng as time- oc) lubhouse)
self-limited/minor. The of the patient's bedside. If consultation, the consultation, the consultation, the consultation appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF Consultation Face-to-Face Video Conf (GT) Telephone	te presenting problem consultant typically sp subsequent to the contant assumes respons in/all of the patient's oure code is used in lie on(s) Young Adult (18-20) DELIVERY Individual Group (HQ)	n(s) are usually ends 20 mins at impletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+)	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP)	□ 1 Hour ICE CATEGORY(IE □ U4 (□ TM al) □ HM	Minimum: 20 Minute Maximum: See Appe typical times and billi based code (S) ICM)	ndix I for ng as time- oc) lubhouse)
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portion appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF INTERPRETATION	te presenting problem consultant typically sp subsequent to the contant assumes respons n/all of the patient's oure code is used in lie on(s) Young Adult (18-20) DELIVERY Individual Group (HQ) Family (HR)	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+)	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	I Hour ICE CATEGORY(IE U4 (TM AI) HM er-SUD)	Minimum: 20 Minute Maximum: See Appe typical times and billi based code S) ICM)	ndix I for ng as time- oc) lubhouse) ecovery)
self-limited/minor. The of the patient's bedside. If consultation, the consultation, the consultation, the consultation appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF Consultation Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN)	te presenting problem consultant typically sp subsequent to the contant assumes respons n/all of the patient's oure code is used in lie on(s) Young Adult (18-20) DELIVERY Individual Group (HQ) Family (HR)	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+)	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie) Master's Level (HO)	I Hour ICE CATEGORY(IE U4 (TM Ail) HM er-SUD)	Minimum: 20 Minute Maximum: See Appe typical times and billi based code S) ICM)	ndix I for ng as time- oc) lubhouse) ecovery)
self-limited/minor. The of the patient's bedside. If consultation, the consultation, the consultation, the consultation appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF Consultation Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist	te presenting problem consultant typically sp subsequent to the contant assumes respons n/all of the patient's oure code is used in lie on(s) Young Adult (18-20) DELIVERY Individual Group (HQ) Family (HR)	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+) (AJ) Unlicensed Unlicensed	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie) Master's Level (HO) EdD/ PhD/PsyD (HP)	I Hour ICE CATEGORY(IE U4 (TM AI) HM er-SUD) LAC LAC LAC CAC I F CAC I A	Minimum: 20 Minute Maximum: See Appe typical times and billi based code S) ICM)	ndix I for ng as time- oc) lubhouse) ecovery)
self-limited/minor. The of the patient's bedside. If consultation, the consultation, the consultation, the consultation appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF Consultation Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN)	te presenting problem consultant typically sp subsequent to the contant assumes respons n/all of the patient's oure code is used in lie on(s) Young Adult (18-20) DELIVERY Individual Group (HQ) Family (HR)	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+) (AJ) Unlicensed Unlicensed	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie) Master's Level (HO)	I Hour ICE CATEGORY(IE U4 (TM AI) HM er-SUD) LAC LAC LAC CAC I F CAC I A	Minimum: 20 Minute Maximum: See Appe typical times and billi based code S) ICM)	ndix I for ng as time- oc) lubhouse) ecovery)
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portio appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF COME STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS)	is presenting problem consultant typically specially spe	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+) (AJ) Unlicensed Unlicensed Ed	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie) Master's Level (HO) EdD/ PhD/PsyD (HP)	I Hour ICE CATEGORY(IE U4 (TM AI) HM er-SUD) LAC LAC LAC CAC I F CAC I A	Minimum: 20 Minute Maximum: See Appe typical times and billi based code S) ICM)	ndix I for ng as time- oc) lubhouse) ecovery)
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portion appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF MALLOWED MODE(S) OF MALLOWED MODE(S) OF MALLOWED MODE(S) Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS) CMHC (53)	be presenting problem consultant typically specially substant specially spec	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+) (AJ) Unlicensed Unlicensed	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	I Hour ICE CATEGORY(IE U4 (TM All) HM er-SUD) ILAC IF ICAC	Minimum: 20 Minute Maximum: See Appe typical times and billi based code S) ICM)	ndix I for ng as time- nc) lubhouse) ecovery) ev/EI)
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portion appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF INTERPRETABLE POPULATION Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS) CMHC (53) Office (11)	is presenting problem consultant typically specifically subsequently specifically s	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+) (AJ) Unlicensed Unlicensed Ed	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ Shelter (04)	I Hour ICE CATEGORY(IE U4 (TM All) HM er-SUD) ILAC L ICAC I ICAC I ICAC II ICAC II	Minimum: 20 Minute Maximum: See Appe typical times and billi based code (S) ICM)	ndix I for ng as time- nc) lubhouse) ncovery) nev/EI) (AF)
self-limited/minor. The of the patient's bedside. If consultation, the consult management of a portion appropriate E/M proced APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF MALLOWED MODE(S) OF MALLOWED MODE(S) OF MALLOWED MODE(S) Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS) CMHC (53)	be presenting problem consultant typically specially substant specially spec	n(s) are usually ends 20 mins at mpletion of a ibility for condition(s), the u of 99251. Adult (21-64) Geriatric (65+) (AJ) Unlicensed Unlicensed Unlicensed Ed	Encounter □ Day PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	I Hour ICE CATEGORY(IE U4 (TM All) HM er-SUD) ILAC IF ICAC	Minimum: 20 Minute Maximum: See Appe typical times and billi based code S) ICM)	ndix I for ng as time- nc) lubhouse) ncovery) rev/EI) (AF)

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT				
CPT®/HCPCS PROCEDUR	E CODE	PROCEDURE CODE DESCRIPTION	USAGE	
	99252	Inpatient consultation for a new or established patient; the presenting problem(s) are of low severity	☑ Medicaid	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
A consultation is a service advice regarding evalua problem is requested source. An MD/DO contherapeutic services at components are required • Expanded problem • Expanded problem • Straightforward me When counseling and/or than 50%) the physician to-face time on the floor	focused history	Technical Documentation Requirements See Page 346 Service Content Documentation of written, verbal/shared medical records requirect 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultation 4. Total length of time of encounter (face-to-face/floor whichever is appropriate) 5. Counseling and/or activities performed to coordinate Where time is significant to encounter, documentation the 50% of time spent with patient was used counseling and considered.	ant time, e patient care at more than oordinating care f the 40 minute g MD/DO	
NOTES		EXAMPLE ACTIVITIES		
Only one consultation is reported by the consultant per admission. For 99252, the presenting problem(s) are usually of low severity. The consultant typically spends 40 minutes at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99252.		Initial hospital consultation for a 53-year-old male paragrees previously abstinent alcoholic, who relapsed and was management of gastritis; patient readily accepts the further treatment.	s admitted for	
APPLICABLE POPULATIO	N(S)	UNIT DURATION		
	☑ Young Adult ☑ Adult (21-64) 18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour ☐ 15 Minutes ☐ 16 Maximum: See Apputy ☐ 1 Hour ☐ 18 Minimum: 40 Minute ☐ 15 Minutes ☐ 15 Minimum: 40 Minute ☐ 15 Minutes ☐ 15 Minimum: 40 Minute ☐ 15 Minimum: 40 Minute ☐ 15 Minutes ☐ 16 Minutes ☐ 17 Minutes ☐ 17 Minutes ☐ 18 Minutes ☐	endix I for	
ALLOWED MODE(S) OF I	DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Voc) (Clubhouse) Recovery) Prev/EI)	
STAFF REQUIREMENTS				
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LPC ☐ Unlicense	d Master's Level (HO)		
PLACE OF SERVICE (POS)				
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outp Hospital(22)	□ ACF (13) □ Hospice (34) □ Cust Care (33) □ ICF-MR (54) □ Grp Home (14) □ NF (32) □ Home (12) □ PRTF (56)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison/CF ☐ SNF (31) ☐ ER (23) ☐ Other POS ☐ FQHC (50) ☐ Prison/CF ☐ Inpt Hosp (21) ☐ Prison/CF ☐ Inpt Hosp (21) ☐ Prison/CF ☐ Inpt Hosp (21) ☐ Prison/CF ☐ School (03) ☐ Other POS	3)	

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	99252		Inpatient consulta	ation for a new or	· established	
	99232		patient; the prese	enting problem(s)	are of low severity	✓ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS	
A consultation is a service advice regarding evalua problem is requested source. An MD/DO contherapeutic services at components are required. • Expanded problem. • Expanded problem. • Straightforward me. When counseling and/or than 50%) the physician to-face time on the floor	tion and/or management by another MD/DO/oth isultant may initiate diathe same/subsequent vid: If ocused history If ocused examination edical decision-making If coordination of care do-patient and/or family e	nt of a specific ner appropriate agnostic and/or visit. Three key cominates (more encounter (face- considered the	Technical Docum See Page 346 Service Content Documentation o patient record: 1. Request for co 2. Reason for co 3. Services and s 4. Total length or whichever is a 5. Counseling an Where time is si of time spent wi required Time spent mus encounter was t Copy of writte Formal report/c Referring MD/D Evidence that re consultant's opi	entation Require f written, verbal/ ensultation from a nsultation upplies performe f time of encount ppropriate) d/or activities per gnificant to encoun th patient was used t also be document used counseling/coo en report sent by o opy of consultant's O's name eferring MD/DO req nion	ments shared medical record attending MD/DO d/ordered by consultater (face-to-face/floor rformed to coordinate ter, documentation that d counseling and coordinate (ed (e.g., "30 minutes of to ordinating care") consultant to referring note uested both consultation	ent time, e patient care more than 50% ating care is the 40 minute g MD/DO
				pinion regarding the procedures ordered	e patient's condition d/performed	
					on on E/M services.	
NOTES			EXAMPLE ACTIVIT	TIES		
Only one consultation is reported by the consultant per admission. For 99252, the presenting problem(s) are usually of low severity. The consultant typically spends 40 minutes at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the appropriate E/M procedure code is used in lieu of 99252.		previously abs	tinent alcoholic, of gastritis; patier	a 53-year-old male pa who relapsed and was nt readily accepts the	admitted for	
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	
⊠ Adol (12-17) ([18-20]	Adult (21-64) Geriatric (65+)	区 Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 40 Minute Maximum: See Appe typical times and billi based code	endix I for
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVI			
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS))	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	TN □ וו □ Hr	M (Respite) □ TT (F	/oc) Clubhouse) Recovery) Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RN	PN/LVN (TE) N (TD) PN (SA) PN (SA) MAP RXN (SA) PA (PA) MD/DO	•
PLACE OF SERVICE (POS)						
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outp Hospital(22)	☐ Cust Care (33) ☐ Grp Home (14)	☐ Hospice (34) ☐ ICF-MR (54) ☑ NF (32) ☐ PRTF (56)	☐ Shelter (04) ☑ SNF (31) ☐ FQHC (50)	☑ Inpt Hosp ☑ Inpt PF (51 □ ER (23) ☑ PF-PHP (52	☐ Prison/CF (☐ School (03)

PROCEDURE CODE DESCRIPTION USAGE	EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
patient; the presenting problem(s) are of moderate severity A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/or other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required: • Detailed history • Detailed history • Detailed cession-making of low complexity When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (facetor-face time on the floor/unit or hospital), time is considered the key/Controlling factor to quality for the level of service. When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (facetor-facetime on the floor/unit or hospital), time is considered the key/Controlling factor to quality for the level of service. **Copy of written report sent by consultant to referring MD/DO • Formal report/copy of consultant to referring MD/DO • Formal report/copy of consultant to referring MD/DO • Formal report/copy of consultant to referring MD/DO • Formal and the report sent by consultant to referring MD/DO • Formal report/copy of consultant so not see Appendix I for more information on E/M services. **EXAMPLE ACTIVITIES** **EXAMPLE ACTIVITIES** **DURATION** **Minimum: See Appendix I for typical times and billing as time-based code **Allowed MOD(S) OF DELIVERY** **PROGRAM SERVICE CATEGORY(IES)**	CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODI	E DESCRIPTION		USAGE
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Minimum: 55 Minutes ☑ Child (0-11) ☑ Young ☑ Adult (21-64) ☑ Encounter ☐ 15 Minutes ☑ Adol (12-17) Adult (18-20) ☑ Geriatric (65+) ☐ Day ☐ 1 Hour typical times and billing as time-based code ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES)							
☑ Child (0-11) ☒ Young ☒ Adult (21-64) ☒ Encounter ☐ 15 Minutes Maximum: See Appendix I for typical times and billing as time-based code ☒ Adol (12-17) Adult (18-20) ☒ Geriatric (65+) ☐ Day ☐ 1 Hour typical times and billing as time-based code ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES)	APPLICABLE POPULATION	(S)		UNIT			
☑ Adol (12-17) Adult (18-20) ☑ Geriatric (65+) ☐ Day ☐ 1 Hour typical times and billing as time-based code ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ PROGRAM SERVICE CATEGORY(IES) ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ Day ☐ Day ☐ 1 Hour typical times and billing as time-based code ☐ Day ☐ Da							
ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES)		-				• • • • • • • • • • • • • • • • • • • •	
ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES)	△ Adol (12-17)	Adult (18-20) ≥ Ge	eriatric (65+)	⊔ Day 1	⊔ 1 Hour		ing as time-
()	ALLOWED MODE(C) CE DI	TI IVEDV		DDOCDANA CEDI (14	CE CATECODY'S		
	ALLOWED MODE(S) OF DE	LIVERY				•	() ()
IXI Face-to-Face IXI Individual I ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	▼ Face-to-Face	☑ Individual		⊠ HE (SP)		•	
☑ Tace to Face ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ Video Conf (GT) ☐ Group (HQ) ☐ TW (Position in the Confidence of the Confide	☑ Video Conf (GT)	☐ Group (HQ)		· ·		•	
□ Telephone	☐ Telephone						
	STACE DECLIDENTALITY			△ nr (2 moaifie	1-300)		(FIEV/EI)
	STAFF REQUIREMENTS ☐ Peer Specialist					ON/I \/NI /TE\	
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ CAC L □ RN (TD)	☐ Bachelor's Level (HN)	, ,		, ,		N (TD) CARXN (SA)
☑ Intern ☐ LPC ☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ CACH ☐ ARN (SA) ☐ PA (PA)	☑ Intern					PN (SA) LI PA (PA)	(
TIMES TO THE TOTAL OF THE PROPERTY OF THE PROP		⊔ LMFT	⊔ Licensed Ed[บ/หมบ/หรั้งที่ (AH)		, , IXI MD/DO	(AF)
TIMET Ticensed EdD/DhD/DsvD (AH) = "" (") V MD/DO (AE)	PLACE OF SERVICE (POS)						
☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐ CACIII ☐ QMAP ☑ MD/DO (AF)	☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	D Chaltar (04)	⊠ Inpt Ho	osp (21)	/CF (00)
PLACE OF SERVICE (POS) The control of the control	☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Sheiter (04)	•	(51) Prison/	
PLACE OF SERVICE (POS) CMHC (53) Office (11) Office (11) CMFT Licensed EdD/PhD/PsyD (AH) CACIII OMAP MD/DO (AF)	☐ Mobile Unit (15)		⊠ NF (32)		•	□ School	
LMFT	- \/				()	□ O±F t	OC (OO)

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE			USAGE
			Inpatient consultat			1
	99253		patient; the presen	nting problem(s)	are of moderate	☑ OBH
			severity			
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REC	QUIREMENTS	
A consultation is a service	rendered by an MD/DO	whose	Technical Docume	ntation Require	ements	
opinion/ advice regarding	· ·		See Page 346	-		
specific problem is reques			Service Content			
appropriate source. An M			Documentation of	written, verbal/	shared medical record	Is request in
diagnostic and/or therape	•		patient record:	•		•
visit. Three key componer		•	Request for con	sultation from a	attending MD/DO	
, ,			2. Reason for cons		- ·	
 Detailed history 					d/ordered by consulta	ant
Detailed examination					er (face-to-face/floor	
 Medical decision-ma 	aking of low complexity		whichever is ap			
					rformed to coordinate	patient care
When counseling and/or	coordination of care dom	inates (more			er, documentation that n	
than 50%) the physician-p					sed counseling and coord	
to-face time on the floor/			required			
key/controlling factor to d					d (e.g., "40 minutes of th	e 55 minute
	. ,		encounter was used			~ MD/DC
			6. Copy of writtenFormal report/cop		consultant to referring	א ואוט/טט
			Referring MD/DO		Tiole	
					equested both consultation	on and
			consultant's opini			
			Advice and/or op			
			 Results of tests/p 			
			See <u>Appendix I</u> for		on on E/M services.	
NOTES						
			EXAMPLE ACTIVITI	IES		
Only one consultation is rep			EXAMPLE ACTIVITI	IES		
For 99253, the presenting p	problem(s) are usually of m	noderate	EXAMPLE ACTIVITI	IES		
For 99253, the presenting presenting presentity. The consultant type	problem(s) are usually of molecular or molecular or molecular spends 55 mins at the contract of the contract o	noderate ne patient's	EXAMPLE ACTIVITI	IES		
For 99253, the presenting p severity. The consultant typ bedside. If subsequent to the	oroblem(s) are usually of moically spends 55 mins at the completion of a consult	noderate ne patient's ation, the	EXAMPLE ACTIVITI	lES		
For 99253, the presenting presentity. The consultant type bedside. If subsequent to the consultant assumes response	oroblem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of	noderate ne patient's ation, the a portion/all	EXAMPLE ACTIVITI	ies		
For 99253, the presenting p severity. The consultant typ bedside. If subsequent to the consultant assumes respon of the patient's condition(s	oroblem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of	noderate ne patient's ation, the a portion/all	EXAMPLE ACTIVITI	ies		
For 99253, the presenting p severity. The consultant typ bedside. If subsequent to the consultant assumes respon of the patient's condition(s used in lieu of 99253.	oroblem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M pro	noderate ne patient's ation, the a portion/all	EXAMPLE ACTIVITI	IES	DURATION	
For 99253, the presenting p severity. The consultant typ bedside. If subsequent to the consultant assumes respon of the patient's condition(s	oroblem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M pro	noderate ne patient's ation, the a portion/all		lES	DURATION Minimum: 55 Minute	25
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION	problem(s) are usually of moleculy spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M provices	noderate ne patient's ation, the a portion/all cedure code is	UNIT		Minimum: 55 Minute	
For 99253, the presenting preventing. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11)	oroblem(s) are usually of moleculy spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M proving Young	noderate ne patient's ation, the f a portion/all cedure code is	UNIT ☑ Encounter □	□ 15 Minutes	Minimum: 55 Minute Maximum: See Appe	ndix I for
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION	oroblem(s) are usually of moleculy spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M proving Young	noderate ne patient's ation, the a portion/all cedure code is	UNIT ☑ Encounter □		Minimum: 55 Minute Maximum: See Appe typical times and bill	ndix I for
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17)	oroblem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M proving Young Adult (18-20)	noderate ne patient's ation, the f a portion/all cedure code is	UNIT ☑ Encounter □ □ Day □	⊐ 15 Minutes ⊐ 1 Hour	Minimum: 55 Minute Maximum: See Appe typical times and bill based code	ndix I for
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes respond the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D	oroblem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M proving Young Adult (18-20)	noderate ne patient's ation, the f a portion/all cedure code is	UNIT ☑ Encounter ☐ Day PROGRAM SERVICE	□ 15 Minutes □ 1 Hour E CATEGORY(IE	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S)	ndix I for ing as time-
For 99253, the presenting preventing. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D	oroblem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M proving Young Adult (18-20) Generally General	noderate ne patient's ation, the f a portion/all cedure code is	UNIT ☑ Encounter ☐ Day PROGRAM SERVICE ☑ HE (SP)	□ 15 Minutes □ 1 Hour E CATEGORY(IE	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S)	indix I for ing as time- (Voc)
For 99253, the presenting preventing. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D Face-to-Face Video Conf (GT)	oroblem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M provings Young Adult (18-20) ELIVERY Individual Group (HQ)	noderate ne patient's ation, the f a portion/all ncedure code is dult (21-64) eriatric (65+)	UNIT ☑ Encounter ☐ Day PROGRAM SERVICE ☑ HE (SP) ☐ TG (Other SP)	□ 15 Minutes □ 1 Hour E CATEGORY(IE □ U4 □ TM	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	ndix I for ing as time- (Voc) L (Clubhouse)
For 99253, the presenting preventing. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D	oroblem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M proving Young Adult (18-20) Generally General	noderate ne patient's ation, the f a portion/all ncedure code is dult (21-64) eriatric (65+)	UNIT ☑ Encounter ☐ Day ☐ PROGRAM SERVICE ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential)	□ 15 Minutes □ 1 Hour E CATEGORY(IE □ U4 □ TM □ HN	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	(Voc) (Clubhouse) (Recovery)
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes respond the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D Face-to-Face Video Conf (GT) Telephone	oroblem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M provings Young Adult (18-20) ELIVERY Individual Group (HQ)	noderate ne patient's ation, the f a portion/all ncedure code is dult (21-64) eriatric (65+)	UNIT ☑ Encounter ☐ Day PROGRAM SERVICE ☑ HE (SP) ☐ TG (Other SP)	□ 15 Minutes □ 1 Hour E CATEGORY(IE □ U4 □ TM □ HN	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	ndix I for ing as time- (Voc) L (Clubhouse)
For 99253, the presenting preventing. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D Face-to-Face Video Conf (GT)	incorporation of the completion of a consult spends 55 mins at the completion of a consult sibility for management of a consult sibility for a consult sibility	noderate ne patient's ation, the f a portion/all ncedure code is dult (21-64) eriatric (65+)	UNIT ☑ Encounter ☐ Day PROGRAM SERVICE ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier	□ 15 Minutes □ 1 Hour E CATEGORY(IE □ U4 □ TM □ HW -SUD)	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes respond the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS	problem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M provings Vision Signature Signatur	noderate ne patient's ation, the f a portion/all cedure code is dult (21-64) eriatric (65+)	UNIT ☑ Encounter ☐ ☐ Day ☐ PROGRAM SERVICE ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier) Master's Level (HO)	☐ 15 Minutes ☐ 1 Hour E CATEGORY(IE ☐ U4 ☐ TM ☐ HW -SUD)	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist	problem(s) are usually of molecular spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M provings Vision Signature Signatu	noderate ne patient's ation, the f a portion/all ccedure code is dult (21-64) eriatric (65+)	UNIT ☑ Encounter ☐ ☐ Day ☐ PROGRAM SERVICE ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier) Master's Level (HO) EdD/ PhD/PsyD (HP)	15 Minutes 1 Hour E CATEGORY(IE	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) ALLOWED MODE(S) OF D Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN)	problem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M provings Vision Signature Signatur	noderate ne patient's ation, the f a portion/all ccedure code is dult (21-64) eriatric (65+)	UNIT Encounter Day PROGRAM SERVICE HE (SP) TG (Other SP) HK (Residential) HF (2 nd modifier- Master's Level (HO) EdD/ PhD/PsyD (HP)	15 Minutes 1 Hour E CATEGORY(IE	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes respons of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) ALLOWED MODE(S) OF D Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN)	problem(s) are usually of molecular spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M provings Vision Signature Signatu	noderate ne patient's ation, the f a portion/all ccedure code is dult (21-64) eriatric (65+) Unlicensed	UNIT Encounter Day PROGRAM SERVICE HE (SP) TG (Other SP) HK (Residential) HF (2 nd modifier- Master's Level (HO) EdD/ PhD/PsyD (HP)	15 Minutes	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes responsion of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern	problem(s) are usually of molecular spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M provings Vision Signature Signatu	noderate ne patient's ation, the f a portion/all ccedure code is dult (21-64) eriatric (65+) Unlicensed	UNIT Encounter Day PROGRAM SERVICE HE (SP) TG (Other SP) HK (Residential) HF (2 nd modifier Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	15 Minutes	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	(Voc) (Clubhouse) (Prev/EI)
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes responsively of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS) CMHC (53) Office (11)	problem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M provings Vi(S) Value Young And Adult (18-20) Get ELIVERY Individual Group (HQ) Family (HR/HS) LCSW (AJ) LCSW (AJ) LPC LMFT	noderate ne patient's ation, the f a portion/all cedure code is dult (21-64) eriatric (65+) Unlicensed Unlicensed Edi	UNIT Encounter Day PROGRAM SERVICE HE (SP) TG (Other SP) HK (Residential) HF (2 nd modifier Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) Shelter (04)	□ 15 Minutes □ 1 Hour E CATEGORY(IE □ U4 □ TM □ HM -SUD) □ LAC □ LE □ CAC I □ RI □ CAC I □ A □ CAC II □ A □ CAC II □ Q □ Inpt Ho □ Inpt PF	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
For 99253, the presenting preverity. The consultant type bedside. If subsequent to the consultant assumes responsively of the patient's condition(sused in lieu of 99253. APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF D Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS) CMHC (53)	problem(s) are usually of moically spends 55 mins at the completion of a consult sibility for management of), the appropriate E/M provings V(S) Value Young And Adult (18-20) Adult (18-20) Family (HR/HS) Column Colu	noderate ne patient's ation, the f a portion/all ccedure code is dult (21-64) eriatric (65+) Unlicensed I Unlicensed Edi Hospice (34	UNIT ☑ Encounter ☐ Day ☐ PROGRAM SERVICE ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier- Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	15 Minutes 1 Hour 1 Hour 1 Hour 1 Hour	Minimum: 55 Minute Maximum: See Appe typical times and bill based code S) (ICM)	(Voc) (Clubhouse) (Recovery) (Prev/EI) (AF) (CF (09) (03)

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT				ENT		
CPT®/HCPCS PROCEDURE C	CODE		PROCEDURE COL	DE DESCRIPTIO	ON	USAGE
			Inpatient consult	ation for a nev	w or established	
	99254		patient; the pres	enting probler	n(s) are of moderate to	☑ Medicaid
			high severity.			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION	REQUIREMENTS	
A consultation is a service re	endered by an MD/DO wh	nose opinion/	Technical Docum	entation Req	uirements	
advice regarding evaluation	n and/or management	of a specific	See Page 346			
problem is requested by	another MD/DO/other	appropriate	Service Content			
source. An MD/DO consul	ltant may initiate diagn	nostic and/or	Documentation of	of written, verl	bal/shared medical record	ds request in
therapeutic services at the	e same/subsequent visi	t. Three key	patient record:			
components are required:			 Request for cor 		attending MD/DO	
			2. Reason for con			
 Comprehensive history 	y				ed/ordered by consultant	
 comprehensive examination 	nation		appropriate)	time or encount	ter (face-to-face/floor time, v	wnichever is
 Medical decision-making 	ing of moderate comple	xity		/or activities pe	rformed to coordinate patie	nt care
					counter, documentation that	
When counseling and/or co	pordination of care dom	inates (more			was used counseling and coo	
than 50%) the physician-pa			required			
to-face time on the floor/u					nented (e.g., "50 minutes of	the 80 minute
key/controlling factor to qu	alify for the level of servi	ice.		-	g/coordinating care")	- MD/DO
					by consultant to referring	אלאוא אַ
			Formal report/oReferring MD/D		int s note	
					requested both consultation	n and
			consultant's op	•	1	
					g patient's condition	
			 Results of tests 			
					nation on E/M services.	
NOTES			EXAMPLE ACTIVI			
Only one consultation is report					for a 27-year-old female	
99254, the presenting problem severity. The consultant typical		_			eview of systems and a his	story of
bedside. If subsequent to the co		-	multiple surg	eries.		
consultant assumes responsibil	· · · · · ·					
the patient's condition(s), the a	appropriate E/M procedure	code is used				
in lieu of 99254.						
APPLICABLE POPULATION(S	S)		UNIT		DURATION	
_			_		Minimum: 80 Minute	
☑ Child (0-11)	-	ult (21-64)		☐ 15 Minute	''	
☑ Adol (12-17)	Adult (18-20) 🗵 Ger	riatric (65+)	□ Day	☐ 1 Hour	typical times and bill	ing as time-
					based code	
ALLOWED MODE(S) OF DEL	IVERY		PROGRAM SERV		•	(a.e.)
▼ Face-to-Face	☑ Individual		⊠ HE (SP)		□ U4 (ICM) □ HJ	
✓ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)			(Clubhouse)
☐ Telephone	☑ Family (HR/HS)		☐ HK (Residentia	•	• • •	(Recovery)
	• • • • • •		☑ HF (2 nd modifi	er-SUD)	⊔ HI	(Prev/EI)
STAFF REQUIREMENTS					7 L DAL / L / T.C.	
☐ Peer Specialist ☐ Bachelor's Level (HN)	☐ LCSW (AJ)	☐ Unlicensed I	Master's Level (HO)		□ LPN/LVN (TE) □ RxN (SA	.)
☑ Intern	☐ LPC		EdD/ PhD/PsyD (HP)		¬ APN (SA)	
	☐ LMFT	☐ Licensed Ed[D/PhD/PsyD (AH)		□ QMAP ⊠ MD/DC	(AF)
PLACE OF SERVICE (POS)						
□ CMHC (53)	☐ ACF (13)	☐ Hospice (34	4)		Inpt Hosp (21)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54	ı, ⊔ Sn	eiter (U4)	Innt PF (51)	son/CF (09)
☐ Mobile Unit (15)	☐ Grp Home (14)	☑ NF (32)	× 21/	IF (31)	1 FR (23) ☐ SCI	nool (03)
□ Outp Hospital(22)	☐ Home (12)	□ PRTF (56)	□ F()H((5())	☐ PF-PHP (52) ☐ Oti	ner POS (99)
pp(==/	1==1	(55)		_	\ - =/	

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
CPT®/HCPCS PROCEDURE C	ODE		PROCEDURE COI	DE DESCRIPTION	ON	USAGE
			Inpatient consult	tation for a ne	w or established	
	99254		patient; the pres	enting proble	m(s) are of moderate to	☑ OBH
			high severity.			
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION	REQUIREMENTS	
A consultation is a service re	endered by an MD/DO wh	ose opinion/	Technical Docum	nentation Req	uirements	
advice regarding evaluation	n and/or management	of a specific	See Page 346			
problem is requested by	another MD/DO/other	appropriate	Service Content			
source. An MD/DO consul	tant may initiate diagn	ostic and/or	Documentation of	of written, ver	bal/shared medical record	ds request in
therapeutic services at the	e same/subsequent visi	t. Three key	patient record:			
components are required:			Request for cor		attending MD/DO	
			2. Reason for con		- d / d d lo lb t	
 Comprehensive history 					ed/ordered by consultant ter (face-to-face/floor time, v	which over ic
 comprehensive examination 			appropriate)	time or encoun	ter (race-to-race/noor time, t	WillChevel 15
 Medical decision-making 	ing of moderate complex	kity		l/or activities pe	erformed to coordinate patie	nt care
					counter, documentation that	
When counseling and/or co	pordination of care dom	inates (more			was used counseling and coo	
than 50%) the physician-pa			required			
to-face time on the floor/u					mented (e.g., "50 minutes of	the 80 minute
key/controlling factor to qu	alify for the level of servi	ce.			g/coordinating care")	- MD/DO
			Formal report/		: by consultant to referring	טט/טט
			Referring MD/I		ant shote	
					requested both consultation	n and
		consultant's op	inion	•		
					ng patient's condition	
					dered/performed	
					nation on E/M services.	
NOTES			EXAMPLE ACTIV			
Only one consultation is report 99254, the presenting problem					for a 27-year-old female	
severity. The consultant typical		-			eview of systems and a his	story of
bedside. If subsequent to the co		•	multiple surg	eries.		
consultant assumes responsibil	· · · · · · · · · · · · · · · · · · ·					
the patient's condition(s), the a	ppropriate E/M procedure	code is used				
in lieu of 99254.						
APPLICABLE POPULATION(5)		UNIT		DURATION	
					Minimum: 80 Minute	
☑ Child (0-11)	-	ılt (21-64)	区 Encounter	☐ 15 Minute		
☑ Adol (12-17)	Adult (18-20) 🗵 Ger	iatric (65+)	□ Day	☐ 1 Hour	typical times and bill	ing as time-
					based code	
ALLOWED MODE(S) OF DEL	IVERY		PROGRAM SERV	ICE CATEGOR		() ()
▼ Face-to-Face	☑ Individual		⊠ HE (SP)		U4 (ICM) HJ	
✓ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)	- 1\	· ·	(Clubhouse)
☐ Telephone	☑ Family (HR/HS)		☐ HK (Residentia ☑ HF (2 nd modifi	•	· · · ·	(Recovery) (Prev/EI)
STAFF REQUIREMENTS			™ HF (2 ^m IIIOuIII	ei-30D)		(PTEV/EI)
☐ Peer Specialist				□LAC	□ LPN/LVN (TE) □ □ · · · (o.	
☐ Bachelor's Level (HN)	☐ LCSW (AJ)		Master's Level (HO)		□ RN (TD) · · · □ RXN (SA	•
Intern	□ LPC		EdD/ PhD/PsyD (HP)		□ APN (SA) ☐ PA (PA)	
	☐ LMFT	□ Licensea Eal	D/PhD/PsyD (AH)	□CACIII	□ QMAP ⊠ MD/DC	(AF)
PLACE OF SERVICE (POS)						
□ CMHC (53)	☐ ACF (13)	☐ Hospice (3	4)	- It (O.4)	☑ Inpt Hosp (21)	/OF (OO)
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54	ı\	ieiter (04)	Innt PF (51) ☐ Pri	son/CF (09)
☐ Mobile Unit (15)	☐ Grp Home (14)	☑ NF (32)	⊠ 21v	и г (31) — L	□ FR (23) □ SCI	nool (03)
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)	□ F0	DH((50)	☑ PF-PHP (52) ☐ Oti	ner POS (99)

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTIO	N	USAGE
			Inpatient consult	ation for a nev	or established	
	99255		patient; the prese	enting problem	n(s) are of	✓ Medicaid
			moderate to high	severity.		
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION I	REQUIREMENTS	
A consultation is a service rendered by an MD/DO whose			Technical Docum	entation Requ	irements	
opinion/ advice regardin	g evaluation and/or mar	agement of a	See Page 346			
specific problem is re	quested by another I	MD/DO/other	Service Content			
appropriate source. A	n MD/DO consultant	may initiate	Documentation of	written, verbal	/shared medical recor	ds request in
diagnostic and/or therap	eutic services at the same	e/subsequent	patient record:			
visit. Three key compone	ents are required:		1. Request for con		ttending MD/DO	
 Comprehensive hist 	tory		2. Reason for cons		d/ordered by consultant	
 Comprehensive example 	ımination				er (face-to-face/floor tin	
	aking of high complexit		appropriate)	time or encount	er (ruce to ruce/moor tim	ne, willenever is
When counseling and/or				or activities per	formed to coordinate p	atient care
than 50%) the physician-			■ Where time is s	ignificant to enc	ounter, documentation	that more than
to-face time on the floor				spent with pati	ent was used counseling	g and coordinating
key/controlling factor to	qualify for the level of se	ervice.	care is required			f.il. 440
					ented (e.g., "75 minutes inseling/coordinating ca	
					consultant to referring N	
			Formal report/or			
			 Referring MD/D 	O's name		
				_	requested both consulta	ation and
Not a Covered Benefit Under Medicare			consultant's opi			
		 Advice and/or of Results of tests/ 		g patient's condition		
				ation on E/M services	•	
NOTES			EXAMPLE ACTIVI		ation on Lynn services	,
Only one consultation is reported by the consultant per admission.			-	for a 27-year-old fem	ale natient with	
For 99255, the presenting p					review of systems and	
severity. The consultant typ		•	multiple surge			
bedside and on the patient'		•	, ,			
the completion of consultat						
for management of a portion appropriate E/M procedure						
APPLICABLE POPULATIO			UNIT		DURATION	
					Minimum: 110 m	inutes
☑ Child (0-11)	🗵 Young 🗵 Ad	ult (21-64)		☐ 15 Minutes	Maximum: N/A	
□ Adol (12-17)	Adult (18-20) 🗵 Ge	riatric (65+)	☐ Day	☐ 1 Hour	See Appendix I fo	or typical times
					and billing as tim	e-based code
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVI			
☑ Face-to-Face	☑ Individual			[HJ (Voc)
☑ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)
☐ Telephone	☑ Group (HQ) ☑ Family (HR/HS)		☐ HK (Residentia	•	· · ·	TT (Recovery)
<u> </u>			☑ HF (2 nd modifie	er-SUD)		HT (Prev/EI)
STAFF REQUIREMENTS					7	
☐ Peer Specialist ☐ Bachelor's Level (HN)	☐ LCSW (AJ)	☐ Unlicensed N	Master's Level (HO)		I LPN/LVN (TE) I RN (TD) □ RxN	I (SA)
□ Bachelor's Level (TIN) □ Intern □ Time Time Time Time Time Time Time Time	☐ LPC		EdD/ PhD/PsyD (HP)		TAPN (SA) ☐ PA (· ·
_ mem	☐ LMFT	☐ Licensed EdD	D/PhD/PsyD (AH)		QMAP 🗵 MD	/DO (AF)
PLACE OF SERVICE (POS)						
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34	4)	oltor (04)	Inpt Hosp (21)	Drison/CE (00)
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54		elter (04) 🗵	INDI PE (5 L)	Prison/CF (09)
☐ Mobile Unit (15)	☐ Grp Home (14)	☑ NF (32)		F (31) QHC (50)		School (03) Other POS (99)
□Outpt Hospital(22)	☐ Home (12)	☐ PRTF (56)	□ FC	χι IC (3U) <u>×</u>	PF-PHP (52)	Other PO3 (99)

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COL	DE DESCRIPTIO	N	USAGE
			Inpatient consult	ation for a nev	w or established]
99255			patient; the prese	enting problen	n(s) are of	☑ OBH
			moderate to high	severity.		ĺ
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION	REQUIREMENTS	
A consultation is a serv	vice rendered by an M	D/DO whose	Technical Docum	entation Requ	uirements	
opinion/ advice regardin	ng evaluation and/or man	agement of a	See Page 346			
	equested by another M		Service Content			
	n MD/DO consultant			written, verba	I/shared medical recor	ds request in
diagnostic and/or therap	eutic services at the same	e/subsequent	patient record:			
visit. Three key compone			1. Request for con		attending MD/DO	
 Comprehensive hist 	-		 Reason for cons Services and su 		d/ordered by consultant	+
 Comprehensive exa 					er (face-to-face/floor tin	
	naking of high complexity		appropriate)		(,
When counseling and/or		·	5. Counseling and	or activities pe	rformed to coordinate p	atient care
	patient and/or family end				counter, documentation	
	/unit/hospital), time is co				ient was used counseling	3 and coordinating
key/controlling factor to	qualify for the level of se	ervice.	care is required			f+b - 110
					nented (e.g., "75 minutes unseling/coordinating ca	
					consultant to referring N	
			 Formal report/or 			-7
			Referring MD/D	O's name		
				•	requested both consulta	ation and
Not a Covered Benefit Under Medicare			consultant's op			
				g patient's condition ered/performed		
					nation on E/M services	c
NOTES			EXAMPLE ACTIVI		idition on Lynn services	,.
Only one consultation is reported by the consultant per admission.				for a 27-year-old fem	ale natient with	
	problem(s) are usually of mo				review of systems and	
severity. The consultant typ	pically spends 110 mins at th	e patient's	multiple surge		. erren er eyeteme um	2 d
	's hospital floor or unit. If su	•				
· · · · · · · · · · · · · · · · · · ·	tion, the consultant assumes					
	on/all of the patient's condit code is used in lieu of 9925					
APPLICABLE POPULATIO		5.	UNIT		DURATION	
	(-1		-		Minimum: 110 m	 inutes
☑ Child (0-11)	☑ Young ☑ Ad	ult (21-64)	☑ Encounter	☐ 15 Minute:	s Maximum: N/A	
☑ Adol (12-17)		riatric (65+)	□ Day	☐ 1 Hour	See Appendix I fo	or typical times
			•		and billing as tim	e-based code
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERV	ICE CATEGORY	((IES)	
☑ Face-to-Face	☑ Individual				□ U4 (ICM) □	l HJ (Voc)
☑ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)		\square TM (ACT) \square	l HQ (Clubhouse)
☐ Telephone	☑ Group (HQ) ☑ Family (HR/HS)		☐ HK (Residentia	ıl)	\square HM (Respite) \square	l TT (Recovery)
— тетернопе	E Fairling (FIR/113)		✓ HF (2 nd modified)	er-SUD)		l HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed N	Master's Level (HO)		□ LPN/LVN (TE) □ RxN	I (SA)
☐ Bachelor's Level (HN) ☑ Intern	□ LPC `´		EdD/ PhD/PsyD (HP)			
△ Intern	☐ LMFT	☐ Licensed EdD	D/PhD/PsyD (AH)		□ APN (SA) □ FA (□ QMAP ⊠ MD	/DO (AF)
PLACE OF SERVICE (POS)						
☐ CMHC (53)	ACF (13)	☐ Hospice (34	4)	. , , <u>x</u>	Inpt Hosp (21)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54	√ ⊔ Sh	eiter (04) 🕟	Innt PF (51)	Prison/CF (09)
☐ Mobile Unit (15)	☐ Grp Home (14)	≥ NF (32)	× SN	⁽³¹⁾ ⊢	1 ED (22)	l School (03)
□Outpt Hospital(22)	☐ Home (12)	□ PRTF (56)	⊔ FC)H((5())	□ PF-PHP (52)	l Other POS (99)

	EVALUATION AND MANAGEMENT – EMERGENCY DEPARTMENT								
CPT®/HCPCS PROCEDUR	E CODE		PROCEDU	RE CODE	DESCRIP	TION		USAGE	
making 99282 requires expanded expanded probled complexity medic 99283 requires expanded expanded probled complexity medic 99284 requires detailed moderate comple 99285 requires compreh	ght forward medical de d problem focused histo m focused examination cal decision making d problem focused histo m focused examination cal decision making history, detailed exami	ory, low ory, moderate nation laking nensive	Emergency	y Depart	ment Serv	rices.		☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM	1 DOCUM	MENTATIO	N REQUIF	REMENTS		
These codes are used for emergency department of an individual with preseverity. No distinction is made be patients in the emergence	for the evaluation and n senting problem(s) of va etween new and establi	nanagement arying	See Page 3 See Appen	346		•	n ts n E/M serv	ices.	
NOTES	<i>′</i> '		EXAMPLE	ACTIVIT	IES				
APPLICABLE POPULATIO	N(S)		UNIT				DURATIO		
⊠ Adol (12-17) (18-	20) ⊠ Ge	ult (21-64) riatric (65+)	⊠ Encoun □ Day	ter		5 min Hour		ndix I for typical billing as time- le	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM						
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Oth ☐ HK (Res ☑ HF (2 nd	ner SP) sidential))	□ U4 (ICM □ TM (AC □ HM (Re	T) [spite) [] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)	
STAFF REQUIREMENTS									
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed I☐ Unlicensed I☐ Licensed EdI☐	EdD/ PhD/Psy	D (HP)	□LAC □CAC II □CAC III	□ LPN/L' □ RN (TE ☑ APN (S □ QMAP	D) 🗵 SA) 🗵	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (POS)									
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (☐ ICF-MR (5☐ NF (32)☐ PRTF (56)	54)	☐ Shelt ☐ SNF (☐FQHC	(31)	□Inpt H □ Inpt P ☑ ER (23 □ PF-PH	F (51) S)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)	

	EVALUATION AND MANAGEMENT – EMERGENCY DEPARTMENT								
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE	CODE DESCRI	PTION		USAGE		
making 99282 requires expanded expanded probler complexity medic 99283 requires expanded expanded probler complexity medic 99284 requires detailed moderate comple 99285 requires compreh examination high	ght forward medical dent d problem focused histon in focused examination al decision making d problem focused histon in focused examination al decision making history, detailed examination mistory, detailed examination	ory, low ory, moderate nation aking nensive	Emergency D	Pepartment Se	ervices.		⊘ ОВН		
making. SERVICE DESCRIPTION			MINIMUM D	OCUMENTAT	ION REQUIE	REMENTS			
These codes are used for emergency department f of an individual with presseverity. No distinction is made be patients in the emergence	or the evaluation and neenting problem(s) of value of value of value of the extra o	nanagement arying	See Page 346	cumentation 5 <u>x I</u> for more in	·		es.		
NOTES			EXAMPLE AC	TIVITIES					
	4.2								
APPLICABLE POPULATIO ☑ Child (0-11) ☑ Yo ☑ Adol (12-17) (18-2)	oung Adult 🗵 Adı	ult (21-64) riatric (65+)	UNIT ☑ Encounter ☐ Day		15 min 1 Hour		ix I for typical illing as time-		
ALLOWED MODE(S) OF D	DELIVERY			ERVICE CATE					
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other ☐ HK (Reside ☑ HF (2 nd mo	ential)	□ U4 (ICN □ TM (AC □ HM (Re	T)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMENTS									
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed B	Master's Level (H EdD/ PhD/PsyD (D/PhD/PsyD (AH	HP) DCACI	🗷 APN (D) × PA	kn (SA) A (PA) D/DO (AF)		
PLACE OF SERVICE (POS)									
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (☐ ICF-MR (5☐ NF (32)☐ PRTF (56)	(4) G	Shelter (04) SNF (31) FQHC (50)	□Inpt H □ Inpt P 図 ER (23 □ PF-PH	osp (21) F (51) [B) [□ Prison/CF 09) □ School (03) □ Other POS 99)		

	EVALUATION AND MANAGEMENT - NURSING FACILITY - INITIAL SERVICES							
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE COI	DE DESCRIP	TION		USAGE	
99304 requires detailed or comprehensiv low complexity ratime is 25 minute 99305 requires comprehexamination moderation making, Typical to examination high making Typical times.	Initial Nursing Fa	cility Care S	Services		☑ Medicaid			
SERVICE DESCRIPTION	ine is 45 minutes		MINIMUM DOCI	JMENTATIO	ON REQUI	REMENTS		
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity.			Technical Docur See Page 346 See <u>Appendix I</u> fo	mentation I	Requirem	ents	s.	
NOTES			EXAMPLE ACTIV	ITIES				
APPLICABLE POPULATION	ON(S)		UNIT			DURATION		
☑ Child (0-11) ☑ Yo ☑ Adol (12-17) (18-2	-	ult (21-64) riatric (65+)	☑ Encounter ☐ Day	□ 15 □ 1 H	Minutes lour	See Appenditimes and bill code	x I for typical ling as time-based	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		⊠ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifi		□ U4 (IC □ TM (A □ HM (F	Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)	
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/L □ RN (T ☑ APN (□ QMAI	D) 🗵 PA		
PLACE OF SERVICE (POS	(i)							
☐ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice ☐ ICF-MR ☑ NF (32) ☐ PRTF (56	(54) □ SNI	elter (04) F (31) HC (50)	☐ Inpt ☐ ER (PF (51) 23)	□ Prison/CF (09) □ School (03) □ Other POS (99)	

	EVALUATION ANI	D MANAGEME	NT - NURSING FAC	ILITY - INIT	IAL SERVI	CES	
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE COD	E DESCRIP	TION		USAGE
99304 requires detailed or comprehensiv low complexity matime is 25 minutes 99305 requires comprehexamination moderation making, Typical to examination high making Typical times.	Initial Nursing Fac	cility Care S	Services		☑ ОВН		
SERVICE DESCRIPTION	ine is is immutes		MINIMUM DOCU	IMENTATIO	ON REQUI	REMENTS	
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity.			Technical Docum See Page 346 See <u>Appendix I</u> fo		·		s.
NOTES			EXAMPLE ACTIVIT	TIES			
APPLICABLE POPULATION ☐ Child (0-11) ☐ You ☐ Adol (12-17) (18-2)	oung Adult 🗵 Ad	ult (21-64) riatric (65+)	UNIT ☑ Encounter ☐ Day	□ 15 □ 1 H	Minutes	See Appendix times and bil code	x I for typical ling as time-based
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGO	ORY(IES)		
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie		□ U4 (IC □ TM (A □ HM (F	.CT) \square Respite) \square	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/L □ RN (TI ☑ APN (□ QMAI	D) 🗵 RXI SA) 🗵 PA	
PLACE OF SERVICE (POS	<u> </u>						
☐ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice ☐ ICF-MR ☑ NF (32) ☐ PRTF (56	(54) ☐ SNF		☐ Inpt ☐ ER (PF (51) 23)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)

	EVALUATION AND MANAGEMENT - NURSING FACILITY - SUBSEQUENT SERVICES								
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	E DESCRIPTION		USAGE			
focused examin decision making 99308 requires expand expanded probl complexity med minutes	m focused interval history, ation, straight forward meg, Typical time 10 minutes ded problem focused interlem focused examination, dical decision making, Typical interval history, detailed	Subsequent Nursi	ng Facility Services.		☑ Medicaid				
making, Typical 99310 requires comp	oderate complexity medic time is 25 minutes interval history, comprehe gh complexity medical dec 35 minutes								
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REQUI	REMENTS				
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity. All levels of subsequent nursing facility care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient's status (i.e., changes in history, physical condition, and response to management) since the last assessment by the physician or other qualified health are professional.			See Page 346 See <u>Appendix I</u> for	entation Requirement		rs.			
NOTES			EXAMPLE ACTIVIT	TIES					
APPLICABLE POPULAT	ION(S)		UNIT		DURATION				
☑ Child (0-11)	l Young Adult ⊠ Adı	ult (21-64) riatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	See Appendi	x I for typical Iling as time-			
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE						
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie)		T) □ Ho spite) □ TT	(Voc) Q (Clubhouse) (Recovery) (Prev/El)			
STAFF REQUIREMENTS	S								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ LPN/I □CAC I □ RN (T □CAC II ☑ APN □CACIII □ QMA	D) ⊠ RX (SA) ⊠ PA	N (SA) (PA) D/DO (AF)			
PLACE OF SERVICE (PC	•		()		(2.1)				
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice ☐ ICF-MR (☑ NF (32) ☐ PRTF (56	(54)	1) ☐ Inpt PF	(51) S	rison/CF (09) chool (03) other POS (99)			

	EVALUATION AND MANAGEMENT - NURSING FACILITY - SUBSEQUENT SERVICES								
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE			
focused examin decision makin 99308 requires expan expanded prob complexity me minutes	em focused interval history, nation, straight forward me g, Typical time 10 minutes ded problem focused inter lem focused examination, dical decision making, Typic	Subsequent Nursi	ng Facility Services.		☑ ОВН				
99309 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes 99310 requires comp interval history, comprehensive examination high complexity medical decision making,									
Typical time is:			BAIRIBALIBA DOCU	MENTATION REQUI	DERAFRITO				
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity. All levels of subsequent nursing facility care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient's status (i.e., changes in history, physical condition, and response to management) since the last assessment by the physician or other qualified health are professional.			See Page 346	entation Requireme		S.			
NOTES			EXAMPLE ACTIVIT	TIES					
	- (1)								
, ,	Young Adult ⊠ Adu	ult (21-64) riatric (65+)	UNIT ☑ Encounter ☐ Day	☐ 15 Minutes	See Appendi times and bil based code				
ALLOWED MODE(S) C	F DELIVERY			CE CATEGORY(IES)					
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential☑ HF (2nd modifie		T) □ HC spite) □ TT	(Voc) Q (Clubhouse) (Recovery) (Prev/EI)			
STAFF REQUIREMENT	S								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□ LAC □ LPN/L □ CAC I □ RN (T □ CAC II ☑ APN (□ CACIII □ QMA	D) 🗵 RXI				
PLACE OF SERVICE (PO	•		(2.2)		()				
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice ☐ ICF-MR (☑ NF (32) ☐ PRTF (56	(54) □ Sheiter □ SNF (3:	1) ☐ Inpt PF	(51) S	rison/CF (09) chool (03) ther POS (99)			

	VICES									
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE		USAGE					
99315 nursing facility di	scharge day manageme	ent; 30	Nursing Facility dis	scharge services.						
minutes or less						☑ Medicaid				
99316 nursing facility di	scharge day manageme	ent; more								
than 30 minutes										
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS							
Used to report total dur				entation Requirem	ents					
other qualified health care professional for the final nursing			See Page 346							
facility discharge of a patient, the codes include as			See Appendix I for	more information	on E/M service	es.				
appropriate final examin	•									
the nursing facility stay										
is not continuous. Instru	-	-								
to all relevant care giver		ischarge								
records, prescriptions ar	nd referral forms.									
NOTES			EXAMPLE ACTIVIT	TES						
	2016)				I					
APPLICABLE POPULATION	DN(S)		UNIT		DURATION					
☑ Child (0-11) ☒ You	oung Adult 🗵 Ad	ult (21-64)	☑ Encounter	☐ 15 Minutes		ix I for typical				
☑ Adol (12-17) (18-2	-	riatric (65+)	□ Day	☐ 1 Hour		illing as time-				
ALLOWED MODE(C) OF	DELIVERY		PROGRAM SERVICE CATEGORY(IES)							
ALLOWED MODE(S) OF	DELIVERY				<u> </u>	1.757				
▼ Face-to-Face	☑ Individual		⊠ HE (SP)	□ U4 (ICN	•	J (Voc)				
✓ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)	☐ TM (AC	•	Q (Clubhouse)				
☐ Telephone	☑ Family (HR/HS)		☐ HK (Residential)	•	•	「(Recovery)				
CTAFF DECLUDENTENTS	, , , , ,		☑ HF (2 nd modifier	r-SUD)	Ц Н	T (Prev/EI)				
STAFF REQUIREMENTS ☐ Peer Specialist					(1) (2) (75)					
☐ Bachelor's Level (HN)	☐ LCSW (AJ)		Master's Level (HO)	□LAC □ LPN/ □CAC I □ RN ('LVN (TE) 🗵 Rx	«N (SA)				
☑ Intern	☐ LPC		EdD/ PhD/PsyD (HP)	□CAC II ⊠ APN	(SA) × PA	A (PA)				
	☐ LMFT	☐ Licensed Ed[D/PhD/PsyD (AH)	□CACIII □ QMA	` ' \ <u>Y</u> \1	D/DO (AF)				
PLACE OF SERVICE (POS	i)									
□ CMHC (53)	☐ ACF (13)	☐ Hospice	(24)	□lnnt	Hosp (21)	☐ Prison/CF				
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR		ltor (0/1) '	t PF (51)	(09)				
☐ Mobile Unit (15)	☐ Grp Home (14)	⊠ NF (32)	⊠ SNF	(31) □ ER		☐ School (03)				
□ Mobile Offit (13) □Outpt Hospital(22)	☐ Home (12)	□ PRTF (56	_S) □ FQH	((50)	PHP (52)	☐ Other POS				
LOutpt Hospital(22)	□ 110111E (12)	□ FN17 (30	וי	□ ٢٢-	FIIF (34)	(99)				

	EVALUATION AND M	ANAGEMENT -	NURSING FACILITY	- DISCHARG	SE SERV	ICES				
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION					USAGE		
99315 nursing facility d minutes or less 99316 nursing facility d than 30 minutes	ischarge day managem		Nursing Facility dis	scharge servi	ces.			☑ ОВН		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS							
Used to report total durother qualified health of facility discharge of a parappropriate final examithe nursing facility stay is not continuous. Instruto all relevant care give records, prescriptions a	Technical Docum See Page 346 See <u>Appendix I</u> for	entation Req	uireme	ents						
NOTES			EXAMPLE ACTIVIT	TIES						
	- 1-1									
APPLICABLE POPULATION ☑ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	oung Adult 🗵 Ac	lult (21-64) eriatric (65+)	UNIT ☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour ☐ Dased code				endix I f			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE CATEGORY(IES)							
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie) -	U4 (ICN TM (AC HM (Re	Ť)	□ TT (Voc) (Clubhouse) (Recovery) (Prev/El)		
STAFF REQUIREMENTS										
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I [□ LPN/L □ RN (TI ☑ APN (: □ QMAF	D)	⊠ RxN (S. ⊠ PA (PA ⊠ MD/D0	a) [*]		
PLACE OF SERVICE (POS	S)									
☐ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice ☐ ICF-MR ☑ NF (32) ☐ PRTF (56	(54) U She	eiter (U4) F (31) IC (50)	☐ Inpt ☐ ER (2) (09) □ S	chool (03) Other POS		

	EVALUATION AND MANAGEMENT - NURSING FACILITY - OTHER										
CPT®/HCPCS PROCEDUR	E CODE			PROCEDUR	RE CO	DE DESCR	RIPTION		USAGE		
99318 require detailed in examination, low to mod making. Typical time is 30	erate complexity r	•	on	Annual Nur		☑ Medicaid					
SERVICE DESCRIPTION				MINIMUM DOCUMENTATION REQUIREMENTS							
This is an annual Nursing Facility Assessment.				See Page 3	46		n Requirements nformation on E,	/M servic	es.		
NOTES				EXAMPLE A	ACTIV	/ITIES					
APPLICABLE POPULATIO	N(S)			UNIT				DURAT	ON		
, ,	Young Adult 8-20)	✓ Adult (21-✓ Geriatric (☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour			typical t	pendix I for times and billing -based code			
ALLOWED MODE(S) OF D	ELIVERY			PROGRAM	SERV	/ICE CATE	GORY(IES)				
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual☐ Group (HQ☑ Family (HR	•		☐ HE (SP) ☐ TG (Othe ☐ HK (Resi ☑ HF (2 nd r	denti	al)	□ U4 (ICM) □ TM (ACT) □ HM (Respite) 🗆	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENTS											
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT		ed EdD/	er's Level (HO PhD/PsyD (H D/PsyD (AH)	,	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN □ RN (TD) ☑ APN (SA) □ QMAP	⊠ R ⊠ P	xN (SA) A (PA) ID/DO (AF)		
PLACE OF SERVICE (POS)											
☐ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital(22)	☐ ACF (13) ☐ Cust Care ☐ Grp Home ☐ Home (12	(33) I e (14) [□ Hospi □ ICF-M ☑ NF (32 □ PRTF (R (54) [⊠ SN	elter (04) F (31) HC (50)	□Inpt Hosp (□ Inpt PF (51) □ ER (23) □ PF-PHP (52		l Prison/CF (09) l School (03) l Other POS (99)		

	NAGEMI	ENT - NURS	SING F	ACILITY -	OTHER						
CPT®/HCPCS PROCEDURE	CODE			PROCEDU	RE CO	DE DESCI	RIPTION		USAGE		
99318 require detailed intexamination, low to mode making. Typical time is 30	erate complexity n	•	n	Annual Nursing Facility Assessment. ☑ OBH							
SERVICE DESCRIPTION				MINIMUM DOCUMENTATION REQUIREMENTS							
This is an annual Nursing Facility Assessment.				Technical Documentation Requirements See Page 346 See Appendix I for more information on E/M services.							
NOTES				EXAMPLE	ACTIV	ITIES					
APPLICABLE POPULATION	N(S)			UNIT				DURATI	-		
, ,	Young Adult 3-20)	⊠ Adult (21-0 ⊠ Geriatric (0	,	☑ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour				See Appendix I for typical times and billing as time-based code			
ALLOWED MODE(S) OF DELIVERY				PROGRAM	∕I SERV	ICE CATE	GORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ ☑ Family (HR	,		□ HE (SP) □ TG (Other SP) □ HK (Residential) ☑ HF (2 nd modifier-SUD)		☐ U4 (ICM)☐ TM (ACT)☐ HM (Respite		HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)			
STAFF REQUIREMENTS				,		<u> </u>					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Intern☐ ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicense ☐ Unlicense ☐ Licensed F	ed EdD/ I	PhD/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN □ RN (TD) ☑ APN (SA) □ QMAP	⊠ R ⊠ P	xN (SA) A (PA) ID/DO (AF)		
PLACE OF SERVICE (POS)											
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outp Hospital(22)	☐ ACF (13) ☐ Cust Care ☐ Grp Home ☐ Home (12	(33) [e (14) [□ Hospid □ ICF-M ☑ NF (32 □ PRTF (R (54) 2)	⊠ SNI	elter (04) F (31) HC (50)	□Inpt Hosp (: □ Inpt PF (51) □ ER (23) □ PF-PHP (52		l Prison/CF (09) l School (03) l Other POS (99)		

EVALUATION AND MANAGEMENT - DOMICILIARY, REST HOME, CUSTODIAL CARE – NEW & ESTABLISHED PATIENT							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE (CODE DES	CRIPTION		USAGE
New Patient			Domiciliary, re	est home,	custodial	care	
99324 requires problem	focused history, problem	m focused	services				☑ Medicaid
examination straig	ght forward medical dec	cision making,					
Typical time 20 mi	inutes						
99325 requires expanded	d problem focused histo	ory, expanded					
problem focused of	examination low comple	exity medical					
decision making T	ypical time 30 minutes						
99326 requires detailed	history, detailed examin	nation moderate					
complexity medica	al decision making, Typi	cal time 45					
minutes							
99327 requires comprehe	ensive history, compre	hensive					
	erate complexity medic						
making, Typical tir	ne 60 minutes						
99328 requires comprehe		hensive					
	complexity medical dec						
Typical time 75 mi							
Established patient							
99334 requires problem	focused interval history	, problem					
	ion straight forward me	•					
making, Typical tir	_						
99335 requires expanded		val history.					
	n focused examination I	·					
· · · · · ·	making Typical time 25 r	' '					
99336 requires detailed							
	xity medical decision m						
time 40 minutes	.,	- 0, /I					
99337 requires comprehe	ensive interval history.	comprehensive					
· · · · · · · · · · · · · · · · · · ·	erate to high complexit	•					
	Typical time 60 minutes	-					
SERVICE DESCRIPTION	7,1		MINIMUM DO	OCUMENT	ATION RE	OUIREMENTS	
These codes are used to rep	ort E/M services in a facilit	ty which provides	Technical Dod				
room, board and other pers		·	See Page 346				
term basis. They are also use	ed to report E/M services i	n an assisted living	See Appendix	I for more	informat	ion on F/M se	ervices.
facility. The facility services	do not include a medical co	omponent.	rece <u>reportant</u>				
NOTES			EXAMPLE ACT	TIVITIES			
	(-)						
APPLICABLE POPULATIO		1 1: (01 01)	UNIT			DURATION	
` '		dult (21-64)	⊠ Encounter		Minutes		x I for typical times
☑ Adol (12-17) 20)		eriatric (65+)	□ Day	□1H			s time-based code
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SE	RVICE CA	_	•	
☑ Face-to-Face	☑ Individual		⊠ HE (SP)		□ U4		□ HJ (Voc)
☑ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other S	-			☐ HQ (Clubhouse)
☐ Telephone	☑ Family (HR/HS)		☐ HK (Reside				☐ TT (Recovery)
·	= :, (:, :,		✓ HF (2 nd mo	difier-SUD)		☐ HT (Prev/EI)
STAFF REQUIREMENTS					—		
☐ Peer Specialist ☐ Bachelor's Level (HN)	☐ LCSW (AJ)	☐ Unlicensed Maste	r's Level (HO)	□LAC	☐ LPN/L	' ' Y D	N (SA)
☑ Bachelor's Level (HIV)	☐ LPC	☐ Unlicensed EdD/ I	PhD/PsyD (HP)	□CAC II	□ RN (T ⊠ APN (D) 🔼 DA	
intern	☐ LMFT	☐ Licensed EdD/PhD	/PsyD (AH)		□ QMAI		D/DO (AF)
PLACE OF SERVICE (POS)					Z		
☐ CMHC (53)	⊠ ACF (13)	☐ Hospice (34)			□Inpt H	losp (21)	
☐ Office (11)	☑ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (☐ Inpt P	F (51)	Prison/CF (09)
☐ Mobile Unit (15)	☑ Grp Home (14)	□ NF (32)	☐ SNF (31)		☐ ER (23	۲۱ ا	School (03)
□Outp Hospital (22)	☐ Home (12)	□ PRTF (56)	☐ FQHC (50	0)	□ PF-PH		Other POS (99)

EVALUATION AND MANAGEMENT - DOMICILIARY, REST HOME, CUSTODIAL CARE – NEW & ESTABLISHED PATIENT									
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION USAGE						
New Patient			Domiciliary, rest hom	e, custodial	care				
99324 requires problem	focused history, probler	m focused	services			☑ OBH			
examination straig	ght forward medical dec	cision making,							
Typical time 20 mi	inutes								
99325 requires expanded	d problem focused histo	ory, expanded							
problem focused of	examination low comple	exity medical							
decision making T	ypical time 30 minutes								
99326 requires detailed	history, detailed examin	nation moderate							
complexity medica	al decision making, Typi	cal time 45							
minutes									
99327 requires comprehe	ensive history, compre	hensive							
examination mode	erate complexity medic	cal decision							
making, Typical tir	ne 60 minutes								
99328 requires comprehe	ensive history, compre	hensive							
examination high	complexity medical dec	cision making,							
Typical time 75 mi	inutes								
Established patient									
99334 requires problem	focused interval history	, problem							
focused examinati	ion straight forward me	dical decision							
making, Typical tir	ne 15 minutes								
99335 requires expanded	d problem focused inter	val history,							
expanded problen	n focused examination I	ow complexity							
medical decision r	making Typical time 25 r	minutes							
99336 requires detailed	interval history, detaile	d examination							
moderate complex	xity medical decision ma	aking, Typical							
time 40 minutes									
99337 requires comprehe	ensive interval history,	comprehensive							
examination mode	erate to high complexit	y medical							
decision making, T	Typical time 60 minutes								
SERVICE DESCRIPTION			MINIMUM DOCUME	NTATION R	EQUIREMENTS				
These codes are used to rep		·	Technical Documenta	ition Requi	rements				
room, board and other pers	_		See Page 346						
term basis. They are also use	•	- 1	See Appendix I for mo	ore informa	tion on E/M se	rvices.			
facility. The facility services NOTES	do not include a medical co	omponent.	EXAMPLE ACTIVITIES						
NOTES			EXAMPLE ACTIVITIES						
APPLICABLE POPULATIO	N(S)		UNIT		DURATION				
		dult (21-64)		5 Minutes		(I for typical times			
☑ Adol (12-17) 20)	-	eriatric (65+)		Hour		time-based code			
ALLOWED MODE(S) OF D			PROGRAM SERVICE C						
			⊠ HE (SP)		•	HJ (Voc)			
☑ Face-to-Face	☑ Individual		☐ TG (Other SP)			HQ (Clubhouse)			
☑ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residential)	□HN		TT (Recovery)			
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifier-SU			HT (Prev/EI)			
STAFF REQUIREMENTS			= TH (2 Mounter 50	obj (nesp	ite,	(1100/21/			
☐ Peer Specialist	-		Jakanak (UO) DLAC	□ LPN/I	LVN (TE)				
☐ Bachelor's Level (HN)	□ LCSW (AJ) □ LPC	☐ Unlicensed Maste	er's Level (HO) DCAC I	-	.D) , , 🔀 Kxl	• •			
Intern	☐ LMFT	☐ Licensed EdD/PhD	' ' ' ' I CAC		, , IXIVIE	(PA) D/DO (AF)			
		_ Electiona Eub/1110	CACIII	□ QMA	P E IVIL	,, 50 (Al)			
PLACE OF SERVICE (POS)									
☐ CMHC (53)	☑ ACF (13)	☐ Hospice (34)	☐ Shelter (04)		Hosp (21)	Prison/CF (09)			
☐ Office (11)	☑ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	☐ Inpt F	⁷ (51)	School (03)			
☐ Mobile Unit (15)	☑ Grp Home (14)	□ NF (32)	☐ FQHC (50)	☐ ER (2:	³⁾ \Box	Other POS (99)			
□Outp Hospital (22)	☐ Home (12)	□ PRTF (56)	()	☐ PF-PF	HP (52)	()			

EVALUATION AND MANAGEMENT - HOME – NEW & ESTABLISHED PATIENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USA	AGE			
New Patient	Home care services				
99341 requires problem focused history, problem focused	✓ N	Medicaid			
examination straight forward medical decision making,					
Typical time 20 minutes					
99342 requires expanded problem focused history, expanded					
problem focused examination low complexity medical					
decision making Typical time 30 minutes					
99343 requires detailed history, detailed examination moderate					
complexity medical decision making, Typical time 45					
minutes					
99344 requires comprehensive history, comprehensive					
examination moderate complexity medical decision					
making, Typical time 60 minutes					
99345 requires comprehensive history, comprehensive					
examination high complexity medical decision making,					
Typical time 75 minutes					
Established patient					
99347 requires problem focused interval history, problem					
focused examination straight forward medical decision					
making, average time 15 minutes					
99348 requires expanded problem focused interval history,					
expanded problem focused examination low complexity					
medical decision making average time 25 minutes					
99349 requires detailed interval history, detailed examination					
moderate complexity medical decision making, average					
time 40 minutes					
99350 requires comprehensive interval history, comprehensive					
examination moderate to high complexity medical					
decision making, average time 60 minutes					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
These codes are used for face to face services in a private for the	Technical Documentation Requirements				
evaluation and management of an individual with presenting	See Page 346				
problem(s) of varying severity.	See Appendix I for more information on E/M services	25.			
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)		r typical times			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour and billing as time				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	c basea code			
•	□ HJ (\IDDITION \(\text{ICM} \)	(Voc)			
☑ Face-to-Face ☑ Individual		(Clubhouse)			
☑ Video Conf (GT) ☐ Group (HQ)		(Recovery)			
☐ Telephone ☑ Family (HR/HS)		(Prev/EI)			
STAFF REQUIREMENTS	Emil (2 modifier-300) (Nespite)	(FIEV/LI)			
□ Peer Specialist	LAC DLPN/LVN (TE)				
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed Ma	ister's Level (HO)	` '			
□ LPC □ Unlicensed EdD/					
□ LMFT □ Licensed EdD/F	PhD/PsyD (AH) □CACIII □ QMAP ☑ MD/D	DO (AF)			
PLACE OF SERVICE (POS)					
□ CMHC (53) □ ACF (13) □ Hospice (34)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Priso	son/CF (09)			
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	□ SNE (31) □ Inpt PF (51) □ Scho	ool (03)			
\square Mobile Unit (15) \square Grp Home (14) \square NF (32)	\Box EOHC (50) \Box ER (23) \Box Other	ner POS (99)			
□Outp Hospital(22) ☑ Home (12) □ PRTF (56)	☐ PF-PHP (52)	1 00 (55)			

EVALUATION AND MANAGEMENT - HOME – NEW & ESTABLISHED PATIENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
New Patient	Home care services				
99341 requires problem focused history, problem focused		☑ OBH			
examination straight forward medical decision making,					
Typical time 20 minutes					
99342 requires expanded problem focused history, expanded					
problem focused examination low complexity medical					
decision making Typical time 30 minutes					
99343 requires detailed history, detailed examination moderate					
complexity medical decision making, Typical time 45					
minutes					
99344 requires comprehensive history, comprehensive					
examination moderate complexity medical decision					
making, Typical time 60 minutes					
99345 requires comprehensive history, comprehensive					
examination high complexity medical decision making,					
Typical time 75 minutes					
Established patient					
99347 requires problem focused interval history, problem					
focused examination straight forward medical decision					
making, average time 15 minutes					
99348 requires expanded problem focused interval history,					
expanded problem focused examination low complexity					
medical decision making average time 25 minutes					
99349 requires detailed interval history, detailed examination					
moderate complexity medical decision making, average					
time 40 minutes					
99350 requires comprehensive interval history, comprehensive					
examination moderate to high complexity medical					
decision making, average time 60 minutes					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	2			
These codes are used for face to face services in a private for the	Technical Documentation Requirements				
evaluation and management of an individual with presenting	See Page 346	ruicos			
problem(s) of varying severity.	See Appendix I for more information on E/M se	ervices.			
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11)☑ Young Adult☑ Adult (21-64)		x I for typical times			
	·				
		s time-based code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	7.11.07			
☑ Face-to-Face ☑ Individual		HJ (Voc)			
☑ Video Conf (GT) ☐ Group (HQ)		HQ (Clubhouse)			
☐ Telephone ☑ Family (HR/HS)	· · · · · · · · · · · · · · · · · · ·	TT (Recovery)			
	☑ HF (2 nd modifier-SUD) (Respite) □] HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed Ma	ster's Level (HO)	RxN (SA)			
Light Bachelor's Level (HN)	O/ PhD/PsvD (HP)	PA (PA)			
☑ Intern ☐ LMFT ☐ Licensed EdD/F	PhD/PsvD (AH)	MD/DO (AF)			
PLACE OF SERVICE (POS)	□CACIII □ QMAP				
	Ulant Hora (21)				
☐ CMHC (53) ☐ ACF (13) ☐ Hospice (34)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐	Prison/CF (09)			
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	\square SNF (31) \square Inpt PF (51)	School (03)			
☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32)	□ EOUC (50) □ ER (23) □	Other POS (99)			
□Outp Hospital(22) ☑ Home (12) □ PRTF (56)	☐ PF-PHP (52)				

Uniform Service Coding Standards Manual 2017

EV	ALUATION AND MANAGEMENT - CASE	MANAGEMENT - MEDICAL TE	AM CONFERENCE			
CPT®/HCPCS PROCEDUR	E CODE	PROCEDURE CODE DESCRIPT	ION	USAGE		
		Medical team conference with interdisciplinary				
	00255	team, face-to-face with patient and/or family, 30				
	99366	minutes or more, participation by a non-physician				
		qualified health care profession				
SERVICE DESCRIPTION		MINIMUM DOCUMENTATIO				
Face-to-face participatio	n by a minimum of 3 practitioners	Technical Documentation Re	quirements			
	s/disciplines, each of whom provide	See Page 346	•			
	t, with the patient and/or family	Service Content				
	agencies, surrogate decision maker(s)	1. The reason for the tean	n conference. What was	s the intended		
	l/or care givers). Participants are	goal or agenda? How do	oes the service relate to	the		
	levelopment, revision, coordination,	treatment/service plan				
·	he BH treatment services provided to	2. Description of the servi				
the patient.		3. Participants in team co				
		- Specific providers v				
*Not to be used for supe	ervision		mily members who atte	nd		
		4. Summary of contribute				
Team conference service	es by a physician with the patient	recommendations	a o a a a			
	e reported with an appropriate E/M	5. Plan for next contact(s)	including treatment go	als, what		
procedure code.	o reported than an appropriate 2,	treatment is prescribed				
procedure code.		coordination needed w		и ир от		
		See Appendix I for more info		25		
NOTES		EXAMPLE ACTIVITIES				
	pants have rendered face-to-face		nate in a multi-disciplina	ırv team		
	(s) to the patient, independent of any	Patient and/or family participate in a multi-disciplinary team conference.				
	the previous 60 days. The team					
	beginning of a case review and ends					
	review. Time related to record					
	report is not reported/billed. The					
	resent for all time reported. Team					
	30 minutes duration are not					
	one individual from the same					
•	66 at the same encounter.					
	a LAC/CAC provider, a SUD Primary					
Diagnosis is required.						
APPLICABLE POPULATIO	N(S)	UNIT	DURATION			
	Young Adult 🗵 Adult (21-64)	☑ Encounter ☐ 15 Minuter	tes Minimum: 30 Mi	nutes +		
⊠ Adol (12-17) (18	3-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour	Maximum: N/A			
ALLOWED MODE(S) OF I	DELIVERY	PROGRAM SERVICE CATEGO	RY(IES)			
☑ Face-to-Face	V Individual	⊠ HE (SP)	□ U4 (ICM) □ I	HJ (Voc)		
	☑ Individual	☐ TG (Other SP)	☐ TM (ACT) ☐ □	HQ (Clubhouse)		
☑Video Conf (GT)	Group (HQ)	☐ HK (Residential)	☐ HM (Respite) ☐	TT (Recovery)		
☐ Telephone	☑ Family/collateral (HR/HS)	☑ HF (2 nd modifier-SUD)		HT (Prev/EI)		
STAFF REQUIREMENTS						
▼ Peer Specialist	∠ LCSW (AJ) ∠ Unlicensed	Master's Level (HO)	☑ LPN/LVN (TE) ☑ RxN	1 (CA)		
☑ Bachelor's Level (HN)		END (DAD (DOVD (LD) XICAC I	△ KIN (ID)			
✓ Intern		od EdD/PhD/PoyD (AH) SCACII S APN (SA) D AD/DO (AE)				
		ECACIII	□ QMAP □ WID	, ~ v ·· /		
PLACE OF SERVICE (POS)			D			
☑ CMHC (53)	✓ ACF (13) ☐ Hospice (34)		☐ Inpt Hosp (21)	Prison/CF (09)		
☑ Office (11)	☑ Cust Care (33) ☑ ICF-MR (54)	X SNE (21)	□ Inpt PF (51)	School (03)		
☐Mobile Unit (15)	☑ Grp Home (14) ☑ NF (32)	▼ FOHC (50)	□ ER (23)	Other POS (99)		
☐ Outp Hospital(22)	☑ Home (12) ☑ PRTF (56)	(00)	☐ PF-PHP (52)	- 3		

EV	ALUATION AND MANAGEMEN	NT - CASE	MANAGEMENT - I	MEDICAL TEA	M C	ONFERENCE	
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COD	E DESCRIPTION	ON		USAGE
	99366		Medical team cor team, face-to-face minutes or more, qualified health co	e with patien participatior	t and by a	l/or family, 30	☑ OBH
SERVICE DESCRIPTION						UIREMENTS	
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. *Not to be used for supervision Team conference services by a physician with the patient and/or family present are reported with an appropriate E/M procedure code. NOTES Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials - Patient and any family members who attend 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), any follow-up or coordination needed with 3 rd parties See Appendix I for more information on E/M services. EXAMPLE ACTIVITIES Patient and/or family participate in a multi-disciplinary team conference.				
at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter.							
APPLICABLE POPULATIO	N(S)		UNIT			DURATION	
⊠ Adol (12-17) (18	Young Adult ⊠ Adult (21 -20) ⊠ Geriatric		,	☐ 15 Minute		Minimum: 30 M Maximum: N/A	inutes +
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SERVI			•	III ()/as)
☑ Face-to-Face ☑Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family/collateral (HR/H	S)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residentia☑ HF (2nd modified]] (I	□TM	1 (ACT) □ /1 (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LPC ☑ UI	nlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CAC I ⊠CAC II	⊠ RN	PN (SA)	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (POS)							
区 CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)			区 Shelter 区 SNF (31 区 FQHC (5	(04) [) [50)	□ Inp □ ER	ot PF (51)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)

EVALUATION AND MANAGEMENT - CASE	MANAGEMENT - MEDICAL TEAM CONFERENCE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
	Medical team conference with interdisciplinary				
99367	team, patient and/or family not present, 30				
	minutes or more, participation by physician				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Face-to-face participation by a minimum of 3 practitioners,	Technical Documentation Requirements				
including a Psychiatrist, from different specialties/disciplines,	See Page 346				
each of whom provide direct care to the patient, without the	Service Content				
patient and/or family member(s), community agencies,	1. The reason for the team conference. What was the intended				
surrogate decision maker(s) (e.g., legal guardians and/or care	goal or agenda? How does the service relate to the				
givers). Participants are actively involved in the development,	treatment/service plan?				
revision, coordination, and implementation of the BH	Description of the service provided.				
treatment services provided to the patient.	Participants in team conference including: One if the provide and including:				
Which has been used from a constitution	- Specific providers with credentials				
*Not to be used for supervision	Summary of contributed information and treatment recommendations				
This code is for physician/prescriber services only. All others	5. Plan for next contact(s) including treatment goals, what				
use 99366 or 99368 as applicable.	treatment is prescribed (be specific), and any follow-up or				
	coordination needed with 3rd parties				
	See Appendix I for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES				
Reporting/billing participants have rendered face-to-face	No patient and/or family is present during this multidisciplinary				
evaluation(s)/treatment(s) to the patient, independent of any	team conference with a physician.				
team conference, within the previous 60 days. The team					
conference starts at the beginning of a case review and ends at					
the conclusion of the review. Time related to record keeping					
and generating a report is not reported/billed. The reporting					
participant is present for all time reported. Team conferences					
of less than 30 minutes duration are not reported. No more					
than one individual from the same specialty may report 99366 at the same encounter.					
If services are performed by a LAC/CAC provider, a SUD Primary					
Diagnosis is required.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 30 Minutes +				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☐ Individual	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)				
⊠Video Conf (GT) ☐ Group (HQ)	\square TG (Other SP) \square TM (ACT) \square HQ (Clubhouse)				
☐ Telephone ☐ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)				
	☑ HF (2 nd modifier-SUD) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
 ✓ Peer Specialist ✓ LCSW (AJ) ✓ Unlicensed 	Master's Level (HO)				
✓ Intern ✓ Unlicensed	Master's Lever (NO) ⊠ CAC I ⊠ RN (TD) ⊠ RXN (SA) Eddy PhD/PsyD (HP) ⊠ CAC II ⊠ APN (SA) ☑ PA (PA)				
✓ LMFT ✓ Licensed Edit	D/PhD/PsyD (AH) S CACIII S QMAP MD/DO (AF)				
PLACE OF SERVICE (POS)					
 ✓ CMHC (53) ✓ ACF (13) ✓ Hospice (34) 	☐ Inpt Hosp (21) ☐ Prices (55 (20)				
 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) 	✓ Shelter (04) ☐ Inpt PF (51) ☐ Prison/CF (09)				
\square Mobile Unit (15) \boxtimes Grp Home (14) \boxtimes NF (32)	즈 SNF (31) 다 FD (22) 조 SCNOOI (U3)				
□ Outp Hospital(22) □ Home (12) □ PRTF (56)	☑ FQHC (50) ☐ PF-PHP (52) ☑ Other POS (99)				

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
99367	Medical team conference with interdisciplinary team, patient and/or family not present, 30 ☑ OBH			
CERVICE DECORPTION				
Face-to-face participation by a minimum of 3 practitioners, including a Psychiatrist, from different specialties/disciplines, each of whom provide direct care to the patient, without the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. *Not to be used for supervision This code is for physician/prescriber services only. All others use 99366 or 99368 as applicable.	minutes or more, participation by physician MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Page 346 Service Content 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), and any follow-up or coordination needed with 3 rd parties See Appendix I for more information on E/M services.			
NOTES Reporting/billing participants have rendered face-to-face	EXAMPLE ACTIVITIES No patient and/or family is present during this multidisciplinary			
evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter.	team conference with a physician.			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Individual☑ Group (HQ)☑ Telephone☐ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
☑ Bachelor's Level (FIN) ☑ LPC ☑ Unlicensed ☑ LMFT ☑ Licensed Edl	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ CAC II □ RN (TD) □ RxN (SA) □ PA (PA) □ CAC II □ QMAP □ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☒ ACF (13) ☐ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☐ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☐ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	 ☑ Shelter (04) ☑ Inpt Hosp (21) ☐ Inpt PF (51) ☑ School (03) ☑ FQHC (50) ☐ PF-PHP (52) ☑ Other POS (99) 			

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE							
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE CODE		USAGE		
			Medical team conf	erence with inter	disciplinary team,		
	99368		patient and/or family not present, 30 minutes or				
	33300		more, participation by non-physician qualified health				
			care professional				
SERVICE DESCRIPT			MINIMUM DOCUM				
	ipation by a minimun	·	Technical Docume	ntation Requirem	ients		
	cialties/disciplines, ea	·	See Page 346				
	atient, with the patie	·	Service Content				
	unity agencies, surrog				rence. What was th		
	I guardians and/or ca	• .			service relate to th	e	
	tively involved in the	·	treatment/s		• 1 1		
	ion, and implementat			of the service prov			
treatment services	provided to the patie	ent.		in the team confe			
*Notes be used for				providers with cre			
*Not to be used fo	r supervision		4. Summary of recommendate		mation and treatme	nt	
					na any fallaw un ar	coordination	
			Plan for next needed with		ng any follow-up or	coordination	
					n on E/M services.		
NOTES			EXAMPLE ACTIVIT		II OII L/IVI SEI VICES.		
	particinants have re	ndered face-to-face			during a multidiscip	inary team	
Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, independent of			conference withou			mary team	
		contenence withou	it a pilysiciali pies	ent.			
any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends							
	of the review. Time						
	ating a report is not						
	nt is present for all t	•					
	ss than 30 minutes	•					
reported. No mor	re than one individ	ual from the same					
•	rt 99366 at the same						
If services are perfor	rmed by a LAC/CAC pr	ovider, a SUD Primary					
Diagnosis is required.							
APPLICABLE POPU			UNIT		DURATION		
		☑ Adult (21-64)	☑ Encounter	☐ 15 Minutes	Minimum: 30 Mi	nutes +	
<u>`</u>	(18-20)	☑ Geriatric (65+)	□ Day	☐ 1 Hour	Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVIC			()	
▼ Face-to-Face	☐ Individual		⊠ HE (SP)	□ U4	•	(Voc)	
✓ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)			Q (Clubhouse)	
☐ Telephone ` ´	☐ Family (HR/I	HS)	☐ HK (Residential)			(Recovery)	
<u> </u>		,	☑ HF (2 nd modifier	SUD)	⊔н	「(Prev/EI)	
STAFF REQUIREME	.NTS			WIAC WIDE	1/12/A1 /TE)		
☑ Peer Specialist	(LINI) 🗵 LCSW (AJ)	☑ Unlicensed Mas	ter's Level (HO)		I/LVN (TE) ∠TD)	iA)	
☑ Bachelor's Level	(HIN) 🗵 LPC	☑ Unlicensed EdD,	/ PhD/PsyD (HP)		(ID) ⊠ D∆ (D/		
✓ Intern ✓ Licensed EdD/PhD/PsyD (nD/PsyD (AH)	☑CAC II ☑ API ☑CACIII ☐ QM	· ′	O (AF)	
DI ACE OF CEDVICE	(DOC)			ECACIII LI QIV	IAF		
PLACE OF SERVICE CMHC (53)		□ Hospics (24)		□ loct !	Jose (21)		
☑ CMHC (53) ☑ Office (11)	✓ ACF (13)✓ Cust Care (33)	 ☐ Hospice (34) ☑ ICF-MR (54) 	🗵 Shelter (0	04) ☐ Inpt I	Hosp (21) ☐ Pri	son/CF (09)	
☑ Office (11) ☐ Mobile Unit (15)	☑ Cust Care (33) ☑ Grp Home (14)			□ Inpt P	IXI SCI	nool (03)	
☐ Mobile Unit (15) ☐ Outp Hospital(22)		⊠ NF (32) ☑ PRTF (56)	☐ FQHC (50)) ☐ PF-PH		her POS (99)	
_ Julp Hospital(22)	: ::: HOITE (12)	□ 1 N 11 (30)		□ F1*F1	11 (32)		

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - MEDICAL TEAM CONFERENCE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
99368	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. *Not to be used for supervision	 Technical Documentation Requirements See Page 346 Service Content The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided. Participants in the team conference including Specific providers with credentials Summary of contributed information and treatment recommendations Plan for next contact(s) including any follow-up or coordination needed with 3rd parties See Appendix I for more information on E/M services. 			
NOTES	EXAMPLE ACTIVITIES			
Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter.	No patient and/or family is present during a multidisciplinary team conference without a physician present.			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☑ Encounter ☐ 15 Minutes Minimum: 30 Minutes + ☐ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
✓ Bachelor's Level (HN) ✓ LPC ✓ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) □ PA (PA)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☐ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☐ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	☑ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison/CF (09) ☑ SNF (31) ☐ ER (23) ☒ Other POS (99) ☐ FQHC (50) ☐ PF-PHP (52)			

	EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COL	DE DESCRIPTIO	N		USAGE
*This code has very specific timeframes and documentation requirements. Follow CPT guidelines.			Telephone evalua service provided patient, parent, c a related E/M ser previous 7 days, procedure within available appoint medical discussion	by a physician or guardian not guardian not covided nor leading to the next 24 hours and the next; 5 – 10 to contact.	to an t origi within an E/I ours o	established nating from n the M service or or soonest	
SERVICE DESCRIPTION			MINIMUM DOCL		REQU	IREMENTS	
SERVICE DESCRIPTION Non-face-to-face E/M services provided by a physician or other qualified health professional to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit. NOTES 99441 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99441 may not be used for calls initiated by physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call relates to an E/M service performed and reported by the provider within the previous 7 days (either requested or unsolicited patient follow up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 994441-994443 if you have reported 994441-99444 in the previous 7 days. The call is not reportable if the call relates to a previous call within 7 days			See Page 346 Service Content 1. Nature of service 2. Disposition See Appendix I for EXAMPLE ACTIVI An established parallel cannot be religible a brief history from medications, and recommended trimprove. The pro-	vice rendered and more information representation representation and E/N trigger an apportime. In a five of the patient, and makes a medicatment, with evider documents assion in the patient of the pati	proving to 10, review a not not that a not not that a tient	ertinent det on E/M serv der with a n occurred w ent within 2 minute call, ews the patie ecision regar e to call if sy e specifics a	ew complaint. The ithin the last seven 4 hours or at the the provider gets ent's current list of ding
APPLICABLE POPULATIO	N(S)		UNIT			DURATION	
☑ Adol (12-17) (18-	20) ਂ ⊠ G	dult (21-64) eriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minute ☐ 1 Hour		Minimum: Maximum:	5 Minutes 10 Minutes
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERV		<u> </u>		
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	ıl) 🗆	1 U4 (1 TM (1 HM	-	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	□CAC I □	LPN/L RN (TI APN (S QMAF	SA) 🗵 F	Rxn (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS)							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	⊠ Shelter ⊠ SNF (31 ⊠ FQHC ((04) × (150)	Inpt P ER (23	Hosp (21) F (51) B) P (52)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION USAGE				
*This code has very specific timeframes and documentation requirements. Follow CPT guidelines.			service provided patient, parent, o a related E/M ser previous 7 days, procedure within	ation and manage by a physician to a or guardian not ori rvice provided with nor leading to an E a the next 24 hours ment; 5 – 10 min	in established ginating from hin the J/M service or or soonest	☑ ОВН	
SERVICE DESCRIPTION				JMENTATION REC	UIREMENTS		
SERVICE DESCRIPTION Non-face-to-face E/M services provided by a physician or other qualified health professional to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit. NOTES 99441 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99441 may not be used for calls initiated by physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call relates to an E/M service performed and reported by the provider within the previous 7 days (either requested or unsolicited patient follow up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 994441-994443 if you have reported 994441-99444 in the previous 7 days. The call is not reportable if the call relates to a previous call within 7 days			See Page 346 Service Content 1. Nature of service 2. Disposition See Appendix I for EXAMPLE ACTIVE An established pacall cannot be reliadays and cannot earliest available a brief history from medications, and recommended trimprove. The processor	vice rendered and or more information remarks attent calls the production. In a five to 10 m the patient, review that are attent, with a new order documents sussion in the patien.	pertinent detail n on E/M service vider with a new at occurred with ment within 24 .0 minute call, to iews the patien decision regardi ote to call if sym the specifics and	w complaint. The nin the last seven hours or at the he provider gets t's current list of ing aptoms don't the amount of	
APPLICABLE POPULATIO	N(S)		UNIT		DURATION		
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ 18-	•	dult (21-64) eriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 5 Maximum: 1		
ALLOWED MODE(S) OF I	DELIVERY			ICE CATEGORY(IES		7.11.67	
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifi	□ TM al) □ HM	I (ACT) I (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/El)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT		aster's Level (HO) dD/ PhD/PsyD (HP) 'PhD/PsyD (AH)	□LAC □ LPN □CAC I □ RN (□CAC II □ APN □CACIII □ QM	(SA) × PA		
PLACE OF SERVICE (POS)							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	⊠ Shelter ⊠ SNF (3: ⊠ FQHC	(04)	PF (51) 23)	□ Prison/CF (09) ☑ School (03) ☑ Other POS (99)	

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE						
	PROCEDURE CODE DESCRIPTION	USAGE				
*This code has very specific timeframes and documentation requirements. Follow CPT guidelines. SERVICE DESCRIPTION Non-face-to-face E/M services provided by a Psychiatrist to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 − 20 minutes of medical discussion MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Page 346					
seeking advice/treatment for a problem that does not require a face-to-face visit.	 Nature of service rendered and pertinent details Disposition See <u>Appendix I</u> for more information on E/M services. 	2. Disposition				
NOTES	EXAMPLE ACTIVITIES					
99442 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99442 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a faceto-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow-up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 performed in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M service.	An established patient calls the provider with a new co-call cannot be related to an E/M that occurred within a days and cannot trigger an appointment within 24 hou earliest available time. In an 11 to 20 minute call, the porief history from the patient, reviews the patient's cumedications, and makes a medical decision regarding treatment, with a note to call if symptoms don't improprovider documents the specifics and the amount of the discussion in the patient's chart. Discussion with other included in the code.	the last seven urs or at the provider gets a urrent list of recommended ove. The time for the				
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ 15 Minimum: 11 Minimum: 11 Minimum: 20					
ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HG (Residential) ☐ HM (Respite) ☐ TT	I (Voc) Q (Clubhouse) - (Recovery) Γ (Prev/El)				
STAFF REQUIREMENTS						
□ LPC □ Unlicensed Ed	Master's Level (HO) □CAC I □ RN (TD) ☑ RXN (EdD/ PhD/PsyD (HP) □CAC II □ APN (SA) ☑ PA (P ID/PhD/PsyD (AH) □CAC II □ QMAP ☑ MD/I	A)				
PLACE OF SERVICE (POS)	_					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)		03)				

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99442 *This code has very specific timeframes and documentation requirements. Follow CPT guidelines.	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 – 20 minutes of medical discussion	☑ ОВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Non-face-to-face E/M services provided by a Psychiatrist to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.	Technical Documentation Requirements See Page 346 Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix I for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES				
99442 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99442 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow-up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 performed in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M service.	An established patient calls the provider with a new co-call cannot be related to an E/M that occurred within days and cannot trigger an appointment within 24 hot earliest available time. In an 11 to 20 minute call, the brief history from the patient, reviews the patient's cumedications, and makes a medical decision regarding treatment, with a note to call if symptoms don't improprovider documents the specifics and the amount of the discussion in the patient's chart. Discussion with other included in the code.	the last seven urs or at the provider gets a urrent list of recommended ove. The ime for the			
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	⊠ Encounter				
ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Individual □ Video Conf (GT) □ Group (HQ) □ Telephone □ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HG (Residential) ☐ HM (Respite) ☐ TI	I (Voc) Q (Clubhouse) 「(Recovery) T (Prev/El)			
STAFF REQUIREMENTS					
□ Bachelor's Level (HN) □ LPC □ Unlicensed Ed	I Master's Level (HO) □ CAC I □ RN (TD) □ RXN (I □ EdD/ PhD/PsyD (HP) □ CAC II □ APN (SA) □ MD/I □ QMAP	A)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)		03)			

	EVALUATI	ON AND MANAGE	MENT - NON-FACE-	TO-FACE - PHONE			
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
			Telephone evalua	tion and manager	ment (E/M)		
	00443		service provided b	oy a physician to a	n established	☑ Medicaid	
	99443		patient, parent, o				
			related E/M service provided within the previous 7				
*This code has very sp		d documentation	days, nor leading				
guidelines. Follow CPT	guidelines.		within the next 24				
			appointment; 21 -	- 30 minutes of m	edical		
			discussion				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REQ	UIREMENTS		
Non-face-to-face E/M s	services provided by a	Psychiatrist to a	Technical Docume				
patient using the telepl			See Page 346	•			
established patient (i.e	•	•	Service Content				
seeking advice/treatme			Nature of serv	ice rendered and	pertinent details		
require a face-to-face v			2. Disposition		per en reme de came		
. equile a race to race .			See Appendix I for	r more informatio	n on F/M service	S	
NOTES			EXAMPLE ACTIVIT		11 011 2/111 301 1100	<u> </u>	
99443 may be reported	only for established	patients. The	An established pa		vider with a new	complaint. The	
patient or patient's par	•	•	call cannot be rela	•		•	
contact; 99443 may no			days and cannot t				
physician or other qual		•	earliest available				
resulting in a face-to-face encounter for the same problem referenced on the call within 24 hours/soonest available			brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended				
urgent appointment are not reportable; consider the call		treatment, with a note to call if symptoms don't improve. The					
part of the pre-service work for the billable E/M service.			provider documents the specifics and the amount of time for the				
Likewise, if the call refers to an E/M service performed and			discussion in the				
reported by that provid			included in the co		scassion with oth	ici providcis is	
requested or unsolicite			included in the co	uc.			
service(s) are considere							
procedure. Do not repo							
99441-99444 in the pre							
reportable if the teleph							
within 7 days, since the							
service.	se codes are themse	ives all L/Ivi					
APPLICABLE POPULATI	ON(S)		UNIT		DURATION		
⊠ Child (0-11)		Adult(21-64)	⊠ Encounter	☐ 15 Minutes	Minimum: 21 N	/linutes	
⊠ Adol (12-17)	_	Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 30 I		
ALLOWED MODE(S) OF		Total Control (Control)	PROGRAM SERVI				
			☑ HE (SP)		•] HJ (Voc)	
☐ Face-to-Face	☑ Individual ☐ (a.a.)		☐ TG (Other SP)		` '	HQ (Clubhouse)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residential			TT (Recovery)	
☑ Telephone	☐ Family (HR/HS)		☑ HF (2 nd modifie] HT (Prev/EI)	
STAFF REQUIREMENTS)			,			
☐ Peer Specialist	□ LCC\4/4	n\	N41/-11/110\	□LAC □ LPI	N/LVN (TE)	(2.)	
☐ Bachelor's Level (HN)	□ LCSW (A	,	Master's Level (HO) EdD/ PhD/PsyD (HP)	□CAC I □ RN	(TD) × Rxi		
☑ Intern	□ LPC □ LMFT		D/PhD/PsyD (AH)	□CAC II □ AP	N (SA)	(PA) D/DO (AF)	
		Licensed Lui	C) THO/T SYD (ATT)	□CACIII □ QN	//AP), DO (A))	
PLACE OF SERVICE (PO							
☑ CMHC (53)	☑ ACF (13)	☑ Hospice (X Shelte	r (()Z()	t Hosp (21)	Prison/CF (09)	
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR (!	54) 🗵 SNF (3	1) 🔼 IND	of bt (21)	School (03)	
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ NF (32)		IXI FR	1121	School (03) Other POS (99)	
☑Outp Hospital(22)		☑ PRTF (56)) ⊠ FQHC	(JU) ✓ PF-	·PHP (52)	ש טנוופו דטט (שש)	

	EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE - PHONE						
CPT®/HCPCS PROCEDU			PROCEDURE CODE DESCRIPTION USAGE				
*This code has very spe guidelines. Follow CPT (99443	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 − 30 minutes of medical discussion					
SERVICE DESCRIPTION				MENTATION REO	UIREMENTS		
Non-face-to-face E/M services provided by a Psychiatrist to a patient using the telephone, upon initiation by an established patient (i.e., patient, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit. NOTES Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix I for more information on E/M services. EXAMPLE ACTIVITIES An established patient calls the provider with a new com call cannot be related to an E/M that occurred within the contact; 99443 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow up) then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M				complaint. The in the last seven fours or at the provider gets a current list of ing recommended prove. The fitime for the			
service. APPLICABLE POPULATION	ON(S)		UNIT		DURATION		
区 Child (0-11) ☑ Adol (12-17)	✓ Young ✓ Adult (18-20) ✓	Adult (21-64) Geriatric (65+)	☑ Encounter □ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 21 M Maximum: 30 I		
ALLOWED MODE(S) OF ☐ Face-to-Face ☐ Video Conf (GT)	☑ Individual ☐ Group (HQ)		PROGRAM SERVICE ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential)	□ U4 □ TM	(ICM) [I (ACT) [☐ HJ (Voc)☐ HQ (Clubhouse)☐ TT (Recovery)	
☑ Telephone	☐ Family (HR/HS)		☑ HF (2 nd modifier			☐ HT (Prev/EI)	
STAFF REQUIREMENTS ☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (A. □ LPC □ LMFT	☐ Unlicensed E	sed Master's Level (HO)			(PA)	
PLACE OF SERVICE (POS CMHC (53) Office (11) Mobile Unit (15) Outp Hospital (22)	 S ACF (13) ✓ Cust Care (33) ✓ Grp Home (14) ✓ Home (12) 	☑ Hospice (: ☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56)	54) ⊠ Sneiter ⊠ SNF (31 ⊠ FOHC	(04)	(22)	Prison/CF (09) School (03) Other POS (99)	

	TREATME	NT - INTENSIVE - P	PARTIAL HOSPITALIZATION (PHP)			
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COI	DE DESCRIPTION		USAGE
	G0176		therapies not for treatment of pat	such as music, dand recreation, related ient's disabling mer	to care and ntal health	☑ Medicaid
				ssion (45 minutes or		
SERVICE DESCRIPTION				UMENTATION REQU		
promote community int important to maintainin community (e.g., home, are delivered to more th promote skill developme management, conflict re	Technical Documentation Requirements See Page 346 Service Content: 1. Initial/intake history/exam documenting symptoms or necessitating treatment services must be prescribed by an MD/DO and proviunder an individualized written plan of treatment es by an MD/DO after any needed consultation with ap staff members Plan must state type, amount, frequency, and durati services to be furnished and indicate diagnoses and anticipated goals 3. Target symptoms, goals of therapy and methods of mo outcome Why chosen therapy is appropriate treatment modal in lieu of/in addition to another form of psychiatric to sessions For an acute problems, document treatment is expected improve health status/function is expected.			provided ent established ith appropriate duration of s and of monitoring modality either atric treatment s of number of expected to		
NOTES		1/1:	EXAMPLE ACTIV	ITIES		
Interventions cannot be nature. Interventions m goals specified in the parthis procedure code is programs (PHPs).	ust be individualized a tient's treatment/servi	and based on the ce plan. <i>Per CMS</i> ,				
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
⊠ Adol (12-17) (1	8-20) 区(Adult (21-64) Geriatric (65+)	☑ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: 4 Maximum: I	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGORY(IES)		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/HS	i)	⋈ HE (SP)☐ TG (Other SP)☐ HK (Residentia⋈ HF (2nd modifi		ACT) □ H Respite) □ T	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/EI)
STAFF REQUIREMENTS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ ⊠ LPC ⊠ LMFT	,	aster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	□LAC ☑ LPN/ □CAC I ☑ RN (1 □CAC II ☑ APN □CACIII □ QMA	(SA)	PA)
PLACE OF SERVICE (POS						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☑Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☐ Shelter (☐ SNF (31) ☐ FQHC (5	☐ INDU PI	F (51) Sc	rison/CF (09) chool (03) ther POS (99)

	TREATM	ENT - INTENSIVE - P	ARTIAL HOSPITAL	IZATION (PHP)		
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COI	DE DESCRIPTION		USAGE
	G0176		therapies not for treatment of pat	such as music, dance, recreation, related to ient's disabling menta	care and I health	☑ ОВН
				ssion (45 minutes or m		
SERVICE DESCRIPTION				JMENTATION REQUIR		
promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community (e.g., home, work, school, peer group). Activities are delivered to more than one person and are designed to promote skill development in areas such as stress management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility. See Page 346 Service Content: 1. Initial/intake history/e problems necessitating 2. Individualized treatment on Services must be presented as taff members. Plan must state type services to be furnish anticipated goals. Target symptoms, goals outcome. Why chosen therapy in lieu of/in addition. Specify estimated durative sessions. For an acute problems improve health statution.			e history/exam docume ecessitating treatment d treatment/service pla ust be prescribed by a ndividualized written p DO after any needed copers state type, amount, from be furnished and indical d goals oms, goals of therapy en therapy is appropria an addition to another f ated duration of treating te problem, document ealth status/function o	enting sympto an n MD/DO and olan of treatme onsultation w equency, and o cate diagnoses and methods ate treatment is orm of psychia ment, in terms treatment is of f patient stabilization/	provided ent established ith appropriate duration of s and of monitoring modality either atric treatment s of number of expected to	
NOTES			EXAMPLE ACTIV	ITIES		
Interventions cannot be nature. Interventions m goals specified in the parthis procedure code is programs (PHPs).	ust be individualized tient's treatment/serv	and based on the ice plan. <i>Per CMS</i> ,				
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
⊠ Adol (12-17) (1	8-20)	Adult (21-64) Geriatric (65+)	☑ Encounter □ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 Maximum: 1	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGORY(IES)		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/H	S)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residentia☑ HF (2nd modifi		T) □ Ho spite) □ T	J (Voc) Q (Clubhouse) Γ (Recovery) Γ (Prev/EI)
STAFF REQUIREMENTS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	,	aster's Level (HO) ID/ PhD/PsyD (HP) 'PhD/PsyD (AH)	□LAC ⊠ LPN/LVI □CAC I ⊠ RN (TD) □CAC II ⊠ APN (SA □CACIII □ QMAP	` ' ⊠ RxN ('A)
PLACE OF SERVICE (POS						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☑Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☐ Shelter (☐ SNF (31) ☐ FQHC (5	☐ INPT PF (5	51)	rison/CF (09) thool (03) ther POS (99)

	TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)						
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE DESCRIPTION USAGE				
			Training and educa	tional services related	to the care		
	G0177		and treatment of p	atient's disabling ment	al health	☑ Medicaid	
			problems per session (45 minutes or more)				
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION REQUIREM	IENTS		
Psychosocial skills develop	pment and rehabili	tation services to	Technical Documer	ntation Requirements			
improve social functioning	g in areas importar	t to	See Page 346				
maintaining/re-establishir	ng residency in the	community.	Service Content				
Interventions are delivered on an individual basis and are			1. Initial/intake his	story/exam documenti	ng symptom	s/problems	
individualized to meet specific goals and measurable			necessitating tre				
objectives in the treatmer	nt/service plan. Inte	erventions focus	_	reatment/service plan			
on developing and strengt	thening competend	cies in areas such	 Services mu 	st be prescribed by an	MD/DO and	provided	
as anger management, str				dividualized written pla			
resolution, money manage	_			by an MD/DO after any			
symptom management ar				riate staff members			
				tate type, amount, freq	uency, and	duration of	
				e furnished and indica			
			anticipated		3		
			-	ns, goals of therapy and	d methods o	f monitoring	
			outcome	, ,		· ·	
			 Why chosen 	therapy is appropriate	treatment	modality	
			either in lieu	u of/in addition to anot	her form of	psychiatric	
			treatment	•		, ,	
			Specify estimated duration of treatment, in terms of number of				
			sessions				
			For an acute problem, document that treatment is expected				
			to improve health status/function of patient				
			For chronic problems, document that stabilization/				
			maintenance of health status/function is expected				
			5. Indicate time spent in training and educational services and				
			relevance to care and treatment of patient's MH condition				
NOTES			EXAMPLE ACTIVITIES				
This is an individual skills t	training service. <i>Pe</i>	r CMS, this					
procedure code is only us	ed for partial hosp	italization					
programs (PHPs).							
APPLICABLE POPULATION	N(S)		UNIT		DURATION		
☐ Child (0-11) 🗵 Yo	oung Adult 🗵	Adult (21-64)	☑ Encounter	☐ 15 Minutes	Minimum:	45 Minutes	
☐ Adol (12-17) (18-2	.0) ×	Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum:	N/A	
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVICE	E CATEGORY(IES)			
☑ Face-to-Face	☑ Individual		☑ HE (SP)	□ U4 (ICM		l (Voc)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)	☐ TM (ACT	「) □ H	Q (Clubhouse)	
☐ Telephone	☐ Group (HQ) ☐ Family (HR/H	(2)	☐ HK (Residential)	□нм	□⊤	(Recovery)	
— тетерноне		اد.	☑ HF (2 nd modifier-	-SUD) (Respite)	□ H	Γ (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist	⊠ LCSW (A	(I) X Unlicensed M	lactor's Lovol (H())	□LAC ☑ LPN/LVN (T	E) 🗵 RxN (S	۸)	
☑ Bachelor's Level (HN)	∑ LPC		4D/ bPD/bevD (Hb)	□CAC I ⊠ RN (TD)	≥ RXIV (3		
☑ Intern	ĭ LMFT	☑ Licensed EdD,	/PhD/PsvD (AH)	□CAC II ☑ APN (SA)	⊠ MD/D		
		•	· · · L]CACIII □ QMAP		. ,	
PLACE OF SERVICE (POS)	7 A OF (12)			—	(24)		
	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04	I) Inpt Hosp (1 1 1 1 1	rison/CF (09)	
` '	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	☐ Inpt PF (51	1	thool (03)	
	☐ Grp Home (14)	□ NF (32)	☐ FQHC (50)	☐ ER (23)	ПО		
⊠Outp Hospital(22) □	☐ Home (12)	□ PRTF (56)	\square FQHC (50) \square PF-PHP (52) \square Other POS (99)				

	TREATME	NT - INTENSIVE - I	PARTIAL HOSPITAI	LIZATION (F	PHP)		
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CO	DE DESCRIP	PTION		USAGE
			Training and edu	ıcational se	rvices related to	the care	
	G0177		and treatment o	f patient's o	disabling menta	l health	☑ OBH
			problems per ses	ssion (45 m	inutes or more)		
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATIO	ON REQUIREMI	ENTS	
Psychosocial skills deve	lopment and rehabilita	ation services to	Technical Docun	nentation R	Requirements		
improve social function	- '		See Page 346				
maintaining/re-establis			Service Content				
Interventions are delive			1. Initial/intake		ım documentin	g symptoms	/problems
individualized to meet s			necessitating				
objectives in the treatm			2. Individualized			4D /DO	on one of all and
on developing and stren					escribed by an N		
as anger management,					zed written plar		
resolution, money mana		mobility,		-	D/DO after any ff members	needed cor	isuitation
symptom management	and reduction.				, amount, frequ	ioncy and c	luration of
					hed and indicat	-	
			anticipate		nea ana maleat	c diagnoses	una
			Target sympt	-	of therapy and	methods of	monitoring
			outcome	, 8			
			Why chos	sen therapy	is appropriate	treatment r	modality
					ddition to anoth		
			treatmen	t			
			Specify estim	ated durati	ion of treatmen	t, in terms o	of number of
			sessions				
					n, document th		it is expected
					atus/function o		
			 For chronic problems, document that stabilization/ maintenance of health status/function is expected 				
			5. Indicate time		_		
NOTES			relevance to care and treatment of patient's MH condition EXAMPLE ACTIVITIES				
This is an individual skill	ls training service Per	CMS this	EXAMILE ACTIV	IIILJ			
procedure code is only							
programs (PHPs).	uscu joi purtiui nospi						
APPLICABLE POPULATION	ON(S)		UNIT			DURATION	
		Adult (21-64)	☑ Encounter	□ 15	Minutes	Minimum:	45 Minutes
		Geriatric (65+)	□ Day	□1H		Maximum:	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEG	ORY(IES)		
☑ Face-to-Face	☑ Individual		⊠ HE (SP)		☐ U4 (ICM)	□нј	(Voc)
☐ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)		☐ TM (ACT)	□но	ર (Clubhouse)
☐ Telephone	☐ Group (HQ) ☐ Family (HR/HS	3	☐ HK (Residentia		□нм	□тт	(Recovery)
·	L raining (ringris	'1		ier-SUD)	(Respite)	□ H1	「(Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN)	🗵 LCSW (AJ) Unlicensed M	laster's Level (HO)	□LAC	☑ LPN/LVN (TE) 🗵 RxN (S.	۹)
☑ Intern	∠ LPC	☑ Unlicensed Ed	dD/ PhD/PsyD (HP)	□CAC II	⊠ RN (TD) ⊠ APN (SA)	⊠ PA (PA)
- mem	∠ LMFT	Licensed EdD,	/PhD/PsyD (AH)	□CACIII		⊠ MD/D0	O (AF)
PLACE OF SERVICE (POS	5)				·		
☑ CMHC (53)	□ ACF (13)	☐ Hospice (34)		/ \	☐ Inpt Hosp (2	21)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter		☐ Inpt PF (51)	□ Pr	ison/CF (09)
☐ Mobile Unit (15)	☐ Grp Home (14)	□ NF (32)	☐ SNF (31)	-	□ ER (23)		hool (03)
⊠Outp Hospital(22)	☐ Home (12)	□ PRTF (56)	☐ FQHC (5	oU)	≥ PF-PHP (52)	⊔ Ot	her POS (99)

		ASSESSMENT – AL	COHOL AND DRUG	ABUSE			
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION	ı	USAGE	
	H0001		Alcohol and/or Drug (AOD) Assessment ☑ Medica				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION R	EQUIREMENTS	S	
The evaluation of an individual to determine the presence, nature and extent of the individual's abuse, misuse and/or addiction to AOD (Alcohol or Drug), with the goal of formulating a substance use related diagnosis and plan for services or appropriate referral. The assessment includes AOD history, mental status and diagnosis formulation specific to SUD, appropriate family and social history, cultural issues, relevant physical and mental health history and treatment and recommendations. The evaluation may include communication with family or other sources. * Use procedure code 90791 for an assessment of a primary Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem 2. Referral source 3. Diagnostic interview examination elements specific to SUD 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagnos Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordina					tended goal or cern(s) or problem(s) hts specific to SUD / mine SUD diagnosis		
mental health diagnostic evaluation			needed with 3 rd parties and disposition				
NOTES			EXAMPLE ACTIVIT	ΓIES			
For assessment of a primary mental health diagnosis use the 90791 procedure code. H0001 is used for assessment(s) and re-assessment (s), if required, related to SUD diagnoses, and does not include psychotherapeutic services. If appropriate and based on patient stability/status in social detox, Assessment services (H0001) may be provided prior to discharge.							
APPLICABLE POPULAT			UNIT DURATION				
·		区 Adult (21-64) 区 Geriatric (65+)	□ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:	•	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI		•		
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie	□ T) □ H	I4 (ICM) M (ACT) IM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENTS	5						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II □	KN (ID) ΔPN (SΔ)	⊠ RxN (SA) ⊠PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (PO	•						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	 ☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) 	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent (X	Inpt Hosp (21) Inpt PF (51) ER (23) PF-PHP (52)	 ☐ Prison/CF (09) ☑ School (03) ☑ NRSATF (57) ☑ Other POS (99) 	

		ASSESSMENT – AL	COHOL AND DRUG	ABUSE			
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION	N .	USAGE	
	H0001		Alcohol and/or Dr	ug (AOD) Asse	ssment	☑ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
The evaluation of an individual to determine the presence, nature and extent of the individual's abuse, misuse and/or addiction to AOD (Alcohol or Drug), with the goal of formulating a substance use related diagnosis and plan for services or appropriate referral. The assessment includes AOD history, mental status and diagnosis formulation specific to SUD, appropriate family and social history, cultural issues, relevant physical and mental health history and treatment and recommendations. The evaluation may include communication with family or other sources. * Use procedure code 90791 for an assessment of a primary Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem 2. Referral source 3. Diagnostic interview examination elements specific to SUD 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination				rended goal or cern(s) or problem(s) hts specific to SUD / mine SUD diagnosis			
mental health diagnostic evaluation			needed witl	n 3 rd parties an	d disposition		
NOTES			EXAMPLE ACTIVIT	ΓIES			
For assessment of a primary mental health diagnosis use the 90791 procedure code. H0001 is used for assessment(s) and re-assessment (s), if required, related to SUD diagnoses, and does not include psychotherapeutic services. If appropriate and based on patient stability/status in social detox, Assessment services (H0001) may be provided prior to discharge.							
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
·		⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum:	•	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie	□ T) □ H	J4 (ICM) IM (ACT) IM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENTS	5						
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II □	KN (TD) ΔPN (SΔ)	☑ RxN (SA) ☑PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (PO	-						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent	X	Inpt Hosp (21) Inpt PF (51) ER (23) PF-PHP (52)	☐ Prison/CF (09) ☑ School (03) ☑NRSATF (57) ☑ Other POS (99)	

SCREENING – PROGRAM ELIGIBILITY							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAG				
	H0002		Behavioral health for admission to t		o determine eligib rogram	ility	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	N REQUIREMENTS	;	
A preliminary procedu merely indicate wheth health and/or substand Screening may be acco interview or a formal s culturally and age-rele	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source and reason(s) for referral 3. Description of the service 4. Review of psychosocial and family history, identified risks, assessment of treatment program appropriateness 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition – need for BH services, referral, etc.				d risks,		
NOTES			EXAMPLE ACTIVIT				
treatment needs, but a treatment options. If there is a document of there isn't an existing deferred (R69 – illness for observation for other ruled out) unless the straignosis. If this service is 344 provided by a LAC or 0 a facility licensed by O licensed physician or liarts (10 CCR 2505-10)	Screening to determine eligibility, treatment needs and treatment needs, but also an evaluation of available ent options. In an integrated care setting, a Behavioral Health Professional mode a brief assessment such as a PHQ-9 to assess for the presence/severity of depression. In an integrated care setting, a Behavioral Health Professional mode a brief assessment such as a PHQ-9 to assess for the presence/severity of depression. In an integrated care setting, a Behavioral Health Professional mode a brief assessment such as a PHQ-9 to assess for the presence/severity of depression. In an integrated care setting, a Behavioral Health Professional mode a brief assessment such as a PHQ-9 to assess for the presence/severity of depression.				essional may		
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
区 Child (0-11) 区 \(\times \) ✓ Adol (12-17) (18	Young Adult 🗵 3-20) 🗵	Adult (21-64) Geriatric (65+)	☐ Day	☐ 15 Minut	Maximum: I		
☑ Video Conf (GT) ☑ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		PROGRAM SERVIO ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☐ HF (2 nd modifie) [RY(IES) 될 U4 (ICM) 될 TM (ACT) 된 HM (Respite)	⊠ H ⊠ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS	5			W. A.	W . D (1 (2		
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	Unlicensed 6	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	Σ APN (SΔ)	⊠ RxN (S ⊠ PA (PÆ ⊠ MD/D	۹) ´
PLACE OF SERVICE (PC							
☑ Office (11) ☑ Mobile Unit (15)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent (☑ Inpt Hosp (21)☑ Inpt PF (51)☑ ER (23)☑ PF-PHP (52)	⊠ S∈ ⊠ N	rison/CF (09) chool (03) IRSATF (57) other POS (99)

SCREENING – PROGRAM ELIGIBILITY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0002	Behavioral health screening to determine eligibility	☑ OBH			
	for admission to treatment program				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A preliminary procedure limited in nature and intended to merely indicate whether there is a probability that a mental	Technical Documentation Requirements See Page 346				
health and/or substance use-related problem is present.	Service Content				
Screening may be accomplished using a structured	1. The reason for the visit/call. What was the intended	-			
interview or a formal standardized screening tool that is	agenda? Chief complaint/presenting concern(s) or	r problem(s)			
culturally and age-relevant.	2. Referral source and reason(s) for referral				
	3. Description of the service4. Review of psychosocial and family history, identif	ied risks			
	assessment of treatment program appropriatene				
	5. Plan for next contact(s) including any follow-up or				
	needed with 3 rd parties and disposition – need for	r BH services,			
	referral, etc.				
NOTES	EXAMPLE ACTIVITIES	•			
Screening may require not only the evaluation of a patient's	Screening to determine eligibility, treatment needs a	nd treatment			
treatment needs, but also an evaluation of available treatment options.	options. In an integrated care setting, a Behavioral Health Pro	fossional may			
If there is a documented diagnosis, it can be used.	do a brief assessment such as a PHQ-9 to assess for t	•			
If there isn't an existing diagnosis, it needs to be listed as	presence/severity of depression.				
deferred (R69 – illness, unspecified or Z03.89 – encounter					
for observation for other suspected diseases and conditions					
ruled out) unless the screener has actually confirmed the					
diagnosis. If this service is344					
provided by a LAC or CAC, the service must be provided at					
a facility licensed by OBH, or under the supervision of a					
licensed physician or licensed practitioner of the healing					
arts (10 CCR 2505-10)					
ADDUCADUS DODUU ATIONICA	DUDATION				
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	UNIT DURATION ☑ Encounter ☐ 15 Minutes Minimum: N/A				
 ✓ Adol (12-17) ✓ Adol (12-17) ✓ (18-20) ✓ Geriatric (65+) 	□ Day □ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
	☑ HE (SP) ☑ U4 (ICM) ☑	HJ (Voc)			
☑ Video Conf (GT) ☐ Group (HQ)	, , ,	HQ (Clubhouse)			
✓ Telephone ✓ Family (HR/HS)	, , , , , , , , , , , , , , , , , , , ,	TT (Recovery)			
	☑ HF (2 nd modifier-SUD) ☑	HT (Prev/EI)			
STAFF REQUIREMENTS Peer Specialist	Master a Love (VID) ZLAC Z LPN/LVN (TE)				
Rachelor's Level (HN)	Naster's Level (HO)				
I A Intern	H EdD/ PhD/PsyD (HP) 区CAC II 区 APN (SA) 区 PA (dD/PhD/PsyD (AH) 区 CAC II 区 APN (SA) 区 MD	PA) /DO (AF)			
	^{IIID/PSyD (AH)} 区CACIII □ QMAP □ MD	(AF)			
PLACE OF SERVICE (POS)		-			
 ☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Court Court (23) ☑ ICF MB (54) 		Prison/CF (09)			
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)		School (03) NRSATF (57)			
Solution (13) Solution (14) Solution (15) Solution (14) Solution (15) Solution (15) Solution (16) S		Other POS (99)			

SCREENING – ALCOHOL AND DRUG ABUSE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Alcohol and/or drug screening; laboratory				
H0003	analysis of specimens for presence of alcohol ☑ OBH				
CERVICE DECORPTION	and/or drugs				
SERVICE DESCRIPTION An alcohol and/or drug screening occurs when specific	MINIMUM DOCUMENTATION REQUIREMENTS Date of service				
instruments or procedures are used to detect the presence of	Screening results				
an alcohol and/ or drug problem. The screening should	Referral for treatment (if applicable)				
determine the appropriateness for treatment at a specific	 Signed with 1st initial, last name & credential 	ls			
treatment agency and should occur prior to administering					
differential assessments.					
NOTEC	EVANADI E ACTIVITIES				
NOTES	EXAMPLE ACTIVITIES Screening questionnaire				
	Screening questionnaire				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A				
	☐ Day ☐ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES)				
ALLOWED MODE(S) OF DELIVERY	. ,	HJ (Voc)			
☐ Face-to-Face ☐ Individual		IQ (Clubhouse)			
☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone □ Family (HR/HS)		TT (Recovery)			
	☐ HF (2 nd modifier-SUD) ☐ F	HT (Prev/EI)			
STAFF REQUIREMENTS					
☑ Peer Specialist☑ LCSW (AJ)☑ Unlicensed☑ Bachelor's Level (HN)☑ LDS☑ Unlicensed	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN (T ⊠ CAC I ⊠ RN (TD)	E) 🗵 RxN (SA)			
IN Intern	EdD/ PDD/PSYD (HP) 🖾 CACII 🖾 APRN (SA)	⊠ PA (PA)			
☑ LMFT ☑ Licensed Ed	D/PhD/PsyD (AH) ⊠ CACIII ⊠ QMAP	⊠ MD/DO(AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34)	☑ Shelter (04) ☑ Inpt Hosp (21) ☑ Inpt Hosp (21)				
✓ Office (11) ✓ Cust Care (33) ✓ ICF-MR (54)	× SNF (31)	Prison/CF (09)			
Mobile Unit (15)	☑ FQHC (50)	School (03) Other POS (99)			
☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	⊠ NRSATF (55)	Julei FO3 (33)			

	TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COI	USAGE			
	H0004		Behavioral health counseling and therapy, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCI	JMENTATION	REQUIREMENTS		
Individual counseling/t treatment/service plar assessment and listed intended outcome is the reduction/resolution o	 Problem(s) as identified in the treatment/one management, 	dentified by an service plan. The	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/servi plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress toward goals/objectives? 5. Plan for next contact(s) including any follow-up or coordinat needed with 3 rd parties				
NOTES			EXAMPLE ACTIV				
H0004 offers flexibility in terms of time increments and POS. H0004 may include unplanned telephone contact and/or planned contact if medically necessary, clinically justified, and included in the treatment/service plan. Crisis intervention is reported using H2011 in lieu of H0004. If services are performed by a LAC/CAC provider, a SUD Primary Diagnosis is required.							
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	⊠ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	☐ Encounter ☐ Day		Maximum: N		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGOR	Y(IES)		
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual☐ Group (HQ)☑ Family (HR/H providers only)	HS) (for SUD	☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifi]] (le	☑ U4 (ICM) ☑ TM (ACT) □ HM (Respite)	⋈ HJ (Voc)⋈ HQ (Clubhouse)⋈ TT (Recovery)⋈ HT (Prev/EI)	
STAFF REQUIREMENTS	S						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSV ⊠ LPC ⊠ LMF	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	× KN (ID)	☑ Rxn (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (PC	•						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)		☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ Independent	[[☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ ER (23) ☑ PF-PHP (52)	□ Prison/CF (09) ☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)	

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COL	USAGE			
	H0004		Behavioral health counseling and therapy, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION F	REQUIREMENTS		
Individual counseling/t treatment/service plar assessment and listed intended outcome is the reduction/resolution o	 Problem(s) as iden in the treatment/service management, 	tified by an vice plan. The	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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				
NOTES			EXAMPLE ACTIV	ITIES			
H0004 offers flexibility in terms of time increments and POS. H0004 may include unplanned telephone contact and/or planned contact if medically necessary, clinically justified, and included in the treatment/service plan. Crisis intervention is reported using H2011 in lieu of H0004.							
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	Adult (18-20)	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	■ 15 Minutes □ 1 Hour	Maximum: N/A	nutes	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGORY	(IES)		
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual☐ Group (HQ)☑ Family (HR/HS)providers only)	(for SUD	☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifi	al)	TM (ACT) [HM (Respite) [☑ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS	5						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	APN (SA)	N (SA) (PA) D/DO (AF)	
PLACE OF SERVICE (PO				_			
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	□Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	⊠ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ Independent	X X	Inpt PF (51) ER (23)	□ Prison/CF (09) ☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)	

TREATMENT ALCOHOL AND DRUG ABUSE - GROUP PSYCHOTHERAPY								
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION					USAGE
	H0005		Alcohol and/or drug services; group counseling				g	☑ Medicaid
SERVICE DESCRIPTION		MINIMUM DOCUI	MENTATIO	ON REC	QUIREMENT	S		
A planned therapeutic or counseling activity conducted by the behavioral health clinician in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchange. Group services are designed to assist patients with a primary SUD in achieving their AOD treatment goals. *Use 90853 procedure code for group psychotherapy for patients with a primary mental health diagnosis			 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number of patients present. The therapeutic intervention(s) utilized and the response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			EXAMPLE ACTIVIT		.3			
H0005 is used for growthan the patients' socialization, music classes, excursions, or is present, document a	families. H0005 do therapy, recreation group meals. If only o	oes not include al activities, art ne group member						
APPLICABLE POPULAT			UNIT			DURATION	1	
⊠ Adol (12-17) (1	8-20)	☑ Adult(21-64) ☑ Geriatric (65+)	□ Day I	□ 15 Min ⊠1 Hour		Minimum: Maximum:		ins
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC	CE CATEGO				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/HS)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modifiential)		⊠ U4 ⊠ TM □ HM			HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS	\$							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (, 区 LPC 区 LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	□ RI	PN/LVN (TE) N (TD) PN (SA) MAP	⊠ RxN ⊠ PA (F ⊠ MD/	PA)
PLACE OF SERVICE (PC	OS)							
☑ CMHC (53) ☑ Office (11) ☑Mobile Unit (15) ☑Outpt Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☐ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC☑ Independent Cli	inic (49)	☐ Inp	t Hosp (21) t PF (51) (23) PHP (52)	X S	Prison/CF (09) School (03) NRSATF (57) Other POS (99)

TREATMENT ALCOHOL AND DRUG ABUSE - GROUP PSYCHOTHERAPY								
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION					USAGE
	H0005		Alcohol and/or dru	ug service:	s; grou	p counseling	g	⊠ OBH
SERVICE DESCRIPTION		MINIMUM DOCUI	MENTATIO	ON REC	QUIREMENT	S		
A planned therapeutic or counseling activity conducted by the behavioral health clinician in a group setting with 2/more patients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchange. Group services are designed to assist patients with a primary SUD in achieving their AOD treatment goals. *Use 90853 procedure code for group psychotherapy for patients with a primary mental health diagnosis			 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number of patients present. The therapeutic intervention(s) utilized and the response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			EXAMPLE ACTIVIT					
H0005 is used for growthan the patients' socialization, music classes, excursions, or is present, document a	families. H0005 de therapy, recreation group meals. If only o	oes not include al activities, art ne group member						
APPLICABLE POPULAT			UNIT			DURATION	1	
☑ Child (0-11)☑ Adol (12-17)☑ (1	Young Adult 28-20)	☑ Adult(21-64) ☑ Geriatric (65+)	□ Day I	□ 15 Min ⊠1 Hour		Minimum: Maximum:		nins
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC	CE CATEGO				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/HS)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modifiential)		⊠ U4 ⊠ TM □ HIV			HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS	S							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	□RI	PN/LVN (TE) N (TD) PN (SA) MAP	⊠ RxN ⊠ PA (I ⊠ MD/	
PLACE OF SERVICE (PC	OS)							
☑ CMHC (53) ☑ Office (11) ☑Mobile Unit (15) ☑Outpt Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☐ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC☑ Independent Cli	inic (49)	☐ Inp	t Hosp (21) t PF (51) (23) PHP (52)	X	Prison/CF (09) School (03) NRSATF (57) Other POS (99)

	TREATM	ENT ALCOHOL AND	DRUG ABUSE - CA	ASE MANAGEME	NT	
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
	H0006		Alcohol and/or d	rug services; case	management	☑ Medicaid
SERVICE DESCRIPTION	N		MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
Services designed to assist and support a patient to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services. Case management includes: • Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources; • Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; includes transition plan development with patient • Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services available, addresses and telephone numbers of agencies providing services; working with patient/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon service or transition plan and monitoring progress and impact of plan.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
	re code for case man ary mental health dia	-				
NOTES	ary mentar near a	28110010	EXAMPLE ACTIVI	ITIES		
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or			available reso application pr • Contact with patient access	ources, explaining rocess patient's family m s services	identifying and involutions to patient and involutions to patient and involved the members for assistantial and involved the service agencies.	and assisting in
monitoring and follow- APPLICABLE POPULA			UNIT		DURATION	
☑ Child (0-11) ☑ Adol (12-17)	⊠ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	☐ Encounter ☐ Day	区 15 Minutes ☐ 1 Hour	Minimum: 8 minu Maximum: N/A	tes
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV			
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS	;)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residentia☑ HF (2nd modifi		(ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMEN	TS					
☐ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern) ELCSW ELPC ELMFT	∪nlicensed €	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R ☑CAC II ⊠ A	PN/LVN (TE) N (TD) PN (SA) MAP RxN P RxN P PA (I P MD/	
PLACE OF SERVICE (F	OS)					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	 ☐ Hospice (34) ☒ ICF-MR (54) ☒ NF (32) ☒ PRTF (56) 	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent	⊠ In ⊠ Ef	pt PF (51) 🗵 :	Prison/CF (09) School (03) Other POS (99) NRSATF (57)

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TREATMENT ALCOHOL AND DRUG ABUSE - CASE MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0006	Alcohol and/or drug services; case management 🗵 OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Services designed to assist and support a patient to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services. Case management includes: • Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources; • Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; includes transition plan development with patient • Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services available, addresses and telephone numbers of agencies providing services; working with patient/service providers to secure access to services, including contacting agencies for appointments/services after initial referrances; and • Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon service or transition plan and monitoring progress and impact of plan. *Use T1017 procedure code for case management for	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
patients with a primary mental health diagnosis					
NOTES	EXAMPLE ACTIVITIES				
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up.	 Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process Contact with patient's family members for assistance helping patient access services Care Coordination between other service agencies, healthcare providers 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 minutes ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS)	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☑ HQ (Clubhouse) ☐ HK (Residential) ☑ HM (Respite) ☑ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☑ HT (Prev/EI)				
STAFF REQUIREMENTS					
⊠ Intern □ LMFT □ Licensed	Ed Master's Level (HO) Ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)				
PLACE OF SERVICE (POS)					
 ☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56) 					

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TREATMENT – CRISIS - ALCOHOL AND DRUG ABUSE -						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	H0007		Alcohol and/or drug (outpatient)	Alcohol and/or drug services; crisis intervention (outpatient)		
SERVICE DESCRIPTION	N		MINIMUM DOCUM	IENTATION RE	QUIREMENTS	
A planned alcohol and a person to abstain fro						
NOTES			EXAMPLE ACTIVITI	ES		
APPLICABLE POPULAT	TION(S)		UNIT		DURATION	
	8-20)	Adult (21-64) Geriatric (65+)		15 Minutes 11 Hour	Minimum: N/A Maximum: N/A	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS	;)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-	□ U4 (□ TM (□ HM	ICM) □ HJ ((ACT) □ HQ □ TT (Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENT	rs					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN (⊠ RN (TD) ⊠ APRN (SA) □ QMAP	TE) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)
PLACE OF SERVICE (PO	OS)					
☑ Office (11) ☐ Mobile Unit (15)	☐ ACF (13) ☑ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	 ⋈ Hospice (34) ⋈ ICF-MR (54) ⋈ NF (32) ⋈ DRTE (56) 	 ☑ Shelter (04) ☐ SNF (31) ☑ FQHC (50) ☐ RSATF (55) ☑ NRSATF (57) 	☑ Inpt Hosp ☑ Inpt PF (5 ☐ ER (23) ☑ PF-PHP (5	1) School	n/CF (09) bl (03) · POS (99)

RESIDENTIAL - SOCIAL DETO	X- ALCOHOL AND DRUG ABUSE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) ☑ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
This service requires face-to-face interactions with an individual for the purpose of alcohol and/or drug detoxification in an alcohol and drug addiction residential program certified by the State Substance Abuse Authority that provides detoxification services and is staffed with an employee who is a registered nurse and/or licensed practical nurse (working at the direction of a licensed physician or registered nurse) on the premises 24 hours per day, with a licensed physician on call 24 hours per day, and the detoxification services component of the program supervised by a licensed physician.	 Date of service Start and stop time (duration) Documentation of all monitoring activities Log of vital signs (taken every two (2) hours until the patient remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged. At discharge, documentation procedures (information shall be communicated to the patient about the effects of alcohol and drugs; risk factors associated with alcohol and drug abuse such as acquiring or transmitting HIV/AIDS; availability of testing and counseling for HIV/AIDS, TB, Hepatitis C, other infectious diseases, and pregnancy; availability of alcohol and drug abuse treatment services). Signed with 1st initial, last name & credentials 			
NOTES	EXAMPLE ACTIVITIES			
Service should be provided for a minimum of 24 Hours. A treatment Facility providing this service should have maximum of 25% of its staff with, or working towards, a CAC I certification. This code is for non-Medicaid eligible clients.	Administer medications Medical evaluations All other detox activities that do not necessarily require medical personnel to complete			
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	☐ Encounter ☐ 15 Minutes Minimum: 24 Hours ☐ Day ☐ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES)			
⊠ Face-to-Face □ Video Conf (GT) □ Group (HQ) □ Telephone □ Family (HR/HS)	□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HF (2 nd modifier-SUD) □ HT (Prev/EI)			
STAFF REQUIREMENTS Peer Specialist	Manada LAC ☑ LPN/LVN (TE) ☐ Dan (SA)			
⊠ Bachelor's Level (HN) ⊠ LCSW (AJ) ⊠ Unlicensed I ⊠ Intern ⊠ LPC ⊠ Unlicensed I Image: State of the properties of the pro	Master's Level (HO)			
PLACE OF SERVICE (POS)				
□ CMHC (53) □ ACF (13) □ Hospice (34) □ Office (11) □ Cust Care (33) □ ICF-MR (54) □ Mobile Unit (15) □ Grp Home (14) □ NF (32) □ Outh Hospital(22) □ Home (12) □ PRTF (56)	□ Shelter (04) □ Inpt Hosp (21) □ SNF (31) □ Inpt PF (51) □ Prison/CF (09) □ FQHC (50) □ ER (23) □ School (03) ☑ RSATF (55) □ PF-PHP (52) □ Other POS (99)			

RESIDENTIAL - SOCIAL DETOX- ALCOHOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Provided through face-to-face interactions with an individual for the purpose of medically managing and monitoring withdrawal symptoms from alcohol and/or drug intoxication as an outpatient through a residential addiction program with appropriate accreditation, certification, and licensure. The program shall be staffed with a sufficient number of personnel on a 24-hour per day basis to meet the health care needs of the residents served by personnel trained, authorized, and credentialed (where applicable) to carry out assigned job responsibilities consistent with scopes of practice, resident population characteristics and the resident's individual plan of care/treatment.	 Date of service Start and stop time (duration) Admission criteria Patient informed consent including date and time Medical evaluations Protocols for usual and customary detoxification (individualized detoxification plan) Signed with 1st initial, last name & credentials 			
NOTES	EXAMPLE ACTIVITIES			
A treatment Facility providing this service should have a maximum of 25% of its staff with, or working towards, a CAC I certification. Non- hospital environments: require a client/staff ratio that does not exceed 10 to one (10:1) and each shift requires a minimum of (2) staff members. This code is for non-Medicaid eligible clients.	Unless staffed with medical personnel – Medical evaluations cannot be completed. Admission documentation Safe withdrawal Motivational counseling Referral for treatment Additional treatment/service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification. All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) Routine monitoring of physical and mental status			
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: N/A ☑ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☐ Face-to-Face ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
Image: State of State	Master's Level (HO) Edd/ PhD/PsyD (HP) S CAC I RXN (SA)			
PLACE OF SERVICE (POS)				
☐ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outp Hospital (22) ☐ Home (12) ☐ PRTE (56)	□ Shelter (04) □ Inpt Hosp (21) □ Prison/CF (09) □ SNF (31) □ Inpt PF (51) □ School (03) □ RSATF (55) □ ER (23) □ Other POS (99) ☑ NRSATF (57) □ PF-PHP (52)			

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RESIDENTIAL - SOCIAL DETOX- ALCOHOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H0014	Alcohol and/or drug services; ambulatory detoxification	☑ ОВН		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
The face-to-face medical monitoring of the physical process of withdrawal from AOD for those clients with an appropriate level of readiness for behavioral change and level of community/social support. Indicated when the client experiences physiological dysfunctions during withdrawal, but life or significant bodily functions are not threatened (i.e., mild to moderate withdrawal symptoms). Services are supervised by an MD/DO in a residential setting. The focus is on rapid stabilization and entry into the appropriate level of care/treatment. Social/Ambulatory Detoxification includes supervision, observation and support for individuals whose intoxication/withdrawal signs and symptoms are severe enough to require a 24 hour structured program but do not require hospitalization.	 MINIMUM DOCUMENTATION REQUIREMENTS Admission documentation Date of service Start and stop time (duration) Safe withdrawal Motivational counseling Referral for treatment Additional treatment/service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ Clinical interventions based on treatment/service plan All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) Routine monitoring of physical and mental status Discharge information communicated to client (effects of AOD, risk factors associated with AOD abuse for HIV/AIDS, TB and other infectious diseases, and pregnancy; information about availability of testing and pre-/post-test counseling for HIV/AIDS, TB, Hep C and other infectious diseases, and pregnancy; and the availability of AOD treatment services) Signed with 1st initial, last name & credentials 			
NOTES	EXAMPLE ACTIVITIES			
Social/Ambulatory Detox services must be ordered by an MD/DO or NP. Other rehabilitative substance abuse treatment services are not reimbursed on the same DOS. This code is for non-Medicaid eligible clients.				
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: 24 ho	our		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	\square HK (Residential) \square HM (Respite) \square TT	(Voc) (Clubhouse) (Recovery) (Prev/El)		
STAFF REQUIREMENTS				
	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN (T EdD/ PhD/PsyD (HP) ⊠ CAC I ⊠ RN (TD) ⊠ CAC II □ APRN (SA) ⊠ CACIII □ QMAP	「E) □ RxN (SA) □ PA (PA) ☑ MD/DO(AF)		
PLACE OF SERVICE (POS)				
☐ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outp Hospital(22) ☐ Home (12) ☐ PRTE (56)	□ Shelter (04) □ SNF (31) □ FQHC (50) □ RSATF (55) □ NRSATF (57) □ Inpt Hosp (21) □ Prison, □ Inpt PF (51) □ School □ PF-PHP (52) □ Other	l (03)		

TREATMENT - ALCOHOL AND DRUG ABUSE- INTENSIVE (IOP-SUD)						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE C	ODE DESCR	RIPTION	USAGE
	H0015		Alcohol and/or drug services; intensive outpatient program Medicaid			
SERVICE DESCRIPTION	ON		MINIMUM DOCUMENT	ATION REC	QUIREMENTS	
A structured substance abuse treatment program focusing on assisting patients to develop skills to regain stability in their lives and to build a foundation based upon recovery. Services are based on a comprehensive and coordinated individualized and recovery-oriented treatment/service plan, utilizing multiple concurrent services and treatment modalities rendered by a multidisciplinary treatment team.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties. 6. Daily log of attendance and time duration 7. Weekly note re: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation requirements)			
NOTES			EXAMPLE ACTIVITIES			
Intensive outpatient programing for substance abuse treatment must be in accordance with CCR 502-1 ASAM level II.1 criteria (minimum of 3 hours per day; 9 treatment hours per week for adults, 6 hours per week for adolescents).			Sessions focus on reducing/eliminating problematic substance use by providing recovery oriented multimodal therapy and education			
APPLICABLE POPULA	ATION(S)		UNIT DURATION			
	☑ Young Adult (18-20)	☑ Adult (21-64)☑ Geriatric (65+)	☑ Encounter ☐ 15 ☐ Day ☐ 1 H	Minutes lour	Minimum: Progr least 3 hrs/day a days/week Maximum: NA	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	图 Individual 图 Group (HQ) 口 Family (HR/H	S)	□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-SUD)		(ACT) ☐ HC (Respite) ☐ TT	(Voc) Q (Clubhouse) (Recovery) - (Prev/EI)
STAFF REQUIREMEN	ITS					
☐ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	⊠ LMI	☑ Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) AD/PhD/PsyD (AH)	CAC II	ADM (SA)	XXN (SA) A (PA) MD/DO (AF)
PLACE OF SERVICE (I						
区 CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☑ Outp Hospital (22)	図ACF (13) 図Cust Care (33) Grp Home (14) Home (12)	☑ICF-MR (54) ☑NF (32)	☑ Shelter (04) ☑SNF (31) ☑FQHC (50) ☑Independent Clinic (49)	☐ Inpt ☐ ER (2	PF (51) ■So 23) ■N	rison/CF (09) chool (03) RSATF (57) ther POS (99)

TREATMENT - ALCOHOL AND DRUG ABUSE- INTENSIVE (IOP-SUD)							
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0015		Alcohol and/or drug services; intensive outpatient program ☑ OBH				
SERVICE DESCRIPTION	ON		MINIMUM DOCUM	MENTATION REC	QUIREMENTS		
A structured substance abuse treatment program focusing on assisting patients to develop skills to regain stability in their lives and to build a foundation based upon recovery. Services are based on a comprehensive and coordinated individualized and recovery-oriented treatment/service plan, utilizing multiple concurrent services and treatment modalities rendered by a multidisciplinary treatment team.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties. 6. Daily log of attendance and time duration 7. Weekly note re: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation requirements)				
NOTES			EXAMPLE ACTIVITI	IFS			
Intensive outpatient programing for substance abuse treatment must be in accordance with CCR 502-1 ASAM level II.1 criteria (minimum of 3 hours per day; 9 treatment hours per week for adults, 6 hours per week for adolescents).			Sessions focus on reducing/eliminating problematic substance use by providing recovery oriented multimodal therapy and education				
APPLICABLE POPUL	ATION(S)		UNIT		DURATION		
	☑ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: Progra least 3 hrs/day a days/week Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	図 Individual 図 Group (HQ) □ Family (HR/H	S)	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier		(ACT) ☐ HC (Respite) ☐ TT	(Voc) Q (Clubhouse) (Recovery) T (Prev/EI)	
STAFF REQUIREMEN	NTS						
☐ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	⊠ LMI	☑ Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□CAC I □ ⊠CAC II ⊠	ADN (SA) X P	xN (SA) A (PA) 1D/DO (AF)	
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑Office (11) ☐ Mobile Unit (15) ☑Outp Hospital (22)	☑ACF (13) ☑Cust Care (33) ☑Grp Home (14) ☐ Home (12)	☑ICF-MR (54) ☑NF (32)	☑ Shelter (04) ☑SNF (31) ☑FQHC (50) ☑Independent Clinio	☐ Inpt ☐ ER (2	PF (51) ■Sc 23) ■N	rison/CF (09) chool (03) RSATF (57) ther POS (99)	

RESIDENTIAL - ACUTE TREATMENT UNIT (ATU)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
	Behavioral health; residential (hospital residential			
H0017	treatment program), without room and board, per 🗵 Medicaid			
	diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disorders occurs.	Technical Documentation Requirements See Page 346 Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertinent mental status and functioning status 2. Participation in treatment			
NOTES LOS averages 3 – 7 days, but generally no longer than 30 days.	3. Pertinent physical health status information 4. Progress toward treatment/service plan goals and/or discharge 5. Any other patient activities or patient general behaviors in milieu 6. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services, although included in the per diem, should be identified separately. These services can be all included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service. EXAMPLE ACTIVITIES *External provider means any provider who is providing a discrete			
All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017.	service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility.			
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: N/A			
☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: 24 hours			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☐ Telephone☐ Family (HR/HS)	☑ HE (SP) *young adult ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☑ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
⊠ Bachelor's Level (HN)	Master's Level (HO) □CAC I ☑ RN (TD) ☑ RXN (SA) EdD/ PhD/PsyD (HP) □CAC II ☑ APN (SA) ☑ PA (PA) D/PhD/PsyD (AH) □CACIII ☑ QMAP ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outp Hospital (22) ☐ Home (12) ☑ PRTF (56)	☐ Shelter (04) ☐ SNF (31) ☐ Inpt Hosp (21) ☐ Inpt PF (51) ☐ School (03) ☐ ER (23) ☐ Other POS (99) ☐ PF-PHP (52) ☐ FQHC (50)			

RESIDENTIAL - ACUTE TREATMENT UNIT (ATU)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
	Behavioral health; residential (hospital residential			
H0017	treatment program), without room and board, per			
CERVICE DECORIDATION	diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC	Technical Documentation Requirements See Page 346			
where a planned program of professionally directed	Service Content			
evaluation, care and treatment for the restoration of	Shift Notes or Daily Note (summary of shift notes)			
functioning for persons with behavioral health disorders	1. Patients current clinical status, e.g. symptoms or p	ertinent mental		
occurs.	status and functioning status			
	2. Participation in treatment			
	3. Pertinent physical health status information			
	4. Progress toward treatment/service plan goals and	_		
	5. Any other patient activities or patient general beh			
	 The therapeutic intervention(s) utilized and the incresponse to the intervention(s) 	aividuai s		
	response to the intervention(s)			
	All individual and group services, provided by resident	tial staff, e.g.		
	skills training group, individual therapy, med administ	_		
	although included in the per diem, should be identifie			
	These services can be all included in the same docume			
	daily/shift notes or in a separate note. Refer to appro	-		
	procedure code minimum documentation for each se	rvice.		
NOTES	EXAMPLE ACTIVITIES			
NOTES LOS averages 3 – 7 days, but generally no longer than 30 days.		ng a discrete		
	*Example Activities *External provider means any provider who is providi service who is not part of the residential program. Example 1.			
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this	*External provider means any provider who is providi service who is not part of the residential program. Exa manager not part of the residential facility could perfo	ample, a case orm a service as		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual	*External provider means any provider who is providi service who is not part of the residential program. Exa manager not part of the residential facility could perfo part of the transition from the residential program as	ample, a case orm a service as long as it is not		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.)	*External provider means any provider who is providi service who is not part of the residential program. Exa manager not part of the residential facility could perfo	ample, a case orm a service as long as it is not		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are	*External provider means any provider who is providi service who is not part of the residential program. Exa manager not part of the residential facility could perfo part of the transition from the residential program as	ample, a case orm a service as long as it is not		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017.	*External provider means any provider who is providi service who is not part of the residential program. Exa manager not part of the residential facility could perfo part of the transition from the residential program as a duplication of a service already provided by the residential	ample, a case orm a service as long as it is not		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S)	*External provider means any provider who is providi service who is not part of the residential program. Examanager not part of the residential facility could perform to the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program.	ample, a case orm a service as long as it is not		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64)	*External provider means any provider who is providi service who is not part of the residential program. Examanager not part of the residential facility could perform the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the resid	ample, a case orm a service as long as it is not dential facility.		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S)	*External provider means any provider who is providi service who is not part of the residential program. Examanager not part of the residential facility could perform the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the resid	ample, a case orm a service as long as it is not dential facility.		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	*External provider means any provider who is providi service who is not part of the residential program. Examanager not part of the residential facility could perform the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a	ample, a case orm a service as long as it is not dential facility.		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	*External provider means any provider who is providi service who is not part of the residential program. Exa manager not part of the residential facility could perform the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a	ample, a case orm a service as long as it is not dential facility. Irs J (Voc) Q (Clubhouse)		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Cycle Group (HQ)	*External provider means any provider who is providi service who is not part of the residential program. Exa manager not part of the residential facility could perform the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential DURATION DURATION	ample, a case orm a service as long as it is not dential facility. Irs J (Voc) Q (Clubhouse) T (Recovery)		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Circle Group (HQ) Family (HR/HS)	*External provider means any provider who is providi service who is not part of the residential program. Exa manager not part of the residential facility could perform the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential DURATION DURATION	ample, a case orm a service as long as it is not dential facility. Irs J (Voc) Q (Clubhouse)		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS)	*External provider means any provider who is providi service who is not part of the residential program. Examanager not part of the residential facility could perform the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential DURATION DURATION Maximum: N/A Maximum: 24 hout Maximu	ample, a case orm a service as long as it is not dential facility. Irs J (Voc) Q (Clubhouse) T (Recovery)		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist Rachelor's Level (HN)	*External provider means any provider who is providing service who is not part of the residential program. Examinating the part of the residential facility could perform the residential facility could perform the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already	ample, a case orm a service as long as it is not dential facility. Irs J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed in LPC Unlicensed in LPC	*External provider means any provider who is providing service who is not part of the residential program. Examinating part of the residential facility could perform the residential facility could perform the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a	ample, a case orm a service as long as it is not dential facility. If (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI) (SA) PA)		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) LCSW (AJ) Unlicensed in LCSW (AJ)	*External provider means any provider who is providing service who is not part of the residential program. Examinating part of the residential facility could perform the residential facility could perform the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a	ample, a case orm a service as long as it is not dential facility. Irs J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed in LCSW (AJ) LPC Unlicensed in LCSW (AJ) LPC Unlicensed in LCSW (AJ) LPC LICENSED LEDCE	*External provider means any provider who is providing service who is not part of the residential program. Examanager not part of the residential facility could perform a part of the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided	ample, a case orm a service as long as it is not dential facility. U (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI) (SA) PA) DO (AF)		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed in LCSW (AJ) Intern LCSW (AJ) LPC Unlicensed in LCSW (AJ) LPC Unli	*External provider means any provider who is providing service who is not part of the residential program. Examanager not part of the residential facility could perform a part of the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a duplication of a service already provided by the residential program as a duplication of	ample, a case orm a service as long as it is not dential facility. U (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI) (SA) PA) DO (AF)		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed in LCSW (AJ) LPC Unlicensed in LCSW (AJ) LPC Unlicensed in LCSW (AJ) LPC LICENSED LEDCE	*External provider means any provider who is providing service who is not part of the residential program. Examanager not part of the residential facility could perform a part of the transition from the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided by the residential program as a duplication of a service already provided	ample, a case orm a service as long as it is not dential facility. ITS I (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI) (SA) PA) DO (AF) CF (09) (03)		

RESIDENTIAL – SHORT TERM				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
	Behavioral health; short-term residential (non-			
H0018	hospital residential treatment program), without	☑ Medicaid		
	room and board, per diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
A short-term residential treatment program offering 24-	Technical Documentation Requirements			
hour intensive residential treatment, habilitative, and	See Page 346			
rehabilitative services for up to 30 days in a highly	Service Content Chiff Notes or Daily Note (summary of shift notes)			
structured, community-oriented environment. This type of program is appropriate for patients who need concentrated	Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertine	ent mental status		
therapeutic services prior to community residence. The	and functioning status	sire incircui status		
focus of services is to stabilize the patient and provide a	2. Participation in treatment			
safe and supportive living environment.	3. Pertinent physical health status information			
	 Progress toward treatment/service plan goals and/or di Any other patient activities or patient general behaviors 			
	All individual and group services, provided by residen			
	skills training group, individual therapy, med adminis	_		
	although included in the per diem, should be identified			
	These can be all included in the same documentation	as the		
	daily/shift notes or in a separate note. Refer to appro			
	procedure code for required minimum documentation	n for each		
	service.			
	Residential programs who continue to incorporate an			
	the activities of less than bachelor's level staff, must			
	documentation to support services provided by Medi practitioners during the same per diem billing period			
NOTES	EXAMPLE ACTIVITIES	•		
All services provided by internal professionals in the residential	*External provider means any provider who is provid	ing a discrete		
settings within the period are covered with this code. Any	service who is not part of the residential program. Ex	_		
discrete services (e.g., family, group and individual	manager not part of the residential facility could perform a service as			
psychotherapy, psychiatric services, case management, etc.) by	part of the transition from the residential program as	long as it is not		
external professionals (non-residential staff) are documented, and reported or billed separately from H0018. This does not	a duplication of a service already provided by the res	· ·		
include services for children who are in custody of the	This code could also be used for a Crisis Services Unit	if billed with		
Department of Human Services.	the ET modifier.			
APPLICABLE POPULATION(S)	UNIT DURATION			
	□15			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: 24 Hours	5		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
		HJ (Voc)		
☐ Face-to-Face ☐ Individual		HQ (Clubhouse)		
☐ Video Conf (GT) ☑ Group (HQ)		TT (Recovery)		
☐ Telephone	☐ HF (2 nd modifier-SUD)	HT (Prev/EI)		
STAFF REQUIREMENTS	ETTI (2 mounter-300)			
X Peer Specialist	/ □ LAC			
Bachelor's Level (HN)	r's Level (HO) DCACI RN (TD) ' ' RXN	` '		
✓ Intern ✓ LMFT ✓ Licensed EdD/PhD	D/PSVD (AH) LICAC II LAPIN (SA)	DO (AF)		
	CACIII ⊠ QMAP ⊠ WID/	(, ,		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison/	/CF (09)		
\square Office (11) \square Cust Care (33) \square ICF-MR (54)	☐ SNF (31) ☐ Inpt PF (51) ☐ School			
☐ Mobile Unit (15) ☐ Grp Home (14) *if RCCF, use POS 14 ☐ NF (32)	☐ RSATF (55) ☐ ER (23) ☐ Other I	POS (99)		
☐ Outp Hospital (22) ☐ Home (12) ☐ PRTF (56)	\square PF-PHP (52) \square FQHC (50)		

RESIDENTIAL – SHORT TERM				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
	Behavioral health; short-term residential (non-			
H0018	hospital residential treatment program), without			
	room and board, per diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
A short-term residential treatment program offering 24-	Technical Documentation Requirements			
hour intensive residential treatment, habilitative, and	See Page 346			
rehabilitative services for up to 30 days in a highly structured, community-oriented environment. This type of	Service Content Shift Notes or Daily Note (summary of shift notes)			
program is appropriate for patients who need concentrated	Patients current clinical status, e.g. symptoms or pertinent mental status			
therapeutic services prior to community residence. The	and functioning status			
focus of services is to stabilize the patient and provide a	2. Participation in treatment			
safe and supportive living environment.	3. Pertinent physical health status information			
	Progress toward treatment/service plan goals and/or discharge Any other patient activities or patient general behaviors in milieu			
	All individual and group services, provided by residential staff, e.g.			
	skills training group, individual therapy, med administration services,			
	although included in the per diem, should be identified separately.			
	These can be all included in the same documentation as the			
	daily/shift notes or in a separate note. Refer to appropriate service			
	procedure code for required minimum documentation for each			
	service.			
	Residential programs who continue to incorporate and document the activities of less than bachelor's level staff, must also show			
	documentation to support services provided by Medicaid allowed			
	practitioners during the same per diem billing period.			
NOTES	EXAMPLE ACTIVITIES			
All services provided by internal professionals in the residential	*External provider means any provider who is providing a discrete			
settings within the period are covered with this code. Any	service who is not part of the residential program. Example, a case			
discrete services (e.g., family, group and individual	manager not part of the residential facility could perform a service as			
psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented,	part of the transition from the residential program as long as it is not			
and reported or billed separately from H0018. This does not	a duplication of a service already provided by the residential facility.			
include services for children who are in custody of the	This code could also be used for a Crisis Services Unit if billed with the ET modifier.			
Department of Human Services.	the E1 modifier.			
APPLICABLE POPULATION(S)	UNIT DURATION			
⊠ Child (0-11) ⊠ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minimum: N/A			
 ☑ Adol (12-17) ☑ Adol (18-20) ☑ Geriatric (65+) 	Minutes Maximum: 24 Hours			
	□ 1 Hour			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face ☑ Individual	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) *for child/adol/young adult ☐ TM (ACT) ☐ HQ (Clubhouse)			
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☑ Group (HQ)	*for child/adol/young adult □ TM (ACT) □ HQ (Clubhouse) □ TG (Other SP) □ HM (Respite) □ TT (Recovery)			
☐ Telephone ☐ Family (HR/HS)	☑ HK (Residential)☑ HT (Recovery)			
	☐ HF (2 nd modifier-SUD)			
STAFF REQUIREMENTS				
	's Level (HO) □ LAC ☑ LPN/LVN (TE) ☑ RXN (SA)			
■ Bachelor's Level (HN) ■ LPC ■ Unlicensed EdD/ Pl	hD/PsyD (HP)			
□ Licensed EdD/PhD/ □ Licensed EdD/PhD/	PsyD (AH) □CAC II ☑ APN (SA) ☑ FA (FA) □CACIII ☑ QMAP ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)				
X ACE (13)	Challes (04)			
Civinc (33) Unospice (34)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison/CF (09)			
☐ Mobile Unit (15)	☐ SNF (31) ☐ Inpt PF (51) ☐ School (03) ☑ RSATF (55) ☐ ER (23) ☐ Other POS (99)			
Outo Hospital (22) TRCCF, use POS 14 PDTE (56)	□ PF-PHP (52) □ FQHC (50)			
\Box Outp Hospital (22) \Box Home (12)	11 1111 (32) 1 1 Q11C (30)			

RESIDENTIAL - LONG TERM						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
			Behavioral healt	h; long-term resid	lential (non-	
	H0019		medical, non-acı	ute care in a resid	ential	
	110013		treatment progra	am where stay is	typically longer	
			than 30 days), w	ithout room and l	ooard, per diem	
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION RE	QUIREMENTS	
A residential treatment p	rogram offering 24-h	nour supervised	Technical Docun	nentation Require	ements	
residential treatment, ha	bilitative, and rehabi	litative services in a	See Page 346			
structured, community-o			Service Content			
"transitional living," servi				aily Note (summa		
services as well as assista	•	•		nt clinical status, e.g	. symptoms or pert	nent mental
living arrangements. Serv	•		status and fund 2. Participation in	_		
the potential and motiva			•	ical health status in	formation	
through a moderately str				rd treatment/service		discharge
stresses normalization ar			5. Any other pation	ent activities or pati	ent general behavio	ors in milieu
integration, including dai			All individual and	d group services, ¡	provided by reside	ential staff,
case management and be			e.g. skills training	g group, individua	I therapy, med ac	lministration
recreational activities; ed				sh included in the		
access to therapeutic into	er veritions as necesso	aiy.		se can be all inclu		
This code could also be u	sed for a Crisis Stabil	ization Unit (CSU) if		notes or in a sep		
billed with the ET modifie				e code for require	ed minimum docı	imentation for
billed With the E1 mount	211		each service.			
				rams who continu	•	
				ess than bachelor		
				to support service		
NOTES			EXAMPLE ACTIV	ring the same per	dieni billing pend	u.
	ternal professionals in	the residential settings	_	er means any pro	vider who is prov	iding a
	All services provided by internal professionals in the residential settings			ci ilicalis ally pro	viaci wilo is prov	iding a
are covered with this code. Any discrete services (e.g., family, group and			discrete service	who is not nart of	the recidential n	rogram
	•			who is not part of manager not part		-
individual psychotherapy, by external professionals (psychiatric services, ca	ase management, etc.)	Example, a case	manager not part	of the residentia	I facility could
individual psychotherapy,	psychiatric services, ca non-residential staff) a	ase management, etc.) are documented, and	Example, a case perform a servic	manager not part e as part of the tr	of the residentia ansition from the	l facility could residential
individual psychotherapy, by external professionals (psychiatric services, ca non-residential staff) a ely from H0019. This de	ase management, etc.) are documented, and oes not include services	Example, a case perform a servic program as long	manager not part e as part of the tr as it is not a dupl	of the residentia ansition from the ication of a servic	l facility could residential
individual psychotherapy, by external professionals (reported or billed separate	psychiatric services, ca non-residential staff) a ely from H0019. This d stody of the Departme	ase management, etc.) are documented, and oes not include services	Example, a case perform a servic program as long	manager not part e as part of the tr	of the residentia ansition from the ication of a servic	l facility could residential
individual psychotherapy, by external professionals (reported or billed separate for children who are in cus APPLICABLE POPULATIO	psychiatric services, ca non-residential staff) a ely from H0019. This d stody of the Departme N(S)	ase management, etc.) are documented, and oes not include services nt of Human Services.	Example, a case perform a servic program as long provided by the	manager not part e as part of the tr as it is not a dupl	of the residentia ansition from the ication of a servic DURATION	l facility could residential
individual psychotherapy, by external professionals (reported or billed separate for children who are in custom APPLICABLE POPULATIO Child (0-11)	psychiatric services, ca non-residential staff) a ely from H0019. This di stody of the Departme N(S) Dung Adult	ase management, etc.) are documented, and oes not include services	Example, a case perform a servic program as long provided by the UNIT	manager not part e as part of the tr as it is not a dupl residential facility	of the residentia ansition from the ication of a servic	l facility could residential e already
individual psychotherapy, by external professionals (reported or billed separate for children who are in customated to the control of the con	psychiatric services, canon-residential staff) a ely from H0019. This distody of the Departme N(S) Dung Adult 20)	ase management, etc.) are documented, and oes not include services nt of Human Services. Adult (21-64)	Example, a case perform a servic program as long provided by the UNIT □ Encounter 区 Day	manager not part e as part of the tr as it is not a dupl residential facility 15 Minutes	of the residential ansition from the ication of a service. DURATION Minimum: N/A Maximum: 24 H	l facility could residential e already
individual psychotherapy, by external professionals (reported or billed separate for children who are in custom children who are	psychiatric services, canon-residential staff) a ely from H0019. This distody of the Departme N(S) Dung Adult 20)	ase management, etc.) are documented, and oes not include services nt of Human Services. Adult (21-64)	Example, a case perform a servic program as long provided by the UNIT □ Encounter 区 Day	manager not part e as part of the tr as it is not a dupl residential facility 15 Minutes 1 Hour	of the residential ansition from the ication of a service. DURATION Minimum: N/A Maximum: 24 F	l facility could residential e already
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RESIDENTIAL - LONG TERM					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
		Behavioral health;	long-term resid	ential (non-	
H0019		medical, non-acut	e care in a reside	ential treatment	⊠ OBH
110019		program where st	ay is typically lor	nger than 30 days),	
		without room and	board, per diem	1	
SERVICE DESCRIPTION		MINIMUM DOCU	MENTATION RE	QUIREMENTS	
A residential treatment program offering 24-hour		Technical Docume	entation Require	ements	
residential treatment, habilitative, and rehabilitat		See Page 346			
structured, community-oriented environment. Als		Service Content			
"transitional living," services include organized rel		Shift Notes or Dail			
services as well as assistance in obtaining appropr	-	Patients current status and funct	_	. symptoms or pertinen	t mental
living arrangements. Services are designed for ind		Participation in t	•		
the potential and motivation to ameliorate some		Pertinent physic		ormation	
through a moderately structured rehabilitation pr	-	4. Progress toward	treatment/service	e plan goals and/or discl	harge
stresses normalization and maximum community integration, including daily living and socialization				ent general behaviors ir	
case management and benefit attainment (comm				provided by residentia	
recreational activities; educational and support ac				I therapy, med admir	
access to therapeutic interventions as necessary.	ctivities, una			per diem, should be i	
,				led in the same docu	
This code could also be used for a Crisis Stabilizati	on Unit (CSU) if			arate note. Refer to a ed minimum docume	
billed with the ET modifier.		each service.	code for require	a minimum docume	illation for
			ıms who continu	e to incorporate and	document
				's level staff, must als	
				s provided by Medica	
		practitioners durir	ng the same per	diem billing period.	
NOTES		practitioners durin		diem billing period.	
NOTES All services provided by internal professionals in the	residential settings	EXAMPLE ACTIVIT	TES	diem billing period. vider who is providing	g a
		*External provider	r means any pro		_
All services provided by internal professionals in the are covered with this code. Any discrete services (e.g individual psychotherapy, psychiatric services, case n	g., family, group and management, etc.)	*External provider discrete service w	r means any pro ho is not part of	vider who is providing	am.
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All services provided by internal professionals in the are covered with this code. Any discrete services (e.g. individual psychotherapy, psychiatric services, case in by external professionals (non-residential staff) are of reported or billed separately from H0019. This does not not for children who are in custody of the Department of	g., family, group and management, etc.) locumented, and not include services f Human Services. t (21-64) atric (65+) Unlicensed Master's Le Unlicensed EdD/ PhD/F	*EXAMPLE ACTIVIT *External provided discrete service w Example, a case m perform a service program as long a provided by the result of the control of the c	r means any protho is not part of tanager not part as part of the trast it is not a duplication of the trast it is not a d	vider who is providing the residential progr of the residential progr of the residential factoristic ansition from the residential factoristic and the residen	am. illity could dential ready s /oc) Clubhouse) Recovery) Prev/EI)
All services provided by internal professionals in the are covered with this code. Any discrete services (e.g. individual psychotherapy, psychiatric services, case in by external professionals (non-residential staff) are described for children who are in custody of the Department o	g., family, group and management, etc.) locumented, and not include services f Human Services. It (21-64) atric (65+) Unlicensed Master's Le Unlicensed EdD/PhD/Psylicensed EdD/Psylicensed EdD/Psylicen	*EXAMPLE ACTIVIT *External provided discrete service w Example, a case m perform a service program as long a provided by the result of the service of the s	r means any protho is not part of the trass part of the trass it is not a duplices idential facility 15 Minutes 1 Hour CE CATEGORY(IE 1 U4 1 ag adult	vider who is providing the residential progrof the residential progrof the residential factoristion from the residential factoristion of a service alloward and the residential factoristic for the residential factoristic fo	am. illity could dential ready s /oc) Clubhouse) Recovery) Prev/EI) iA) O (AF)
All services provided by internal professionals in the are covered with this code. Any discrete services (e.g. individual psychotherapy, psychiatric services, case in by external professionals (non-residential staff) are described for children who are in custody of the Department o	g., family, group and management, etc.) documented, and not include services f Human Services. It (21-64) atric (65+) Unlicensed Master's Le Unlicensed EdD/PhD/Psylicensed EdD/Psylicensed EdD/	*EXAMPLE ACTIVIT *External provided discrete service w Example, a case m perform a service program as long a provided by the result of the service program as long a provided by the result of the service program as long a provided by the result of the service program as long a provided by the result of the service program as long a provided by the result of the service program as long as provided by the service program as long as provided by the service prov	r means any protho is not part of hanager not part of the trassition is not a duplication of the trassition of the transition of the trans	vider who is providing the residential progrof the residential progrof the residential factoristion from the residential factoristion of a service alloward service and the residential factoristic for the residential factoristic fa	am. illity could dential ready s /oc) Clubhouse) Recovery) Prev/EI) iA) O (AF)
All services provided by internal professionals in the are covered with this code. Any discrete services (e.g. individual psychotherapy, psychiatric services, case in by external professionals (non-residential staff) are described for children who are in custody of the Department o	g., family, group and management, etc.) locumented, and not include services f Human Services. It (21-64) atric (65+) Unlicensed Master's Le Unlicensed EdD/PhD/Psylicensed EdD/Psylicensed EdD/Psylicen	*EXAMPLE ACTIVIT *External provided discrete service w Example, a case m perform a service program as long a provided by the result of the service of the s	r means any protho is not part of the trass part of the trass it is not a duplices idential facility 15 Minutes 1 Hour CE CATEGORY(IE 1 U4 1 ag adult	vider who is providing the residential progrof the residential progrof the residential factoristion from the residential factoristion of a service alloward and the residential factoristic for the residential factoristic fo	am. illity could dential ready s /oc) Clubhouse) Recovery) Prev/EI) 6A) O (AF)

TREATMENT – ALCOHOL AND DRUG ABUSE - METHADONE							
CDT® (UCDCC DDCCFDUDE (MENT - ALCOHOL					LICACE
CPT®/HCPCS PROCEDURE O	CODE			CODE DESCRI			USAGE
				or drug service			W NA - di i d
'	H0020			n and/or servi		visions of the	☑ Medicaid
CERVICE DECERIPTION			•	nsed program		NUDENACNIE	
SERVICE DESCRIPTION				OCUMENTATI			
This service includes the ac				cumentation F	Require	ments	
Methadone and administra			See Page 346				
and/or other drug program		-	Service Conto				1. 1.1.
or eliminating dependence	on opiate substa	ances.			nome a	greements (wher	i applicable)
Nictor Mathematics of decisions	***********************			ly dosage		ا ما ما ما دا ما	
Note: Methadone administ		•		uction notes (\		oplicable) form signed by p	ationt
service of an array /set of s							
individual therapy, and other should be established as the should be estab					-	edical profession	eted in one note;
carefully monitored for adh							each dose amount
*For patients 17 and under, F							acii uose aiiiouiit
for this service.	ederarregulations	illust be followed	SIIC	uld be include	u III tile	e single note.	
NOTES			EXAMPLE AC	TIVITIES			
Methadone administration n	nust be provided	by a facility with	The meas	uring, diluting	and/or	mixing of Metha	done into a dosage
a controlled substance licens							, administered by a
Health (OBH), be registered v	with the Drug Enf	orcement		•	•	ssistant, or nurse	•
Administration (DEA) and ha	0						or oral ingestion.
to authorize and oversee Opioid Treatment Program (OTP)						Nethadone used for	
physicians. Staff must be lice						the actual admir	
Behavioral Health and be cer			drugs.				
and Mental Health Services A		·					
medication assisted treatment ordered from the manufactu							
delivered to the facility. Take							
accordance with OBH Rule 2:							
one unit H0020 per claim line							
POS "home" for dates when							
home, and POS "office" or "o	outpatient facility	" etc. for date					
take-home doses physically h	nanded to the pat	ient.					
APPLICABLE POPULATION(• •		UNIT			DURATION	
	-	Adult (21-64)	区 Encounter			Minimum: N/A	
☑ Adol (12-17)* (18-2		Geriatric (65+)	☐ Day	☐ 1 Hour		Maximum: N/A	
ALLOWED MODE(S) OF DEI	LIVERY			RVICE CATEG	•	•	
☑ Face-to-Face ☑ Ind	dividual		⊠ HE (SP)				l HJ (Voc)
☐ Video Conf ☐ Gro	oun (HO)	☑ packaged for	☐ TG (Other				l HQ (Clubhouse)
(GT)	mily (HR/HS)	ake home	☐ HK (Reside		□ H		TT (Recovery)
□ Telephone	, (,,		⊠ HF (2 nd mc	difier-SUD)	(Re	spite)	l HT (Prev/EI)
STAFF REQUIREMENTS							
Peer Specialist	☑ LCSW (AJ)	☐ Unlicensed Mast	ter's Level (HO)	□LAC		PN/LVN (TE)	xN (SA)
☐ Bachelor's Level (HN) ☑ Intern	⊠ LPC	☐ Unlicensed EdD/	PhD/PsyD (HP)	□CAC II □CAC II			4 (PA)
E intern	⊠ LMFT	∠ Licensed EdD/Ph ∠ Licensed E	D/PsyD (AH)	□CACIII		MAP 🗵 M	ID/DO (AF)
PLACE OF SERVICE (POS)				шелеш	<	••	
	ACF (13)	☐ Hospice (34)	☐ Shelter (0-	1)	□ Inn	t Hosp (21)	l Prison/CF (09)
	Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	"			School (03)
	Grp Home (14)	☐ NF (32)	☐ 5NF (51) ☑ FQHC (50)				NRSATF (57)
	Home (12)	☐ PRTF (56)	⊠ Independe				Other POS (99)

TREATMENT - ALCOHOL	L AND DRUG ABUSE - METHADONE	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
CIT / HCI CST NOCEDONE CODE	Alcohol and/or drug services; Methadone	OSAGE
H0020	administration and/or service (provisions of the	⊠ OBH
110020	drug by a licensed program)	□ Obii
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
This service includes the acquisition and cost of the	Technical Documentation Requirements	
Methadone and administration of the drug by an alcohol	See Page 346	
and/or other drug program for the purpose of decreasing	Service Content	
or eliminating dependence on opiate substances.	Medication take-home agreements (when a	nnlicahle)
or climinating dependence on opiate substances.	Daily dosage	pplicable
Note: Methadone administration is considered only one	Induction notes (when applicable)	
service of an array /set of services, including SUD group and	Daily acknowledgement form signed by pati	≏nt
individual therapy, and other outpatient services that	5. Daily observation by a medical professional	
should be established as the treatment protocol and	6. Take home documentation can be complete	d in one note:
carefully monitored for adherence by the treatment facility.	include dates doses are to be taken and eac	
*For patients 17 and under, Federal regulations must be followed	should be included in the single note.	raose amount
for this service.	Should be molded in the single note.	
NOTES	EXAMPLE ACTIVITIES	
Methadone administration must be provided by a facility with	The measuring, diluting and/or mixing of Meth	adone into a dosage
a controlled substance license from the Office of Behavioral	that is appropriate for the patient's plan of car	
Health (OBH), be registered with the Drug Enforcement	qualified physician, physician assistant, or nurs	e practitioner,
Administration (DEA) and have a designated medical director	which is subsequently delivered to the patient	for oral ingestion.
to authorize and oversee Opioid Treatment Program (OTP)	Note: this code includes the acquisition of the	Methadone used for
physicians. Staff must be licensed through the Office of	treatment as a pre-requisite to the actual adm	inistration of the
Behavioral Health and be certified through Substance Abuse	drugs.	
and Mental Health Services Administration (SAMHSA) as opioid medication assisted treatment providers. The methadone is		
ordered from the manufacturer by the OTP physician and		
delivered to the facility. Take-home doses permitted in		
accordance with OBH Rule 21.320 and reported in claims with		
one unit H0020 per claim line, per date the dose given for, with		
POS "home" for dates when a dose was provided to take at		
home, and POS "office" or "outpatient facility" etc. for date		
take-home doses physically handed to the patient.		
APPLICABLE POPULATION(S)	UNIT DURATION	
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A	4
☑ Adol (12-17)* (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	4
▼ Face-to-Face ▼ Individual		□ HJ (Voc)
□ Video Conf	☐ TG (Other SP) ☐ TM (ACT)	
☐ Video Conf☐ ☐ Group (HQ)	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM	□ HJ (Voc)
☐ Video Conf☐ ☐ Individual☐ ☐ packaged for☐ ☐ Group (HO)☐ ☐ packaged for☐ ☐ Individual☐ ☐ Individua	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM	□ HJ (Voc) □ HQ (Clubhouse)
☐ Video Conf (GT) ☐ Telephone ☐ Individual ☐ Group (HQ) ☐ Family (HR/HS) ☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery)
□ Video Conf (GT) □ Group (HQ) take home Telephone	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM ☐ HM ☐ (Respite) ☐ TM (ACT) ☐ HM ☐ H	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
□ Video Conf (GT) □ Group (HQ) take home Telephone	□ TG (Other SP) □ TM (ACT) □ HK (Residential) □ HM □ HF (2 nd modifier-SUD) (Respite) Ster's Level (HO) □ LAC □ LPN/LVN (TE) □ CAC I □ RN (TD) □ CAC I □ RN (TD)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI) RxN (SA)
□ Video Conf (GT) □ Family (HR/HS) STAFF REQUIREMENTS □ Peer Specialist □ Rachelor's Level (HN) □ Special Sp	□ TG (Other SP) □ TM (ACT) □ HK (Residential) □ HM □ HF (2 nd modifier-SUD) (Respite) Ster's Level (HO) □ CAC I □ RN (TD) □ CAC I □ APN (SA) CAPP (PsyD (AH) □ CAC I □ APN (SA) □ CAC I □ CAC I □ APN (SA)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI) RxN (SA) PA (PA)
□ Video Conf (GT) □ Family (HR/HS) STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ LDFC □ Unlicensed EdD/F	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM ☐ HM ☐ IM ☐ HF (2 nd modifier-SUD) ☐ (Respite) ☐ CAC ☐ ☐ RN (TD) ☐ CAC ☐ ☐ CAC ☐ ☐ CAC ☐ ☐ CAC ☐	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI) RxN (SA)
□ Video Conf (GT) □ Family (HR/HS) STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ LDC □ Unlicensed EdD/F	□ TG (Other SP) □ TM (ACT) □ HK (Residential) □ HM □ HF (2 nd modifier-SUD) (Respite) Ster's Level (HO) □ CAC I □ RN (TD) □ CAC II □ APN (SA) □ CACIII □ QMAP	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI) RXN (SA) PA (PA) MD/DO (AF)
□ Video Conf (GT) □ Family (HR/HS) STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ LDC □ Unlicensed EdD/F PLACE OF SERVICE (POS) □ CMHC (53) □ ACF (13) □ Hospice (34)	□ TG (Other SP) □ TM (ACT) □ HK (Residential) □ HM □ Respite) □ TM (ACT) □ HM □ Respite) □ TM (Respite) □ TM (ACT) □ HM □ Respite) □ TM (ACT) □ RM (TD) □ CAC I□ □ RN (TD) □ CAC I□ □ APN (SA) □ CAC I□ □ QMAP □ CAC I□ □ QMAP □ Shelter (O4) □ Inpt Hosp (21)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI) RXN (SA) PA (PA) MD/DO (AF) ☐ Prison/CF (09)
□ Video Conf (GT) □ Family (HR/HS) STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ LDC □ Unlicensed EdD/F	□ TG (Other SP) □ TM (ACT) □ HK (Residential) □ HM □ Respite) □ TM (ACT) □ HM □ Respite) □ TM (Respite) □ TM (ACT) □ HM □ Respite) □ TM (Respite) □ TM (ACT) □ RN (TD) □ CAC II □ RN (TD) □ CAC II □ APN (SA) □ CAC II □ QMAP □ CAC II □ QMAP □ Shelter (04) □ Inpt Hosp (21) □ SNF (31) □ Inpt PF (51)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI) RXN (SA) PA (PA) MD/DO (AF)

PREVENTION/EARLY INTERVENTION - ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCEI	OURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
H0022			Alcohol and/or drug intervention service (planned facilitation)			
SERVICE DESCRIPTION	N		MINIMUM DOCUM	ENTATION RE	QUIREMENTS	
A planned alcohol and/or drug intervention service (often an early intervention) used to assist a person with abstaining from alcohol and or drug usage.		1. Date of service 2. Client demographic information 3. Specific intervention service used 4. Clients response 5. Referral for treatment (if necessary) 6. Signed with 1st initial, last name & credentials				
NOTES			EXAMPLE ACTIVITIE	ES		
			Staff time spent talk involving involuntar	-	•	t manager
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
⊠ Adol (12-17) (1	8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	CATEGORY(I		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/F	HS)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-	□ U4 (□ TM □ HM SUD) (Respit	(ACT) □ HQ □ TT (Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMEN	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	⊠ LCSW (⊠ LPC ⊠ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN (⊠ RN (TD) ⊠ APRN (SA) □ QMAP	(TE) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (F	POS)					
☑ CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	 ☑ Shelter (04) ☐ SNF (31) ☑ FQHC (50) ☑ RSATF (55) ☑ NRSATE (57) 	☐ Inpt Hosp ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	1) Schoo	n/CF (09) ol (03) r POS (99)

PREVE	NTION/EARLY INTERVENTION – OUTREAG	CH or TREATMENT – REHABILITATIO	ON (DROP	P-IN)
CPT®/HCPCS PROCEDURE CODE	•	PROCEDURE CODE DESCRIPTION	USA	AGE
H0023		Behavioral health outreach service (planned approach to reach a population) /Drop- In Center	l l	Medicaid
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	QUIREME	ENTS
	population within their environment for	Technical Documentation Require	ements: S	See Page 346
	or addressing behavioral health issues	Outreach Service:		n Center:
and problems. These individuals	s may or may not have currently	The reason for the visit/call.	Name,	DOB, or SS#/Medicaid ID #
	nd may or may not have a covered	What was the intended goal or		
diagnosis.		agenda?		
Outreach Service:	Drop-in Center:	Description of the service		ing initially and every 6
Developing an alliance with	Drop-in centers are a form of			s to determine probable
a consumer to bring	outreach where a safe environment			oral health diagnosis
him/her into ongoing	for outreach to and engagement of	Outreach services provided	1	gn-in/Sign out with time
treatment	adolescents or adults with mental	and the individual's response		it calculation)
De an ar annual affant	illness is provided.	Plan for next contact(s)		month self-eval by member
Re-engagement effort	Such sites may be peer driven and	including any follow-up or		efits of drop-in service,
including utilizing drop-in	may be operated independently of other behavioral health services.	coordination needed with 3 rd		ss toward their recovery
center services Prevention/Interv activities	Education about behavioral health	parties, if applicable	,	or other information about
for individuals and family	systems is provided at these sites.		their pa	articipation
NOTES	systems is provided at these sites.	EXAMPLE ACTIVITIES		
Outreach Service:	Drop-in Center:	Outreach Service:		Drop-in Center:
Activities occur often off-	Promote ongoing recovery through	Initiating non-threatening conve	rsation	Information and referral
site (e.g., food bank, public	peer support, advocacy,	and informally identifying need to		mornation and referral
shelter, etc.), or by phone,	empowerment and social skills dev.	behavioral health services, with		
but can be at other POS.		contact over time in an effort to	-	
Do not need confirmed	Do not need confirmed diagnosis	an individual into services	- 0-0-	
diagnosis	.	Respond to referrals as requeste	h hv	Action plan & Support
	Inform provider of attendance if in	police, landlords, etc., of individu		groups
	treatment	suspected of having an SMI/SPM		8.5.4
	Clinical consultation by MA-staff	and in need of BH services	, -	
	available during hours of operation	Outreach to re-engage individua	ls who	Behavioral health
	and for peer supervision	are at risk for disengaging from s		education
APPLICABLE POPULATION(S) *C	Outreach ONLY may use with Child (0-11)	UNIT	DURATIO	ON
⊠ Child (0-11)	✓ Adult (21-64)	☐ Encounter ☐ 15 Minutes	Minimum	n: 8 min
✓ Adol (12-17) ✓ Young Ad	Milt (18-20) ⊠ Geriatric (65+)	☐ Day ☐ 1 Hour	Maximun	m: N/A
ALLOWED MODE(S) OF DELIVER	RY	PROGRAM SERVICE CATEGORY(IE	ES)	
		Outreach Service:	Drop-in	
⊠ Face-to-Face	☑ Individual	For children/adol/young adult:		young adult: 1st modifier: HE;
☐ Video Conf (GT)	☑ Group (HQ)	1 st modifier: HE; 2 nd modifier: HT		ier: HQ to distinguish as drop-
☑ Telephone	☑ Family (HR/HS)	to distinguish as outreach For adults: 1st modifier: HT	in center	s: 1 st modifier: HQ
STAFF REQUIREMENTS		Tot addits. 1 modifier. 111	TOT addits	S. 1 mounter. HQ
☑ Peer Specialist		LAC ELPN/	LVN (TE)	
■ Bachelor's Level (HN)	☑ LCSW (AJ) ☑ Unlicensed Maste	er's Level (HO) 🖾 CACI 🖼 RN (1	٠,	☑ RxN (SA)
■ Intern	☑ LPC☑ Unlicensed EdD/☑ LMFT☑ Licensed EdD/PhI		(SA)	☑ PA (PA)
	E LIVIFI E LICENSEG EGD/PIII	D/PSYD (AH) ☑CACIII ☐ QMA	Λ P	☑ MD/DO (AF)
PLACE OF SERVICE (POS) **Dro	p-In Centers may use POS 53 or 99 ONLY.	All other POS' checked are for Out	treach.	
CMHC (53)** ☑ ACF (2)	13) ☐ Hospice (34)	SNF (31) Inpt I	: Hosp (2:	1) Prison/CF (09)
1			: PF (51)	× School (U3)
1		✓ RSATF (55)✓ ER (☑ Other POS (99)**
☑Outp Hospital(22) ☑ Home			PHP (52)	☑ Shelter (04)

PREVE	NTION/EARLY INTERVENTION – OUTREAG	CH or TREATMENT – REHABILITATIO	N (DROP	-IN)	
CPT®/HCPCS PROCEDURE CODI		PROCEDURE CODE DESCRIPTION	USA	AGE	
H0023		Behavioral health outreach service (planned approach to reach a population) /Drop- In Center			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	QUIREME	NTS	
A planned approach to reach a	oopulation within their environment for	Technical Documentation Require	ements: S	ee Page 346	
	or addressing behavioral health issues	Outreach Service:		Center:	
•	s may or may not have currently	The reason for the visit/call.	Name, I	OOB, or SS#/Medicaid ID #	
	nd may or may not have a covered	What was the intended goal or			
diagnosis.		agenda?			
Outreach Service:	Drop-in Center:	Description of the service		ng initially and every 6	
Developing an alliance with	Drop-in centers are a form of			to determine probable	
a consumer to bring	outreach where a safe environment			oral health diagnosis	
him/her into ongoing	for outreach to and engagement of	Outreach services provided		gn-in/Sign out with time	
treatment	adolescents or adults with mental	and the individual's response		t calculation)	
Do angagament offert	illness is provided.	Plan for next contact(s)		nonth self-eval by member	
Re-engagement effort including utilizing drop-in	Such sites may be peer driven and may be operated independently of	including any follow-up or coordination needed with 3 rd		efits of drop-in service,	
center services	other behavioral health services.			s toward their recovery r other information about	
Prevention/Interv activities	Education about behavioral health	parties, if applicable		rticipation	
for individuals and family	systems is provided at these sites.		тпен ра	Tticipation	
NOTES	systems is provided at these sites.	EXAMPLE ACTIVITIES			
Outreach Service:	Drop-in Center:	Outreach Service:		Drop-in Center:	
Activities occur often off-	Promote ongoing recovery through	Initiating non-threatening conve	rsation	Information and referral	
site (e.g., food bank, public	peer support, advocacy,	and informally identifying need f			
shelter, etc.), or by phone,	empowerment and social skills dev.	behavioral health services, with			
but can be at other POS.		contact over time in an effort to	engage		
Do not need confirmed	Do not need confirmed diagnosis	an individual into services			
diagnosis		Respond to referrals as requeste	d by	Action plan & Support	
	Inform provider of attendance if in	police, landlords, etc., of individu	uals	groups	
	treatment	suspected of having an SMI/SPM	II/SED		
	Clinical consultation by MA-staff	and in need of BH services			
	available during hours of operation	Outreach to re-engage individua		Behavioral health	
	and for peer supervision	are at risk for disengaging from s	services	education	
	Outreach ONLY may use with Child (0-11)		DURATIO		
⊠ Child (0-11) ⊠ Adad (42, 43) ⊠ Young Ac	lult (18-20)		Minimum	-	
⊠ Adol (12-17)	🗷 Geriatric (65+)	□ Day □ 1 Hour PROGRAM SERVICE CATEGORY(IE	Maximum	n: N/A	
ALLOWED MODE(S) OF DELIVER	1	Outreach Service:	Drop-in (Contori	
☑ Face-to-Face	☑ Individual	For children/adol/young adult:	•	roung adult: 1st modifier: HE;	
☐ Video Conf (GT)	☑ Group (HQ)	1 st modifier: HE; 2 nd modifier: HT		er: HQ to distinguish as drop-	
⊠ Telephone	☑ Family (HR/HS)	to distinguish as outreach	in center	u de la companya de l	
•	, , ,	For adults: 1st modifier: HT	For adults	: 1st modifier: HQ	
STAFF REQUIREMENTS					
☑ Peer Specialist	■ LCSW (AJ) ■ Unlicensed Master	27'C QVQ (H())	LVN (TE)	■ RxN (SA)	
■ Bachelor's Level (HN) ■ Intern	☑ LPC ☑ Unlicensed EdD/	PhD/PsyD (HP) ☑CAC I ☑ RN (T ☑ APN (•	☑ PA (PA)	
2 mem	■ LMFT ■ Licensed EdD/Ph ■ Licensed EdD/Ph	D/PsyD (AH) ☑CACIII ☐ QMA		■ MD/DO (AF)	
PLACE OF SERVICE (POS) **Dro	p-In Centers may use POS 53 or 99 ONLY.				
, ,	•			, ☐ Prison/CF (09)	
☑ CMHC (53)**☑ Office (11)☑ Cust (Hosp (21	.) ⊠ School (03)	
		✓ FQHC (50)✓ Inpt✓ RSATF (55)✓ ER (2)	PF (51)	☑ Other POS (99)**	
☑ Mobile Offit (15) ☑ Grp H ☑Outp Hospital(22) ☑ Home			23) PHP (52)	☑ Shelter (04)	
			(52)		

PREVENTION/EARLY IN	TERVENTION - EDUCATION
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Services delivered to target audiences with the intent of affecting knowledge, attitude and/or behavior through one-way direct communication education and information dissemination.	Number of participants Type of service
NOTES	EXAMPLE ACTIVITIES
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities.	Pamphlets, educational presentations, Billboards
APPLICABLE POPULATION(S)	UNIT DURATION
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)
STAFF REQUIREMENTS	
☑ LPC ☑ Unlicensed Edl	Master's Level (HO)
PLACE OF SERVICE (POS)	
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☑ Office (11) ☒ Cust Care (33) ☐ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☐ NF (32) ☐ Outp Hospital(22) ☒ Home (12) ☐ PRTF (56)	

PREVENTION/EARLY INTERVENTION - EDUCATION				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
H0025 includes the delivery of services to individuals on issues of behavioral health education, to affect knowledge, attitude and behavior. It may include screenings to assist individuals in obtaining appropriate treatment. Prevention activities are delivered prior to the onset of a disorder and are intended to prevent or reduce the risk of developing a behavioral health problem. (SAMSHA). Causes and symptoms of disorders are discussed to encourage early intervention and reduce severity of illness. Education involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service 3. Prevention education provided and individual's response to the information 4. Plan for next contact(s), if applicable			
NOTES	EXAMPLE ACTIVITIES			
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities. One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve health. If services are performed by a LAC/CAC provider, a SUD Primary Diagnosis is required.	 Classroom educational activities for children or parents focused on skill building and CBT skills to prevent anxiety/depression Education services/programs for youth on substance use Parenting/family management services focused on life/social skills Peer leader/helper programs teaching drug refusal skills and commitment to a drug free lifestyle Small group sessions involving interaction amongst participants Nurturing Parent Program Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) Multi-family groups that are educational in nature (not therapeutic) 			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) *for child/adol/young adult ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TG (Other SP) ☐ HM ☐ TT (Recovery) ☐ HK (Residential) (Respite) ☒ HT (Prev/EI) ☒ HF (2 nd modifier-SUD)			
STAFF REQUIREMENTS				
☑ Bachelor's Level (FIN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Ed	Master's Level (HO)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☐ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	 ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ Prison/CF (09) ☑ SNF (31) ☑ Inpt PF (51) ☑ School (03) ☑ FQHC (50) ☑ ER (23) ☑ NRSATF (57) ☑ PF-PHP (52) ☑ Other POS (99) 			

PREVENTION/EARLY INTERVENTION - EDUCATION					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
H0025 includes the delivery of services to individuals on issues of behavioral health education, to affect knowledge, attitude and behavior. It may include screenings to assist individuals in obtaining appropriate treatment. Prevention activities are delivered prior to the onset of a disorder and are intended to prevent or reduce the risk of developing a behavioral health problem. (SAMSHA). Causes and symptoms of disorders are discussed to encourage early intervention and reduce severity of illness. Education involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service 3. Prevention education provided and individual's response to the information 4. Plan for next contact(s), if applicable				
NOTES	EXAMPLE ACTIVITIES				
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities. One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve health.	 Classroom educational activities for children or parents focused on skill building and CBT skills to prevent anxiety/depression Education services/programs for youth on substance use Parenting/family management services focused on life/social skills Peer leader/helper programs teaching drug refusal skills and commitment to a drug free lifestyle Small group sessions involving interaction amongst participants Nurturing Parent Program Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) Multi-family groups that are educational in nature (not therapeutic) 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	□ HE (SP) *for child/adol/young adult □ TM (ACT) □ HQ (Clubhouse) □ TG (Other SP) □ HM □ TT (Recovery) □ HK (Residential) □ HF (2 nd modifier-SUD) □ HF (2 nd modifier-SUD)				
STAFF REQUIREMENTS					
☑ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed Master's Level (HO) ☑ LAC ☑ LPN/LVN (TE) ☑ RN (TD) ☑ RN (TD) ☑ RN (TD) ☑ PAP (PA) ☑ Intern ☑ LMFT ☑ Licensed EdD/PhD/PsyD (AH) ☑ CAC II ☑ APN (SA) ☑ APN (SA) ☑ PA (PA) ☑ CAC III ☑ QMAP ☑ QMAP					
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☐ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	 ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ Prison/CF (09) ☑ SNF (31) ☑ Inpt PF (51) ☑ School (03) ☑ FQHC (50) ☑ ER (23) ☑ NRSATF (57) ☑ PF-PHP (52) ☑ Other POS (99) 				

PREVENTION/EARLY INTERVENTION - COMMUNITY						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Environmental strategies use a broad range of external activities in order to mainstream prevention through policies and law. These strategies establish or change community standards, codes, and attitudes, which decreases the prevalence of alcohol and other drugs within the community.	Number of participants Type of service					
NOTES	EXAMPLE ACTIVITIES					
	 Review of school policies Community technical assistance Revised advertising practices Pricing strategies Setting minimum age requirements Product use restrictions Workplace substance abuse policies New or revised environmental codes New or revised ordinances, regulations, or legitations 	islation				
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Minimum: N/A☐ Day☐ 1 Hour☐ Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	() (
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☐ Family (HR/HS)	☐ HK (Residential) ☐ HM ☐ TT ((Voc) (Clubhouse) (Recovery) (Prev/El)				
STAFF REQUIREMENTS						
☑ Bacrielor's Lever (FIN) ☑ LPC ☑ Unlicensed I	Master's Level (HO) ☑ LAC ☑ LPN/LVN (EdD/ PhD/PsyD (HP) ☑ CAC I ☑ RN (TD) Image: Solution of the properties of the proper	(TE) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)				
PLACE OF SERVICE (POS)						
Image: CMHC (53) Image: ACF (13) Image: Hospice (34) Image: CMHC (53) Image: Cust Care (33) Image: ICF-MR (54) Image: CMHC (53) Image: Cust Care (33) Image: ICF-MR (54) Image: CMHC (53) Image: CMHC (53) Image: CMHC (54) Image: CMHC (53) Image: CMHC (53) Image: CMHC (54) Image: CMHC (53) Image: CMHC (54) Image: CMHC (54) Image: CMHC (53) Image: CMHC (54) Image: CMHC (54) Image: CMHC (53) Image: CMHC (54) Image: CMHC (54) Image: CMHC (53) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC (54) Image: CMHC	\boxtimes FQHC (50) \square Inpt PF (51) \boxtimes School	n/CF (09) ol (03) r POS (99)				

PREVENTION/EARLY INTERVENTION - SCREENING					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment	☑ ОВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Alcohol and/or drug prevention problem identification and referral services include screening for tendencies toward substance abuse and referral for preventive treatment for curbing such tendencies if indicated. This service is provided to address the following risk factors: individual attitudes towards substance use, and perceived risks for substance use. Identification and referral programs look at the relationship between substance use and a variety of other problems such as mental health problems, family problems, sexually transmitted diseases, school or employment failures and delinquency.	 Date of service Start and stop time (duration) Number of participants Type of service Referral to treatment if necessary 				
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 min ☐ Day ☐ 1 Hour ☐ Maximum: N/A	ns			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☐ HK (Residential) ☐ HM ☐ TT ((Voc) (Clubhouse) (Recovery) (Prev/EI)			
STAFF REQUIREMENTS					
⊠ Bachelor's Level (HN) ⊠ LPC ⊠ Unlicensed	Master's Level (HO) ☑ LAC ☑ LPN/LVN (EdD/ PhD/PsyD (HP) ☑ CAC I ☑ RN (TD) Ø/PhD/PsyD (AH) ☑ CAC II ☑ APRN (SA) ☑ CACIII ☑ QMAP	' '⊠ RxN (SA)			
PLACE OF SERVICE (POS)					
⊠ CMHC (53)	\boxtimes FQHC (50) \square FR (31) \boxtimes School	n/CF (09) bl (03) r POS (99)			

PREVENTION/EARLY INTERVENTION – ALTERNATIVE SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Alternative services provide opportunities for recognition and organized leisure activities that exclude alcohol and drugs. The goal of these alternative services is to halt or reduce risk taking behaviors. Alternative programs include a wide range of social, recreational, cultural and community service activities that would appeal to populations of all ages.	 Number of participants Type of service 					
NOTES	EXAMPLE ACTIVITIES					
	 Alcohol/tobacco/drug free social and or recreational of Community drop in centers Community services Leadership functions Activities involving athletics, art, music, movies, etc. 	events				
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☑ Group (HQ)☐ Telephone☑ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubho ☐ HK (Residential) ☐ HM ☐ TT (Recove ☐ HF (2 nd modifier-SUD) (Respite) ☐ HT (Prev/E	ery)				
STAFF REQUIREMENTS						
⊠ LPC	EdD/ PhD/PsyD (HP)	RxN (SA) PA (PA) MD/DO(AF)				
PLACE OF SERVICE (POS)						
⊠ CMHC (53)	 ☑ Shelter (04) ☐ SNF (31) ☑ Inpt Hosp (21) ☑ Prison/CF (09) ☑ FQHC (50) ☐ ER (23) ☑ Other POS (99) ☐ NRSATF (57) 	•				

PHONE – CRISIS- BEHAVIORAL HEALTH					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0030	Behavioral Health, Hotline Services ☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Hotline Services are provided through a program with telephone support services that are available twenty-four (24) hours per day, seven (7) days per week. Callers often call a hotline anonymously during a crisis situation. There is no requirement for the caller to become a client of the hotline program.	 Date of service Intervention or support services provided Clients response Referral for treatment (if necessary) Signed with 1st initial, last name & credentials 				
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	□ Encounter □ 15 Minutes				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☐ Face-to-Face ☑ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☑ Telephone ☐ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
Image: Second of the property	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN (TE) ⊠ RxN (SA) EdD/ PhD/PsyD (HP) ⊠ CAC I ⊠ RN (TD) ⊠ PA (PA) D/PhD/PsyD (AH) ⊠ CAC II □ QMAP □ MD/DO(AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outp Hospital(22) ☒ Home (12) ☐ PRTF (56)					

ASSESSMENT- DIAGNOSIS							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0031		Mental health ass	essment, by a no	on–physician	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS		
mental illness, function information used for the Information may be obtained assessment results in the service needs and recompart of the assessment is not different Level of Care * Licensed MHPs, when mental status and diagram opposition of the Mental Status Exampleted, it needs to	en completing a full assegnosis should use proce TATION REQUIREMENT m and Diagnosis evaluat be completed by staff of	additional illness. This patient's BH ment. n an update referral to a essment with edure code S ion is with at least	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agen Chief complaint/presenting concern(s) or problem(s) 2. Description of the service 3. Review of psychosocial and family history, patient functioning and other assessment information 4. Plan for next contact(s) including any follow-up or coordinate needed with 3rd parties and disposition – need for BH services referral, etc.				
the minimum requiren deferred diagnosis sho	nents for a 90791. Othe ould be used.	erwise a					
NOTES			EXAMPLE ACTIVIT	TIES			
H0031 is used in lieu of individual psychotherapy procedure codes when the focus of the session is on assessment and not psychotherapy (insight-oriented, behavior modifying and/or supportive) has occurred during the session. (See psychotherapy procedure codes.) Outside assessment information may be used in lieu of some assessment criteria/new assessment, with a corresponding statement as to what information/documentation was reviewed with the patient and is still current. If appropriate and based on patient stability/status in social detox, Assessment services (H0031) may be provided prior to discharge.			 Face-to-face meeting with the patient in order to assess his/her needs Face-to-face meeting with the patient/patient's family to collect social history information With the patient's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) Administering acceptable instruments to the patient to document substantial impairment in role functioning 				
APPLICABLE POPULAT	TON(S)		UNIT		DURATION		
		dult (21-64)		☐ 15 Minutes	Minimum: N/A		
	•	eriatric (65+)		□ 1 Hour	Maximum: N/A		
☑ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		PROGRAM SERVICE ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifie	☑ U4 (☑ TM (☐ HM	ICM) (ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS	S						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II □ A	PN (SA)	kn (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (PC							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ☐ Hospice (34 ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) 	X Shelter II	⁾⁴⁾ ⊠ Inpt P ⊠ FR (2:	7F (51) 🗵 :	Prison/CF (09) School (03) Other POS (99)	

ASSESSMENT- DIAGNOSIS						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
H0031		Mental health asse	essment, by a no	on–physician	⊠ OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
A face-to-face clinical assessment that identification mental illness, functional capacity, and other a information used for the treatment of mental Information may be obtained from collaterals, assessment results in the identification of the service needs and recommendations for treatment of the assessment is necessary, for example a different Level of Care or program. * Licensed MHPs, when completing a full assemental status and diagnosis should use processory. OPTIONAL DOCUMENTATION REQUIREMENT	additional illness. This patient's BH ment. In an update referral to a essment with idure code	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agendar Chief complaint/presenting concern(s) or problem(s) Description of the service Review of psychosocial and family history, patient functioning and other assessment information Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition – need for BH services, referral, etc. 				
If a Mental Status Exam and Diagnosis evaluat						
completed, it needs to be completed by staff of the minimum requirements for a 90791. Other deferred diagnosis should be used.						
NOTES	EXAMPLE ACTIVITIES					
H0031 is used in lieu of individual psychotheraccodes when the focus of the session is on assess not psychotherapy (insight-oriented, behavior and/or supportive) has occurred during the sepsychotherapy procedure codes.) Outside assess information may be used in lieu of some assess criteria/new assessment, with a corresponding as to what information/documentation was rethe patient and is still current. If appropriate and based on patient stability/status Assessment services (H0031) may be provided prior	 Face-to-face meeting with the patient in order to assess his/her needs Face-to-face meeting with the patient/patient's family to collect social history information With the patient's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) Administering acceptable instruments to the patient to document substantial impairment in role functioning 					
APPLICABLE POPULATION(S)		UNIT		DURATION		
	dult (21-64)		☐ 15 Minutes	Minimum: N/A		
□ Adol (12-17) (18-20) □ Ge ALLOWED MODE(S) OF DELIVERY	eriatric (65+)	•	☐ 1 Hour	Maximum: N/A		
□ Face-to-Face □ Individual □ Video Conf (GT) □ Telephone □ Family (HR/HS)		PROGRAM SERVIC ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier	⊠ U4 (⊠ TM : □ HM	ICM)	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)	
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern ☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II □ A	PN/LVN (TE) N (TD) PN (SA) MAP □ RxN □ RxN □ MC	` '	
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☑ Office (11) ☑ Cust Care (33) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ Outo Hospital (22) ☑ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	X Shelter (1)	4) ⊠ Inpt P	⁷ F (51) ⊠ S(rison/CF (09) chool (03) ther POS (99)	

ASSESSMENT - TREATMENT/SERVICE PLANNING						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD		USAGE	
	H0032		Mental health service plan development by non-physician Medicaid			
SERVICE DESCRIPTION	N		MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
ment/service plan, ind treatment/service good achieve goals, and an The treatment/service clinical supervisor, an	evaluate, or modify a pat cluding the statement of i als, clinical interventions of evaluation of progress to e plan is reviewed by the d revised with the patient and occurs.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service (should include discussion of treatment/service plan development) 3. Completion of or substantial progress toward plan development including required signatures according to agency policies 4. Treatment/service plan revisions should include progress and/or completion of goals 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES			EXAMPLE ACTIVI	TIES		
codes (see psychothe of the session is on tro psychotherapy occurs	of individual psychotheral rapy procedure codes) wl eatment/service planning during the session. Use a f more than 50% of the se	nen the focus and no				
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11) ☑ ☑ Adol (12-17) (1	Young Adult ☑ Ad 8-20) ☑ Ge	ult (21-64) riatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie		(ACT) (Respite)	I HJ (Voc) I HQ (Clubhouse) I TT (Recovery) I HT (Prev/EI)
STAFF REQUIREMENT	rs					
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II ⊠ A	.PN (SA) □ PA	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (P						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56)	54) ⊠ SNF (31 ⊠ FQHC (!	.) ☑ Inpt 50) ☐ ER (PF (51) ⊠	Prison/CF (09) School (03) Other POS (99)

ASSESSMENT - TREATMENT/SERVICE PLANNING							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H0032		Mental health service plan development by non-physician				
SERVICE DESCRIPTION	V		MINIMUM DOCU	MENTATION R	EQUIREMENTS		
ment/service plan, ind treatment/service goa achieve goals, and an The treatment/service clinical supervisor, and	evaluate, or modify a paticluding the statement of including the statement of including the statement of including the color of progress to be plan is reviewed by the color of the patient major change in the patient ds occurs.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service (should include discussion of treatment/service plan development) 3. Completion of or substantial progress toward plan development including required signatures according to agency policies 4. Treatment/service plan revisions should include progress and/or completion of goals 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
NOTES			EXAMPLE ACTIVIT				
codes (see psychother of the session is on tre psychotherapy occurs	of individual psychotherap rapy procedure codes) wh eatment/service planning during the session. Use a f more than 50% of the se	en the focus and no					
APPLICABLE POPULAT	TION(S)		UNIT		DURATION		
	-	ılt (21-64) iatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie	I) ⊠ HM	(ACT) (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/El)	
STAFF REQUIREMENT	S						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP		
PLACE OF SERVICE (PO							
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☐ Hospice (: ☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56)	54) ✓ SNF (31 ✓ FQHC (5) ⊠ Inp 50) □ ER	t PF (51)	Prison/CF (09) School (03) Other POS (99)	

TREATMENT - MEDICATION MANAGEMENT							
CPT®/HCPCS PROCEDI	JRE CODE		PROCEDURE COD	USAGE			
	H0033		Oral medication a	ıdministrat	ion, di	rect observation	■ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	IMUM DOCUMENTATION REQUIREMENTS			
Observing patient taking oral prescribed medication(s) to ensure adequate maintenance of medication regimen to deter/prevent deterioration of patient's condition. This service includes the administration of Buprenorphine products, within a methadone clinic site, for the purpose of decreasing or eliminating dependence on opiate substances. Administration of Buprenorphine products is only conducted by a qualified physician, physician assistant, or nurse practitioner in a licensed methadone facility. *For patients 17 years and under, Federal regulations must be followed for administering Buprenorphine NOTES MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Page 346 Service Content: 1. Documentation that supports observation of medications administered, including name and dosage 2. Patient response to medications, e.g. is the patient tolerating medication well or are there complaints of side effects, prob sleeping; is there improvement or not in symptoms. If not tolerating the medication actions taken. 3. Every encounter should have its own notation. 4. For Buprenorphine induction notes (when applicable) & daily acknowledgement form signed by patient is present followed.					ient tolerating the effects, problems oms. If not icable) & daily		
This service is designed						g/encouraging a	and observing
and positive outcomes. Patients with low medication compliance history/patients newly on medication are most likely to receive this service. Administration of Buprenorphine products must be provided within a facility with a controlled substance license from the Office of Behavioral Health (OBH), registration with the Drug Enforcement Administration (DEA) and certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as an opioid medication assisted treatment provider. The cost of the Buprenorphine products is paid through Medicaid fee-for-service. Physicians, administering Buprenorphine products, through the DATA Waive provider's office are reimbursed through FFS. Cannot be billed if the service is part of the E&M service by the same provider on the same day. This code should be billed for the administration of the medication. The medication itself is billed to Fee for Service Medicaid			 patient taking prescribed medications Reporting back to MHPs licensed to perform medication management services for direct benefit of patient The administration of Buprenorphine products appropriate to a patient's plan of care to the patient for oral ingestion, conducted by a qualified physician, physician assistant, or nurse practitioner or within a licensed methadone facility. 				
APPLICABLE POPULAT			UNIT			DURATION	
		☑ Adult (21-64) ☑ Geriatric (65+)		☐ 15 Minu	utes	Minimum: N/A	
☑ Adol (12-17) (1 ALLOWED MODE(S) O		△ Genauic (05+)		☐ 1 Hour	DRY/IF	Maximum: N/A	1
	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS	5)	☐ TG (Other SP)				☑ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) ☑ HT (Prev/EI)
STAFF REQUIREMENTS	S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (☐ LPC☐ LMFT	☐ Unlicensed E	ensed Master's Level (HO) ensed EdD/ PhD/PsyD (HP) ed EdD/PhD/PsyD (AH) □ LAC □ I				⊠ PA (PA)
PLACE OF SERVICE (PC							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outo Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent C		☐ Inpt	t PF (51) [[23]	☐ Prison/CF (09) ☐ School (03) ☑ NRSATF (57) ☑ Other POS (99)

	TREATMENT - MEDICATION MANAGEMENT					
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	H0033		Oral medication ad	lministration, d	irect observation	⊠ OBH
SERVICE DESCRIPTION	l .		MINIMUM DOCUM	MENTATION RE	QUIREMENTS	
Observing patient taking ensure adequate maindeter/prevent deterion. This service includes the products, within a metidecreasing or eliminated Administration of Bup by a qualified physicial practitioner in a licens. *For patients 17 years and followed for administerion. NOTES This service is designed and positive outcome compliance history/patikely to receive this seproducts must be producted through services. Administration assisted treatment proproducts is paid through administering.	atient taking oral prescribed medication(s) to uate maintenance of medication regimen to not deterioration of patient's condition. Technical Documentation Requiremer See Page 346 Service Content: 1. Documentation that supports obse administered, including name and 2. Patient response to medications, emedication well or are there composed of the physician, physician assistant, or nurse in a licensed methadone facility. 17 years and under, Federal regulations must be deministering Buprenorphine is designed to facilitate medication compliance e outcomes. Patients with low medication history/patients newly on medication are most vive this service. Administration of Buprenorphine ist be provided within a facility with a controlled itense from the Office of Behavioral Health (OBH), with the Drug Enforcement Administration (DEA) di through Substance Abuse and Mental Health ministration (SAMHSA) as an opioid medication atment provider. The cost of the Buprenorphine baid through Medicaid fee-for-service. Physicians, and Buprenorphine products, through the DATA deer's office are reimbursed through FFS. Cannot				bservation of medications and dosage s, e.g. is the patient tolerating the mplaints of side effects, problems or not in symptoms. If not as taken. s own notation. betes (when applicable) & daily by patient is present g/encouraging and observing sations d to perform medication benefit of patient phine products appropriate to a cient for oral ingestion, conducted an assistant, or nurse practitioner	
administration of the	medication. The n					
billed to Fee for Service APPLICABLE POPULAT			UNIT DURATION			
		☑ Adult (21-64)		☐ 15 Minutes	Minimum: N/A	
, ,	•	☑ Addit (21 64) ☑ Geriatric (65+)		☐ 15 Millates	Maximum: N/A	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE	E CATEGORY(IE	S)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS	5)	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) *for child/adol/young adult ☑ TM (ACT) ☑ HQ (Clubh ☐ TG (Other SP) ☑ HM (Respite) ☐ TT (Recov ☑ HK (Residential) ☐ HT (Prev/ ☑ HF (2nd modifier-SUD)			
STAFF REQUIREMENT	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW ☐ LPC ☐ LMFT	☐ Unlicensed E	COD/ PND/PSYD (HP)	□CAC I ⊠	APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PC						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	 ☒ ACF (13) ☒ Cust Care (33) ☒ Grp Home (14) ☒ Home (12) 	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent Clir	□ Inp	ot PF (51)	Prison/CF (09) School (03) NRSATF (57) Other POS (99)

TREATMENT - MEDICATION MANAGEMENT						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COL	USAGE		
	H0034		Medication train	ing and support	, per 15 minutes	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
Activities to instruct, prompt, guide, remind and/or educate patients, families, and/or significant others, based on an understanding of the nature of an adult patient's SPMI or a child/adolescent's SED, including understanding the role of specific prescribed medication(s), reducing symptoms, identifying potential side effects and contraindications, self-administration training, and overdose precautions.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. The training/instructions provided and the individual's response to the training and support 3. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVI			
Generally face-to-face, but may include telephone contact as needed.			 Understanding nature of adult patient's SPMI or child/adolescent's SED Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning Identifying and managing symptoms and potential side effects of medication(s) Learning contraindications of medication(s) Understanding overdose precautions of medication(s) Learning self-administration of medication(s) 			
APPLICABLE POPULATION	ON(S)		UNIT DURATION			
☑ Child (0-11) ☑ Adol (12-17)	Adult (18-20)	Adult(21-64) Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 M Maximum: N/	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV			
☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☑Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifi	al) 🗵	TM (ACT) ⊠ HM □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS					_	
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (A☐ LPC☐ LMFT	☐ Unlicensed EdD/ PhD/PsyD (HP) ☐ CAC II ☐ APN (SA) ☐ MD/D(☐ Licensed EdD/PhD/PsyD (AH) ☐ CAC II ☐ OMAP ☐ Certifie				
PLACE OF SERVICE (POS						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (3-☑ ICF-MR (54☑ NF (32)☑ PRTF (56)		er (04) B1) □ Inp (E0) □ ER	ot PF (51)	Prison/CF (09) School (03) Other POS (99)

	TREATMENT - MEDICATION MANAGEMENT						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CO	PROCEDURE CODE DESCRIPTION USAG			
	H0034		Medication training and support, per 15 minutes ☑ OBH				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Activities to instruct, prompt, guide, remind and/or educate patients, families, and/or significant others, based on an understanding of the nature of an adult patient's SPMI or a child/adolescent's SED, including understanding the role of specific prescribed medication(s), reducing symptoms, identifying potential side effects and contraindications, self-administration training, and overdose precautions.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. The training/instructions provided and the individual's response to the training and support 3. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES			EXAMPLE ACTI	•			
Generally face-to-face, but may include telephone contact as needed.			 Understanding nature of adult patient's SPMI or child/adolescent's SED Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning Identifying and managing symptoms and potential side effects of medication(s) Learning contraindications of medication(s) Understanding overdose precautions of medication(s) Learning self-administration of medication(s) 				
APPLICABLE POPULATION	ON(S)		UNIT DURATION				
☑ Child (0-11)☑ Adol (12-17)	⊠ Young ⊠ Ad Adult (18-20) ⊠ Ge	ult(21-64) riatric (65+)	☐ Encounter ☐ Day	☑ 15 Minu	tes Minimum: Maximum:		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SER	VICE CATEGO	RY(IES)		
☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☑Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SF ☑ HK (Resident ☑ HF (2 nd modi	ial)	☑ U4 (ICM) ☑ TM (ACT) ☑ HM (Respite)	⊠ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	EdD/PhD/PsyD (AH) □ LAC □ LPN/LVN (TE) □ CAC I □ RN (TD) □ APN (SA) □ MD/DO (AF) □ CAC II □ QMAP □ CACII □ QMAP Medical Assistant			☑ PA (PA) ☑ MD/DO (AF) ☑ Certified/Registered	
PLACE OF SERVICE (POS							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (3-☑ ICF-MR (54☑ NF (32)☑ PRTF (56)	י ואו לאם	(31)	Inpt Hosp (21) Inpt PF (51) ER (23) PF-PHP (52)	☐ Prison/CF (09) ☐ School (03) ☑ Other POS (99)	

	TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)						
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H0035		Mental health pa	rtial hospitalizat	ion, treatment,	☑ Medicaid	
	110033		less than 24 hour			™ Wiculcala	
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS		
A treatment alterna		psychiatric	Technical Docum	entation Requir	ements		
hospitalization, which incl			See Page 346				
services of a nature and			Service Content				
nursing care) generally provided in an inpatient setting, as a				documenting syr	nptoms/problems	necessitating	
step toward communit			treatment	**************************************	iaa mlam		
assessment; psychologic individual psychotherapy	-		2. Individualized		ice pian I by an MD/DO and	l provided under	
medication management					ed by an MD/DO and		
education and training; a			with appro		ed by all MD/DO al	ter consultation	
caacation and training, a	ia expressive and activ	ity therapies.			nt, frequency, and	duration of	
				be furnished and		aa.a	
					ervices wrapped ar	ound particular	
			needs of pa		• • •	·	
			3. Target sympto	oms, goals of the	rapy and methods	of monitoring	
			outcome				
					opriate modality e	ither in lieu of/in	
				another form of			
					ices rendered, pati	ent's response	
			and relation to treatment/service plan goals				
			5. Specify estimated duration of treatment, in sessions o For an acute problem, document that treatment is expected to				
				alth status/func		nt is expected to	
					ment that stabiliza	tion/	
					us/function is expe		
NOTES			EXAMPLE ACTIVI		, , , , , , , , , , , , , , , , , , , ,		
The use of PHP as a setting	g of care presumes tha	t patient does					
not meet medical necess		-					
treatment; at the same tir	ne, it implies that routi	ne outpatient					
treatment is of insufficie	ent intensity to meet	the patient's					
present treatment needs.							
APPLICABLE POPULATION			UNIT		DURATION		
	•	ult(21-64)		☐ 15 Minutes	Minimum: + 4 hr	s/day, 5	
☑ Adol (12-17) (18-2	•	riatric (65+)	☐ Day	☐ 1 Hour	days/week		
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVI	•	•	1 6	
▼ Face-to-Face	☑ Individual		⊠ HE (SP)] HJ (Voc)	
☐ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)	
☐ Telephone	☑ Family (HR/HS)		☐ HK (Residentia ☑ HF (2 nd modifie	•		l TT (Recovery) l HT (Prev/EI)	
STAFF REQUIREMENTS			MF (2" IIIOUIIIE	ei-30D)		ini (Piev/Ei)	
Peer Specialist				□LAC ⊠ I	PN/LVN (TE)		
☑ Bachelor's Level (HN)	∠ LCSW (AJ)		Master's Level (HO)		RN (TD) × × × × × × × × × × × × × × × × × × ×		
☑ Intern	⊠ LPC ⊠ LMFT		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		APN (SA)		
	Ľ LIVIF I	E Licenseu Edi	DI FIIDI FSYD (AFI)	□CACIII 🗵 (QMAP 🛎 ML	D/DO (AF)	
PLACE OF SERVICE (POS)							
☑ CMHC (53)	☐ ACF (13)	☐ Hospice	(34) ☐ Shelte	r (04)	ot Hosp (21)	l Prison/CF (09)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR	(54) ☐ SNF (3	i IIIni		l School (03)	
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	□ ғонс	(50) LI ER	(23)	l Other POS (99)	
☑ Outp Hospital (22)	☐ Home (12)	☐ PRTF (56	<u>5)</u>	⁽³⁰⁾ ⊠ PF	-PHP (52)	1 Other FO3 (33)	

	TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)						
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0035		Mental health pa	rtial hospitalizat	ion, treatment,	⊠ OBH	
	110033		less than 24 hour			E OBIT	
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION R	EQUIREMENTS		
A treatment alterna		psychiatric	Technical Docum	entation Requi	rements		
hospitalization, which incl			See Page 346				
services of a nature and			Service Content				
nursing care) generally provided in an inpatient setting, as a step toward community reintegration. Services include				documenting s	ymptoms/problem	s necessitating	
assessment; psychologic			treatment	trootmont/com	ica nlan		
individual psychotherapy	-	• .	2. Individualized		d by an MD/DO and	I provided under	
medication management				•	ed by an MD/DO and	•	
education and training; ar			with appro		ca 5, an 1115, 50 a.	ter consumation	
caacation and training, at	ia expressive and activ	it, the apiesi			int, frequency, and	duration of	
				be furnished an			
					ervices wrapped ar	ound particular	
			needs of pa	itient			
			3. Target sympto	oms, goals of the	erapy and methods	of monitoring	
			outcome				
			•		ropriate modality e	ither in lieu of/in	
				another form o		,	
					vices rendered, pati	ient's response	
			and relation to treatment/service plan goals 5. Specify estimated duration of treatment, in sessions				
			For an acute problem, document that treatment is expected to				
				alth status/func		in is expected to	
					ment that stabiliza	tion/	
					us/function is expe		
NOTES			EXAMPLE ACTIVI	TIES			
The use of PHP as a setting	g of care presumes tha	t patient does					
not meet medical necess							
treatment; at the same tir							
treatment is of insufficie	ent intensity to meet	the patient's					
present treatment needs.	./(0)						
APPLICABLE POPULATION		lt/24 C4)	UNIT	□ 45 N4:	DURATION	- / -l	
	•	ult(21-64)	⊠ Encounter	☐ 15 Minutes	Minimum: + 4 hr	s/day, 5	
✓ Adol (12-17) (18-2ALLOWED MODE(S) OF D	-	riatric (65+)	□ Day PROGRAM SERV	☐ 1 Hour	days/week		
ALLOWED MODE(3) OF D	ELIVERT		HE (SP)	-] HJ (Voc)	
▼ Face-to-Face	☑ Individual		☐ TG (Other SP)		•	HQ (Clubhouse)	
☐ Video Conf (GT)	☑ Group (HQ)		☐ HK (Residentia			TT (Recovery)	
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifie	•] HT (Prev/EI)	
STAFF REQUIREMENTS			,	,			
☐ Peer Specialist	V LCCVA (AL)	V Haliaanaad I	Mantav'a Laval (110)	□LAC 🗵	LPN/LVN (TE)	(6.4)	
☑ Bachelor's Level (HN)	⊠ LCSW (AJ) ⊠ LPC		Master's Level (HO) EdD/ PhD/PsyD (HP)		RN (TD)		
☑ Intern	Li € LMFT		D/PhD/PsyD (AH)		APIN (SA))/DO (AF)	
			, ,	□CACIII 🗵	QMAP E IVIL	\ /	
PLACE OF SERVICE (POS)	T ACE (42)		(2.4)		(24)		
☑ CMHC (53)	☐ ACF (13)	☐ Hospice	I I Sheite	r (()4)	pt Hosp (21)	Prison/CF (09)	
Office (11)	☐ Cust Care (33)		⁽⁵⁴⁾ □ SNF (3	:1) □ In	pt PF (51)] School (03)	
□ Mobile Unit (15) 区 Outp Hospital (22)	☐ Grp Home (14) ☐ Home (12)	□ NF (32)	П ғонс	(50) LI EI	(1/3)	Other POS (99)	
E Outh Hospital (22)	□ HOHE (12)	☐ PRTF (56	<i>'</i>	<u>~</u> ₽	-FIIF (34)		

TRI	TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0036		Community psych	iatric supportive	e treatment,	☑ Medicaid	
	110030		face-to-face, per 1	L5 minutes		™ Wicalcala	
SERVICE DESCRIPTION			MINIMUM DOCU				
Comprehensive Psychiat			Technical Docume	entation Requir	ements		
services consist of ment			See Page 346				
services. A team-based			Service Content	C	and the state of the state of		
treatment, rehabilitation					at was the intende	-	
Therapeutic intervention			_	w does the serv	ice relate to the tr	eatment/service	
promoting symptom sta			plan?	of the comice o	ad have activity is	dosianod to	
ability to cope and relate		ng the		of the service al	nd how activity is o	designed to	
highest level of function	ing in the community.			_	n(s) utilized and th	ne individual's	
*H0036 may be used as	an alternative to HOO3	9 for		the intervention		ie iliuividual 3	
individuals enrolled in a					the individual's pr	ogress towards	
fidelity review process.	program not overseen	by an Act	goals/object		the marviadar 5 pr	ogress towards	
nuclity review process.					uding any follow-u	p or coordination	
* This code is not to be	used for children under	rage 6.	needed with		ading dity tollow c	ip or coordination	
NOTES		uge or	EXAMPLE ACTIVIT				
This is an intensive com	munity rehabilitation/re	esiliency	Symptom asse	ssment and ma	nagement (i.e., on	going	
service that provides tre		-			ind symptom man		
to:					chotherapy on a p	•	
 Assist individu 	als to gain access to ned	cessary	needed basis	8 6.7	, то		
services	Ü	,	Support of age appropriate daily living skills				
Reduce psychi	atric symptoms				eer support servi	res	
	nal community living ski	lls	Development of discharge/transition goals and related planning				
Individuals will experien			Advocating on behalf of patients				
increased community te			Crisis interven		11.3		
social contacts, and pers	_		Medication tra		toring		
			 Educating regarding symptom management Facilitating access to health care 				
			Skills teaching to help client meet transportation needs or access				
			transportation services				
			Help finding and keeping safe, affordable housing				
			 Home visits 				
APPLICABLE POPULATION	M/C)		UNIT		DURATION		
		lult (21-64)		☑ 15 Minutes	Minimum: 8 mir	ns	
	_	eriatric (65+)	_	□ 1 Hour	Maximum: 4 hr	-	
ALLOWED MODE(S) OF		,	PROGRAM SERVI				
			⊠ HE (SP)	× U4		☐ HJ (Voc)	
▼ Face-to-Face	⊠ Individual		☐ TG (Other SP)	□тм		☐ HQ (Clubhouse)	
☐ Video Conf (GT)	☑ Group (HQ)		☐ HK (Residential) □ HM		☐ TT (Recovery)	
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifie	-		☐ HT (Prev/EI)	
STAFF REQUIREMENTS							
☑ Peer Specialist	⊠ LCSW (AJ)	V Unliconcod N	Master's Level (HO)		PN/LVN (TE)	:N (SA)	
☑ Bachelor's Level (HN)	≥ Lesw (As)		EdD/ PhD/PsyD (HP)		/// (ID)		
☑ Intern	≥ LMFT		D/PhD/PsyD (AH)		APIN (SA)	D/DO (AF)	
DI 105 05 05 05 1			. , , ,	□CACIII □ (QMAP E IVI	\ /	
PLACE OF SERVICE (POS		□ Haarina (2.4)			- Lloan (24)		
区 CMHC (53)	☑ ACF (13)	☐ Hospice (34)	X Sheiter (UZ	1)	Hosp (21)	Prison/CF (09)	
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR (54)	⊠ SNF (31)	_ ⊔ Inpi	[PF (51)	School (03)	
☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ Grp Home (14) ☑ Home (12)	☑ NF (32) ☐ PRTF (56)		□ ER (731	Other POS (99)	
△ OULD HUSPILdI (ZZI	△ HOHIE (12)	☐ LUIL (20)		⊔ PF-I	111 (34)		

TRE	TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0036		Community psych	iatric supportive	treatment,	⊠ OBH	
			face-to-face, per 1				
SERVICE DESCRIPTION			MINIMUM DOCU				
Comprehensive Psychiati			Technical Docume	entation Require	ements		
services consist of menta		-	See Page 346				
services. A team-based a			Service Content	fa		d ===1 ==	
treatment, rehabilitation Therapeutic intervention					at was the intende		
•	-		agendar no plan?	w does the servi	ce relate to the tre	eatment/service	
promoting symptom state ability to cope and relate			•	of the convice an	d how activity is d	locianed to	
highest level of functioni		ing the		ictioning in the c		iesigneu to	
riighest level of functioni	ing in the community.			-	n(s) utilized and th	e individual's	
*H0036 may be used as	an alternative to H003	9 for		the intervention		e marriadar 5	
individuals enrolled in a					he individual's pro	ogress towards	
fidelity review process.		•	goals/object		•	· ·	
, , , , , , , , , , , , , , , , , , , ,					ding any follow-u	p or coordination	
* This code is not to be u	used for children under	r age 6.	needed with		0 ,	,	
NOTES			EXAMPLE ACTIVIT				
This is an intensive comm	nunity rehabilitation/re	esiliency	Symptom asse	ssment and man	agement (i.e., ong	going	
service that provides trea	atment and restorative	interventions	assessment, psyc	cho-education, a	nd symptom mana	agement efforts)	
to:			Supportive cou	unseling and psyc	chotherapy on a p	lanned and as-	
 Assist individua 	als to gain access to ned	cessary	needed basis				
services			 Support of age appropriate daily living skills 				
 Reduce psychia 	atric symptoms		 Encourage engagement with peer support services 				
 Develop optima 	al community living skil	lls	 Development of discharge/transition goals and related planning 				
Individuals will experience	e decreased crisis epis	odes, and	 Advocating on behalf of patients 				
increased community ter	nure, time working, in s	school or with	Crisis interven				
social contacts, and perso	onal satisfaction and in	dependence.	 Medication tra 		nring		
			 Educating regarding symptom management Facilitating access to health care 				
			Skills teaching to help client meet transportation needs or access				
			transportation services				
			Help finding and keeping safe, affordable housing Hemovicity				
			 Home visits 				
APPLICABLE POPULATIO	N(S)		UNIT		DURATION		
		dult (21-64)		☑ 15 Minutes	Minimum: 8 min	S	
☑ Adol (12-17) (18-	_	eriatric (65+)	☐ Day	□ 1 Hour	Maximum: 4 hrs	7 mins	
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)		
☑ Face-to-Face	V Individual		⊠ HE (SP)	⊠ U4 (ICM)] HJ (Voc)	
☐ Video Conf (GT)	☑ Individual ☑ Group (HQ)		☐ TG (Other SP)	□ TM ((ACT)] HQ (Clubhouse)	
☐ Telephone	☑ Group (HQ) ☑ Family (HR/HS)		☐ HK (Residential) □ HM	(Respite) □	TT (Recovery)	
— тетернопе	△ raililly (HK/H3)		☑ HF (2 nd modifie	r-SUD)] HT (Prev/EI)	
STAFF REQUIREMENTS							
✓ Peer Specialist	∠ LCSW (AJ)	☑ Unlicensed N	Master's Level (HO)		PN/LVN (TE)	N (SA)	
☑ Bachelor's Level (HN)	∠ LPC		EdD/ PhD/PsyD (HP)		N (ID)		
☑ Intern	⋉ LMFT	∠ Licensed EdD	sed EdD/PhD/PsyD (AH)				
PLACE OF SERVICE (POS)				U	,tv1/\(\Omega1		
✓ CMHC (53)	☑ ACF (13)	☐ Hospice (34)	<u> </u>	□ Innt	Hosp (21)		
⊠ Office (11)	☑ Cust Care (33)	□ Hospice (34) □ ICF-MR (54)	IXI Sheiter IIIZ	l) □ Inpt □ Inpt	DE (51)	Prison/CF (09)	
조 Office (11) 区 Mobile Unit (15)	☑ Grp Home (14)	≥ ICF-IVIK (54) ≥ NF (32)		□ IIIpt	, i	School (03)	
⊠ Outp Hospital (22)	☑ Home (12)	□ PRTF (56)	☑ FQHC (50)		HP (52)	Other POS (99)	

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)								
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	H0037		Community psychiatric supportive treatment,					
	пиизт		face-to-face, per o	diem		≥ ivieuicaiu		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS			
Comprehensive Psychiat	tric Support Treatment	(CPST)	Technical Docume	entation Require	ements			
services consist of ment	al health rehabilitation	/resiliency	See Page 346					
services. A team-based	approach to the provis	ion of	Service Content	Service Content				
treatment, rehabilitation	n/resiliency and suppor	rt services.	1. The reason for the visit. What was the intended goal or					
Therapeutic intervention	ns are strengths-based	and focus on	agenda? Ho	w does the servi	ce relate to the tre	eatment/service		
promoting symptom sta	_		plan?			·		
ability to cope and relate			2. Description	of the service ar	nd how activity is d	lesigned to		
highest level of function				ctioning in the c				
-				_	n(s) utilized and th	e individual's		
*H0036 may be used as	an alternative to H003	39 for		the intervention				
individuals enrolled in a					the individual's pro	ogress towards		
fidelity review process.			goals/object			0		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. ,		iding any follow-u	p or coordination		
* This code is not to be	used for children unde	er age 6.	needed with			,		
NOTES			EXAMPLE ACTIVIT					
This is an intensive com	munity rehabilitation/r	esiliency	Symptom asse	ssment and mar	nagement (i.e., ong	going		
service that provides tre	•	•			nd symptom mana	-		
interventions to:					chotherapy on a p			
	als to gain access to ne	ressarv	needed basis	ansemig and psy	chotherapy on a p	iainica ana as		
 Assist individuals to gain access to necessary services 			 Support of age 	annronriato dai	ly living ckills			
Reduce psychiatric symptoms						0.0		
	atric symptoms nal community living sk	ille		-	eer support servic			
			· ·	_	nsition goals and re	elated planning		
Individuals will experien			Advocating on		its			
increased community te	_		Crisis interven					
with social contacts, and	i personal satisfaction	anu	 Medication tra 					
independence.		HOOSE, CDCT	 Educating regard 		-			
CPST up to 4 hours is			Facilitating access to health care					
over 4 hours, report/b			Skills teaching to help client meet transportation needs or access					
family, group and ind			transportation services					
services, case manage		mented, and	 Help finding ar 	nd keeping safe,	affordable housing	g		
reported/billed separate	ely from H0036.		 Home visits 					
APPLICABLE POPULATION	DN(S)		UNIT		DURATION			
	oung Adult 🗵 Ad	ult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs	8 mins		
⊠ Adol (12-17) (18-2	20) 🗵 Ge	riatric (65+)	☑ Day	□ 1 Hour	Maximum: 8 ho	urs		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)			
W F t- F	☑ Individual		⊠ HE (SP)	⊠ U4	(ICM)	HJ (Voc)		
✓ Face-to-Face	☑ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)		
☐ Video Conf (GT)	☑ Family (HR/HS)		☐ HK (Residential			TT (Recovery)		
☐ Telephone	- / (/ -/		☑ HF (2 nd modifie			HT (Prev/EI)		
STAFF REQUIREMENTS			,	,				
☑ Peer Specialist				□LAC ⊠ L	PN/LVN (TE)			
☑ Bachelor's Level (HN)	☑ LCSW (AJ)		Master's Level (HO)		N (TD)			
☑ Intern	⊠ LPC		EdD/ PhD/PsyD (HP)		PA (SA)			
	⊠ LMFT	△ Licensea Eat	D/PhD/PsyD (AH)		lMAP ⊠ ML	D/DO (AF)		
PLACE OF SERVICE (POS	1							
☑ CMHC (53)	☑ ACF (13)	☐ Hospice (3	4)	□ Inpt	Hosp (21)	Duine to (CE (CO)		
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR (54	1) 🖾 Sheiter (C		PF (51)	Prison/CF (09)		
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ NF (32) `	≥ SNF (31)	□ FR /	23)	School (03)		
☑ Outp Hospital(22)	☑ Home (12)	☐ PRTF (56)	⊠ FQHC (50	1)	PHP (52)	Other POS (99)		

TRE	TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)						
CPT®/HCPCS PROCEDUF	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H0037		Community psych face-to-face, per		treatment,	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCU		QUIREMENTS		
Comprehensive Psychiat	ric Support Treatment	(CPST)	Technical Docum				
services consist of ment			See Page 346	4			
services. A team-based		-	Service Content				
treatment, rehabilitation			1. The reason for the visit. What was the intended goal or				
Therapeutic intervention	ns are strengths-based	and focus on	agenda? Ho	w does the servi	ce relate to the tre	eatment/service	
promoting symptom sta	bility, increasing the co	nsumer's	plan?				
ability to cope and relate	e to others and enhanc	ing the	Description	of the service an	d how activity is o	lesigned to	
highest level of function	ing in the community.		increase fur	nctioning in the c	ommunity		
			3. The therape	eutic interventior	n(s) utilized and th	e individual's	
*H0036 may be used as	an alternative to H003	39 for	response to	the intervention	ı(s)		
individuals enrolled in a	program not overseer	n by an ACT	4. How did the	e service impact t	he individual's pro	ogress towards	
fidelity review process.			goals/objec				
* This code is not to be	used for shildren unds	aga 6	Plan for nex needed wit		iding any follow-u	p or coordination	
NOTES	used for children unde	r age o.	EXAMPLE ACTIVIT	•			
This is an intensive com	munity rehabilitation/r	esiliency			agement (i.e., ong	going	
service that provides tre		-			nd symptom mana	-	
interventions to:	atment and restorative	-			chotherapy on a p	_	
	als to gain access to ne	ressarv	needed basis	unsening and psy	chotherapy on a p	iailileu aliu as-	
 Assist individuals to gain access to necessary services 			Support of age	annronriate dai	ly living skills		
Reduce psychiatric symptoms					eer support servic	Ας.	
Develop optimal community living skills					nsition goals and r		
Individuals will experien			Advocating on	_	_	ciacca piariring	
increased community te	·		Crisis interven				
with social contacts, and	_		Medication tra		oring		
independence.			Educating regarding symptom management				
CPST up to 4 hours is	reported/billed under	H0036; CPST	Facilitating access to health care				
over 4 hours, report/b			Skills teaching to help client meet transportation needs or access				
family, group and ind			transportation services				
services, case manager		mented, and	Help finding and keeping safe, affordable housing				
reported/billed separate	ly from H0036.		Home visits	, ,		S	
APPLICABLE POPULATION	N(S)		UNIT		DURATION		
☑ Child (0-11) ☑ You	oung Adult 🗵 Ad	ult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs	8 mins	
⊠ Adol (12-17) (18-2	(¹0) ⊠ Ge	riatric (65+)	☑ Day	☐ 1 Hour	Maximum: 8 ho	urs	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)		
☑ Face-to-Face	☑ Individual		ĭ HE (SP)	⊠ U4		HJ (Voc)	
☐ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)		I (ACT)	HQ (Clubhouse)	
☐ Telephone	☑ Family (HR/HS)		☐ HK (Residentia	•		TT (Recovery)	
·			☑ HF (2 nd modifie	er-SUD)		HT (Prev/EI)	
STAFF REQUIREMENTS							
✓ Peer Specialist✓ Bachelor's Level (HN)	⋉ LCSW (AJ)	☑ Unlicensed I	Master's Level (HO)		PN/LVN (TE)	N (SA)	
☑ Intern	∠ LPC		icensed EdD/ PhD/PsyD (HP) LCACT ENN (TD)				
e	☑ LMFT	∠ Licensed EdI	ed EdD/PhD/PsyD (AH) □CAC II ☑ APN (SA) ☑ PA (PA) □CACIII □ QMAP ☑ MD/DO (AF)				
PLACE OF SERVICE (POS							
☑ CMHC (53)	☑ ACF (13)	☐ Hospice (3	4) V Chalter //	na) Inpt	Hosp (21)	Dricon /CE (00)	
☑ Office (11)	⊠ Cust Care (33)	☑ ICF-MR (54	1) 🔼 Sheiter (i	⁰⁴⁾ □ Inpt	PF (51)	Prison/CF (09)	
⊠ Mobile Unit (15)	☑ Grp Home (14)	⊠ NF (32)	" ⊠ SNF (31)	□ FR (23)	School (03) Other POS (99)	
X Outn Hospital(22)	X Home (12)	□ PRTE (56)		7) □ pF_D	HP (52)	Other 203 (33)	

PEER SUPPORT/RECOVERY SERVICES – BEHAVIORAL HEALTH					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0038	Self-help/peer services, per 15 minutes	☑ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Patient services (individual/group) provided by person meeting Peer Specialist definition on page 28. Activities are patient-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by: • Exploring patient purposes beyond the identified MI or substance use disorder and the possibilities of recovery • Tapping into patient strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress) • Emphasizing hope and wellness • Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired)	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intendagenda? How does the service relate to the treatiplan? 2. Description of the service provided 3. Patient response to services and, where appropriaffects the individual's progress towards goals/o 4. Plan for next contact(s) including any follow-up of needed with 3rd parties	tment/service riate, how service bjectives?			
Assisting patients with relapse prevention planning NOTES	EXAMPLE ACTIVITIES				
H0038 is the primary code to be used for services rendered by a Peer/Mentor/Specialist/Recovery Coach. When provided in conjunction with specific programs, including psychosocial rehab, ACT, Community-Based Wraparound, Clubhouse, Supported Employment and a prevention class, documentation of services provided should be tied to the program/class goals and the program/class procedure code should be used. Please refer to the definition of Peer Specialist on Page 28. Peer Services (H0038) may be used, when appropriate to patient status, for a patient in social detox. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	Peer support services Peer-run employment services Peer mentoring for children/adolescents Recovery groups Warm lines Advocacy services Social Detox example: Peer Services (H0038) are offered to patient in social more stable and prior to discharge to increase engages support for transition back to outpatient treatment. UNIT DURATION Encounter 15 Minutes	nutes HJ (Voc)			
☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☐ TG (Other SP) ☐ HM (Respite) 🗵]HQ (Clubhouse) ☑ TT (Recovery)]HT (Prev/El)			
STAFF REQUIREMENTS					
□ Intern □ LPC □ Unlicensed E	EdD/ PhD/PsyD (HP)] RxN (SA)] PA (PA)] MD/DO (AF)			
PLACE OF SERVICE (POS)					
 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) 	☑ SNF (31)☑ Inpt PF (51)☑ FQHC (50)☑ ER (23)	Prison/CF (09) School (03) NRSATF (57) Other POS (99)			

PEER SUPPORT/RECOVERY SERVICES – BEHAVIORAL HEALTH				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H0038	Self-help/peer services, per 15 minutes	⊠ OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Patient services (individual/group) provided by person meeting Peer Specialist definition on page 28. Activities are patient-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by: • Exploring patient purposes beyond the identified MI or substance use disorder and the possibilities of recovery • Tapping into patient strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress) • Emphasizing hope and wellness • Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired) • Assisting patients with relapse prevention planning				
NOTES	EXAMPLE ACTIVITIES			
H0038 is the primary code to be used for services rendered by a Peer/Mentor/Specialist/Recovery Coach. When provided in conjunction with specific programs, including psychosocial rehab, ACT, Community-Based Wraparound, Clubhouse, Supported Employment and a prevention class, documentation of services provided should be tied to the program/class goals and the program/class procedure code should be used. Please refer to the definition of Peer Specialist on Page 28. Peer Services (H0038) may be used, when appropriate to patient status, for a patient in social detox.	 Peer support services Peer-run employment services Peer mentoring for children/adolescents Recovery groups Warm lines Advocacy services Social Detox example: Peer Services (H0038) are offered to patient in social detox when more stable and prior to discharge to increase engagement and offer support for transition back to outpatient treatment.			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 Min☐ Day ☐ 1 Hour ☐ Maximum: N/A	nutes		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Individual ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	*for child/adol/young adult ☐ TM (ACT) ☐ TG (Other SP) ☐ HM (Respite) ☑	∃ HJ (Voc) ∃ HQ (Clubhouse) ☑ TT (Recovery) ⊒ HT (Prev/El)		
STAFF REQUIREMENTS				
□ Intern □ LMFT □ Licensed Edit	EdD/ PhD/PsyD (HP)] RxN (SA)] PA (PA)] MD/DO (AF)		
PLACE OF SERVICE (POS)				
 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) 	⊠ SNF (31) ⊠ Inpt PF (51) ⊠ FQHC (50) ⊠ ER (23)	Prison/CF (09) School (03) NRSATF (57) Other POS (99)		

TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)									
CPT®/HCPCS PROCEDU	JRE CODE		PROC	EDURE COD	E DESCRIPT	ΓΙΟN			USAGE
	H0039		Assert minut		nity treatm	ent, fa	ice-to-face, p	er 15	☑ Medicaid
SERVICE DESCRIPTION			MININ	MUM DOCU	MENTATIO	N REC	QUIREMENTS		
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the patient's ability to cope and relate to others and enhancing the highest level of functioning in the community. 1. The reason for the visit. What was the intagenda? How does the service relate to the plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized at response to the intervention(s) 4. How did the service impact the individual goals/objectives? 5. Plan for next contact(s) including any following and parties					ended g ne treatr nd the in	ment/service dividual's ess towards			
NOTES			EXAM	IPLE ACTIVIT	TES				
such as housing, schoo activities, health and sa reduction, money man treatment/service plan program should include individual when the incorporam. Note that the individuals enrolled in a fidelity review process. programs can be found Practice Toolkits APPLICABLE POPULATION Add (0-11)	☑ Young Adult ☑ Adult (21-64) ☐ Encounter ☑ 15 Minutes Minimum: 8 mins					gement ned and as- and tervention h skills			
ALLOWED MODE(S) OF			PROG	RAM SERVIO	CE CATEGO	RY(IE	S)		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR/HS)						Q (Clubhouse) (Recovery)		
STAFF REQUIREMENTS									
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I ☑ Unlicensed I ☑ Licensed EdI	EdD/ Phi	D/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	⋉ R	PN (SA)	⊠ RxN (S. ⊠ PA (PA ⊠ MD/D0)
PLACE OF SERVICE (PO									
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☐ Hospice (:☑ ICF-MR (5☑ NF (32)☐ PRTF (56)	54)	⊠ Shelter (⊠ SNF (31) ⊠ FQHC (5		□ In	pt Hosp (21) pt PF (51) 3 (23) 5-PHP (52)	⊠ Sc	ison/CF (09) hool (03) ther POS (99)

TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)								
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPT	ION		USA	GE
	H0039		Assertive commu	nity treatme	ent, fa	ce-to-face, per 1	5 × 0	1RH
	110039		minutes					יוטי
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATIO	N REC	QUIREMENTS		
A team-based approach			Technical Docum	entation Re	quire	ments		
rehabilitation and suppo			See Page 346					
interventions are streng			Service Content					
symptom stability, incre						t was the intende	-	
and relate to others and		st level of	~	ow does the	servi	e relate to the tr	eatment/	service
functioning in the comm	nunity.		plan?					
			•	of the servi				
						(s) utilized and th	ne individ	ual's
			•	the interve		• •		
					pact t	he individual's pr	ogress to	wards
			goals/objec					
						ding any follow-ເ	ıp or coor	dination
NOTES			EXAMPLE ACTIVI	h 3 rd parties				
NOTES Interventions address ad	dantive and recovery	skill areas			lman	agament (i.e. on	going	
such as housing, school						agement (i.e., on and symptom m		nt
			efforts)	isycho-educ	ation,	and symptom m	anageme	111
activities, health and safety, medication support, harm			Supportive counseling and psychotherapy on a planned and as-					
reduction, money management and entitlements, and treatment/service planning and coordination. The program			needed basis	unseing and	a psyc	inotherapy on a p	naillieu ai	iiu as-
should include <i>all</i> service	-			rescription :	admir	istration, monito	ring and	
the individual in enrolled			documentatio		2011111	iistration, morne	ing and	
ACT code should only be					cludii	ng assessment an	nd interve	ntion
program overseen by an						g skills (ADLs) thr		
SAMHSA standards for A			training and practice activities					
under Evidence Based P			Encourage engagement with peer support services					
			Development of discharge/transition goals and related planning					
APPLICABLE POPULATION	ON(S)		UNIT			DURATION		
☐ Child (0-11) 🗵 Y	oung Adult 🗵 🗸	Adult (21-64)	☐ Encounter	In 15 Minu In	ites	Minimum: 8 mir	าร	
☐ Adol (12-17) (18-		Geriatric (65+)	□ Day	☐ 1 Hour		Maximum: 4 hrs	7 mins	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGO	RY(IE	5)		
_	_		⊠ HE (SP)				☐ HJ (Voc	
▼ Face-to-Face ▼ Tace-to-Face ▼ Tace-to-Face	☑ Individual		*for young adult on	nly		. ,	□ HQ (Clu	
☐ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)		□нг		☐ TT (Rec	
☐ Telephone	☑ Family (HR/HS)		☐ HK (Residentia				☐ HT (Pre	v/EI)
CTACE DECLUDEMENTS			☑ HF (2 nd modifie	er-50D)				
STAFF REQUIREMENTS ☑ Peer Specialist				□LAC	XII	PN/LVN (TE)		
☑ Bachelor's Level (HN)	∠ LCSW (AJ)		Master's Level (HO)	□CAC I		v (TD)	(N (SA)	
✓ Intern ✓ International Inte	⊠ LPC ⊠ LMFT		EdD/ PhD/PsyD (HP)	□CAC II		PN (SA)	(PA)	
	스 LIVIF I	△ Licensea Eal	D/PhD/PsyD (AH)	□CACIII	ΠQ	MAP 🛎 M	D/DO (AF)	
PLACE OF SERVICE (POS								
☑ CMHC (53)	⊠ ACF (13)	☐ Hospice (34) 🗵 Shelter	(04)	☐ In	ot Hosp (21)	☐ Prison/(CE (00)
☑ Office (11)		☑ ICF-MR (5)	54) ⊠ Sheiter ⊠ SNF (31			ot PF (51)	⊒ Prison/(☑ School (
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ NF (32)	⊠ FQHC (•	☐ ER	1/31	≤ School (≤ Other P	
☐ Outp Hospital(22)		□ PRTF (56)	<u> </u>	JUJ	☐ PF	-PHP (52)	oulei P	U3 (33)

TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)								
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	H0040		Assertive commur	nity treatment p	rogram, per diem	⊠ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS			
A team-based approac	h to the provision of tre	eatment,	Technical Documentation Requirements					
rehabilitation and supp	ort services. Therapeu	tic	See Page 346					
interventions are stren			Service Content					
symptom stability, incr			 The reason f 	for the visit. Wh	at was the intended	goal or agenda?		
and relate to others an		t level of			to the treatment/se	rvice plan?		
functioning in the com	munity.		•	of the service				
			•		n(s) utilized and the i	ndividual's		
			•	the interventio	• •			
					the individual's prog	ress towards		
			goals/object					
					uding any follow-up o	or coordination		
NOTEC			needed with					
NOTES	dantive and receivery	kill areas	_		nagament (i.e. angai	ing assassment		
Interventions address a such as housing, school					nagement (i.e., ongoi om management effo			
activities, health and sa					rchotherapy on a plai			
reduction, money man			needed basis	insemig and psy	chotherapy on a plai	illeu allu as-		
treatment/service plan	_			escription admi	nistration monitorin	og and		
should include <i>all</i> servi	-		 Medication prescription, administration, monitoring and documentation 					
the individual in enrolle				•	ing assessment and i	ntervention		
ACT code should only b					ng skills (ADLs) throu			
program overseen by a			and practice a		(* =,,	5		
SAMHSA standards for			· ·	Encourage engagement with peer support services				
under Evidence Based			Development of discharge/transition goals and related planning					
hours, report/bill using	H0039; for ACT more t	han 4 hours,						
report/bill using H0040).							
APPLICABLE POPULAT			UNIT		DURATION			
· · ·	_	Adult(21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs 8	mins		
		Geriatric (65+)	⊠ Day	☐ 1 Hour	Maximum: N/A			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC		•	111 () ()		
✓ Face-to-Face	☑ Individual		☑ HE (SP) *for young adult onl		•	HJ (Voc)		
☐ Video Conf (GT)	⊠ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse) TT (Recovery)		
☐ Telephone	☑ Group (HQ) ☑ Family (HR/HS)		☐ HK (Residential			HT (Prev/EI)		
ш тетерпопе	△ raililly (⊓K/H3)		☑ HF (2 nd modifie			ni (Přev/Ei)		
STAFF REQUIREMENTS	;		,					
▼ Peer Specialist	☑ LCSW (AJ)	V Unlicence d	Master's Level (HO)		PN/LVN (TE)	CA)		
☑ Bachelor's Level (HN)	⊠ LPC		EdD/ PhD/PsyD (HP)		RN (TD) RxN (
▼ Intern	∠ LI C		D/PhD/PsyD (AH)		APIN (SA)	,		
DI ACE OF CERVICE (TO			,	□CACIII □ (QMAP 🔼 MID/L	` '		
PLACE OF SERVICE (PO		Unchica (24	\	□ 1.a.	ot Hosp (21)			
☑ CMHC (53)☑ Office (11)	✓ ACF (13)✓ Cust Care (33)	☐ Hospice (34 ☑ ICF-MR (54)			ot Hosp (21) ot PF (51)	ison/CF (09)		
⊠ Mobile Unit (15)	☑ Grp Home (14)	☑ ICF-IVIK (54) ☑ NF (32)	⊠ SNF (3	31)		hool (03)		
☐ Outp Hospital (22)	⊠ Home (12)	□ PRTF (56)	⊠ FQH0		· (23) -PHP (52)	ther POS (99)		
- Such Hospital (22)	- HOITIC (12)	L 1 KH (50)			1111 (32)			

TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)								
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	E DESCRIPT	ION		U	ISAGE
	H0040		Assertive commun	ity treatme	ent pro	gram, per dier	m 🗵	☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the patient's ability to cope and relate to others and enhancing the highest level of functioning in the community. 1. The reason for the visit. What was the intended goal or How does the service relate to the treatment/service p 2. Description of the service 3. The therapeutic intervention(s) utilized and the individuresponse to the intervention(s) 4. How did the service impact the individual's progress to goals/objectives? 5. Plan for next contact(s) including any follow-up or coor needed with 3rd parties					e plan? vidual's towards			
NOTES			EXAMPLE ACTIVIT	•				
 Symptom assessment and management (i.e., ongoing psycho-education, and symptom management effort activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service planning and coordination. The program should include <i>all</i> services delivered to the individual when the individual in enrolled in an ACT program. Note that the ACT code should only be used for individuals enrolled in a program overseen by an ACT fidelity review process. SAMHSA standards for ACT programs can be found online under Evidence Based Practice Toolkits for ACT up to 4 hours, report/bill using H0039; for ACT more than 4 hours, Symptom assessment and management (i.e., ongoing psycho-education, and symptom management effort Supportive counseling and psychotherapy on a plann needed basis Medication prescription, administration, monitoring documentation Dual diagnosis services, including assessment and int Support Activities of Daily Living skills (ADLs) through and practice activities Encourage engagement with peer support services Development of discharge/transition goals and related 				t efforts) a planned toring ar and inter hrough s	d and as- nd rvention kills training			
report/bill using H0040 APPLICABLE POPULAT			UNIT			DURATION		
☐ Child (0-11)	Young Adult 🗵 A	Adult(21-64) Geriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minu	utes	Minimum: 4 Maximum: N		ns
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC	CE CATEGOI	RY(IES)			
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		 ⋈ HE (SP) *for young adult onlor ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2nd modifiel) 	y)	□ U4 ⊠ TM □ HM		□ TT ((Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	LPN RN API QN	N (SA) 모	RxN (SA) PA (PA) MD/DO (A	AF)
PLACE OF SERVICE (PO								
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☐ PRTF (56)	IXI Sheite	er (04)	□ Inpt □ ER (2	PF (51) (3)	⊠ Schoo	n/CF (09) ol (03) POS (99)

	RESIDENTIAL - SUPPORTED HOUSING							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COD		USAGE			
	H0043		Supported housing	ng, per diem		☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION REQ	UIREMENTS			
Behavioral health suppor another natural setting for residence, either alone or patient's development of move to independent livineeded to ensure success person's recovery and en patient has the opportun situation while continuing treatment, training, supp supervision. Services indi	or patients living in a promote or patients living in a promote of the promote of	orivate r the ventually ded as pport the nity life. The trictive living al health ount of	See Page 346 Service Content 1. The reason How does to the services and the services and the goals/object 4. Plan for next	for the visit. What he service relate t of the service pro d the patient's res e service impact th tives?	ments I was the intended o the treatment/se vided/shift note de	ervice plan? escribing ress towards		
whenever people need th	_	orking hours						
and on weekends when r	iecessary.		EXAMPLE ACTIVITIES					
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0043.			 Teaching a patient how to cook in their own home Helping a patient with money management 					
APPLICABLE POPULATION	N(S)		UNIT DURATION					
	oung Adult 🗵 A	dult(21-64) eriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: 24 Ho	ours		
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVI	CE CATEGORY(IES	•			
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		▼ HE (SP) *for young adult on □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	□ HM (F I)	ACT) □ HQ (Clubhouse) Recovery)		
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CAC II	S AN (ID)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)		
PLACE OF SERVICE (POS)								
区 CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (3 ☐ ICF-MR (5 ☐ NF (32) ☐ PRTF (56)	□ SNF (31	(04)	\Box PF (51) \Box Sc	rison/CF (09) chool (03) ther POS (99)		

RESIDENTIAL - SUPPORTED HOUSING							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION				USAGE
	H0043		Supported he	Supported housing, per diem			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Behavioral health support another natural setting for residence, either alone of patient's development of move to independent livineeded to ensure success person's recovery and enpatient has the opportunisituation while continuing treatment, training, supposupervision. Services individence the and on weekends when residence in the support of the sup	See Page 346 Service Cont 1. The real How do 2. Description service 3. How did goals/0 4. Plan fo	ent ason for the vi bes the service otion of the se s and the pati d the service i objectives?	sit. What e relate to rvice pro- ent's resp impact th	was the inten the treatmen vided/shift no conse e individual's	ided goal or agenda? nt/service plan? te describing progress towards r-up or coordination		
NOTES EXAMPLE ACTIVITIES							
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0043.			 Teaching a patient how to cook in their own home Helping a patient with money management 				
APPLICABLE POPULATIO			UNIT DURATION				
☐ Adol (12-17) (18-7	20) 🗵 G	dult(21-64) eriatric (65+)	☐ Encounter 区 Day	□ 1 Ho	ur	Minimum: N Maximum: 2	
ALLOWED MODE(S) OF D	ELIVERY			ERVICE CATE			
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) *for young add □ TG (Other □ HK (Reside ☑ HF (2 nd mo	ult only SP) ential)	☑ U4 (IC ☐ TM (A ☐ HM (R	CT) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS							
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT		Master's Level (H EdD/ PhD/PsyD (D/PhD/PsyD (AH	(HP) SICACI	X X] LPN/LVN (TE)] RN (TD)] APN (SA)] QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (3 ☐ ICF-MR (5 ☐ NF (32) ☐ PRTF (56)	□ SN	elter (04) F (31) HC (50)	☐ Inpt ☐ Inpt ☐ ER (2 ☐ PF-P	23)	□ Prison/CF (09) □ School (03) ☑ Other POS (99)

RESIDENTIAL - SUPPORTED HOUSING								
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE	E DESCRIP	TION		USAGE	
	H0044		Supported housing, per month					
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
Behavioral health suppanother natural setting residence, either alone of development of independent living. Services successful tenancy and tenagement in commoportunity to live in a continuing to receive Belimited amount of supeare available whenever working hours and on w	How does th Description of services and How did the goals/object Plan for next needed with	for the visine service of the servith the patient service in cives? to contact(size)	t. What was the relate to the trevice provided/s nt's response npact the indivi	eatment/ser hift note des dual's progre	vice plan? cribing ess towards			
NOTES			EXAMPLE ACTIVIT					
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0044.			Teaching a patienHelping a patien					
APPLICABLE POPULATION			UNIT			DURATION		
☐ Adol (12-17) (18	-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☑ Day	Month	☐ 15 Mins ☐ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)	□ HE (SP) *for young adult only □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier)	y [[☑ U4 (ICM) ☑ TM (ACT) ☑ HM (Respite)	□ HJ (Vo □ HQ (Cl □ TT (Re □ HT (Pr	ubhouse) covery)	
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	☑ LPN/LVN (T ☑ RN (TD) ☑ APN (SA) ☑ QMAP	E) ⊠ RxN (S ⊠ PA (PA ⊠ MD/D)	
PLACE OF SERVICE (POS								
区 CMHC (53) Office (11) Mobile Unit (15) Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice ☐ ICF-MR (☐ NF (32) ☐ PRTF (56	(54) SNF (31)), DE	npt Hosp (21) npt PF (51) R (23) F-PHP (52)	☐ Scho	on/CF (09) ol (03) er POS (99)	

RESIDENTIAL - SUPPORTED HOUSING								
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE	DESCRIP	TION		USAGE	
	H0044		Supported housing, per month					
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
Behavioral health suppanother natural setting residence, either alone of development of independent living. Services successful tenancy and tengagement in commopportunity to live in a continuing to receive Belimited amount of supeare available whenever working hours and on w	How does th 2. Description of services and 3. How did the goals/object	for the vis the service of the service the patie service in ives?	it. What was the relate to the trevice provided/sl nt's response npact the individuals) including any	eatment/ser hift note des dual's progre	vice plan? scribing ess towards			
NOTES	·	EXAMPLE ACTIVIT	IES					
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0044.			Teaching a patiHelping a patie					
APPLICABLE POPULATION	DN(S)		UNIT DURATION					
☐ Adol (12-17) (18-	-20) 🗵 G	dult (21-64) eriatric (65+)	☐ Encounter ☐ Day	Month	☐ 15 Mins ☐ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	E CATEGO	ORY(IES)			
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		 ⋈ HE (SP) *for young adult only □ TG (Other SP) □ HK (Residential) ⋈ HF (2nd modifier 	y [[☑ U4 (ICM) ☑ TM (ACT) ☑ HM (Respite)	☐ HJ (Vo ☐ HQ (Cl ☐ TT (Re ☐ HT (Pr	lubhouse) covery)	
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	⊠ LPN/LVN (T ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	E) RxN (S PA (PA MD/D	.)	
PLACE OF SERVICE (POS	•							
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice ☐ ICF-MR (☐ NF (32) ☐ PRTF (56	(54) SNF (31)	⁴⁾	Inpt Hosp (21) Inpt PF (51) ER (23) PF-PHP (52)	☐ Scho	on/CF (09) ool (03) er POS (99)	

		RESPITE CA	RE - FACILITY-BASE	D			
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	H0045		Respite care servic	es, not in the ho	me, per diem	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Overnight services prov facility by medical profe practice. Services must maintain the condition and prevent relapse/ho assessment, supervision coordination. Respite ca the patient's daily routi	essionals within their sco be reasonably expected and functional level of t spitalization. Services in n, structure and support are should be flexible to	ope(s) of I to improve/ he patient aclude r, and care	Technical Documentation Requirements See Page 346 Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives				
NOTES			EXAMPLE ACTIVIT	IES			
Unlike respite procedure codes S5150 – S5151, H0045 requires skilled practical/professional nursing care to meet the health and physical needs of the patient. 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.			 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 patient Assistance/supervision needed by patient to participate in social, recreational/community activities 				
APPLICABLE POPULATION	ON(S)		UNIT DURATION				
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18)	Young Adult ⊠ Ac -20) ⊠ Ge	dult (21-64) eriatric (65+)	☐ Encounter	☐ 15 Minutes ☐ 1 Hour	Minimum: 4.25 Maximum: 24 H		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC		•		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier	⊠HM	(ACT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□CAC I ⊠	ADN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS	•						
☑ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital(22)	☑ ACF (13)☐ Cust Care (33)☑ Grp Home (14)☐ Home (12)	☑ Hospice☑ ICF-MR (☑ NF (32)☑ PRTF (56	(54) Sneiter SNF (31	(04)	PF (51)	Prison/CF (09) School (03) Other POS (99)	

		RESPITE CA	ARE – FACILITY-BASI	D			
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H0045		Respite care servi	ces, not in the ho	me, per diem	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Overnight services prov facility by medical profe practice. Services must maintain the condition and prevent relapse/ho assessment, supervision coordination. Respite ca the patient's daily routi	essionals within their sco be reasonably expected and functional level of t spitalization. Services in h, structure and support are should be flexible to	ope(s) of to improve/ he patient clude , and care	Technical Documentation Requirements See Page 346 Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives				
NOTES			EXAMPLE ACTIVIT	TES			
Unlike respite procedure codes S5150 – S5151, H0045 requires skilled practical/professional nursing care to meet the health and physical needs of the patient. 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.			 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 patient Assistance/supervision needed by patient to participate in social, recreational/community activities 				
APPLICABLE POPULATION	ON(S)		UNIT		DURATION		
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18	/oung Adult ☑ Ac -20) ☑ Ge	lult (21-64) eriatric (65+)	□ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4.25 Maximum: 24 H		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIO		•		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☑ HF (2 nd modifie) ⊠ HIV	(ACT)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed	l Master's Level (HO) I EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□CAC I ⊠	ΔPN (SΔ)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS							
☑ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital(22)	☑ ACF (13)☐ Cust Care (33)☑ Grp Home (14)☐ Home (12)	☑ Hospice☑ ICF-MR☑ NF (32)☑ PRTF (56)	(54) SNF (3:	(04)	23) \square :	Prison/CF (09) School (03) Other POS (99)	

TREATMENT – ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCEI	OURE CODE		PROCEDURE CODE I	DESCRIPTION	l	USAGE
	H0047		Alcohol and/or othe otherwise specified	r drug abuse	services; not	☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	ENTATION RI	EQUIREMENTS	
Services provided to problems in outpatie		_	 Date of service Start and stop Signed with 1st 	time (duratio	on) name & credentia	ls
NOTES			EXAMPLE ACTIVITIE	S		
APPLICABLE POPULA			UNIT		DURATION	
` '	-	Adult (21-64) Geriatric (65+)		15 Minutes 1 Hour	Minimum: 8 mi Maximum: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	CATEGORY(I	ES)	
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-S		(ACT) □ H (Respite) □ T	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMEN	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	∑ LMFT	✓ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	☐ LPN/LVN (☐ RN (TD) ☐ APRN (SA) ☐ QMAP	` ∴ ☐ RXN (SA)
PLACE OF SERVICE (F	POS)					
区MHC (53)☑ Office (11)☐ Mobile Unit (15)☐ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTE (56)	 ☑ Shelter (04) ☐ SNF (31) ☑ FQHC (50) ☐ RSATF (55) ☑ NRSATF (57) 	☐ Inpt Hos ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	⊠ Priso ⊠ Scho	n/CF (09) ol (03) r POS (99)

SCREENING – ALCO	HOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAG	GE			
H0048	Alcohol and/or other drug testing; collection of handling only, specimens other than blood	ВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
"Specimen Collection" means the collection and handling of hair, saliva, or urine for the purposes of analysis for the presence of alcohol and/or other drugs, and does not include the laboratory analysis of such specimens. Appropriate and approved samples for drug testing shall be collected and analyzed in accordance with applicable state and federal statutes and regulations, and OBH rules, policies and procedures.	1. Date of service 2. Screening results 3. Signed with 1 st initial, last name & credentials				
NOTES	EXAMPLE ACTIVITIES				
Staff collecting urine, breath, and blood samples shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes.	Collection of hair, saliva, or urine for the purpose of testi presence of alcohol or drugs.	ing for the			
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	⊠ Encounter □ 15 Minutes				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Club! ☐ HK (Residential) ☐ HM ☐ TT (Recov ☐ HF (2 nd modifier-SUD) (Respite) ☐ HT (Prev/	very)			
STAFF REQUIREMENTS					
Image: Secretar of Science	EdD/ PhD/PsyD (HP)	I RxN (SA) PA (PA) MD/DO(AF)			
PLACE OF SERVICE (POS)					
⊠ CMHC (53)	⊠ Shelter (04) ⊠ SNF (31) ⊠ Inpt Hosp (21) ⊠ FQHC (50) ⊠ Inpt PF (51) ⊠ RSATF (55) ⊠ ER (23) ⊠ NRSATF (57) ⊠ PF-PHP (52)				

ASSESSMENT - AT RISK - PRENATAL						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H1000	Prenatal Care, At Risk Assessment	☑ ОВН				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Prenatal assessment that is designed to determine the level of drug/alcohol abuse or dependence and the comprehensive treatment needs of a drug/alcohol abusing pregnant client.	 Date of service Start and stop time (Duration) Pregnancy verification and documentation of issues Documentation of prenatal care Clinical notes Type of session Duration or start/stop time Progress towards treatment goals Goal attainment Treatment/service plan goals and objectives Signed with 1st initial, last name & credentials 					
NOTES	EXAMPLE ACTIVITIES					
	Face to face risk assessment to determine level of risk to the pregnancy based upon the individual's substance use disorder and other biopsychosocial factors.					
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: N/A ☐ Day ☐ 1 Hour ☐ Maximum: 3 ho	ours				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS						
□ Intern □ LMFT □ Licensed EdD	Master's Level (HO) □ LAC □ LPN/LVN (EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) D/PhD/PsyD (AH) □ CAC II □ APRN (SA) □ CACIII □ QMAP					
PLACE OF SERVICE (POS)						
Image: Control of the control of t	\boxtimes FQHC (50) \square FR (23) \boxtimes School	on/CF (09) ol (03) r POS (99)				

TREATMENT - CASE MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H1002	Care coordination prenatal/case management	☑ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Case management means services provided by a certified drug/alcohol treatment counselor to include treatment/service planning, linkage to other service agencies and monitoring. Case management means medically necessary coordination and planning services provided with or on behalf of a client who is pregnant with a substance use disorder.	 Date of service Start and stop time (duration) Clinical notes Type of session Duration or start/stop time Progress towards treatment goals Goal Attainment Signed with 1st initial, last name & credentials 				
NOTES	EXAMPLE ACTIVITIES				
	Referring a current client to a residential treatmer sure she gets there) and obtaining benefits on beh Coordinating transitions between residential and c Linking clients to primary medical care (prenatal care Maintaining service coordination with other system welfare, probation and TANF	nalf of the client. outpatient care; are)			
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mi ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☐ HE (SP) ☐ U4 (ICM)				
☑ Face-to-Face☐ Video Conf (GT)☑ Group (HQ)☑ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS					
□ LPC □ Unlicensed	Master's Level (HO)	□ RXN (SA) □ PΔ (PΔ)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outp Hospital(22) ☒ Home (12) ☐ PRTF (56)	\boxtimes FQHC (50) \square Inpt PF (51) \square Scho	n/CF (09) ol (03) r POS (99)			

PREVENTION/EARLY INTERVENTION - EDUCATION - PRENATAL						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE D	DESCRIPTION		USAGE
	H1003		Prenatal Care, at risk education	k enhanced se	ervice,	☑ OBH
SERVICE DESCRIPTION	V		MINIMUM DOCUME	ENTATION RE	QUIREMENTS	
-	a certified drug/alcoho ent develop health and		 Date of service Start and stop Attendance de Documentation Signed with 1st 	o time (duration ocumentation on of topics co	า	als
NOTES			EXAMPLE ACTIVITIES	S		
			HIV Prevention class disorder treatment p		in the context of	a substance user
APPLICABLE POPULAT	TION(S)		UNIT		DURATION	
⊠ Adol (12-17) (18	3-20) □ Ge	dult (21-64) eriatric (65+)	□ Day 🗵 1	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) O	OF DELIVERY		PROGRAM SERVICE	•	•	
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-S		(ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENT	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	☐ LPN/LVN (☐ RN (TD)☐ APRN (SA)☐ QMAP	□ RXN (SA) □ ρΔ (ρΔ)
PLACE OF SERVICE (PC	OS)					
☑ CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ DRTE (56)	☐ Shelter (04) ☐ SNF (31) ☑ FQHC (50) ☐ RSATF (55) ☑ NRSATF (57)	☐ Inpt Hosp ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	1) Prison	n/CF (09) bl (03) r POS (99)

TREATMENT – CA			MANAGEMENT - PREN	IATAL			
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE D	ESCRIPTION		USAGE	
	H1004		Prenatal follow up ho	ome visit		☑ ОВН	
SERVICE DESCRIPTION	V		MINIMUM DOCUMENTATION REQUIREMENTS				
Prenatal Care Coordin home	ation follow-up visits p	orovided in the	 Date of service Start and stop t Description of s Recommendati Signed with 1st 	time (duration service render ions			
NOTES			EXAMPLE ACTIVITIES	S			
-	11004 for follow-up vis	•					
APPLICABLE POPULAT	ΓΙΟΝ(S)		UNIT		DURATION		
	-	dult (21-64) eriatric (65+)		15 Minutes 1 1 Hour	Minimum: 8 mi		
ALLOWED MODE(S) C			PROGRAM SERVICE				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-S	□ U4 (II □ TM (/ □ HM (CM) [ACT) [Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENT	S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	☐ LPN/LVN ☐ RN (TD) ☐ APRN (SA ☐ QMAP	Π PA (PA)	
PLACE OF SERVICE (PO	OS)						
□ CMHC (53) □Office (11) □ Mobile Unit (15) □ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32)	 ☑ Shelter (04) ☐ SNF (31) ☐ FQHC (50) ☐ RSATF (55) ☐ NRSATF (57) 	☐ Inpt Hosp ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	1) □Schoo	n/CF (09) ol (03) rr POS (99)	

ASSESSMENT - DIAGNOSIS							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	USAGE			
*Do not submit this code until a State-defined purpose is determined.			Family assessment by a licensed behavioral health professional for State defined purposes				
SERVICE DESCRIPTION	V		MINIMUM DOCUMENTATION REQUIREMENTS				
A non-medical visit with a patient's family conducted by a non-physician behavioral health professional), for a State-defined purpose			Technical Documentation Requirements See Page 346 Service Content 1. Family's presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history 3. Mental status exam 4. DSM-5 diagnosis 5. Disposition – need for BH services, referral, etc.				
NOTES			EXAMPLE ACTIV	ITIES			
Functional/risk assessments, genograms, and/or ecomaps may be utilized as part of the family assessment.		Evaluation to gather psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.					
APPLICABLE POPULAT	TION(S)		UNIT		DURATION		
⊠ Adol (12-17) (1	.8-20)	□ Adult (21-64) □ Geriatric (65+)	区 Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) O	F DELIVERY			ICE CATEGORY(IE			
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual □ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	al) □ HM	(ACT) □ H (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)	
STAFF REQUIREMENT	S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	区 LCSW 区 LPC 区 LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□CAC I ⊠	APN (SA)	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (PC	•						
区MHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	✓ Shelter (04)✓ SNF (31)☐ FQHC (50)✓ Independent (☑ Inp ☑ ER	t PF (51) 🗵 (23)	Prison/CF (09) School (03) NRSATF (57) Other POS (99)	

ASSESSMENT - DIAGNOSIS						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	H2000		Comprehensive m	nultidisciplinary e	evaluation	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS	
needs and strengths for in acuity and a multidiscipling the purpose of developm community treatment/se providers outside of the adelivery of care, in such a	Technical Documentation Requipatives of a patient's supplied in the procession of the visit/call. The reason for the visit/c				hat was the intenenting concern(s) ent and agency afided nily history	or problem(s) ifiliation disciplinary team or coordination
NOTES			EXAMPLE ACTIVIT	ΓIES		
A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the patient, 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 a APPLICABLE POPULATION			UNIT		DURATION	
	oung Adult ⊠ Ad (0) ⊠ Ge	ult (21-64) riatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A	
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residentia □ HF (2 nd modifie	⊠ U4 (⊠ TM I) □ HM	ICM)	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CAC II ⊠	APN (SA)	☑ Rxn (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	☑ Hospice (3 ☑ ICF-MR (54 ☑ NF (32) ☑ PRTF (56)	N Shelter II	□ Inpt □ Inpt □ ER (23) ×	Prison/CF (09) School (03) Other POS (99)

ASSESSMENT - DIAGNOSIS						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	H2000		Comprehensive m	nultidisciplinary e	evaluation	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
A multidisciplinary evaluation and assessment of a patient'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).			 Technical Documentation Requirements See Page 346 Service Content The reason for the visit/call. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) List of other professionals present and agency affiliation Identified risks Description of the service provided Review of psychosocial and family history DSM-5 diagnosis Conclusions and recommendations of the Multidisciplinary team Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition – need for BH services, referral, etc. 			
NOTES			EXAMPLE ACTIVIT	TIES		
A multidisciplinary team significant others, service disciplines/professions, athe patient, involved in tocordinated services, incactivities and developme treatment/service plan. I agency are present, one by writer only (usually fa The consumer does not fother involvement as recatleast 3 or more discipling present. All 3 do not nee facilitator must be from the significant of the service of the	g 3 or more ropriate by ed and issessment he same and signed hilly and/or er.	 Complex case To review leve 				
APPLICABLE POPULATIO			UNIT		DURATION	
	oung Adult 🗵 Adı	ult (21-64) riatric (65+)	☑ Encounter	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)	
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie		(ACT) ☐ H (Respite) ☐ T	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CAC II ⊠	APN (SA)	E RXN (SA) E PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (3-☑ ICF-MR (54-☑ NF (32)☑ PRTF (56)		04) ⊠ Inpt	73) ×	Prison/CF (09) School (03) Other POS (99)

TREATMENT - REHABILITATION- REHABILITATION PROGRAM						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COI	USAGE			
H2001		Rehabilitation pr	Rehabilitation program, per ½ day			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
A facility-based, structured rehabilitative skills-bu program; treatment interventions include problem	based, structured rehabilitative skills-building treatment interventions include problem-solving sign skills development, and skill building to facilitate ent living and adaptation. See Page 346 Service Content 1. The reason for the visit/call. What agenda? How does the service replan? 2. Description of the service 3. The therapeutic intervention(s) uresponse to the intervention(s) 4. How did the service impact the intervention goals/objectives? 5. Plan for next contact(s) including needed with 3 rd parties			rvice relate to the treatment/service ion(s) utilized and the individual's ion(s)		
		reporting/bill				
NOTES		EXAMPLE ACTIV	ITIES			
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case manage are documented, and reported or billed separatel H2001. Services are available at least 20 – 25 hou least 4 days/week.	ment, etc.) ly from	 Household management, nutrition, hygiene, money management, parenting skills, etc. Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments Interventions address co-occurring disabilities mental health and substance abuse Promotion of self-directed engagement in leisure, recreational and community social activities Engaging patient to have input into service delivery programming Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment 				
APPLICABLE POPULATION(S)		UNIT		DURATION		
☑ Child (0-11) ☑ Young Adult ☑ Adul	t (21-64) atric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: ½ Da	ay (4 Hrs)	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	(S)		
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 		□ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifi	□ TM al) □ HM	1 (ACT)	□ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS						
Intern Level (HN)	☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	APN (SA)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☐ Office (11) ☐ Cust Care (33) ☐ Mobile Unit (15) ☐ Grp Home (14) ☑ Outp Hospital (22) ☐ Home (12) 	☐ Hospice ☐ ICF-MR ☐ NF (32) ☐ PRTF (5	S (54) ☐ SNF (3:	1)	23)	Prison/CF (09) School (03) Other POS (99)	

TREATMENT - REHABILITATION- REHABILITATION PROGRAM						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COI	DE DESCRIPT	TION		USAGE
H2001		Rehabilitation pr	ogram, per 🤉	½ day		⊠ OBH
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
A facility-based, structured rehabilitative skills-buildin program; treatment interventions include problem-so and coping skills development, and skill building to facindependent living and adaptation. * This code is not to be used for children under age 6	olving cilitate	Technical Documentation Requirements See Page 346			e individual's ogress towards o or coordination	
		reporting/bill	_	-	uniber of flours	sill attenuance for
NOTES		EXAMPLE ACTIV				
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management are documented, and reported or billed separately from H2001. Services are available at least 20 – 25 hours/w least 4 days/week.	om	 Household management, nutrition, hygiene, money management, parenting skills, etc. Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments Interventions address co-occurring disabilities mental health and substance abuse Promotion of self-directed engagement in leisure, recreational and community social activities Engaging patient to have input into service delivery programming Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment 				
APPLICABLE POPULATION(S)		UNIT			DURATION	
☑ Child (0-11)☑ Young Adult☑ Adol (12-17)☑ (18-20)☑ Geriatric	-	☑ Encounter □ Day	☐ 15 Minu ☐ 1 Hour		Minimum: N/A Maximum: ½ [
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV ☑ HE (SP)		RY(IES ☐ U4		☐ HJ (Voc)
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☐ Telephone☑ Family (HR/HS)		☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	al)	□тм		☑ HQ (Clubhouse) ☑ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
Intern	nlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	⊠ F ⊠ A	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
\square Office (11) \square Cust Care (33) \square Mobile Unit (15) \square Grp Home (14)	□ Hospice □ ICF-MR □ NF (32) □ PRTF (5	□ SNF (3:	1)] Inpt] ER (2	S) SE (21)	□ Prison/CF (09) □ School (03) □ Other POS (99)

CRISIS – BEHAVIORAL HEALTH				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION U	JSAGE		
H2011	Crisis intervention service, per 15 minutes	⊠ Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Unanticipated services rendered in the process of resolving a client crisis, requiring immediate attention, that without intervention, could result in the client 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 client has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is followed with the client's permission.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s) 3. Behavioral health history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination			
NOTES	needed with 3 rd parties EXAMPLE ACTIVITIES			
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other provider as appropriate. May be provided by more than one direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified and documented. H2011 or 90839/90840 are used in lieu of individual psychotherapy procedure codes when the session is unscheduled (e.g., client walk-in), focused on a client crisis, and involves immediate and/or special interventions in response.	 Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement Face-to-face/telephone contact with another provider to help that provider deal with a specific client's crisis 			
APPLICABLE POPULATION(S)	Consultation with one's own provider staff to addre UNIT DURATION	233 1116 111313		
☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17)	□ Encounter □ 15 Minutes □ Day □ 1 Hour □ Maximum: 8 mins □ Maximum: 4 hrs 7 m PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ U4 (ICM) □ HJ (□ TG (Other SP) □ TM (ACT) □ HQ	(Voc) ((Clubhouse)		
☑ Telephone ☑ Family (HR/HS)		(Recovery) (Prev/EI)		
STAFF REQUIREMENTS				
✓ Bacrielor's Level (FIN) ✓ LPC ✓ Unlicensed B	EdD/ PhD/PsyD (HP)	xn (SA) A (PA) 1D/DO (AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital (22) ☒ Home (12) ☒ PRTF (56)	☑ SNF (31) ☐ Inpt PF (51) ☒ Sch ☒ FQHC (50) ☒ ER (23) ☒ NR:	son/CF (09) hool (03) SATF (57) her POS (99)		

CRISIS – BEHAVIORAL HEALTH						
CPT®/HCPCS PRO	CEDURE CODE		PROCEDURE CODE I	DESCRIPTIC	N	USAGE
	H2011		Crisis intervention serv	vice, per 15 r	minutes	⊠ OBH
SERVICE DESCRIPT	TION		MINIMUM DOCUMENTATION REQUIREMENTS			
Unanticipated services rendered in the process of resolving a client crisis, requiring immediate attention, that without intervention, could result in the client 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 client has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is followed with the client's permission.			 Technical Documentation Requirements See Page 346 Service Content The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s) Behavioral health history Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available Other problems identified (mental health, substance abuse, medical, etc.) Plan for next contact(s) including any follow-up or coordination 			
NOTES			needed with 3 rd pa			
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., client walk-in), focused on a client crisis, and involves immediate and/or special interventions in response.			 Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement Face-to-face/telephone contact with another provider to help that provider deal with a specific client's crisis Consultation with one's own provider staff to address the crisis 			
APPLICABLE POPU	JLATION(S)		UNIT		DURATION	
区 Child (0-11) ☑ Adol (12-17)	☑ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☑ 15	5 Minutes Hour	Minimum: 8 m Maximum: 4 h	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE		• •	
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/h	HS)	□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-SU		ACT) [(Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREM	ENTS					
☐ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	N) 区 LCSV 区 LPC 区 LMF	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	CAC II 🗵	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE	(POS)					
区MHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	Shelter (04) SNF (31) FQHC (50) Independent Clinic (□ Inp ⊠ ER	t PF (51) [2 (23) [2	□ Prison/CF (09) ☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)

	REATMENT - INT	TENSIVE - DAY TREATMENT					
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H2012		Behavioral health day treatment, per hour				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Services rendered by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children and/or adolescents and their families. A range of professional expertise and individualized treatment services are provided and integrated with an accredited education program.			agenda? Ho plan? 2. Description 3. The therape response to 4. How did the goals/object	for the visit. Wh w does the serv of the service eutic intervention the intervention e service impact tives? t contact(s) inclu	at was the intencice relate to the t n(s) utilized and t n(s) the individual's p	reatment/service he individual's	
NOTES			EXAMPLE ACTIVIT	•			
Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5 th grade) to 5 hours (6 th – 12 th grade) of structured programming per day, 2 – 5 days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family. If services are performed by a LAC/CAC provider, a SUD Primary Diagnosis is required.							
APPLICABLE POPULATIO			UNIT		DURATION		
⊠ Adol (12-17) (18-	20) 🗆 🗆 (Adult (21-64) Geriatric (65+)	☐ Day	□ 15 Minutes ☑ 1 Hour	Minimum: ≥ 3: Maximum: N/A		
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVI				
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential☑ HF (2nd modifie) 🗆	TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ ☑CAC II ☑	ADN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)							
☑ CMHC (53)☐ Office (11)☐ Mobile Unit (15)☑ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☑ Grp Home (14 ☐ Home (12)		(54) SNF	(31)	1pt PF (51) R (23)	□ Prison/CF (09) ☑ School (03) ☑Other POS (99)	

TREATMENT - INTENSIVE - DA				TMENT		
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	USAGE		
	H2012		Behavioral health day treatment, per hour			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION F	EQUIREMENTS	
Services rendered by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children and/or adolescents and their families. A range of professional expertise and individualized treatment services are provided and integrated with an accredited education program.			agenda? Ho plan? 2. Description 3. The therape response to 4. How did the goals/object 5. Plan for new needed wit	for the visit. Wow does the service eutic intervention the intervention eservice impactives?	hat was the intend vice relate to the so on(s) utilized and so on(s) t the individual's p	treatment/service
NOTES			EXAMPLE ACTIVI	TIES		
Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5^{th} grade) to 5 hours (6^{th} – 12^{th} grade) of structured programming per day, 2 – 5 days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family.						
APPLICABLE POPULATION			UNIT		DURATION	
☑ Adol (12-17) (18	-20) 🗆 🗆 0	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Minutes 区 1 Hour	Minimum: >3 Maximum: N/	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVI		•	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	[] []] TM (ACT)] HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I [区AC II [⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS						
☑ CMHC (53)☐ Office (11)☐ Mobile Unit (15)☑ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☑ Grp Home (14) ☐ Home (12)	☐ Hospice ☑ ICF-MR (☐ NF (32) ☑ PRTF (56	(54) ☐ SNF	(31)	EB (33)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

TREATMENT- REHABILITATION - OTHER						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
	H2014		Skills training and	l development,	per 15 minutes	☑ Medicaid
*This code is not to be u	ised for children under	age 6.				
SERVICE DESCRIPTION			MINIMUM DOCU			
Therapeutic activities de barriers and improve so establishing and maintain home, peer group, we specific needs of the pat and training, which reductions are community integration as	cial functioning in area ning a patient in the cor ork/school). Activities cient by promoting skill uces symptomatology a	ns essential to mmunity (e.g., address the development	agenda? Hoplan? 2. Description increase fu 3. The theraph 4. How did the goals/object 5. Plan for nex	for the visit/cal ow does the service a not the service a notioning in the eutic activities u e service impact tives? kt contact(s) inc	I. What was the invice relate to the and how service incommunity tilized and the interest the individual's	treatment/service
NOTES			needed wit	h 3 rd parties		
			nutrition, hea maintenance • Development diminish tend	Ils (i.e., groomir Ith and MH edu of living enviror of appropriate encies towards of basic langual dependently	ng, personal hygic cation, money m iment) personal support isolation and wit ge skills necessar	ene, cooking, anagement and networks to hdrawal y to enable patient
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	
	-	lult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 n	
☑ Adol (12-17) (18-		riatric (65+)	☐ Day	☐ 1 Hour	Maximum: 8	hours
ALLOWED MODE(S) OF I	DELIVERY ☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERV ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☐ HF (2 nd modifie	⊠ - ⊠ -	U4 (ICM) TM (ACT) HM (Respite)	☑ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS ☑ Peer Specialist	_			□LAC 🗵	IPN/LVN (TE)	
☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □CAC II	E LPN/LVN (TL) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice ☑ ICF-MR (☑ NF (32) ☐ PRTF (56	(54) SNF	: (31)	pt Hosp (21) pt PF (51) R (23) F-PHP (52)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

TREATMENT- REHABILITATION - OTHER						
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
	H2014		Skills training and	⊠ OBH		
*This code is not to be	used for children under	age 6.				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
Therapeutic activities d barriers and improve so establishing and maintal home, peer group, w specific needs of the pa and training, which red community integration	ocial functioning in area ining a patient in the con ork/school). Activities tient by promoting skill uces symptomatology a	s essential to nmunity (e.g., address the development	agenda? Hoplan? 2. Description increase further aptempts of the goals/objects.	for the visit/call ow does the service and of the service and notioning in the deutic activities ut e service impact citives? xt contact(s) includes	What was the intice relate to the trend how service is community cilized and the indithe individual's pr	eatment/service designed to vidual's response
NOTES			needed wit	th 3 rd parties		
			daily living ski nutrition, hea maintenance • Development diminish tend • Development to function in	ills (i.e., grooming Ith and MH educ of living environ of appropriate p encies towards is of basic languag dependently	ee of necessary cong, personal hygien ation, money man ment) ersonal support no solation and without e skills necessary community services.	e, cooking, nagement and etworks to Irawal to enable patient
APPLICABLE POPULATION	ON(S)		UNIT	<u>, </u>	DURATION	
		ult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 mi	าร
		riatric (65+)	☐ Day	☐ 1 Hour	Maximum: 8 ho	ours
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV		•	
☑ Face-to-Face☐ Video Conf (GT)☑ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☑ HK (Residentia☑ HF (2nd modified)	⊠ T il) □ F	M (ACT)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II 🗵	ΔPN (SΔ)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS						
☑ CMHC (53)☑ Office (11)☐ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice ☑ ICF-MR (☑ NF (32) ☐ PRTF (56	(54) ⊠ SNF	: (31)	ot PF (51) (23)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY							
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2015		Comprehensive community support services, per 15 minutes Medicaid				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Treatment services ren	darad ta sammunitu ha	sad shildran			•		
	· ·		Technical Docum	ientation kequ	irements		
	ollaterals by trained beh n an approved treatmer		See Page 346				
	• • •		Service Content	r the vicit/call	What was the inter	adad gaal or	
	iring the young person's	-			What was the inter	-	
medically necessary int	olacement. Monitoring		plan?	does the servi	ce relate to the trea	atment/service	
			•	f the comice			
	of his/her mental illnes		2. Description o		(c) utilized and the	individual's	
	situation, including acc	-			(s) utilized and the	individual S	
meet basic human need	onal and other services	necessary to	•	he intervention	• •		
meet basic numan need	us.		goals/objective		he individual's pro	gress towards	
			. ,		ding any follow-up	or coordination	
			needed with		. 6. ,		
NOTES			EXAMPLE ACTIVI				
If services are performed by a LAC provider, a SUD Primary			Assist with ide	entifying existir	g natural supports	for developing a	
Diagnosis is required.			natural support team				
			 Assist with identifying individual strengths, resources, 				
			preferences a				
			Assist in development and coordination of recovery/resiliency				
			plan, crisis management plan.				
			 Skill building 	to assist patien	in developing fund	ctional,	
			interpersonal, family, coping and community living skills that are				
			negatively impacted by patient's MI				
APPLICABLE POPULATI			UNIT		DURATION		
· ·		dult (21-64)		≤ 15 Minutes	Minimum: 8 min		
. , ,		eriatric (65+)	,	☐ 1 Hour	Maximum: 4 hrs	7 mins	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV		•		
☑ Face-to-Face	☑ Individual		⊠ HE (SP)		, ,	HJ (Voc)	
	☑ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)	
	☑ Family (HR/HS)		☐ HK (Residentia	•		TT (Recovery)	
•			☑ HF (2 nd modifie	er-SUD)		HT (Prev/EI)	
STAFF REQUIREMENTS					-		
☑ Peer Specialist	∠ LCSW (AJ)	☑ Unlicensed I	Master's Level (HO)		☑ LPN/LVN (TE)	× RxN (SA)	
☑ Bachelor's Level (HN) ☑ Intern	∠ LPC	☑ Unlicensed B	EdD/ PhD/PsyD (HP)		A KN (TD)	⊠ PA (PA)	
E IIIceIII	☑ LMFT	∠ Licensed EdI	ised EdD/PhD/PsyD (AH)				
PLACE OF SERVICE (PO	S)						
☑ CMHC (53)	☑ ACF (13)	☐ Hospice (34)	(o.t) ⊠ In	ot Hosp (21)	Duin /CE /CC)	
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR (54)	' ⊠ Shelter (OT PE (57)	Prison/CF (09)	
☑ Mobile Unit (15)	☑ Grp Home (14)	⊠ NF (32)	☑ 2IVF (31)	∫ ⊠ FF	(22)	School (03)	
☑ Outp Hospital (22)	⊠ Home (12)	☑ PRTF (56)	⊠ FQHC (5	())	-PHP (52)	Other POS (99)	

	PEER SUPPORT/RECOVERY SERVICES - COMMUNITY					
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
	H2015		Comprehensive community support services, per			
			15 minutes			
SERVICE DESCRIPTION		1 1 1 1	MINIMUM DOC			
	dered to community-ba		Technical Docum	nentation Requi	rements	
	ollaterals by trained beh		See Page 346 Service Content			
staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and				or the visit/call V	/hat was the inten	ded goal or
	placement. Monitoring a			•	relate to the trea	ū
			plan?	does the service	relate to the trea	tillelity service
medically necessary interventions to assist him/her to manage the symptoms of his/her mental illness and deal			2. Description of	of the service		
	situation, including acc		•		s) utilized and the	individual's
	ional and other services	-	-	he intervention(
meet basic human needs.			4. How did the	service impact th	e individual's prog	ress towards
			goals/objecti			
					ling any follow-up	or coordination
NOTES			needed with			
NOTES			EXAMPLE ACTIV			Camalana la minara
					g natural supports	for developing a
			natural support team Assist with identifying individual strengths, resources,			
			preferences and choices			
					ordination of recov	ery/resiliency
				anagement plan		- /, /
					in developing fund	tional,
			interpersona	l, family, coping	and community liv	ing skills that are
			negatively impacted by patient's MI			
APPLICABLE POPULATI			UNIT		DURATION	
· ·	-	dult (21-64)	☐ Encounter	■ 15 Minutes ■ 15 Minutes	Minimum: 8 min	
	-	eriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs	7 mins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	•		
☑ Face-to-Face	☑ Individual		⊠ HE (SP)			-IJ (Voc)
☑ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)
☑ Telephone	☑ Family (HR/HS)		☐ HK (Residentia ☑ HF (2 nd modifi			TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS			MIF (2 * IIIOuiii	ei-30 <i>D</i>)		II (FIEV/LI)
☑ Peer Specialist				×LAC ×	LPN/LVN (TE)	
☑ Bachelor's Level (HN)	⊠ LCSW (AJ) ⊠ LPC		Master's Level (HO)	מרעכו צ	RN (TD)	RxN (SA)
✓ Intern	⊠ LPC ⊠ LMFT		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	LICAC II	∃ APN (SA)	☑ PA (PA) ☑ MD/DO (AF)
			5,1115,13,0 (, 111)	□CACIII 🗵	QMAP	3 MD/DO (Al)
PLACE OF SERVICE (PO		_				
☑ CMHC (53)	☑ ACF (13)	☐ Hospice (34)			t Hosp (21) □ I	Prison/CF (09)
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR (54)		; ⊠inp	(DF (21)	School (03)
✓ Mobile Unit (15)	☑ Grp Home (14)	☑ NF (32)		:n) 🗵 ER	(23)	Other POS (99)
☑ Outp Hospital (22)	☑ Home (12)	☑ PRTF (56)	•	ı⊻ PF-	PHP (52)	` '

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	USAGE		
	H2016		Comprehensive community support services, per diem			
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS	
Treatment services rendered to community-based children and adolescents and collaterals by trained behavioral health staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist him/her to manage the symptoms of his/her mental illness and deal with his/her overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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			
NOTES			EXAMPLE ACTIVIT	•		
CCSS up to 4 hours (16 units) is reported/billed as H2015; CCSS over 4 hours is reported/billed as H2016 (per diem). If services are performed by a LAC provider, a SUD Primary Diagnosis is required.			 Assist with identifying existing natural supports for developing a natural support team Assist with identifying individual strengths, resources, preferences and choices Assist in development and coordination of recovery/resiliency plan, crisis management plan, and/or advance directives (i.e., WRAP) Skill building to assist patient in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by patient's MI 			
APPLICABLE POPULATION	N(S)		UNIT	, ,	DURATION	
	oung Adult 🔲 Ad	lult(21-64) eriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: 4 hrs Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)	
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☑ HF (2 nd modifie	□ TM) □ HM	I (ACT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	APN (SA)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☐ Hospico ☑ ICF-MR ☑ NF (32) ☑ PRTF (5	R (54) S Sneite S SNF (2) SN	er (04)	23) 🗵 🤇	Prison/CF (09) School (03) Other POS (99)

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY						
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE COD		USAGE	
	H2016		Comprehensive community support services, per diem			
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Treatment services rendered to community-based children and adolescents and collaterals by trained behavioral health staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist him/her to manage the symptoms of his/her mental illness and deal with his/her overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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			
NOTES			EXAMPLE ACTIVI	TIES		
CCSS up to 4 hours (16 units) is reported/billed as H2015; CCSS over 4 hours is reported/billed as H2016 (per diem).			 Assist with identifying existing natural supports for developing a natural support team Assist with identifying individual strengths, resources, preferences and choices Assist in development and coordination of recovery/resiliency plan, crisis management plan, and/or advance directives (i.e., WRAP) Skill building to assist patient in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by patient's MI 			
APPLICABLE POPULATION	ON(S)		UNIT	, i	DURATION	
⊠ Adol (12-17) (18-	-20) 🗆 G	dult(21-64) eriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hr Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI			
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residentia☑ HF (2nd modified)	□ TM I) □ HM	(ACT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Unlicensed Master's Level (HO) Unlicensed EdD/ PhD/PsyD (HP) Licensed EdD/PhD/PsyD (AH) □CAC I □ RN (TD) □CAC I □ APN (SA) □CAC II □ APN (SA) □CACIII □ QMAP □CACII □ QMAP			⊠ PA (PA)
PLACE OF SERVICE (POS	•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	区 ACF (13) 区 Cust Care (33) 区 Grp Home (14) 区 Home (12)	□ Hospic ☑ ICF-MR ☑ NF (32) ☑ PRTF (5	X (54)	er (04))3) 🗵 :	Prison/CF (09) School (03) Other POS (99)

TREATMENT - REHABILITATION- PSYCHOSOCIAL REHABILITATION (PSR)						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CO	USAGE		
	H2017		Psychosocial rehabilitation services, per 15 Medicaid Minutes			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
An array of services, rendesigned to help patient develop coping strategie to develop a supportive independently as possible. PSR differs from counsel focuses less on symptom restoring functional capateaching, practicing/coaccommunity living compermoney management, peliving environment)	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how the service is designed to increase functioning The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			EXAMPLE ACTIV	ITIES		
Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships) Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn) PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).			activities: se scheduling/communica skills, mone Gaining con in the stabil Developme Identification addressing friends) Identification including surpograms	elf-management time management, y management, npetence in und ization of the in nt of a crisis pla on of existing na personal needs on and developrich areas as sust	ce/coaching and sk t (Activities of Daily ent, interpersonal ess skills, housekeep /budgeting, vocation lerstanding the role dividual's well-beir n tural supports and of (e.g., families, employed) ment of organization taining personal ent ity resources or oth	Living skills), ping/cleaning nal skills building. medication plays ng resources for loyers, and nal support, itlements,
APPLICABLE POPULATIO			UNIT		DURATION	
⊠ Adol (12-17) (18-	20) 🗵 Ge	ult (21-64) riatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 mins Maximum: 4 hrs	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERV			
☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	al) C] TM (ACT) ⊠] HM ⊠	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	d Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) d EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) □ PA (PA) dD/PhD/PsyD (AH) □ CAC II □ QMAP □ MD/DO (AF)			
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	☐ Hospice (3- ☑ ICF-MR (54 ☑ NF (32) ☐ PRTF (56)	IXI SHAITAI	1)	npt PF (51)	Prison/CF (09) School (03) Other POS (99)

	TREATMENT - REHABILITATION- PSYCHOSOCIAL REHABILITATION (PSR)					
CPT®/HCPCS PROCEDUR			PROCEDURE CODE DESCRIPTION USAGE			
	H2017		Psychosocial rehabilitation services, per 15 Minutes			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
An array of services, rendered in a variety of settings, designed to help patients 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)			 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how the service is designed to increase functioning The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES			EXAMPLE ACTIV	TIES		
Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships) Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn) PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).			activities: se scheduling/communica skills, mone Gaining com in the stabil Developmen Identificatio addressing priends) Identificatio including su	elf-management time management tion/assertivene y management/ petence in und ization of the in nt of a crisis plan n of existing na personal needs in and developm ch areas as sust	erstanding the rol dividual's well-be	y Living skills), eping/cleaning onal skills building. e medication plays ing resources for oloyers, and onal support, otitlements,
APPLICABLE POPULATIO			UNIT		DURATION	
⊠ Adol (12-17) (18-	20) 🗵 Ge	ult (21-64) riatric (65+)	□ Day	□ 15 Minutes □ 1 Hour	Minimum: 8 mir	
ALLOWED MODE(S) OF I Face-to-Face Video Conf (GT) Telephone TASE PROJUBILITY	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		PROGRAM SERV ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	nl)	1 U4 (ICM)	☐ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS ☑ Peer Specialist					Z DNI/IV/NI /TE\	
☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	d Master's Level (HO) □ LAC ☑ LPN/LVN (TE) ☑ RxN (SA) d EdD/ PhD/PsyD (HP) □ CAC I ☑ RN (TD) ☑ PA (PA) dD/PhD/PsyD (AH) □ CAC II ☑ APN (SA) ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ☐ Hospice (3- ☑ ICF-MR (54 ☑ NF (32) ☐ PRTF (56) 	' XI Shelfer	L)	1pt PF (51)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

TREATMENT - REHABILITATION - PSYCHOSOCIAL REHABILITATION (PSR)						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H2018		Psychosocial rehabilitation services, per diem 🗵 Medicaid			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
An array of services, rendered in a variety of settings, designed to help patients 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) Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the inten How does the service relate to the treatment and response to the intervention(s) utilized and response to the intervention(s) How did the service impact the individual's pagoals/objectives? How did the service impact the individual's pagoals/objectives? Plan for next contact(s) including any follow needed with 3rd parties				t/service plan? the individual's progress towards		
NOTES			EXAMPLE ACTIVI	TIES		
Social and interpersonal abdeveloping and/or maintai ability to maintain positive Independence (e.g., develor handling everyday experies school/work/volunteer school/work/volun	ning a positive self-image relationships) pping and enhancing personces such as structuring ledules). mpetency (e.g., task-orientive abilities, to maximized attention, improved of the ability to learn) nits) is reported/billed	e, regaining the sonal abilities in leisure time, and ented activities to ze adult role concentration,	 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 			
APPLICABLE POPULATION			UNIT		DURATION	
⊠ Adol (12-17) (18-	-20)	Adult (21-64) Geriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 h Maximum: N/	
ALLOWED MODE(S) OF ☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone STAFF REQUIREMENTS ☑ Peer Specialist	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		PROGRAM SERV	□ U4 (□ TM II) □ HM er-SUD)	ICM) (ACT) (Respite)	☐ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) ☐ HT (Prev/EI)
☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	RN (TD) APN (SA) QMAP	⊠ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS	•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☐ PRTF (56) 	☑ Shelter (04☑ SNF (31)☑ FQHC (50)) □ Inp □ ER)t PF (51) (23)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

	TREATMENT - REHABILITATION - PSYCHOSOCIAL REHABILITATION (PSR)					
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H2018		Psychosocial rehabilitation services, per diem			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
An array of services, redesigned to help patient develop coping strategito develop a supportive independently as possible. PSR differs from counse focuses less on symptom restoring functional capteaching, practicing/coaccommunity living compmoney management, pliving environment)	ets capitalize on person es and skills to deal with environment in which ole. Eling and psychotherap of management and skills building and skills building etencies (e.g., self-care	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES			EXAMPLE ACTIVIT	TIES		
Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships) Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn) PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).			 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 			
APPLICABLE POPULATION			programs UNIT		DURATION	
⊠ Adol (12-17) (18	-20) 🗵 (Adult (21-64) Geriatric (65+)	⊠ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hrs Maximum: N/A	8 mins
□ Video Conf (GT) □ Telephone STAFF REQUIREMENTS	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		PROGRAM SERVIO	□ U4 (□ TM () □ HM	ICM) (ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I 🗵	ΔPN (SΔ)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☐ PRTF (56) 	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	□ Inp	(22) ×	Prison/CF (09) School (03) Other POS (99)

	TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCR	USAGE			
	H2021		Community-based wrap-around services, per 15 Medicaid				
SERVICE DESCRIPTION	N		MINIMUM DOCUMENTA	TION REQUIREMENTS			
delivered as an altern Services may include resources provided to members to promote community living. Ser manners/places base	unity-based non-clinic ative/adjunct to tradit informal, natural supp o a child/adolescent ar , maintain/restore suc vices are delivered in d on a collaborative pl to help stabilize and s d/adolescent.	tional services. Forts and Ind family Excessful Inon-traditional Inoning process.	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how activity is designed to increase functioning in the community The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES			EXAMPLE ACTIVITIES	tics			
Community-based wrap-around services up to 8 hours. Discrete therapy services (e.g., family, group and individual psychotherapy, psychiatric services) are documented, and reported or billed separately from H2021.							
APPLICABLE POPULA	TION(S)		UNIT	DURATION			
区 Child (0-11) ☑ Adol (12-17)	(18-20)	☐ Adult (21-64) ☐ Geriatric (65+)	☐ Encounter ☐ 15 N☐ Day ☐ 1 Ho				
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATE	EGORY(IES)			
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS))	 ⋈ HE (SP) □ TG (Other SP) □ HK (Residential) ⋈ HF (2nd modifier-SUD) 	☐ TM (ACT) ☐ ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENT	rs						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (. ⊠ LPC ⊠ LMFT	☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ CACI □ CACI	I \boxtimes RN (TD)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)		
PLACE OF SERVICE (P	•						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) □ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☑ Shelter (04)☐ SNF (31)☑ FQHC (50)☑ Independent Clinic (49)	☐ Inpt PF (51) ☑ ER (23) ☑	Prison/CF (09) School (03) NRSATF (57) Other POS (99)		

	TREATMENT - OTHE	R PROFESSIONAL SE	RVICES - COMMUNITY-BA	SED WRAP-AROUND			
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCR	USAGE			
	H2021		Community-based wrap-around services, per 15 minutes				
SERVICE DESCRIPTION	N		MINIMUM DOCUMENTAT	TION REQUIREMENTS			
Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent. Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the in agenda? How does the service relate to plan? 2. Description of the service and how active increase functioning in the community 3. The therapeutic intervention(s) utilized response to the intervention(s) 4. How did the service impact the individue goals/objectives? 5. Plan for next contact(s) including any for needed with 3rd parties					reatment/service designed to ne individual's rogress towards		
NOTES			EXAMPLE ACTIVITIES	ties .			
Community-based wrap-around services up to 8 hours. Discrete therapy services (e.g., family, group and individual psychotherapy, psychiatric services) are documented, and reported or billed separately from H2021.							
APPLICABLE POPULA	TION(S)		UNIT	DURATION			
区 Child (0-11)区 Adol (12-17)	(18-20)	☐ Adult (21-64) ☐ Geriatric (65+)	☐ Encounter ☐ 15 M☐ Day ☐ 1 Hou				
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATE	GORY(IES)			
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS))	 ⋈ HE (SP) □ TG (Other SP) □ HK (Residential) ⋈ HF (2nd modifier-SUD) 	☐ TM (ACT) ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMENT	rs						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (. ⊠ LPC ⊠ LMFT	☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ CAC I □ CAC I □ CAC I □ CAC I	I ⊠ KN (TD) II ⊠ APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (P	•						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☑ Shelter (04)☐ SNF (31)☑ FQHC (50)☑ Independent Clinic (49)	☐ Inpt PF (51) ☐ ER (23) ☐	Prison/CF (09) School (03) NRSATF (57) Other POS (99)		

TRI	EATMENT - OTHER	PROFESSIONAL SE	SERVICES - COMMUNITY-BASED WRAP-AROUND				
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE COI	DE DESCRIPTIO	N	USAGE	
	H2022		Community-based	wrap-around se	rvices, per diem	☑ Medicaid	
SERVICE DESCRIPTI	ON		MINIMUM DOCUMENTATION REQUIREMENTS				
Individualized, comm delivered as an altern Services may include resources provided to members to promote community living. Ser manners/places base Services are intended placement of the chil	native/adjunct to tradinformal, natural sup o a child/adolescent a o, maintain/restore su vices are delivered in d on a collaborative p to help stabilize and	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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					
NOTES		needed with 3 rd parties EXAMPLE ACTIVITIES					
Community-based wrap-around services up to 4 hours (16 units) is reported/billed as H2021; over 4 hours is reported/billed as H2022 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2022.							
APPLICABLE POPUI			UNIT		DURATION		
⊠ Adol (12-17) (18-20)	☐ Adult (21-64)☐ Geriatric (65+)	⊠ Day [□ 15 Minutes □ 1 Hour	Minimum: 4 hrs Maximum: N/A	8 mins	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV	ICE CATEGORY	((IES)		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/H	S)	□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier)	□ Tr □ Hı	M (ACT) [M (Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREME	NTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	✓ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	APN (ID)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE	(POS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) □ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ ICF-MR (54) ☐ NF (32)	☑ Shelter (04) □ SNF (31) ☑ FQHC (50) ☑ Independent Clin	□ Inp □ ER	t PF (51) (23)	Prison/CF (09) School (03) NRSATF (57) Other POS (99)	

TRI	TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND						
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE CODE D	DESCRIPTIO	N	USAGE	
	H2022		Community-based wrap-around services, per diem ☑ OBH				
SERVICE DESCRIPTI			MINIMUM DOCUME	ENTATION	REQUIREMEN	TS	
Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.			 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how activity is designed to increase functioning in the community The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES			EXAMPLE ACTIVITIES				
Community-based wrap-around services up to 4 hours (16 units) is reported/billed as H2021; over 4 hours is reported/billed as H2022 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2022.							
APPLICABLE POPUL	LATION(S)		UNIT		DURATION		
• •	-	□ Adult (21-64) □ Geriatric (65+)	☐ Encounter ☐ 15 ☐ 18 ☐ 18 ☐ 18 ☐ 18 ☐ 18 ☐ 18 ☐ 18	Minutes Hour	Minimum: 4 hr Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE	CATEGORY	(IES)		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/H	S)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modifier-SUI	NT □ NH □	И (ACT) И (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREME	NTS						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed B	1/Dhl1/Dcvl1 (AH)	AC II 🗵 I	ADNI (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ ICF-MR (54) ☐ NF (32)	⊠ Shelter (04) □ SNF (31) ☑ FQHC (50) ☑ Independent Clinic (49	□ Inpt	t PF (51)	☐ Prison/CF (09) ☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)	

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COI	DE DESCRI	PTION		USAGE
	H2023		Supported emplo	yment, p	er 15 n	ninutes	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Employment services, provided by an employment specialist, to assist patients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensive of support may change over time, based on the needs of the patient.			 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES			EXAMPLE ACTIV	TIES			
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).			personal car job Providing pa affects disal Preparation Working wit accommoda Helping indi Providing or counseling a	reer goals atient with bility incor skills (i.e., th individu ations viduals to n-the-job a and interp	to help n informe and , resum lals and condu assistar ersona	match the pers nation regarding benefits ne development,	ed job search r example,
APPLICABLE POPULATI	ION(S)		UNIT	у реор.е с		DURATION	
_	-20) 🗵 G	dult (21-64) Seriatric (65+)	☐ Encounter ☐ Day PROGRAM SERV	☑ 15 Min ☐ 1 Hour		Minimum: 8 mi Maximum: 4 h	-
			☐ HE (SP)	ICL CATE		4 (ICM)	⊠ HJ (Voc)
☐ Video Conf (GT)	☑ Individual □ Group (HQ) □ Family (HR/HS)		☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	-		и (ACT) И (Respite)	☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS	i						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	[[⊠ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) ☑ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PO							
☑ CMHC (53)☑ Office (11)☐ Mobile Unit (15)☑ Outp Hospital (22)	☑ACF (13) ☐ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☐ Hospice (3 ☐ ICF-MR (54 ☐ NF (32) ☐ PRTF (56)		31)	☐ Inp	t Hosp (21) t PF (51) (23) PHP (52)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDI	JRE CODE		PROCEDURE COI	DE DESCRIPT	TION		USAGE
	H2023		Supported emplo	oyment, per	15 minu	ites	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCI	JMENTATIO	N REQU	IREMENTS	
Employment services, provided by an employment specialist, to assist patients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensive of support may change over time, based on the needs of the patient.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				atient's response ogress towards
NOTES			EXAMPLE ACTIV	ITIES			
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).			 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing 				
APPLICABLE POPULAT	ION(S)		UNIT	o people suc		JRATION	
☐ Child (0-11)	Young Adult ⊠ Ad 3-20) ⊠ Ge	dult (21-64) eriatric (65+)	☐ Encounter ☐ Day PROGRAM SERV	☑ 15 Minut ☐ 1 Hour	es Mi	inimum: 8 mir aximum: 4 hr	
☑ Face-to-Face☐ Video Conf (GT)	☑ Individual □ Group (HQ) □ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	 	□ U4 (IC □ TM (A □ HM (F	ACT) Respite)	☑ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed Ec	HEdD/PhD/PsyD (HP) SCACT Skil (TD) SPA			⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (PC							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ACF (13) ☐ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☐ Hospice (34☐ ICF-MR (54☐ NF (32)☐ PRTF (56)	Y Shelfe	er (04) 31)] Inpt Ho] Inpt PF] ER (23)] PF-PHF	(51)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDURE CODE		PROCED	URE COD	E DESCF	RIPTION	USAGE	
H2024		Supported emplo	yment, p	er diem		☑ Medicaid	
SERVICE DESCRIPTION		MINIMUM DOCU	JMENTAT	ION REC	QUIREMENTS		
Employment services, provided by an emp	loyment	Technical Documentation Requirements					
specialist, to assist patients, requiring inte		See Page 346					
employment services, in gaining and main	•	Service Content					
competitive employment. Services include			for the vis	it/call. V	Vhat was the in	itended goal or	
placement, job coaching, and follow-along		agenda?	6.1				
are often provided in the community. The	•	•				patient's response	
intensive of support may change over time needs of the patient.	e, based on the	How did the goals/object		праст п	ie individuai s p	rogress towards	
needs of the patient.				s) includ	ling any follow-	up or coordination	
		needed with	•	•	iiig arry ronow	ap or coordination	
NOTES		EXAMPLE ACTIVI					
Activities are typically performed by a job	developer, job			ork histo	rv. skills. traini	ng, education and	
coach and/or job specialist to achieve succ	essful					on with a suitable	
employment outcomes. Supported employ	ment is a	job	_				
discrete service. Supported employment u	 Providing pa 	tient with	inform	ation regarding	how employment		
units) is reported/billed as H2023; over 4 h	affects disability income and benefits						
reported/billed as H2024 (per diem).		Preparation skills (i.e., resume development, interview skills)					
		_	Working with individuals and their employers to identify needed accommodations.				
		accommoda					
		Helping individuals to conduct an individualized job search Description on the inhomography of the support of the su					
		 Providing on-the-job assistance (including, for example, 					
		counseling and interpersonal skills training) on a continuing b to help people succeed in their jobs				n a continuing basis	
APPLICABLE POPULATION(S)		UNIT	ic succee	a iii tiici	DURATION		
	4 Adult (21-64)	☐ Encounter	☐ 15 Mi	nutes	Minimum: 4 h	rs 8 mins	
	Geriatric (65+)	☑ Day	□ 1 Hou		Maximum: N/		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV	ICE CATE	ORY(IE	S)		
☑ Face-to-Face ☑ Individual		☐ HE (SP)		□ U4 (•	⊠ HJ (Voc)	
☐ Video Conf (GT) ☐ Group (HQ)		☐ TG (Other SP)		□ TM (☐ HQ (Clubhouse)	
✓ Telephone ☐ Family (HR/HS)	☐ HK (Residentia		□нм	(Respite)	☐ TT (Recovery)	
		☑ HF (2 nd modifie	er-SUD)			☐ HT (Prev/EI)	
STAFF REQUIREMENTS Peer Specialist			⊠LAC	TV.	LPN/LVN (TE)		
Rachelor's Level (HN)	,	laster's Level (HO)	⊠CAC I		RN (TD)	■ RxN (SA)	
☑ Intern	_	dD/ PhD/PsyD (HP)	⊠CAC II		APN (SA)	⊠ PA (PA)	
☑ LMFT	Licensed EdD	/PhD/PsyD (AH)	⊠ CACIII	×	QMAP	⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)							
☑ CMHC (53)	☐ Hospice (34)	Shelter (04)		Hosp (21)	☐ Prison/CF (09)	
☑ Office (11) ☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)		☐ Inpt	PF (51)		
☐ Mobile Unit (15) ☑ Grp Home (14)	□ NF (32)			☐ ER (2	23)	☑ Other POS (99)	
☑ Outp Hospital(22) ☑ Home (12)	☐ PRTF (56)			☐ PF-P	HP (52)	` '	

TREATMENT - VOCATIONAL SERVICES						
CPT®/HCPCS PROCEDURE CODE		PROCED	URE CODE I	DESCRIPTION	USAGE	
H2024		Supported emplo	yment, per	diem	⊠ OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
Employment services, provided by specialist, to assist patients, requiri employment services, in gaining an competitive employment. Services placement, job coaching, and follow are often provided in the communi intensive of support may change on needs of the patient.	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES		EXAMPLE ACTIVI				
Activities are typically performed be coach and/or job specialist to achie employment outcomes. Supported discrete service. Supported employ units) is reported/billed as H2023; reported/billed as H2024 (per diem	personal car job Providing pa affects disable Preparation Working with accommoda Helping indiv	Providing patient with information regarding how employment affects disability income and benefits				
APPLICABLE POPULATION(S)		UNIT	ie succeeu i	DURATION	٧	
☐ Child (0-11)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minu ☐ 1 Hour	tes Minimum: Maximum	4 hrs 8 mins	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV			V III (Vas)	
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone☑ Family	(HQ)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	ıl) 🗆] U4 (ICM)] TM (ACT)] HM (Respite)	⊠ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENTS						
Bachelor's Level (HIN)	LPC 🗵 Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN (TE ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	E) 区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)	
PLACE OF SERVICE (POS)						
	e (14)	⊠ Shelter (□ SNF (31) ⊠ FQHC (5	0 ⁴⁾] Inpt Hosp (21)] Inpt PF (51)] ER (23)] PF-PHP (52)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)	

	TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE		
	H2025		Ongoing support minutes	to maintain emp	oloyment, per 15	☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS			
Ongoing or episodic sup utilized prior to or follow placement, including pro competitive employmer	ving successful employ e-vocational skills train	yment ning in non-	Technical Documentation Requirements See Page 346 Service Content					
natural on-the-job supports for a patient. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.			 The reason for the visit/call. What was the intended goal? Description of the service provide Intervention utilized and patient response How did the service impact the individual's progress towards goals/objectives? Plan for next contact including any follow-up or coordination 					
			needed with					
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).			 environmen changes and Teaching pati job perform non-compet Visiting pati pertinent to Working wit establish eff make reason Contacting p 	patient about of typersonal environment of avoid crises tient pre-vocation ent identify and ance/relations a citive employment at job site to job retention the patient and his fective supervisionable accommodity.	onal skills implement strate t work including nt position identify and add s/her job supervion and feedback s dations to enhance	fy needed support egies that improve placement in a ress issues		
APPLICABLE POPULATION			UNIT		DURATION			
⊠ Adol (12-17) (18	-20)	Adult (21-64) Geriatric (65+)	□ Day	✓ 15 Minutes☐ 1 Hour	Minimum: 8 mi Maximum: 4 hr			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV			J ()		
☑ Face-to-Face☐ Video Conf (GT)☑ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	1T 🗆 HI	M (ACT) [M (Respite) [☑ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		aster's Level (HO) dD/ PhD/PsyD (HP) 'PhD/PsyD (AH)	⊠CAC II	⊠ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) ☑ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (POS	5)							
☑ CMHC (53)☑ Office (11)☐ Mobile Unit (15)☐ Outp Hospital (22)	☑ ACF (13)☐ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☑ PRTF (56)	区 Shelter (04) ☐ SNF (31) 区 FQHC (50)	☐ Inpt ☐ ER (2	PF (51)	□ Prison/CF (09) ☑ School (03) ☑ Other POS (99)		

	TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE		
	H2025		Ongoing support minutes	to maintain emp	ployment, per 15	⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in noncompetitive employment placements, development of natural on-the-job supports for a patient. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion. NOTES This service is a more general approach than the overall			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal? 2. Description of the service provide 3. Intervention utilized and patient response 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact including any follow-up or coordination needed with 3rd parties EXAMPLE ACTIVITIES • Talking with patient about changes in health, work					
structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).			 environment/personal environment to identify needed support changes and avoid crises Teaching patient pre-vocational skills Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position Visiting patient at job site to identify and address issues pertinent to job retention Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance Contacting patient's family/significant other to monitor support 					
APPLICABLE POPULATION	ON(S)		UNIT	d/or resolve issu	DURATION			
	-	Adult (21-64)		□ 15 Minutes	Minimum: 8 mir			
		Geriatric (65+)		☐ 1 Hour	Maximum: 4 hr	s 7 mins		
ALLOWED MODE(S) OF ☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	DELIVERY ☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)	PROGRAM SERV ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	□ U, □ T! □ H □	4 (ICM) M (ACT) M (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)		
STAFF REQUIREMENTS ☑ Peer Specialist				⊠LAC	☑ LPN/LVN (TE)			
Bachelor's Level (HN) Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠CAC II	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (POS)							
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital (22)	☑ ACF (13)☐ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☑ PRTF (56)	☑ Shelter (04)☐ SNF (31)☑ FQHC (50)	☐ Inpt ☐ ER (2	PF (51) 23)	Prison/CF (09) School (03) Other POS (99)		

	TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COI	DE DESCRIP	MOIT		USAGE	
	H2026		Ongoing support diem	to maintai	n empl	oyment, per	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCI					
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non-competitive employment placements, development of natural on-the-job supports for a patient. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal? 2. Description of the service provide, intervention utilized, and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact including any follow-up or coordination needed with 3 rd parties EXAMPLE ACTIVITIES					
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).			 environmer changes and Teaching pating pating pating perform non-compering pating pertinent to Working with establish efficiency 	t/personal davoid cristient pre-vient identificance/relatititive emploent at jobs of job retent the patient affective supenable accorpatient's fa	enviro es ocatior y and ii ions at byment site to i ion and his, ervisior mmoda mily/si	nal skills mplement strat work including t position dentify and add her job supervi n and feedback ations to enhance	ify needed support egies that improve placement in a	
APPLICABLE POPULATI	ON(S)		UNIT	,		DURATION		
	-	dult (21-64)	☐ Encounter	□ 15 Min		Minimum: 4 h		
☑ Adol (12-17) (18-		eriatric (65+)	⊠ Day	☐ 1 Hour		Maximum: N/	'A	
ALLOWED MODE(S) OF	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERV ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	al)	□ U4 □ TM	(ICM)	☑ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENTS				VI.AC	Tu-] LDN (L) (TC)		
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	X] LPN/LVN (TE)] RN (TD)] APN (SA)] QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (PO								
☑ CMHC (53)☑ Office (11)☐ Mobile Unit (15)☐ Outp Hospital (22)	☑ ACF (13)☐ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice ☐ ICF-MR (☐ NF (32) ☑ PRTF (56	(54)	1)	□ Inp	t Hosp (21) t PF (51) (23) PHP (52)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)	

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE COL	DE DESCRIP	TION		USAGE
	H2026		Ongoing support diem	to maintair	n empl	oyment, per	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATIC	N REC	UIREMENTS	
Ongoing or episodic su utilized prior to or follo placement, including procompetitive employmenatural on-the-job suppintended to provide the placement, continued employment as evidenlength of employment,	ment ing in non- iment of service is to ensure ient in increased	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal? 2. Description of the service provide, intervention utilized, and the patient's response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact including any follow-up or coordination needed with 3 rd parties EXAMPLE ACTIVITIES • Talking with patient about changes in health, work					
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).			 environment/personal environment to identify needed support changes and avoid crises Teaching patient pre-vocational skills Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position Visiting patient at job site to identify and address issues pertinent to job retention Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance Contacting patient's family/significant other to monitor support 				
APPLICABLE POPULATI	ON(S)		network and UNIT	<u>, </u>		DURATION	
	-	lult (21-64)	☐ Encounter	☐ 15 Minu	ıtes	Minimum: 4 hr	s 8 mins
⊠ Adol (12-17) (18-		eriatric (65+)	⊠ Day	☐ 1 Hour		Maximum: N/A	4
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV				
☑ Face-to-Face☐ Video Conf (GT)☑ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	al)	□ U4 □ TM □ HM	(ACT) (Respite)	☑ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PO	S)						
☑ CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital (22)	☑ ACF (13)☐ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice ☐ ICF-MR (☐ NF (32) ☑PRTF (56	(54) ⊠ Sheiter □ SNF (3:	· (U4) L) 50)	☐ Inpt	: PF (51) :23)	□ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

TREATMENT - OTHER PROFESSIONAL SERVICES - PSYCHOEDUCATION						
CPT®/HCPCS PROCEDUI	RE CODE		PROCE	DURE CODE DESC	RIPTION	USAGE
	H2027		Psychoeducation	al service, per 15	minutes	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOC	JMENTATION RE	QUIREMENTS	
Activities rendered by a trained MHP to provide information and education to patients, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the patients.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service; education provided 3. How did the patient/family education impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties			
NOTES			EXAMPLE ACTIV			
This service acknowledges the importance of involving family and/or significant others who may be essential in assisting a patient to maintain treatment and to recover. This code requires the individual to have an active treatment/service plan. It is not the same as outreach and engagement.			and significa symptoms, actions and Increasing k latest reseat functioning) Understand treatment/s Information and signification first respondent advocacy green and signification and signification and signification and signification and signification management	ant others in man crisis "triggers," of interactions) nowledge of MI arch on causes and ing importance of the critical plans, education and the crisis in oups), education and the tothers with out others with crisis in out others with crisis in out others with ant others with ant others with ant others with ant others with an crisis in out others with ant others with an crisis in out of the critical plans in the criti	d treatments, bra f patients' individual raining to assist passing community tervention training training to assist passist pa	conditions (e.g., medication fic diagnoses (e.g., in chemistry and lualized patients, families resources (e.g., ng [CIT], patient patients, families gement, symptom
APPLICABLE POPULATION			UNIT		DURATION	
	•	ult (21-64)	☐ Encounter	□ 15 Minutes	Minimum: 8 Mi	
, ,		riatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	•	•	3 () .
☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		⋈ HE (SP)☐ TG (Other SP)⋈ HK (Residentia⋈ HF (2nd modifi		(ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS	<u> </u>					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (3 ☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56)	54) ⊠ SNI ⊠ SNI	(31))t PF (51)	Prison/CF (09) School (03) Other POS (99)

TREATMENT - OTHER PROFESSIONAL SERVICES - PSYCHOEDUCATION						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEI	DURE CODE DESC	RIPTION	USAGE
	H2027		Psychoeducation	al service, per 15	minutes	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
Activities rendered by a trained MHP to provide information and education to patients, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the patients.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service; education provided 3. How did the patient/family education impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties			
NOTES			EXAMPLE ACTIVI			
This service acknowledges the importance of involving family and/or significant others who may be essential in assisting a patient to maintain treatment and to recover. This code requires the individual to have an active treatment/service plan. It is not the same as outreach and engagement.			and significa symptoms, of actions and actions and actions and actions and actions and signification actions and signification actions and signification actions are signification and signification actions and signification actions and signification actions are signification actions and signification actions are signification actions and signification actions are signification actions are signification actions are signification actions actions actions actions action actions	ant others in man crisis "triggers," of interactions) nowledge of MI arch on causes and ing importance of the critical plans, education and the crisis in oups), education and the tothers with out others with crisis in out others with crisis in out others with ant others with ant others with ant others with ant others with an crisis in out others with ant others with an crisis in out of the critical plans in the criti	raining to assist p aging psychiatric lecompensation, i and patient-specif d treatments, brai f patients' individ raining to assist p ssing community tervention trainin raining to assist p nedication manag agement, stress m	conditions (e.g., medication ic diagnoses (e.g., n chemistry and ualized atients, families resources (e.g., g [CIT], patient atients, families ement, symptom
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
		ult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 Mi	nutes
☑ Adol (12-17) (18-		riatric (65+)	□ Day	☐ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	•	•	
☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☑ HK (Residentia☑ HF (2nd modified)		(ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital (22)	区 ACF (13) <a>区ust Care (33) <a>Grp Home (14) <a>Home (12)	☑ Hospice (: ☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56)	54) SNF	= (31)	ot PF (51)	Prison/CF (09) School (03) Other POS (99)

	TREATMENT- REHABILITATION - CLUBHOUSE						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COL	DE DESCRIPTIO	N	USAGE	
	H2030		Mental health clu	ıbhouse service	es, per 15 minutes	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION F	REQUIREMENTS		
Structured, community-strengthen and/or regain provide psychosocial supenvironmental supports community and meet en promote recovery from Services are provided witeams to address patient tasks necessary for clubil data input, meal preparatinformation or reaching clubhouse must be open Network (IPN).	Technical Documentation Requirements See Page 346 Service Content 1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.						
Clinical consultation by a master's level person should be available during hours of operation.							
NOTES			EXAMPLE ACTIVI	TIES			
 Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are curriculum-based. The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. Should have recent assessment and current treatment/service plan or access through an EHR. 			 Vocational and educational services; resume and interview skills Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagement, empowerment, hope Self-help and skills training: collaborative meal prep, interpersonal skills, etc. Outreach & Engagement: identify and resolve barriers to seeking care, relationship building exercises. 				
 The Clubhouse may devel APPLICABLE POPULATION 		idii	UNIT DURATION				
☐ Child (0-11)	oung ⊠ Adult It (18-20) ⊠ Geriat		☐ Encounter ☐ Day	区 15 Minutes □ 1 Hour	Minimum: 8 mi Maximum: 4 hr		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV		•		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) *for adol/young ad □ TG (Other SP) □ HK (Residentia □ HF (2 nd modifie	ult only □ □	TM (ACT) HM (Respite)	□ HJ (Voc) ☑ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	ed Master's Level (HO)				
PLACE OF SERVICE (POS							
☑ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (34☐ ICF-MR (54☐ NF (32)☐ PRTF (56)	l i Sheiter	(04) Ir) E	1pt PF (51)	Prison/CF (09) School (03) Other POS (99)	

	TREATMENT- REHABILITATION - CLUBHOUSE						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COL	DE DESCRIPTION	N	USAGE	
	H2030		Mental health clu	ıbhouse service	s, per 15 minutes	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION R	EQUIREMENTS		
Structured, community-strengthen and/or regain provide psychosocial supenvironmental supports community and meet en promote recovery from Services are provided witeams to address patientasks necessary for clubil data input, meal preparainformation or reaching clubhouse must be open Network (IPN).	Technical Documentation Requirements See Page 346 Service Content 1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.						
Clinical consultation by a master's level person should be available during hours of operation.							
NOTES			EXAMPLE ACTIVI	TIES			
 Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are curriculum-based. The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. Should have recent assessment and current treatment/service plan or access through an EHR. 			 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. 				
 The Clubhouse may devel APPLICABLE POPULATION 		iuii	UNIT DURATION				
☐ Child (0-11) 🗵 Y	oung ⊠ Adult It (18-20) ⊠ Geriat		☐ Encounter	区 15 Minutes ☐ 1 Hour	Minimum: 8 mi Maximum: 4 hr		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGORY(IES)		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) *for adol/young ad □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	ult only 🔲 :	U4 (ICM) TM (ACT) HM (Respite)	☐ HJ (Voc) ☑ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	sed Master's Level (HO) □ CAC I ☑ RN (TD) □ RXN (SA) sed EdD/ PhD/PsyD (HP) □ CAC I ☑ APN (SA) □ PA (PA) I EdD/PhD/PsyD (AH) □ CACIII □ QMAP □ MD/DO (AI				
PLACE OF SERVICE (POS							
☑ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (34☐ ICF-MR (54☐ NF (32)☐ PRTF (56)	I I Sheiter	(04)	ipt PF (51)	☐ Prison/CF (09) ☐ School (03) ☑ Other POS (99)	

	TREATMENT- REHABILITATION- CLUBHOUSE					
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPT	ION	USAGE
	H2031		Mental health clu	ıbhouse serv	vices, per diem	☑ Medicaid
SERVICE DESCRIPTION	NC		MINIMUM DOCU	IMENTATIO	N REQUIREMENTS	
strengthen and/or reprovide psychosocial environmental supple community and meet promote recovery from the services are provided teams to address patasks necessary for a data input, meal preinformation or reach clubhouse must be a Network (IPN).	Tured, community-based services designed to githen and/or regain the patient's interpersonal skills, deep psychosocial support toward rehabilitation, develop commental supports to help the patient thrive in the munity and meet employment and other life goals, and note recovery from mental illness. Technical Documentation Requirements See Page 346 Service Content 1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/or a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary eventances any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a					group, time in/out; ion in the day's craordinary events; valuation of day. description of clubhouse. This
available during hou	irs of operation.		EXAMPLE ACTIVI			
 Written schedule of individual to make i For Clubhouses base description of the wasocial, vocational, a Skill building and ps The individual can reindividual therapy, reseparately documer Should have recent plan or access throut The Clubhouse may 	Leisure activitie Peer support & empowerment Self-help and si skills, etc.	es to promo Recovery g , hope kills training gagement: i	I services; resume and te social skills building roups: increasing eng to collaborative meal parties and resolve be exercises.	g lagement, orep, interpersonal		
APPLICABLE POPUL			UNIT		DURATION	
	☑ Young Adult	☑ Adult (21-64)	_	☐ 15 Minute		rs 8 mins
	(18-20)	☑ Geriatric (65+)		□ 1 Hour	Maximum: N/	
ALLOWED MODE(S)		, ,	PROGRAM SERVI	CE CATEGO	RY(IES)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	⊠ Individual ⊠ Group (HQ) □ Family (HR/F	HS)	□ HE (SP) *for adol/young adougle of the service of the ser	ult only	☐ U4 (ICM) ☐ TM (ACT) ☐ HM	□ HJ (Voc) ☑ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMEN	NTS					
☑ Peer Specialist☑ Bachelor's Level (HN☑ Intern	N)	☑ Unlicensed I	ed Master's Level (HO) □LAC ☑ LPN/LVN (TE) □ RXN (SA) ed EdD/ PhD/PsyD (HP) □CAC I ☑ RN (TD) □ PA (PA) EdD/PhD/PsyD (AH) □CAC II ☑ APN (SA) □ MD/DO (AF)			
PLACE OF SERVICE (
☑ CMHC (53)☐ Office (11)☐ Mobile Unit (15)☐ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (3) ☐ Grp Home (12)	•	54) ☐ Sneiti ☐ SNF (er (04) 31) 3 (50)	☐ Inpt PF (51)	☐ Prison/CF (09) ☐ School (03) ☑ Other POS (99)

	TREATMENT- REHABILITATION- CLUBHOUSE						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2031		Mental health clu	bhouse serv	ices, per diem	⊠ OBH	
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION	N REQUIREMENTS		
provide psychosocial environmental support community and meet promote recovery from the services are provided teams to address pattasks necessary for clidata input, meal preprinformation or reach clubhouse must be on Network (IPN).	gain the patient's in support toward reh orts to help the patie temployment and o or mental illness. I with staff and memient's life goals and subhouse operations paration, and providing out to fellow mepen to a CMHC or in	See Page 346 Service Content 1. Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or					
available during hour NOTES	s of operation.		EXAMPLE ACTIVI	====			
 Written schedule of a individual to make in For Clubhouses base description of the wo social, vocational, an Skill building and psy The individual can re individual therapy, m separately document Should have recent a plan or access throug The Clubhouse may or 	 Leisure activitie Peer support & empowerment Self-help and siskills, etc. 	es to promot Recovery gr , hope kills training: gagement: ic	services; resume an te social skills buildin roups: increasing eng collaborative meal p dentify and resolve b exercises.	g gagement, orep, interpersonal			
APPLICABLE POPULA		cerne pian	UNIT		DURATION		
	Young Adult	☑ Adult (21-64)		☐ 15 Minute		rs 8 mins	
` '	18-20)	☑ Geriatric (65+)		□ 13 Williaco	Maximum: N/		
ALLOWED MODE(S)		,	PROGRAM SERVI	CE CATEGOR			
⊠ Face-to-Face □ Video Conf (GT) □ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/F	ıs)	□ HE (SP) *for adol/young adout □ TG (Other SP) □ HK (Residentia) ☑ HF (2 nd modified)	ult only	□ U4 (ICM) □ TM (ACT)	☐ HJ (Voc) ☑ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMEN	TS						
✓ Peer Specialist✓ Bachelor's Level (HN)✓ Intern	≥ LCSV ≥ LPC ≥ LMF	☑ Unlicensed I	ed Master's Level (HO)				
PLACE OF SERVICE (P							
☑ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (3 ☐ Grp Home (12)		SNF (□ S	er (04) 31) (50)	□ Inpt Hosp (21) □ Inpt PF (51) □ ER (23) □ PF-PHP (52)	☐ Prison/CF (09) ☐ School (03) ☑ Other POS (99)	

TREATMENT - REHABILITATION - OTHER						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION			USAGE
	H2032		Activity therapy, per 15 minutes			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
Activity therapy includes the use of music, dance, creative art or any type of play, not for recreation , but related to the care and treatment of the patient's disabling behavioral health problems. These are therapeutic activities in a structured setting designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community. Activities may be delivered on an individual/group basis and are designed to promote skill development and meet specific goals and measurable objectives in the treatment/service plan.			 Technical Documentation Requirements See Page 346 Service Content 1. Reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of activity 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES			EXAMPLE ACTIVI	TIES		
"Structured setting" does not preclude community POS.			 Playing basketball with group of adolescents to facilitate prosocial behavior and passing/taking turns. Hiking in community to help a patient with depressive symptoms reinforce the connection between healthy mind and body with exercise. Puppet play with a child to identify feelings and interpersonal dynamics Art/music activities to improve self-esteem, concentration, etc. 			
APPLICABLE POPULAT	TON(S)		UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ (1	Young Adult × 8-20) ×	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 m Maximum: N/	-
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI			
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☑ HK (Residentia☑ HF (2nd modified)	⊠ T □ H	4 (ICM) M (ACT) M (Respite)	☑ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENT	S					
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (/ 区 LPC 区 LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (PC						
☑ Office (11) ☑ Mobile Unit (15)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☐ PRTF (56)	区 Shelter (0 区 SNF (31) 区 FQHC (50	4) □ Inp	ot PF (51) (22)	□ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

TREATMENT - R	EHABILITATION - OTHER			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2032	Activity therapy, per 15 minutes			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Activity therapy includes the use of music, dance, creative art or any type of play, <u>not for recreation</u> , but related to the care and treatment of the patient's disabling behavioral health problems. These are therapeutic activities in a structured setting designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community. Activities may be delivered on an individual/group basis and are designed to promote skill development and meet specific goals and measurable objectives in the treatment/service plan.	 Technical Documentation Requirements See Page 346 Service Content 1. Reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of activity 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES	EXAMPLE ACTIVITIES			
"Structured setting" does not preclude community POS.	 Playing basketball with group of adolescents to facilitate prosocial behavior and passing/taking turns. Hiking in community to help a patient with depressive symptoms reinforce the connection between healthy mind and body with exercise. Puppet play with a child to identify feelings and interpersonal dynamics Art/music activities to improve self-esteem, concentration, etc. 			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 min ☐ Day ☐ 1 Hour Maximum: N/A	ns		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☑ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	☐ TG (Other SP)	☑ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) ☑ HT (Prev/El)		
STAFF REQUIREMENTS				
☑ Bachelor's Level (HIN) ☑ LPC ☑ Unlicensed ☑ Intern ☑ LMFT ☑ Licensed Edl	EdD/ PhD/PsyD (HP)	Rxn (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☐ Outp Hospital (22) ☑ Home (12) ☐ PRTF (56)		Prison/CF (09) School (03) Other POS (99)		

	TREATMENT- OTH	IER PROFESSIONAL	SERVICES -MULTI-	SYSTEMIC THERA	APY (MST)		
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE COD	USAGE			
	H2033		Multi-systemic therapy for juveniles, per 15 minutes ☑ Medicaid				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS		
An intensive, home-, family- and community-based treatment focusing on factors in an adolescent's environment that contribute to his/her anti-social behavior, including			Technical Docum See Page 346 Service Content	entation Require	ements		
adolescent characteris and school performanc	tics, family relation	 The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the individual's/family's response to the intervention(s) How did the service impact the individual's/family's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			EXAMPLE ACTIVI	TIES			
Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery. Providers of MST must meet the specific training and supervision requirements.			 Strategic family therapy Structural family therapy Behavioral parent training Cognitive behavior therapies 				
APPLICABLE POPULATI	ON(S)		UNIT DURATION				
⊠ Adol (12-17) (18	3-20) E] Adult (21-64)] Geriatric (65+)	☐ Encounter ☐ Day	■ 15 Minutes □ 1 Hour	Minimum: 8 m Maximum: 8 h	-	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	ICE CATEGORY(IE	S)		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	•	•	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS	<u> </u>						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (, ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □	LPN/LVN (TE) RN (TD) APN (SA) QMAP	□ RxN (SA) □ PA (PA) □ MD/DO (AF)	
PLACE OF SERVICE (PO	•						
☑ Office (11) ☑ Mobile Unit (15)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ ICF-MR (54) ☐ NF (32)	⊠ Shelter (04) □ SNF (31) □ FQHC (50) ☑ Independent Cli	□Inpt H □ Inpt F □ ER (2: nic (49) □ PF-PH	PF (51) [3) [□ Prison/CF (09) School (03) NRSATF (57) Other POS (99)	

	TREATMENT- OTHER PROFESSIONAL SERVICES -MULTI-SYSTEMIC THERAPY (MST)						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE	
	H2033		Multi-systemic therapy for juveniles, per 15 Minutes				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS		
An intensive, home-, fa focusing on factors contribute to his/h adolescent characteri and school performan	in an adolescent's on ner anti-social bel stics, family relation	environment that See Page 346 ehavior, including Service Content					
NOTES			EXAMPLE ACTIVI	•			
Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery. Providers of MST must meet the specific training and supervision requirements.			 Strategic family therapy Structural family therapy Behavioral parent training Cognitive behavior therapies 				
APPLICABLE POPULAT	TON(S)		UNIT DURATION				
	-] Adult (21-64)] Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 m Maximum: 8 h	-	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGORY(IE			
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie			☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENT	S						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (図 LPC 図 LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II □		□ RxN (SA) □ PA (PA) □ MD/DO (AF)	
PLACE OF SERVICE (PC	•						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☐ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ ICF-MR (54) ☐ NF (32)	区 Shelter (04) □ SNF (31) □ FQHC (50) ☑ Independent Cli	□ Inpt F □ ER (2	PF (51) [3)	☐ Prison/CF (09) ☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)	

RESIDENTIAL – ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE I	DESCRIPTION		USAGE
	H2034		Halfway house			☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	ENTATION RE	QUIREMENTS	
In-home behavioral halfway house to fos- independence and ex- client has the opport situation while contin support, and a limiter	ter the client's deve ventually move to in unity to live in a les nuing to receive BH	elopment of ndependent living. The s restrictive living treatment, training,	1. Date of service 2. Start and stop time (duration) 3. Client demographic information 4. Shift notes 5. Consent for emergency medical treatment 6. Client program orientation form 7. Sign with 1st initial, last name & credentials			
NOTES			EXAMPLE ACTIVITIE	S		
Discrete services (e.g psychotherapy, psych are documented, and H2034.	niatric services, cas	e management, etc.)				
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☐ Child (0-11)	Young Adult	× Adult (21-64)	☐ Encounter ☐	15 Minutes	Minimum: 4hr	s 8min
☑ Adol (12-17) (1)	8-20)	☑ Geriatric (65+)	⊠ Day □	1 Hour	Maximum: N/A	ı
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	•	•	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/H	is)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-S		ACT) \square F (Respite) \square T	lJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMEN	TS					
☑ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	∑ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN (⊠ RN (TD) ⊠ APRN (SA) ⊠ QMAP	X RXN (SA)
PLACE OF SERVICE (P	POS)					
☐ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☑ Grp Home (14) ☐Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	 ☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50) ☑ RSATF (55) ☐ NRSATF (57) 	☐ Inpt Hosp ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	1)	n/CF (09) bl (03) · POS (99)

TREATMENT – ALCOHOL AND DRUG ABUSE – TREATMENT PROGRAM					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2036	Alcohol and/or drug treatment program, per diem	 ОВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
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.	e 1. Date of service 2. Clinical notes • Type of session				
NOTES	EXAMPLE ACTIVITIES				
This code is reserved for use with the Special Connections Program.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: N/A ☑ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
⊠ Face-to-Face □ Video Conf (GT) □ Group (HQ) □ Telephone □ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)			
STAFF REQUIREMENTS Peer Specialist	Master(a Laural (UD) ⊠ LAC □ LPN/LVN ((TE)			
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed □ LPC □ Unlicensed	Master's Level (HO) □ CAC I □ RN (TD) EdD/ PhD/PsyD (HP) □ CAC I □ APRN (SA) D/PhD/PsyD (AH) □ CAC II □ APRN (SA) □ CAC II □ QMAP	\square RXN (SA) \square DA (DA)			
PLACE OF SERVICE (POS)					
□ CMHC (53) □ ACF (13) □ Hospice (34) ☑ Office (11) □ Cust Care (33) □ ICF-MR (54) □ Mobile Unit (15) □ Grp Home (14) □ NF (32) □ Outp Hospital(22) □ Home (12) □ PRTF (56)	\square FQHC (50) \square FR (23) \square School	n/CF (09) ol (03) r POS (99)			

	RESIDEN'	TIAL - ALCOHOL A	AND DRUG ABUSE -	SOCIAL D	DETOX		
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE		USAGE		
	S3005		Performance measurement, evaluation of patient				
	33003		self-assessment, depression				
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATI	ON REQUIREM	1ENTS	
Safety screening, includi	ng Suicidal Ideation a	nd other	Technical Docume	entation F	Requirements		
Behavioral Health Issues			See Page 346				
			Service Content:				
			1. Result(s) of pa		-	•	
				ion or ho	micidal ideation	on and oth	er behavioral
			health issues				
			2. Plan for interv		and monitoring	g based on	patient self-
			assessment re	esults			
NOTES			EXAMPLE ACTIVIT	TEC			
Facility must be licensed	hy the Colorado Den	artment of			ask ahout safe	ty level to	assess for
Human Services, Office of			Checking in with patient to ask about safety level to assess for danger to self or others.				
Provider. Only one encounter per day should be billed, per		dunger to sen or others.					
CMS regulations.	anter per day snould	be billed, per					
APPLICABLE POPULATION	N(S)		UNIT			DURATIO	ON
☐ Child (0-11) 🗵 \	oung Adult ⊠ A	Adult (21-64)	⊠Encounter	□ 15 N	linutes	Minimun	n: N/A
⊠ Adol (12-17) (18	-20) 🗵 (Geriatric (65+)	☐ Day	□ 1 Ho	ur	Maximur	n: N/A
ALLOWED MODE(S) OF	DELIVERY		Program Service C	Category			
⊠ Face-to-Face	☑ Individual		⊠ HE (SP)		☐ U4 (ICM)		HJ (Voc)
☐ Video Conference (GT			☐ TG (Other SP)		☐ TM (ACT)		HQ (Clubhouse)
☐ Telephone	☐ Family (HR/		☐ HK (Residential)		☐ HM (Respi	te) 🗆	TT (Recovery)
ш тетернопе		113)	☑ HF (2 nd modifier	r-SUD)			HT (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist	☑ LCSW (AJ)	✓ Unlicensed	Master's Level (HO)	⊠LAC	☑ LPN/LVN	۱ (TE)	RxN (SA)
Bachelor's Level (HN) Intern Intern Intern Intern Intern	≥ LPC		EdD/ PhD/PsyD (HP)	⊠CAC II	⊠ RN (TD)	T.	PA (PA)
△ intern	⋈ LMFT	∠ Licensed Ed	D/PhD/PsyD (AH)	⊠CACIII	⊠ APN (SA □ QMAP		MD/DÓ (AF)
PLACE OF SERVICE (POS	1			≟ CACIII	LI QIVIAP		
✓ CMHC (53)	D ACF (13)	☐ Hospice (34)	☐ Shelter (04)		☐ Inpt Hosp	(21)	Prison/CF (09)
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)		☐ Inpt Hosp		School (03)
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ FQHC (50)		☐ ER (23)	-	NRSATF (57)
☑ Outp Hospital (22)	☐ Home (12)	☐ PRTF (56)	☑ Independent c	linic (49)	٠,		Other POS (99)
_ Gutp 1103pitul (22)	(12)	_ : ::: (50)	_ macpenaent c	(43)	— 11 1111 (32	-, –	Janet 1 03 (33)

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX								
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE DESCRIPTION USAGE					
	S3005		Performance measurement, evaluation of patient					
			self-assessment, d	epressior	1		M OBIT	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATI	ON REQUIREM	IENTS		
Safety screening, includi		nd other	Technical Docume	entation F	Requirements			
Behavioral Health Issues			See Page 346					
			Service Content:			, ,		
							ning including	
					omicidal ideat	ion and oth	ner behavioral	
Ì			health issues					
			Plan for inter- assessment re		and monitoring	g based on	patient sen-	
			assessineiit it	esuits				
NOTES			EXAMPLE ACTIVIT	TES				
Facility must be licensed	by the Colorado Dep	artment of	Checking in with p		ask about safe	ty level to	assess for	
Human Services, Office of			danger to self or others.					
Provider. Only one enco	unter per day should	be billed, per						
CMS regulations.								
APPLICABLE POPULATION	N(S)		UNIT DURATION					
☐ Child (0-11) 🗵 🗎	Young Adult 🗵 🗷	Adult (21-64)	⊠Encounter	□ 15 M		Minimum	n: N/A	
		Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A			n: N/A		
ALLOWED MODE(S) OF	DELIVERY		Program Service C	Category				
⊠ Face-to-Face	☑ Individual		⊠ HE (SP)		□ U4 (ICM)		HJ (Voc)	
☐ Video Conference (GT			☐ TG (Other SP)		☐ TM (ACT)		HQ (Clubhouse)	
☐ Telephone	Family (HR/		☐ HK (Residential)		☐ HM (Respi		TT (Recovery)	
<u> </u>			☑ HF (2 nd modifie	r-SUD)			HT (Prev/EI)	
STAFF REQUIREMENTS						. ()		
☐ Peer Specialist ☑ Bachelor's Level (HN)	🗷 LCSW (AJ		Master's Level (HO)	⊠LAC ⊠CAC I	∠ LPN/LVN ∠ RN (TD)	√(TE) 🗷	RxN (SA)	
⊠ Intern	☑ LPC		EdD/ PhD/PsyD (HP)	⊠CAC I	⊠ KN (TD) ⊠ APN (SA		PA (PA)	
	∠ LMFT	∠ Licensed Ed	D/PhD/PsyD (AH)	⊠CACIII		' <u>x</u>	MD/DO (AF)	
PLACE OF SERVICE (POS								
☑ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04)		☐ Inpt Hosp	(21)	Prison/CF (09)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)		☐ Inpt PF (51	.) 🗆	School (03)	
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ FQHC (50)		☐ ER (23)		NRSATF (57)	
☑ Outp Hospital (22)	☐ Home (12)	□ PRTF (56)	☑ Independent of the last	linic (49)	☐ PF-PHP (52	2) 🗆	Other POS (99)	

	RI	ESPITE CARE -	FACILITY/COMM	UNITY		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CO	DE DESCRIPT	ION	USAGE
	S5150		Unskilled respite o	care, not hospic	ce; per 15 minute:	s ⊠ Medicaid
SERVICE DESCRIPTION	ON		MINIMUM DOC	UMENTATIO	N REQUIREMEN	TS
Services rendered in the patient'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 patient in an outpatient setting. Services include observation, support, direct assistance with, or monitoring of the physical, emotional, social and behavioral health needs of the patient by someone other than the primary caregivers. Respite care should be flexible to ensure that the patient's daily routine is maintained. Technical Documentation Requirement See Page 346 Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those in 4. Patient's response 5. Progress toward treatment/service parameters are should be flexible to ensure that the patient's daily routine is maintained.					ndered those instructions	
NOTES			EXAMPLE ACTIV	'ITIES		
services; clients who n receive respite care un care up to 4 hours (16 respite care over 4 hou Discrete services (e.g., psychotherapy, psychi are documented, and \$5150.	 Support to assure the safety of client (e.g. developing safety identifying triggers and resources, WRAP plan development identifying triggers and resources, WRAP plan development identifying triggers and resources, WRAP plan development identifying triggers and resources, was plan development in a second to common resources. Referral to and establishing a stronger connection to common resources. Relationship building with natural environmental support such assistance with/monitoring/prompting of activities of daily (ADLs), routine personal hygiene skills, self-care by obtaining regular meals/healthy diet options, housekeeping habits, expected this refers to either the Respite exclient's home, for this procedure Assistance with implementing medication reminders and practically addressing medical needs Assistance/supervision needed by patient to participate in recreational/community activities 				development, etc.). ion to community tal support system rities of daily living e by obtaining ing habits, etc. rsical condition inders and	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
		ult (21-64)		ĭ 15 Minutes	Minimum: 8 Mi	
		riatric (65+)		☐ 1 Hour	Maximum: 4 Hr	s (16 Units)
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV		-	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☑ HF (2 nd modifie) Z	TM (ACT)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMEN	ITS					
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AI) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) ☑ QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (
☑ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital (22)	☑ ACF (13)☐ Cust Care (33)☑ Grp Home (14)☑ Home (12)*	☐ Hospice (34 ☐ ICF-MR (54) ☐ NF (32) ☑ PRTF (56)		□ Inp	ot PF (51)	□ Prison/CF (09) □ School (03) ☑ Other POS (99)

	RI	ESPITE CARE -	FACILITY/COMMU	JNITY			
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CO	DE DESCRIPTI	ON	USAGE	
	S5150		Unskilled respite c	are, not hospic	e; per 15 minutes	⊠ OBH	
SERVICE DESCRIPTION	ON		MINIMUM DOCUMENTATION REQUIREMENTS				
other place of service situation/environment home environment in outpatient setting. Ser direct assistance with, emotional, social and lby someone other tha	ne patient's home, commas a temporary relief from to ro provide additional order to maintain the parvices include observation or monitoring of the physpehavioral health needs on the primary caregivers.	n stressful support in tient in an n, support, vsical, of the patient Respite care	See Page 346 Service Content 1. Purpose of con 2. Respite service 3. Special instruct 4. Patient's respo 5. Progress towar	tact es/activities ren tions and that t	dered hose instructions		
NOTES			EXAMPLE ACTIV	ITIES			
services; clients who n receive respite care ur care up to 4 hours (16 respite care over 4 hou Discrete services (e.g., psychotherapy, psychi are documented, and \$5150.	e skilled practical/profess leed that level of monitor inder H0045/T1005. Unskit units maximum) is reporturs is reported as S5151 (family, group and individuatric services, case mana reported/billed separate sed this refers to either to client's home, for this professioned in the content of the content o	ring should lled respite ted as S5150; per diem). dual gement, etc.) ly from	 Support to assure the safety of client (e.g. developing safety problem) 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 live (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 				
APPLICABLE POPUL	ATION(S)		UNIT		DURATION		
⊠ Adol (12-17) (1	8-20) 🗵 Ge	ult (21-64) riatric (65+)	□ Day □	☑ 15 Minutes ☑ 1 Hour	Minimum: 8 Min Maximum: 4 Hrs		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV		• •		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier	□ 1)	TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMEN	NTS						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I	ΠΑΝ (ΤΟ) ΠΑΡΝ (SΔ)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (
☐ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	 ☑ ACF (13) ☐ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)* 	☐ Hospice (34☐ ICF-MR (54)☐ NF (32)☐ PRTF (56)☐		Inp □ ER	t PF (51)	l Prison/CF (09) l School (03) l Other POS (99)	

	RESPITE CARE – FACILITY/COMMUNITY							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIPTION	_	USAGE		
	S5151		Unskilled respite o	care, not hospice	; per diem	☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS			
Services rendered in the			Technical Docume	entation Require	ements			
place of service as			See Page 346					
situation/environment			Service Content					
home environment in			1. Purpose of cor					
outpatient setting. Se			2. Respite service					
direct assistance with					iose instructio	ons were followed		
emotional, social and b			4. Patient's respo			la a a al a la i a atiu a a		
by someone other than			5. Progress towa	ra treatment/se	rvice pian goa	is and objectives		
should be flexible to en maintained.	sure that the patient's	daily routine is						
NOTES			EXAMPLE ACTIVIT	TIES				
S5151 does not inclu	de skilled practical	or professional	 Support to ass 	ure the safety of	client (e.g. de	eveloping safety plan,		
nursing services; patier	nts who need that leve	el of monitoring	identifying trig	gers and resour	ces, WRAP pla	in development, etc.).		
should receive respite care under H0045/T1005. Unskilled			 Referral to and 	d establishing a s	tronger conne	ection to community		
respite care up to 4 hours (16 units maximum) is reported as			resources					
S5150; respite care over 4 hours is reported as S5151 (per						ental support system		
diem). Discrete service				Assistance with/monitoring/prompting of activities of daily living				
psychotherapy, psychia			(ADLs), routine personal hygiene skills, self-care by obtaining					
are documented, and re	eported/billed separat	ely from \$5151.	regular meals/healthy diet options, housekeeping habits, ,etc. • Assistance implementing health status and physical condition					
*\//han DOC Hama /13\	is used this refers to a	ithartha		nementing near	n status and p	onysical condition		
*When POS Home (12) Respite Worker's home			instructions	h implomenting	modication re	mindors and		
procedure code.	of the chefit's nome,	ioi tilis	 Assistance with implementing medication reminders and practically addressing medical needs 					
procedure code.			Assistance/supervision needed by patient to participate in social,					
			recreational/community activities					
APPLICABLE POPULATI			UNIT		DURATION			
·		dult (21-64)		☐ 15 Minutes	Minimum: 4			
	•	eriatric (65+)	,	□ 1 Hour	Maximum: 2	24 Hours		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIO					
☑ Face-to-Face	☑ Individual		☐ HE (SP)	□ U4 (☐ HJ (Voc)		
☐ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)☐ HK (Residential	MT □	(ACT) (Respite)	☐ HQ (Clubhouse) ☐ TT (Recovery)		
☐ Telephone	☐ Family (HR/HS)		☑ HK (Residential ☑ HF (2 nd modifie		(nespite)	☐ HT (Prev/EI)		
STAFF REQUIREMENTS				. 332)		2 m (mev/2n)		
☑ Peer Specialist	W 1 COM (A)	W 11-11	Marata / a Laural (110)	□LAC □	LPN/LVN (TE)	□ 2 11 (CA)		
☑ Bachelor's Level (HN)	⊠ LCSW (AJ ⊠ LPC		Master's Level (HO) EdD/ PhD/PsyD (HP)		RN (TD)	☐ RxN (SA) ☐ PA (PA)		
▼ Intern	⊠ LMFT		D/PhD/PsyD (AH)		APN (SA)	☐ MD/DO (AF)		
PLACE OF SERVICE (PO	c)			□CACIII 🗵	QMAP	. , ,		
✓ CMHC (53)	ACF (13)	☐ Hospice (34)	□ Innt	Hosp (21)			
△ CMHC (33) ☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Sheiter	⁽⁰⁴⁾ □ Innt	DE (E1)	☐ Prison/CF (09)		
☐ Mobile Unit (15)	☑ Grp Home (14)	☐ NF (32)	☐ SNF (3.	¹⁾ □ FR (23)	☐ School (03)		
□Outp Hospital (22)		☑ PRTF (56)	▼ FQHC		PHP (52)	☑ Other POS (99)		
1 1: -: 1 /		1/			. ,			

	RESPITE CARE – FACILITY/COMMUNITY							
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	S5151		Unskilled respite o	care, not hospice	e; per diem	⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS			
Services rendered in the			Technical Docume	entation Require	ements			
place of service as			See Page 346					
situation/environment			Service Content					
home environment in			1. Purpose of con					
outpatient setting. Ser			2. Respite service					
direct assistance with emotional, social and be			 Special instruct Patient's response 		iose instructions	were followed		
by someone other than			5. Progress towa		rvice nlan goals s	and chiectives		
should be flexible to en			5. 110g1c33 towa	ra treatment, se	TVICE Plan goals	ina objectives		
maintained.	sare that the patient s	daily routine is						
NOTES			EXAMPLE ACTIVIT	TIES				
S5151 does not include	de skilled practical o	r professional	 Support to ass 	ure the safety o	f client (e.g. deve	loping safety plan,		
nursing services; patien	ts who need that level	of monitoring	identifying trig	gers and resour	ces, WRAP plan o	development, etc.).		
should receive respite			 Referral to and 	d establishing a s	tronger connect	ion to community		
respite care up to 4 hours (16 units maximum) is reported as			resources					
S5150; respite care over 4 hours is reported as S5151 (per						al support system		
diem). Discrete service			Assistance with/monitoring/prompting of activities of daily living					
psychotherapy, psychia			(ADLs), routine personal hygiene skills, self-care by obtaining					
are documented, and re	eported/billed separate	ly from \$5151.	-	regular meals/healthy diet options, housekeeping habits, ,etc. • Assistance implementing health status and physical condition				
*\//han DOC Hama /12\ ;	is used this refers to air	hortho		nementing near	n status and pny	sical condition		
*When POS Home (12) i Respite Worker's home			instructions	h implomenting	modication romi	ndors and		
procedure code.	of the chefit's nome, it	71 (1113	 Assistance with implementing medication reminders and practically addressing medical needs 					
procedure code.			 Assistance/supervision needed by patient to participate in social, 					
				ommunity activi		c.o.pace social,		
APPLICABLE POPULATION			UNIT		DURATION			
	-	lult (21-64)		☐ 15 Minutes	Minimum: 4 7			
	•	eriatric (65+)	•	□ 1 Hour	Maximum: 24	Hours		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIO			7		
☑ Face-to-Face	☑ Individual		☐ HE (SP)	□ U4 (HJ (Voc)		
☐ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)	MT □		HQ (Clubhouse)		
☐ Telephone	☐ Family (HR/HS)		☐ HK (Residential ☑ HF (2 nd modifie			☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS			,	,				
☑ Peer Specialist	⊠ LCSW (AJ)	X Unlicensed I	Master's Level (HO)		LPN/LVN (TE)	☐ RxN (SA)		
☑ Bachelor's Level (HN)	⊠ LPC		EdD/ PhD/PsyD (HP)		RN (TD)	□ PA (PA)		
☑ Intern	∠ LMFT		D/PhD/PsyD (AH)		APN (SA)	□ MD/DO (AF)		
PLACE OF SERVICE (POS	5)							
≥ CMHC (53)	✓ ACF (13)	☐ Hospice (34)	(O4) Inpt	Hosp (21)	Duin - (CF (OO)		
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Sheitei	^{* (04)} □ Innt	DE /E1\	Prison/CF (09)		
☐ Mobile Unit (15)	☑ Grp Home (14)	☐ NF (32)	☐ SNF (3: ☑ FQHC	¹⁾ □ Ep. (23)	School (03)		
□Outp Hospital (22)	☑ Home (12)*	☑ PRTF (56)	△ FQHC		PHP (52)	Other POS (99)		

TREATMENT - ALCO	TREATMENT - ALCOHOL AND DRUG ABUSE - EDUCATION							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE						
S9445	Patient education, not otherwise classified, non-	☑ Medicaid						
	physician provider, individual							
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS							
A brief one-on-one session in which concerns about patient's AOD (Alcohol or drug) use are expressed, as	•							
, , ,	S .	Service Content:						
recommendations regarding behavior change are given. The intermediate of the provided and the second		dad l						
intervention should follow as soon as possible after a patie		-						
has been screened for the presence of AOD. Feedback is give	_	tment/service						
on AOD use patterns. The intervention focuses on increasi	· ·	l. (405						
motivation for behavior change. Intervention strategi								
include education, brief counseling, continued monitoring,		ed, and the						
referral to more intensive substance abuse treatme	·							
services.	3. How did the service impact the individual's progr	ress towards						
This procedure code covers the collection of a specimen (f								
analysis) in conjunction with the counseling of the screeni		or coordination						
results. If the counseling/education doesn't occur then the	· ·							
procedure code cannot be billed. The urine analysis is billed								
separately to fee-for-service (FFS) by the laboratory. There	IS							
no separate code solely for sample collection.								
NOTES	EXAMPLE ACTIVITIES							
Substance abuse counseling/education services shall	,							
provided along with screening to discuss results with patien								
The laboratory analysis needed as a prerequisite for this co								
should be submitted as a claim to FFS by the laboratory,								
covered by Medicaid. This counseling/education servi	ce							
should occur only once per drug screening.								
APPLICABLE POPULATION(S)	UNIT DURATION							
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A							
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+	☑ Encounter☐ 15 Minutes☐ Day☐ 1 HourMaximum: N/A							
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes ☐ Minimum: N/A ☐ Day ☐ 1 Hour ☐ Maximum: N/A ☐ PROGRAM SERVICE CATEGORY(IES)							
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+	☐ Encounter ☐ 15 Minutes ☐ 15 Minimum: N/A ☐ Day ☐ 1 Hour ☐ Maximum: N/A ☐ PROGRAM SERVICE CATEGORY(IES) ☐ U4 (ICM) ☐	HJ (Voc)						
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual	⊠ Encounter	HQ (Clubhouse)						
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☐ Group (HQ)	☑ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ ☐ TG (Other SP) ☐ TM (ACT) ☐ ☐ HK (Residential) ☐ HM (Respite) ☐	HQ (Clubhouse) TT (Recovery)						
APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Group (HQ) ☐ Family (HR/HS)	☑ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ ☐ TG (Other SP) ☐ TM (ACT) ☐ ☐ HK (Residential) ☐ HM (Respite) ☐	HQ (Clubhouse)						
APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Group (HQ) ☐ Family (HR/HS) STAFF REQUIREMENTS	⊠ Encounter □ 15 Minutes	HQ (Clubhouse) TT (Recovery)						
APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Family (HR/HS) STAFF REQUIREMENTS ☐ Peer Specialist ☐ Individual ☐ Family (HR/HS)	Encounter	HQ (Clubhouse) TT (Recovery) HT (Prev/EI)						
APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Family (HR/HS) STAFF REQUIREMENTS ☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicen ☐ Bachelor's Level (HN) ☐ VIDEO ☐ VIDE	Encounter	HQ (Clubhouse) TT (Recovery)						
APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Family (HR/HS) STAFF REQUIREMENTS ☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ LCSW (AJ) ☐ Unlicen ☐	Encounter	HQ (Clubhouse) TT (Recovery) HT (Prev/EI)						
APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Group (HQ) ☐ Family (HR/HS) STAFF REQUIREMENTS ☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern ☐ LCSW (AJ) ☐ Unlicen ☐ LPC ☐ Unlicen ☐ LPC ☐ Unlicen ☐ LEVEN ☐ LMFT ☐ Licensed	Encounter	HQ (Clubhouse) TT (Recovery) HT (Prev/EI) RxN (SA) PA (PA)						
APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Group (HQ) ☐ Family (HR/HS) STAFF REQUIREMENTS ☐ Peer Specialist ☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ LCSW (AJ) ☐ Unlicen ☐ LPC ☐ Unlicen ☐ LMFT ☐ Licensed PLACE OF SERVICE (POS)	Encounter	HQ (Clubhouse) TT (Recovery) HT (Prev/EI) RxN (SA) PA (PA) MD/DO (AF)						
APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Family (HR/HS) STAFF REQUIREMENTS ☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicen ☐ LPC ☐ Unlicen ☐ LMFT ☐ Unlicen ☐ LMFT ☐ Licensed PLACE OF SERVICE (POS) ☐ CMHC (53) ☐ ACF (13) ☐ Hospice (34-	Encounter	HQ (Clubhouse) TT (Recovery) HT (Prev/EI) RxN (SA) PA (PA) MD/DO (AF) Prison/CF (09)						
APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+ ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS LCSW (AJ) Unlicen Bachelor's Level (HN) LPC Unlicen Intern LICEN (AJ) LICENSE LMFT License (ADURENS LICENSE LMFT License (ADURENS LICENSE LMFT License (ADURENS LICENSE LCSW (AJ) LICENSE LCSW (AJ)	Encounter	HQ (Clubhouse) TT (Recovery) HT (Prev/EI) RxN (SA) PA (PA) MD/DO (AF)						

	TREATMENT - ALCOHOL AND DRUG ABUSE - EDUCATION							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	S9445		Patient education	•	lassified, non-	⊠ OBH		
			physician provide	·				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
A brief one-on-one of patient's AOD (Alcohorecommendations regaintervention should follow has been screened for on AOD use patterns. The motivation for behavinclude education, brieferral to more interestricts. This procedure code coanalysis) in conjunction results. If the counseled procedure code cannot separately to fee-for-sono separately to fee-for-sono separate code solel NOTES Substance abuse couprovided along with so The laboratory analysis should be submitted as	session in which old or drug) use all arding behavior challow as soon as possible presence of AOE The intervention for vior change. Interfections of the counseling, continuensive substance overs the collection in with the counseling/education does to be billed. The uring ervice (FFS) by the lay for sample collections of the collection	re expressed, and inge are given. The sible after a patient in the patient of the patient of the patient of a specimen (for a specimen) of the screening of the scr	Technical Documentation Requirements See Page 346 Service Content: 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided, including results of AOD screening, the education provided, strategies used, and the individual's response to the education 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties EXAMPLE ACTIVITIES Collection of specimen and counseling of the results.					
covered by Medicaid	O,							
should occur only once								
⊠ Adol (12-17) (18	Young Adult 8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A			
ALLOWED MODE(S) O	FUELIVERY		PROGRAM SERVIO	•	•			
☒ Face-to-Face☒ Video Conf (GT)☒ Telephone	☑ Individual □ Group (HQ) □ Family (HR/H	S)	⋈ HE (SP)☐ TG (Other SP)☐ HK (Residential⋈ HF (2nd modifie) □ HM	(ICM) (ACT) I (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)		
STAFF REQUIREMENTS	5							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ ⊠CAC II ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)		
PLACE OF SERVICE (PO	S)							
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☐ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ Independent	□ In □ EF	pt Hosp (21) pt PF (51) R (23) F-PHP (52)	☐ Prison/CF (09) ☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)		

	PREVENTION/EARLY INTERVENTION - EDUCATION - SMOKING CESSATION									
CPT®/HCPCS PROCEDUF	RE CODE		PROCEDURE COD	E DESCRIP	TION		USAGE			
	\$9453		Smoking cessation per session	n classes, r	on-ph	ysician provide	′ ⊠ Medicaid			
SERVICE DESCRIPTION	SERVICE DESCRIPTION			IMENTATIO	ON RE	QUIREMENTS				
Structured classes rendered for the treatment of tobacco dependence.			Technical Documentation Requirements See Page 346 Service Content 1. What was the intended class goal or agenda? 2. Description of the class material reviewed/presented and individual's response to class							
NOTES			EXAMPLE ACTIVIT	TIES						
This service is for pat dependence or a history										
APPLICABLE POPULATION(S)			UNIT							
1	-	dult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A							
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)			- /	☐ 1 Hour		Maximum: N/	<u>A</u>			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGO		•	— ()			
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/HS)		□ HE (SP) *for adol/young adould be seen adolyoung adould be seen adolyoung adould be seen adolyoung adould be seen adolyoung ado	l)		U4 (ICM) TM (ACT) HM espite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☑ HT (Prev/EI)			
STAFF REQUIREMENTS										
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	□ RxN (SA) □ PA (PA) □ MD/DO (AF)			
PLACE OF SERVICE (POS										
☑ CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☑Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☐ Home (12)	☐ Hospice (34 ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	' IXI Shelfer	.)	□ In	pt Hosp (21) pt PF (51) R (23) F-PHP (52)	□Prison/CF (09) School (03) NRSATF (57) Other POS (99)			

	PREVENTION/EARLY INTERVENTION - EDUCATION - SMOKING CESSATION									
CPT®/HCPCS PROCEDUF	RE CODE		PROCEDURE COD	E DESCRIP	TION		USAGE			
	S9453		Smoking cessation per session	r, ⊠ OBH						
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	ON RE	QUIREMENTS				
Structured classes rendered for the treatment of tobacco dependence.			Technical Documentation Requirements See Page 346 Service Content 1. What was the intended class goal or agenda? 2. Description of the class material reviewed/presented and individual's response to class							
NOTES			EXAMPLE ACTIVIT	ΓIES						
This service is for pat dependence or a history	-									
APPLICABLE POPULATION(S)			UNIT							
☐ Child (0-11) ☑ Y ☐ Adol (12-17) (18-	-	dult (21-64) eriatric (65+)	☑ Encounter ☐ 15 Minutes							
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIO	CE CATEGO	DRY(IE	S)				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/HS)		▼ HE (SP) *for adol/young adu □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie)		U4 (ICM) TM (ACT) HM espite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☑ HT (Prev/EI)			
STAFF REQUIREMENTS										
✓ Peer Specialist✓ Bachelor's Level (HN)✓ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO (AF)			
PLACE OF SERVICE (POS										
☑ CMHC (53) ☑ Office (11) ☐ Mobile Unit (15) ☑Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☐ Home (12)	☐ Hospice (34 ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	' IXI Shelfer I)	□ In	pt Hosp (21) pt PF (51) R (23) F-PHP (52)	□Prison/CF (09) School (03) NRSATF (57) Other POS (99)			

	PREVENTION/EARLY INTERVENTION- EDUCATION - STRESS MANAGEMENT								
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE COL	E DESCRIPTI	ON	USAGE			
	S9454		Stress manageme provider, per ses	•	on-physician	☑ Medicaid			
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION	REQUIREMENTS				
Structured classes designed to educate patients on the management of stress.			Technical Documentation Requirements See Page 346 Service Content 1. What was the intended class goal or agenda? 2. Description of the class material reviewed/presented and individual's response to class						
NOTES			EXAMPLE ACTIVI	TIES					
APPLICABLE POPULATION	ON(S)		UNIT	☐ 15 Minute	DURATION				
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	-	dult (21-64) eriatric (65+)	☑ Encounter ☐ Day	I/A N/A					
ALLOWED MODE(S) OF	· · ·	PROGRAM SERV	CE CATEGOR	RY(IES)					
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/HS)		□ HE (SP) *child/adol/young □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	I)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☑ HT (Prev/EI)			
STAFF REQUIREMENTS									
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) □ QMAP	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO (AF)			
PLACE OF SERVICE (POS)								
区MHC (53)✓ Office (11)☐ Mobile Unit (15)✓ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☐ Home (12)	☐ Hospice (34 ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	· IXI Shalfar	.) [] Inpt Hosp (21)] Inpt PF (51)] ER (23)] PF-PHP (52)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)			

	PREVENTION/EARLY INTERVENTION- EDUCATION - STRESS MANAGEMENT									
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIP	TION		USAGE			
	S9454		Stress manageme provider, per sess		, non-p	hysician	⊠ OBH			
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATI	ON REC	QUIREMENTS				
Structured classes designed to educate patients on the management of stress.			Technical Documentation Requirements See Page 346 Service Content 1. What was the intended class goal or agenda? 2. Description of the class material reviewed/presented and individual's response to class							
NOTES			EXAMPLE ACTIVI	TIES						
APPLICABLE POPULATION	ON(S)		UNIT			DURATION				
, ,	· ·	dult (21-64) eriatric (65+)	区 Encounter □ 15 Minutes				•			
ALLOWED MODE(S) OF	PROGRAM SERVI	CE CATEG	ORY(IE	S)						
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/HS)		★ HE (SP) *child/adol/young a □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	I)		U4 (ICM) TM (ACT) HM espite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☑ HT (Prev/EI)			
STAFF REQUIREMENTS										
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO (AF)			
PLACE OF SERVICE (POS	5)									
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☐ Home (12)	☐ Hospice (34 ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	· IXI Shaltar)	☐ Inp	t Hosp (21) t PF (51) (23) PHP (52)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)			

	TREATMENT -INTENSIVE – INTENSIVE OUTPATIENT PROGRAM (IOP – MH)							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD			USAGE		
	S9480		Intensive outpation	ent psychiatric (I	OP) services, per	☑ Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS			
Services focus on mainta abilities for a patient at a hospitalization. Services coordinated individualizatreatment/service plan, and treatment modalities treatment team.	f psychiatric ehensive and ted urrent services	 Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties. Daily log of attendance and time duration Weekly note re: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation 						
NOTES			requirement EXAMPLE ACTIVI	•				
While services are available 4 hours per day, 5 days per week, at minimum, the amount of weekly services per patient is directly related to the goals and objectives specified in the patient's treatment/service plan.			Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization.					
APPLICABLE POPULATION			UNIT		DURATION			
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	_	dult (21-64) eriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	5 days/week	ilable 4 hours/day,		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY(II	•			
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	□ TN I) □ HN	и (ACT) П И (Respite) П] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)		
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Sed Master's Level (HO) Sed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH) □CAC II ☑ APN (SA) □CAC II ☑ APN (SA) □CACIII □ QMAP □CACIII □ QMAP					
PLACE OF SERVICE (POS								
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (☑ ICF-MR (5 ☐ NF (32) ☑ PRTF (56)	54) ☐ SNF (31	(04)	ot PF (51)	Prison/CF (09) School (03) Other POS (99)		

	TREATMENT -INTENSIVE – INTENSIVE OUTPATIENT PROGRAM (IOP – MH)								
CPT®/HCPCS PROCEDURI	CODE		PROCEDURE COL	DE DESCRIPTION		USAGE			
	S9480		Intensive outpati	ent psychiatric (I	OP) services, per	⊠ OBH			
	33480		diem			M OBIT			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS						
Services focus on maintai			Technical Documentation Requirements						
abilities for a patient at ri			See Page 346						
hospitalization. Services a			Service Content 1. The reason for the visit. What was the intended goal or agenda?						
coordinated individualize treatment/service plan, u	•				t was the intende to the treatment,				
and treatment modalities			of the service	to the treatment,	service plant:				
treatment team.	rendered by a me	intial scipilinal y	•		(s) utilized and th	ne individual's			
				the intervention					
			•		. , he individual's pr	ogress towards			
			goals/object	ives?					
					ding any follow-u	p or coordination			
			needed with	•					
				attendance and t					
			•			progress notes (if			
		daily notes do not meet full minimum documentation requirements)							
NOTES			EXAMPLE ACTIVI						
While services are availab	5 days ner			minating sympto	ms that in the				
week, at minimum, the a			 Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization. 						
patient is directly related			past,						
specified in the patient's	-	•							
APPLICABLE POPULATION	N(S)		UNIT		DURATION				
☑ Child (0-11) ☑ You	ung Adult 🗵	Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: Ava	lable 4 hours/day,			
⊠ Adol (12-17) (18-2		Geriatric (65+)	⊠ Day	☐ 1 Hour	5 days/week				
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERV		•				
⊠ Face-to-Face	☑ Individual		⊠ HE (SP)] HJ (Voc)			
☐ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)			
☐ Telephone	☑ Family (HR/HS)		☐ HK (Residentia ☑ HF (2 nd modifie] TT (Recovery)] HT (Prev/EI)			
STAFF REQUIREMENTS			M TIF (2 TITOUTIN	ei-30 <i>D</i>)		iii (Fiev/Li)			
☐ Peer Specialist				□LAC 🗵	LPN/LVN (TE)				
☑ Bachelor's Level (HN)	⊠ LCSW (A ⊠ LPC	AJ) 🗵 Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP)	□CAC I 🗵	RN (TD)	⊠ RxN (SA) ⊠ PA (PA)			
✓ Intern	ĭ LPC ☑ LMFT		D/PhD/PsyD (AH)		APN (SA)	⊠ PA (PA) ⊠ MD/DO (AF)			
			-,,, - (,	□CACIII □	QMAP	= m5/50 (/ m /			
PLACE OF SERVICE (POS)									
☑ CMHC (53)	☐ ACF (13)	☐ Hospice (ot Hosp (21)	Prison/CF (09)			
☑ Office (11)	☐ Cust Care (33)	•	(31 ☐ SNF (31	i, ⊢ lnt	ot PF (51) $_{F}$	School (03)			
☐ Mobile Unit (15)	☐ Grp Home (14	l) □ NF (32) ☑ PRTF (56)		- □ EK		Other POS (99)			
☑Outp Hospital (22)	☐ Home (12)	△ PKIF (56)		진 가	-PHP (52)				

	CRISIS – BEHAVIORAL HEALTH							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COI		TION		USAGE	
	S9485		Crisis intervention	n mental h	ealth service	es, per	☑ Medicaid	
	39403		diem				≥ ivieuicaiu	
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATIO	ON REQUIR	EMENTS		
Unanticipated services	rendered in the process	of resolving a	Technical Documentation Requirements					
	nmediate attention, that		See Page 346					
	ılt in the client requiring	-	Service Content					
	mmediate crisis interver	ntion to de-	The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention					
	or family in crisis, assess	datala an						
	tion, determine risk of su s access to or ability to u						sment, mental , referral) and the	
	for and facilitate admission		individual/fa					
	forms of treatment if ne		3. BH history	army s resp	onse to the	. micer ventic)11(3)	
	situation, . When possib		-	needs (imm	ediate, sho	rt-term, lon	g-term) linked	
client has developed a Wellness Recovery Action Plan			with an exis				_	
(WRAP) and/or psychiatric advance directive, this plan is			available					
followed with the client's permission.			Other probl medical, etc		ied (mental	health, sub	stance abuse,	
			,	,	including a	ny follow-u	p or coordination	
			needed witl			inly follow o	p or coordination	
NOTES		EXAMPLE ACTIV						
Services may be provid	ed at any time, day or n	ight and by a	• Face-to-face/	/telephone	contact to p	rovide imm	nediate, short-term	
$mobile \ team/crisis \ program \ in \ a \ facility/clinic \ or \ other$			crisis-specific assessment and intervention/counseling with client					
provider as appropriate. May be provided by more than one			and, as neces	-			•	
	ded to address the situa						ng pre-inpatient	
	d and their activities are i		screening; activities include telephone contacts/ meeting with					
	or 90839/90840 are us		receiving provider staff • Face-to-face/telephone consultation with physician/ hospital					
	by procedure codes whe ent walk-in), focused on		staff, regarding need for psychiatric consultation or placement					
	ite and/or special inte		Face-to-face/telephone contact with another provider to help					
response.	nte una, or special inte	arventions in	that provider				Tovider to help	
							ddress the crisis	
APPLICABLE POPULATION	ON(S)		UNIT		DUI	RATION		
☑ Child (0-11)	Young Adult 🗵 Ad	ult (21-64)	☐ Encounter	☐ 15 Minu	utes Min	imum: 4 hr	s 8 mins	
	•	riatric (65+)	☑ Day	☐ 1 Hour		ximum: N/A	1	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGO		.		
☑ Face-to-Face	☑ Individual		⊠ HE (SP)		☑ U4 (ICM		☐ HJ (Voc)	
☑ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)		☑ TM (ACT ☐ LIM (Bot)	•	☐ HQ (Clubhouse)	
☑ Telephone	☑ Family (HR/HS)		☑ HK (Residentia ☑ HF (2 nd modifi)		☐ HM (Res	, ,	□ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS			E III (Z IIIOdiii	ici 30Dj			□ 111 (11cv/Li)	
☐ Peer Specialist	W . co	V	NA1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	⊠LAC	⊠ LPN/L	.VN (TE)	- · · · · · · · · · · · · · · · · · · ·	
☒ Bachelor's Level (HN)	⊠ LCSW (AJ) ⊠ LPC		Master's Level (HO) EdD/ PhD/PsyD (HP)	□CAC I	🗷 RN (T	D)	区 RxN (SA) 区 PA (PA)	
☑ Intern	Line Lin		D/PhD/PsyD (AH)	□CAC II	⊠ APN (SA)	⊠ FA (FA) ⊠ MD/DO (AF)	
DI 4.05 OF CEDI ((C- /)				□CACIII	□ QMAF	,	. , ,	
PLACE OF SERVICE (POS ☑ CMHC (53)		V Hospies /2	4)		□ loot !!-	ocn (21)		
☑ CMHC (53) ☑ Office (11)	✓ ACF (13)✓ Cust Care (33)	☑ Hospice (3 ☑ ICF-MR (54	1) Neiter		☐ Inpt Ho☐ Inpt PF		☐ Prison/CF (09)	
⊠ Mobile Unit (15)	⊠ Grp Home (14)		≥ 2NF (3	•	□ IIIpt PF☑ ER (23)		✓ School (03)	
⊠Outp Hospital (22)	☑ Home (12)	≥ PRTF (56)	⊠ FQHC ((50)	≥ PF-PHP		☑ Other POS (99)	

	CRISIS – BEHAVIORAL HEALTH							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COL	DE DESCRIP	TION		USAGE	
S9485			Crisis interventio	n mental h	ealth ser	vices, per	⊠ OBH	
			diem					
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
Unanticipated services rendered in		_	Technical Documentation Requirements					
client crisis, requiring immediate at intervention, could result in the clie			See Page 346 Service Content					
LOC., Services include: immediate of			The reason for the visit/call. What was the intended goal or					
escalate the individual or family in o		Juc					sis intervention	
dangerousness of situation, determ	or					ssment, mental		
danger to others, assess access to o							n, referral) and the	
support, triage, assess for and facili				amily's resp	onse to	the intervention	on(s)	
level care or additional forms of tre			3. BH history	/:			المصادة المسامة	
stabilize the immediate situation, .		ie				AP, advance di	ng-term) linked	
client has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is			available	ting crisis p	nan (vvi	Ai , advance di	irective), ii	
followed with the client's permission.				ems identif	ied (mer	ntal health, sul	ostance abuse,	
			medical, etc				·	
						ng any follow-ι	up or coordination	
		needed with	•	5				
NOTES	ma day ar night an	nd by a	EXAMPLE ACTIVI		contact t	o neovido ima	andiata short tarm	
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other			 Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with client 					
provider as appropriate. May be provided by more than one			and, as necessary, with client's caretakers/ family members					
	direct care staff if needed to address the situation (e.g., for			Referral to other applicable BH services, including pre-inpatient				
safety); all staff involved and their a	ctivities are identifi	ed and	screening; act	tivities inclu	ude telep	hone contacts	s/ meeting with	
documented. H2011 or 90839/90			receiving provider staff					
individual psychotherapy procedur			Face-to-face/telephone consultation with physician/ hospital to find a particular and face provided in a particular and placement.					
is unscheduled (e.g., client walk-in) and involves immediate and/or			 staff, regarding need for psychiatric consultation or placement Face-to-face/telephone contact with another provider to help 					
response.	special intervention	0113 111	that provider				novider to help	
							ddress the crisis	
APPLICABLE POPULATION(S)			UNIT		I	DURATION		
☑ Child (0-11) ☑ Young Adult		-	☐ Encounter	☐ 15 Min		Minimum: 4 hr		
⊠ Adol (12-17) (18-20)	☑ Geriatric ((65+)	⊠ Day	☐ 1 Hour		Maximum: N/A	4	
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERV ☑ HE (SP)	ICE CATEGO	URY(IES) ⊠ U4 (I		☐ HJ (Voc)	
▼ Face-to-Face ▼ Individ ▼ Individ			☐ TG (Other SP)		⊠ TM (☐ HQ (Clubhouse)	
☑ Video Conf (GT) ☐ Group	• •		☑ HK (Residentia)	al)	-		☐ TT (Recovery)	
▼ Telephone	(HR/HS)		☑ HF (2 nd modifie		,		☐ HT (Prev/EI)	
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN)	☑ LCSW (AJ) 🗵 Un	licensed N	Master's Level (HO)	⊠LAC		N/LVN (TE)	⊠ RxN (SA)	
X Intern			EdD/ PhD/PsyD (HP)	□CAC II		N (1D) PN (SA)	⊠ PA (PA)	
وا	IMFT Ice	ensed EdD	D/PhD/PsyD (AH)	□CACIII			☑ MD/DO (AF)	
PLACE OF SERVICE (POS)								
		ospice (34		(04)		: Hosp (21)	☐ Prison/CF (09)	
			L N			: PF (51)		
			⊠ FQHC (•		23)	☑ Other POS (99)	
☑ CMHC (53) ☑ ACF (13	re (33) 🗵 ICF me (14) 🗵 NF	F-MR (54	Sheiter ⊠ SNF (31	1)	□ Inpt ⊠ ER (: PF (51)		

RESIDENTIAL – ROOM AND BOARD								
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE					
	S9976		Lodging, per diem, not otherwise specified					
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	ENTATION RI	QUIREMENTS			
Room and board cost	ts per day		 Date of service Start and stop Sign with 1st in 	time (duratio	on) ne & credentials			
NOTES			EXAMPLE ACTIVITIE	:S				
			Room and board pro	ovided to the				
APPLICABLE POPULA			UNIT		DURATION			
		Adult (21-64) Geriatric (65+)		15 Minutes 1 Hour	Minimum: N/A Maximum: N/A			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	CATEGORY(I	<u>-</u>			
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) □ Family (HR/HS)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-S		(ACT) □ H (Respite) □ T	lJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMEN	TS					75)		
☑ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	N) ⊠ LCSW ⊠ LPC ⊠ LMFT		Master's Level (HO) EdD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	☐ LPN/LVN (☐ RN (TD) ☐ APRN (SA) ☐ QMAP			
PLACE OF SERVICE (P	POS)							
☐ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTE (56)	 ☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50) ☑ RSATF (55) ☐ NRSATF (57) 	☐ Inpt Hos ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	D Prison ☐ Schoo	n/CF (09) bl (03) r POS (99)		

RESPITE CARE – FACILITY-BASED							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	T1005		Respite care services, up to 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REQUIREME	NTS		
Services to temporarily	substitute for pri	mary caregivers to	Technical Documer	ntation Requirements			
maintain patients in out			See Page 346				
assistance with/monito			Service Content				
support, safety, and env		•	 Purpose of cont 				
care should be flexible t	to ensure that the	e patient's daily	•	s/activities rendered			
routine is maintained.				ions and that those instru	uctions were followed		
			4. Patient's respor				
				d treatment/service plan	goals and objectives		
NOTES			EXAMPLE ACTIVITI				
Unlike respite procedur					of activities of daily living		
requires skilled practica				personal hygiene skills, o	_		
meet the health and ph	•			monitoring health status			
care up to 4 hours (16 u	-	•		medication and other m			
respite care over 4 hour	•	.,		mpting for preparation a	_		
Discrete services (e.g., f				ing to perform housekee	ping activities (bed		
psychotherapy, psychia			making, dusting, vacuuming, etc.)				
are documented, and re	eported or billed s	separately from	Support to assure the safety of patient Assistance (assertion proceeded by patient to participate in assist.)				
T1005.			Assistance/supervision needed by patient to participate in social,				
*DOC!! (42) D (5		recreational/community activities				
*POS Home (12): Refers or the patient's home, f		•					
APPLICABLE POPULATION	· · · · · · · · · · · · · · · · · · ·	coue.	UNIT	DURATI	ON		
☑ Child (0-11)	⊠ Young	⊠ Adult (21-64)			m: 8 Minutes		
☑ Adol (12-17)	Adult (18-20)	☑ Geriatric (65+)			ım: 4 Hrs (16 Units)		
ALLOWED MODE(S) OF		Gendenc (031)	PROGRAM SERVICE		iiii. 4 1113 (10 Offics)		
• • • • • • • • • • • • • • • • • • • •			☐ HE (SP)	□ U4 (ICM)	☐ HJ (Voc)		
▼ Face-to-Face ▼ Tace-to-Face ▼ Tace-to-Face-to-Face ▼ Tace-to-F	☑ Individual		☐ TG (Other SP)	☐ TM (ACT)	☐ HQ (Clubhouse)		
☐ Video Conf (GT)	☑ Group (HQ)		☐ HK (Residential)		-		
☐ Telephone	☐ Family (HR/I	HS)	☑ HF (2 nd modifier-		HT (Prev/EI)		
STAFF REQUIREMENTS			,		(- /)		
☐ Peer Specialist	П. cc;	M (AI)	Marker de Laurel (110)	□LAC 🗵 LPN/LVN (TE)(21)		
☐ Bachelor's Level (HN)	□ LCSV □ LPC		Master's Level (HO) EdD/ PhD/PsyD (HP)	□CAC I 🗵 RN (TD)	IL) ☑ RxN (SA) ☑ PA (PA)		
✓ Intern	□ LMF		O/PhD/PsvD (AH)	□CAC II	⊠ MD/DO (AF)		
			-,,	□CACIII □ QMAP	□ Mb/bo (Al /		
PLACE OF SERVICE (POS	•						
☑ CMHC (53)	⊠ ACF (13)	☐ Hospice (34)	☐ Shelter (04)				
☐ Office (11)	☐ Cust Care (33		☐ SNF (31)	☐ Inpt PF (51)	☐ School (03)		
☐ Mobile Unit (15)	☑ Grp Home (14		☑ FQHC (50)	☐ ER (23)	☑ Other POS (99)		
□Outp Hospital (22)	☑ Home (12)*	☑ PRTF (56)		☐ PF-PHP (52)			

RESPITE CARE – FACILITY-BASED								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE					
	T1005		Respite care servi	ices, up to 15 mir	nutes	⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION REC	QUIREMENTS			
Services to temporarily	substitute for pri	mary caregivers to	Technical Docum	entation Require	ements			
maintain patients in out			See Page 346					
assistance with/monito			Service Content					
support, safety, and env			 Purpose of cor 					
care should be flexible t	to ensure that the	patient's daily	Respite service	es/activities rend	ered			
routine is maintained.			Special instruction	ctions and that th	ose instructions	were followed		
			4. Patient's resp	onse				
			Progress toward	ird treatment/sei	vice plan goals	and objectives		
NOTES			EXAMPLE ACTIVIT					
Unlike respite procedur	e codes \$5150 – \$	55151, T1005	 Assistance wit 	:h/monitoring/pr	ompting of activ	vities of daily living		
requires skilled practica	l or professional	nursing care to	(ADLs), routin	e personal hygier	ne skills, dressing	g, etc.		
meet the health and ph	ysical needs of th	e patient. Respite	 Assistance wit 	th monitoring hea	alth status and p	hysical condition		
care up to 4 hours (16 u	ınits maximum) is	reported as T1005;	 Assistance wit 	th medication and	d other medical	needs		
respite care over 4 hour				ompting for prep				
Discrete services (e.g., f	amily, group and	individual	 Prompting/cu 	eing to perform h	nousekeeping ac	ctivities (bed		
psychotherapy, psychia	tric services, case	management, etc.)	making, dusting, vacuuming, etc.)					
are documented, and re	eported or billed s	separately from	Support to assure the safety of patient					
T1005.			Assistance/supervision needed by patient to participate in social,					
			recreational/community activities					
*POS Home (12): Refers		·						
or the patient's home, f		code.						
APPLICABLE POPULATION	• •		UNIT DURATION					
☑ Child (0-11)	⊠ Young	☑ Adult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 M			
⊠ Adol (12-17)	Adult (18-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 H	irs (16 Units)		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI			J ()		
☑ Face-to-Face			☐ HE (SP)	□ U4		☐ HJ (Voc)		
☐ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)			☐ HQ (Clubhouse)		
☐ Telephone	☐ Family (HR/I	HS)	☐ HK (Residentia	•		TT (Recovery)		
CTAFE DECLUDENATATE			☑ HF (2 nd modifie	er-SUD)	<u>L</u>	☐ HT (Prev/EI)		
STAFF REQUIREMENTS ☐ Peer Specialist				□LAC 🗵	LDNI/LY/NI/TE\			
☐ Bachelor's Level (HN)	☐ LCSV		Master's Level (HO)	_	LPN/LVN (TE) RN (TD)	☑ RxN (SA)		
✓ Intern	□ LPC		EdD/ PhD/PsyD (HP)	_	APN (SA)	⊠ PA (PA)		
	☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐ CACIII ☐ QMAP ☑ MD/DO (AF					⊠ MD/DO (AF)		
PLACE OF SERVICE (POS	5)							
☑ CMHC (53)	⊠ ACF (13)	☐ Hospice (34)	☐ Shelter (0-	4) 🔲 Inpt	Hosp (21)	☐ Prison/CF (09)		
☐ Office (11)	☐ Cust Care (33)	☐ SNF (31)	☐ Inpt	PF (51)	☐ School (03)		
☐ Mobile Unit (15)	☑ Grp Home (14	4) 🗆 NF (32)	☑ FQHC (50)) 🗆 ER (2	23)	☑ Other POS (99)		
□Outp Hospital (22)		☑ PRTF (56)		☐ PF-P	HP (52)			

	TREATMEN	T – FAMILY/COUPLE COU	JNSELING - ALCOHOL AND DRUG ABUSE					
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE					
	T1006		Alcohol and/or substance abuse services, family/couple counseling ☑ OBH					
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	IENTATION RE	QUIREMENTS			
family members and,	or significant othe Iress family and rel drug abuse and/or	-	s and their 1. Date of service guidance 2. Start and stop time (duration) ues related 3. Focus of session					
NOTES			EXAMPLE ACTIVITIE	FS				
APPLICABLE POPULA			UNIT		DURATION			
⊠ Adol (12-17) (1	.8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day 🗵	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE					
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/I	HS)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-		(ACT) □ H (Respite) □ T	lJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMEN	TS			_				
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	N) \(\times \text{LCS\} \) \(\times \text{LPC} \) \(\times \text{LMF} \)		Master's Level (HO) EdD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	☐ LPN/LVN (☐ RN (TD)☐ APRN (SA)☐ QMAP			
PLACE OF SERVICE (P	POS)							
	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	 ☑ Shelter (04) ☐ SNF (31) ☑ FQHC (50) ☐ RSATF (55) ☑ NRSATF (57) 	☐ Inpt Hosp ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	1) School	n/CF (09) bl (03) r POS (99)		

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	DESCRIPTIO	N		USAGE
			Alcohol and/or sub	ostance abuse	services,		
	T1007		treatment/service	plan develop	ment and/	or 'or	
			modification, inclu	ıding vital sigr	n monitorii	ng	
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION F	REQUIREN	IENTS	
Initial detox plan for me	ember may be more §	generally	Technical Docume	ntation Requ	irements		
focused on assessment	of detox progression,	maintaining	See Page 346				
member safety. As men	nber progresses in de	tox and is able	Service Content:				
to participate in plannin			1. Assessment of	detox progres	ssion		
plan, focused on afterca be developed. This may	are and treatment, as be the initial plan for	needed, may a patient	evidenced	by breathaly	_		r withdrawal as bservation or
beginning treatment or patient already in treatr			other acce Initial vita	epted means			
service that is not neces	sarily delivered in co	njunction with		emergency me	edical and	or nsychiat	ric services
another treatment. This participation of clinician			 Substance 		history an	d degree of	personal and
usually providing treatm	ient.		Pregnancy		JOII as CIIII	ically reasib	ie
				stitute Withdr			
			2. Detox monitor	CIWA-AR) or co	omparable	instrumen	τ
				ring activities			
				taken at leas		ours until r	emaining in
				nge for at leas			
			discharge	inge for at leas	ot 4 nours,	then every	o nours until
			· ·	onitoring of p	hysical an	d mental st	atus
			Referral for me				
			monitoring				
			4. Detox plan modification or, as appropriate development of a				
			treatment/service plan for aftercare based on assessment and				
			monitoring				
NOTES			EXAMPLE ACTIVIT	TES			
Facility must be license	d by the Colorado De	partment of	Monitoring vital signs, administering and reviewing CIWA				
Human Services, Office	·		Thomas The Transfer of the Tra				
Provider. Detox plan mu	ust be provided in acc	ordance with					
OBH licensure							
APPLICABLE POPULATION	ON(S)		UNIT			DURATIO	V
☐ Child (0-11) 🗵 Y	oung Adult 🗵	Adult (21-64)	□Encounter	≥ 15 Minutes		Minimum	8 minutes
☑ Adol (12-17) (18-		Geriatric (65+)	□ Day	☐ 1 Hour		Maximum	: N/A
ALLOWED MODE(S) OF	DELIVERY		Program Service C				
☑ Face-to-Face	☑ Individual		☑ HE (SP)		U4 (ICM)		HJ (Voc)
☐ Video Conference (G		١	☐ TG (Other SP)		TM (ACT)		HQ (Clubhouse)
☐ Telephone	☐ Family (HR	•	☐ HK (Residential)) 🗆 1	HM (Respi	te) 🗆	TT (Recovery)
п тетернопе		/113)	☑ HF (2 nd modifier	r-SUD)			HT (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist	∠ LCSW (A.)	I) 🗵 Unlicensed	Master's Level (HO)		☑ LPN/LVN	I (TE)	RxN (SA)
☑ Bachelor's Level (HN)	∑ LPC		EdD/ PhD/PsyD (HP)		⊠ RN (TD)	×	PA (PA)
☑ Intern	⋈ LMFT		D/PhD/PsyD (AH)		⊠ apn (sa) □ Qmap		MD/DO (AF)
DI ACE OF CERVICE /200	-1			≟ CACIII	L QIVIAP		
PLACE OF SERVICE (POS		□ Ha! (2.4)	□ Chlb (0.4)		lant !!	(24)	Duine - /CE /CC)
☑ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04)		Inpt Hosp		Prison/CF (09)
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)		Inpt PF (5		School (03)
☐ Mobile Unit (15)	☐ Grp Home (14)	□ NF (32)	☐ FQHC (50)		ER (23)		NRSATF (57)
☑ Outp Hospital (22)	☐ Home (12)	□ PRTF (56)	☑ Independent	cimic (49) □	PF-PHP (5) L	Other POS (99)

RESIDENTIAL - ALCOHOL A	AND DRUG ABUSE - SOCIAL DETOX				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Alcohol and/or substance abuse services,				
T1007	treatment/service plan development and/o	or 🗵 OBH			
	modification, including vital sign monitoring	g			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREM	ENTS			
Initial detox plan for member may be more generally	Technical Documentation Requirements				
focused on assessment of detox progression, maintaining	See Page 346				
member safety. As member progresses in detox and is able	Service Content:				
to participate in planning, a more specific treatment/service	Assessment of detox progression				
plan, focused on aftercare and treatment, as needed, may be developed. This may be the initial plan for a patient	 Degree of Alcohol or Drug intoxical evidenced by breathalyzer, UA, sel 				
beginning treatment or the modification of a plan for a patient already in treatment. It is typically a scheduled	other accepted means	, ,			
service that is not necessarily delivered in conjunction with	Initial vital signs				
another treatment. This service may require the	 Need for emergency medical and/o 				
participation of clinicians and specialists in addition to those	 Substance use disorder history and social dysfunction, as soon as clinic 				
usually providing treatment.	 Pregnancy screen 				
	 Clinical Institute Withdrawal Assess Revised (CIWA-AR) or comparable 				
	2. Detox monitoring	motrament			
	All monitoring activities				
	 Vital signs taken at least every 2 ho 	ours until remaining in			
	normal range for at least 4 hours; t				
	discharge				
	Routine monitoring of physical and mental status				
	3. Referral for medical interventions based on assessment and				
	monitoring				
	4. Detox plan modification or, as appropriate development of a				
	treatment/service plan for aftercare bas	sed on assessment and			
	monitoring				
NOTES	EXAMPLE ACTIVITIES				
Facility must be licensed by the Colorado Department of	Monitoring vital signs, administering and reviewing CIWA				
Human Services, Office of Behavioral Health as an OBH					
Provider. Detox plan must be provided in accordance with					
OBH licensure	LINUT	DUDATION			
APPLICABLE POPULATION(S)		DURATION Minimum: 8 minutes			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)		Minimum: 8 minutes Maximum: N/A			
	Program Service Category	iviaxiiiiuiii. N/A			
ALLOWED WIODE(S) OF DELIVERY		☐ HJ (Voc)			
☑ Face-to-Face	$\square TG (Other SP) \qquad \square TM (ACT)$	☐ HJ (VOC) ☐ HQ (Clubhouse)			
☐ Video Conference (GT) ☐ Group (HQ)	\square HK (Residential) \square HM (Respite				
☐ Telephone ☐ Family (HR/HS)	 ☑ HK (Residential) ☑ HF (2nd modifier-SUD) 	□ HT (Prev/EI)			
STAFF REQUIREMENTS	Earli (2 illouillei-300)	Li III (FIEV/LI)			
☐ Peer Specialist	MALAC ELPN/LVN	(TE)			
Racholor's Loyal (HN) LCSW (AJ) V Unlicensed	Master's Level (HO)	™ RxN (SA)			
	EdD/ PND/PSYD (HP) 🖾 CACII 🖾 ADNI (SA)	☑ PA (PA)			
☑ LMFT ☑ Licensed Ed	D/PhD/PsyD (AH) ⊠CACIII □ QMAP	▼ MD/DO (AF)			
PLACE OF SERVICE (POS)					
	☐ Shelter (04) ☐ Inpt Hosp	(21)			
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	☐ SNF (31) ☐ Inpt PF (51				
\square Mobile Unit (15) \square Grp Home (14) \square NF (32)	□ FQHC (50) □ ER (23)	□ NRSATF (57)			
\boxtimes Outp Hospital (22) \square Home (12) \square PRTF (56)	☑ Independent clinic (49) ☐ PF-PHP (52				

SUPPORT SERVICES – CHILDCARE – ALCOHOL AND DRUG ABUSE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
T1009	Child sitting services for the children of the individual receiving alcohol and/or substance abuse services ☐ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Care of the children of clients undergoing treatment for alcoholism or drug abuse while the client is in treatment	 Date of service Start and stop time (duration) Signed with 1st initial, last name & credentials 				
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☑ Group (HQ)☐ Telephone☑ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
□ Intern □ □ LPC □ Unlice □ LMFT □ License	ensed Master's Level (HO) Ensed EdD/ PhD/PsyD (HP) ed EdD/PhD/PsyD (AH) S LAC S LPN/LVN (TE) R RN (SA) S CAC I APRN (SA) PA (PA) MD/DO(AF)				
PLACE OF SERVICE (POS)					
	☐ Shelter (04) ☐ SNF (31) ☐ Inpt Hosp (21) ☐ Inpt PF (51) ☐ FQHC (50) ☐ RSATF (55) ☐ RRSATF (55) ☐ PF-PHP (52) ☐ Control of the proof				

TREATMENT – REHABILITATIO	ON – ALCOHOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
T1012	Alcohol and/or substance abuse services, skills development ☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
For those involved in Alcohol and/or substance treatment, this component helps facilitate their management of day to day activities. The skills development is aimed at fostering self-sufficiency and independence.	 Date of service Start and stop times (duration) Description of service rendered Recommendations Signed with 1st initial, last name & credentials 				
NOTES	EXAMPLE ACTIVITIES				
	 Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment) Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal Development of basic language skills necessary to enable client to function independently 				
APPLICABLE POPULATION(S)	UNIT DURATION				
□ Child (0-11) □ Young Adult □ Adult (21-64)	☐ Encounter ☑ 15 Minutes Minimum: 8 mins				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Individual □ Video Conf (GT) □ Group (HQ) □ Telephone □ Family (HR/HS)	PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ U4 (ICM) □ HJ (Voc) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HF (2 nd modifier-SUD) □ HT (Prev/EI)				
STAFF REQUIREMENTS Peer Specialist State of the second state of	■ LAC ■ LPN/LVN (TE)				
☑ Bachelor's Level (HN) ☑ LCSW (AJ) ☑ Unlicensed ☑ Intern ☑ LPC ☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ CAC I □ □ RN (TD) □ PA (PA) □ CAC I □ □ APRN (SA) □ CAC II □ □ APRN (SA) □ CAC II □ □ APRN (SA) □ CAC II □ □ APRN (SA)				
PLACE OF SERVICE (POS)					
⊠ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outh Hospital (22) ☐ Refer (56) ☐ Outh Hospital (22) ☐ Refer (56) ☐ Outh Hospital (32) ☐ Refer (33) ☐ Refer (34) ☐ Refer (33) ☐ Refer (34)	☑ Shelter (04) ☐ Inpt Hosp (21) ☐ SNF (31) ☐ Inpt PF (51) ☒ FQHC (50) ☐ ER (23) ☒ RSATF (55) ☐ PF-PHP (52) ☒ NRSATE (57) ☐ PF-PHP (52)				

SUPPORT SERVICES – LANGUAGE – ALCOHOL AND DRUG ABUSE							
CPT®/HCPCS PROCEDURE CO	ODE		PROCEDURE COI	DE DESCRIPTION		USAGE	
	T1013		Sign language or and/or substance	•	for alcohol	☑ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS		
An additional service to assu health clients is understood sign language or oral interpreservices required by the Ame	or received for clie etation, including b	nts who require out limited to those		rice op time (duration op 1 st initial, last na		ls	
NOTES			EXAMPLE ACTIV	ITIES			
			Sign language or oral interpretation provided to a client to assure they understand the treatment or services being provided to their in relation to alcohol and/or drug abuse services				
APPLICABLE POPULATION(S			UNIT		DURATION		
☑ Child (0-11)☑ Young☑ Adol (12-17)☑ (18-20)	☑ Geria	(21-64) tric (65+)	☐ Encounter ☐ Day	□ 15 Minutes □ 1 Hour	Minimum: 8 m Maximum: N/A		
ALLOWED MODE(S) OF DELI	VERY		PROGRAM SERV	-	•		
☑ Video Conf (GT) ☑ G	ndividual iroup (HQ) amily (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia☐ HF (2 nd modifi		(ACT) □ H (Respite) □ 1	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Mas ☐ Unlicensed EdD, ☐ Licensed EdD/Ph ☑ DHOH Interpre	/ PhD/PsyD (HP) D/PsyD (AH)	□ LAC □ CAC I □ CAC II □ CACIII	☐ LPN/LVN ☐ RN (TD) ☐ APRN (SA ☐ QMAP	□ RXN (SA) □ ρΔ (ρΔ)	
PLACE OF SERVICE (POS)							
☑ Mobile Unit (15) ☑ Grp	Care (33) ☑ICI Home (14) ☑NF	ospice (34) F-MR (54) - (32) OTE (56)	☑ Shelter (04) ☑SNF (31) ☑ FQHC (50) ☑RSATF (55) ☑ NRSATF (57)	⊠Inpt Hosp ⊠Inpt PF (5 ⊠ER (23) ⊠PF-PHP (5	1) Scho	n/CF (09) ol (03) r POS (99)	

TREATMENT - CASE MANAGEMENT							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	T1016		Case management, each 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
Services designed to assist and support a patient to gain access to needed medical, social, educational, and other services. Case management includes: • Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources; • Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; • Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services available, addresses and telephone numbers of agencies providing services; working with patient/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon treatment/service plan and monitoring progress and impact of plan.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
110750			EXAMPLE ACTIVIT				
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and			 Assessing the available resonapplication prediction Contact with patient access 	need for service urces, explaining ocess patient's family i services	, identifying and i g options to patien members for assis ther service agend	nt and assisting in tance helping	
follow-up. APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
☑ Child (0-11) ☑ ☑ Adol (12-17) (18	Young Adult ⊠ A 3-20) ⊠ G	dult (21-64) eriatric (65+)	☐ Day	■ 15 Minutes ■ 1 Hour ■ 1 Hour	Minimum: 8 mi Maximum: N/A		
ALLOWED MODE(S) OF ✓ Face-to-Face ✓ Video Conf (GT) ✓ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR/HS)		PROGRAM SERVI ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☐ HF (2 nd modifie	区 [区 I 区	J4 (ICM) TM (ACT) HM (Respite)	될 HJ (Voc) 될 HQ (Clubhouse) 된 TT (Recovery) 된 HT (Prev/El)	
STAFF REQUIREMENTS							
Bachelor's Level (HIN) Intern □ Unlicensed			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I	APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (PO							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)		1) ⊠ In _l (50) ⊠ ER	ot PF (51)	□ Prison/CF (09) ☑ School (03) ☑ Other POS (99)	

TREATMENT - CASE MANAGEMENT						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESC	RIPTION		USAGE
	T1017		Targeted case managem	ent, each 15 i	minutes	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTA	ATION REQUI	REMENTS	
action; includes transition • Referral and related active initial appointments for period patient of services and/preservices; working with patiencluding contacting agent referral process; and • Monitoring and follow-uperiod patient is following the agent monitoring progress and in BA-Level staff may ONLY period patient is following the agent patient is following the agent process and in BA-Level staff may ONLY period patient and under direction for the patient in the patient is followed by the patient is followed by the patient is followed by the patient in the patient is followed by the patient is follow	nental health disorder, educational, and other and care transition set and care transition set gathering patient history development — specifying issuring participation, identifying participation, identifying a participation, identifying a participation, identifying participation, identifying participation, identifying participation, identifying patient with service providing contact informatifying contact informatifying contact informatifying contact informatifying patient/collaterals to secure cies for appointments/ser p — contacting patient/other preed upon service or transimpact of plan. The provided in the pr	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
See Appendix F: Targeted	d Case Management		EXAMPLE ACTIVITIES			
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up. T1017* may be used, when appropriate to patient status for an individual in social detox. However, it may not be used for a one-time event (i.e. it is only approved for use when several case management contacts are needed - documentation must support).			 Assessing the need for s resources, explaining op process Contact with patient's faccess services Care Coordination betw providers Development and follow outpatient services Social Detox example: To link patient from social d management services are o schedule an intake, obtain resources 	etions to patien amily members een other servi v-up of a transi etox to outpati ffered (calls, m	it and assist for assistar ice agencies tion plan fro ient services eetings with	ing in application nce helping patient s, healthcare om the hospital to s, multiple case n collaterals, etc.) to
APPLICABLE POPULATIO	N(S)		UNIT	ccoras ana ini	DURATIO	
	oung Adult ⊠ Ad 20) ⊠ Ge	ult (21-64) riatric (65+)			Minimum Maximum	: 8 mins
☑ Video Conf (GT)☑ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-SUD)	☑ U4 (ICM ☑ TM (AC ☑ HM (Respite)	Γ) ⊠ H ⊠ T	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed Maste ☑ Unlicensed EdD/ ☑ Licensed EdD/PhD	ID/ PhD/PsyD (HP)			
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	✓ SNF (31)✓ FQHC (50)	☑ Inpt Hosp (2 ☑ Inpt PF (51) ☑ ER (23) ☑ PF-PHP (52)	· □ E	Prison/CF (09) School (03) Other POS (99)

TREATMENT - CASE MANAGEMENT								
CPT®/HCPCS PROCEDUR	RE CODE			PROCEDURE CODE DESCRIPTION USAGE				
	T1017			Targeted case n	managei	ment, each 15	minutes	⊠ OBH
SERVICE DESCRIPTION								
Services designed to assist and support a patient diagnosed with or being assessed for a mental health disorder, to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services, including: • Assessing service needs – gathering patient history/collateral info, treatment needs; • Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring participation, identifying a course of action; includes transition plan development • Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services and/providing contact information for available services; working with patient/collaterals to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon service or transition plan and monitoring progress and impact of plan. BA-Level staff may ONLY perform service if at a Licensed Mental Health Center and under direction of a physician per Medicaid State Plan					fy issues ne/ support, legal, rsonal, sources) esponse to the erral, and e coordination) s progress			
Amendment. See Appendix F: Targete	d Case Management							
NOTES				EXAMPLE ACTIV	VITIES			
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up. T1017* may be used, when appropriate to patient status for an individual in social detox. However, it may not be used for a one-time event (i.e. it is only approved for use when several case management contacts are needed - documentation must support).				 Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process Contact with patient's family members for assistance helping patient access services Care Coordination between other service agencies, healthcare providers Development and follow-up of a transition plan from the hospital to outpatient services Social Detox example: To link patient from social detox to outpatient services, multiple case management services are offered (calls, meetings with collaterals, etc.) to schedule an intake, obtain records and information and make referrals. 				
APPLICABLE POPULATION	DN(S)			UNIT	ne, uulall	i recorus anu illi	DURATIO	
☑ Child (0-11) ☑ Y	oung Adult ⊠ Ad 20) ⊠ Ge	ult (21-64) riatric (65+)	PRO	☐ Encounter ☐ Day OGRAM SERVICE	□ 1	5 Minutes Hour	Minimum Maximum	: 8 mins
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		⊠ H □ 1	HE (SP) TG (Other SP) HK (Residential) HF (2 nd modifier-S	[[☑ U4 (ICM) ☑ TM (ACT) ☑ HM (Respite	본 (e)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						V	(TE)	
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed M ☑ Unlicensed E ☑ Licensed EdD	dD/ I	PhD/PsyD (HP) O/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA) □ QMAP	X	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS	•							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ Hospice (34☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)		⊠ Shelter (04 ⊠ SNF (31) ⊠ FQHC (50)		☑ Inpt Hosp (☑ Inpt PF (51☑ ER (23)☑ PF-PHP (52) Z	Prison/CF (09) School (03) Other POS (99)

	RESIDENTIAL - — ALCOHOL AND DRUG ABUSE - SOCIAL DETOX						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION	ON		USAGE
			Personal care servi	ces, per 15	minutes, not	for an	
			inpatient or resident of a hospital, nursing facility,				☑ Medicaid
T1019			ICF/MR or IMD, pa				
			treatment (code m	ay not be u	sed to identi	fy	
			services provided b	y home hea	alth aide or C	CNA)	
SERVICE DESCRIPTION			MINIMUM DOCUM	/IENTATION	REQUIREM	ENTS	
Provision of daily living	needs including hydrat	ion,	Technical Docume	ntation Req	uirements		
nutrition, cleanliness a	nd toiletries for patient.	Services	See Page 346				
designed to maintain t	he safety and health of t	the patient,	Service Content:				
which will generally be	similar for all patients.		 Patient's identi 	fied persona	al care servic	e needs, a	s reflected in the
			treatment/serv	•			
			2. Outcome/plan, i				care services
			needed, based	on patient's	presentatio	n/needs.	
NOTES			EXAMPLE ACTIVIT	ES			
Facility must be license	ed by the Colorado Depa	rtment of	Hydration, nutrition				
Human Services, Office	e of Behavioral Health as	an OBH					
Provider.							
APPLICABLE POPULAT			UNIT			DURATIO	
	•	dult (21-64)	☐ Encounter				n: 8 mins
. , , ,		eriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) O	F DELIVERY		Program Service C				
	☑ Individual		⊠ HE (SP)		U4 (ICM)		☐ HJ (Voc)
☐ Video Conference (C			☐ TG (Other SP)		□ TM (ACT) □ H		☐ HQ (Clubhouse)
☐ Telephone	☐ Family (HR/H	IS)	☐ HK (Residential)		HM (Respite)		☐ TT (Recovery)
·			☑ HF (2 nd modifier	-SUD)			☐ HT (Prev/EI)
STAFF REQUIREMENTS	5						
☐ Peer Specialist	∠ LCSW (AJ)	▼ Unlicensed	d Master's Level (HO)	⊠LAC	☑ LPN/LVN	ا (TE)	RxN (SA)
Bachelor's Level (HN)		d EdD/ PhD/PsyD (HP)	⊠CAC I	⊠ RN (TD)	IS	PA (PA)	
			dD/PhD/PsyD (AH)	⊠CAC II ⊠CACIII	⊠ APN (SA □ QMAP) [2	MD/DO (AF)
DI ACE OF CEDVICE (DO	ic)			≝CACIII	LI QIVIAP		
PLACE OF SERVICE (PO		Ulaspia /2	(4) □ Chaltar (04)		□ loot Heer	\(21\) [Dricon /CE (OC)
☑ CMHC (53)	☐ ACF (13)	☐ Hospice (3			☐ Inpt Hosp		Prison/CF (09)
Office (11)	☐ Cust Care (33)	☐ ICF-MR (54	, , ,		☐ Inpt PF (5	•	School (03)
☐ Mobile Unit (15)	☐ Grp Home (14)	□ NF (32)	☐ FQHC (50)	clinic (40)	☐ ER (23)		NRSATF (57)
☑ Outp Hospital (22)	☐ Home (12)	☐ PRTF (56)	⊠Independent	clinic (49)	☐ PF-PHP (5	02) L	Other POS (99)

RESIDENTIAL - – ALCOHOL AND DRUG ABUSE - SOCIAL DETOX						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE	DESCRIPTI	ON		USAGE
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualize plan of treatment (code may not be used to identify services provided by home health aide or CNA)					
SERVICE DESCRIPTION		MINIMUM DOCUM	IENTATION	REQUIREM	ENTS	
Provision of daily living needs including hydration, nutrition, cleanliness and toiletries for patient. Ser designed to maintain the safety and health of the which will generally be similar for all patients.	rvices	Technical Documentation Requirements See Page 346 Service Content: 1. Patient's identified personal care service needs, as reflected in the treatment/service plan 2. Outcome/plan, indicating any changes in personal care services needed, based on patient's presentation/needs.				
NOTES		EXAMPLE ACTIVITI		<u>'</u>	•	
Facility must be licensed by the Colorado Departm Human Services, Office of Behavioral Health as an Provider.		Hydration, nutrition	n			
APPLICABLE POPULATION(S)		UNIT			DURATI	ON
☐ Child (0-11) ☑ Young Adult ☑ Adult	t (21-64)	☐ Encounter	☑ 15 Minutes Minimum: 8		m: 8 mins	
	atric (65+)	☐ Day ☐ 1 Hour Maximum: N/A				ım: N/A
ALLOWED MODE(S) OF DELIVERY		Program Service Ca				
⊠ Face-to-Face □ Video Conference (GT) □ Group (HQ) □ Telephone □ Family (HR/HS)		⋈ HE (SP)□ TG (Other SP)□ HK (Residential)⋈ HF (2nd modifier		U4 (ICM) TM (ACT) HM (Respite))	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS						
Bachelor's Level (HN) ☑ Intern ☑ Unlicensed		I Master's Level (HO) I EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA □ QMAP	, , l	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☒ Outp Hospital (22) ☐ Home (12) ☐ PRTF (56)		•	clinic (49)	☐ Inpt Hosp ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	51)	☐ Prison/CF (09) ☐School (03) ☐ NRSATF (57) ☐ Other POS (99)

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION				USAGE
	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter				☑ Medicaid		
SERVICE DESCRIPTIO	N		MINIMUM DOCU	JMENTAT	TION REQUIR	EMENT:	S
A screening procedure I merely indicate whethe health and/or substance Screening may be accordinterview or a formal structurally and age relevant need for further treconnect them to appropriate the screening procedure.	ty that a mental in is present. ctured g tool that is ut's motivation eps taken to	Technical Documentation Requirements See Page 346 Service Content: 1. Screening addresses, at minimum:					
NOTES			EXAMPLE ACTIVITIES				
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.			Discharge planning	, referral p	olans, client res	sponse to	o discharge plan
APPLICABLE POPULATION	ON(S)		UNIT			DURAT	ION
⊠ Adol (12-17) (18-	-20)	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ Day	□ 15 N □ 1 Ho			um: N/A um: N/A
ALLOWED MODE(S) OF	DELIVERY		Program Service Ca				
☑ Face-to-Face ☐ Video Conference (GT) ☐ Telephone ☐ Telephone ☐ Family (HR/HS)		•					☐ HQ (Clubhouse) ☐ TT (Recovery)
STAFF REQUIREMENTS							
Bachelor's Level (HN) Intern Internation Internat		Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CAC III	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA) □ QMAP	[⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS	5)						
☑ CMHC (53)☐ Office (11)☐ Mobile Unit (15)☑ Outp Hospital (22)	□ACF (13) □ Cust Care (33) □ Grp Home (14) □ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50) ☑Independent	clinic (49)	☐ Inpt Hosp☐ Inpt PF (51☐ ER (23)☐ PF-PHP (52] (.]	☐ Prison/CF (09) ☐ School (03) ☐ NRSATF (57) ☐ Other POS (99)

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX							
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
T1023			Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter				⊠ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCU	JMENTA1	TION REQUIR	EMENTS	
A screening procedure merely indicate whether health and/or substance Screening may be accounterview or a formal structurally and age relevand need for further traconnect them to appropriate the screening procedure.	Technical Documentation Requirements See Page 346 Service Content: 3. Screening addresses, at minimum:				r change		
NOTES			EXAMPLE ACTIVIT	IES			
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.			Discharge planning	g, referral բ	olans, client res	sponse to	discharge plan
APPLICABLE POPULATI	ON(S)		UNIT DURATION				
☑ Adol (12-17) (18	-20)	Adult (21-64) Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 HourMinimum: N/AMaximum: N/A			•	
ALLOWED MODE(S) OF	DELIVERY		Program Service C				
☐ Face-to-Face ☐ Video Conference (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modifier		☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite	e) [] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)	
STAFF REQUIREMENTS							
Bachelor's Level (HN) Intern International Internation International Internation Internation Internation Internation Internation Internation Int		Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA) □ QMAP		☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (PO	S)						
区MHC (53)□ Office (11)□ Mobile Unit (15)☑ Outp Hospital (22)	□ACF (13) □ Cust Care (33) □ Grp Home (14) □ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50) ☑Independent	clinic (49)	☐ Inpt Hosp☐ Inpt PF (51☐ ER (23)☐ PF-PHP (52	L) [Prison/CF (09) School (03) NRSATF (57) Other POS (99)

SUPPORT SERVICES – TRANSPORTATION – ALCOHOL AND DRUG ABUSE							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE I	USAGE			
	T2001		Non-emergency transportation ☑ OBH				
SERVICE DESCRIPTION	ı		MINIMUM DOCUM	ENTATION RE	QUIREMENTS		
Providing transportati reach their destination issues, age of patient, destination.	n independently, be it t	for competency	1. Date of service 2. Start and stop time (duration) 3. Description of service rendered 4. Reason for transportation 5. Origin of pick up and destination 6. Purpose of transportation to destination 7. Signed with 1st initial, last name & credentials				
NOTES			EXAMPLE ACTIVITIE	: c			
APPLICABLE POPULAT	TION(S)		UNIT		DURATION		
⊠ Adol (12-17) (18	3-20) ⊠ Ge	lult (21-64) eriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE	•	•	11 ()/)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-S		(ACT) □ H (Respite) □ 1	lJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)	
STAFF REQUIREMENT	S						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	✓ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA ⊠ QMAP	Σ RXN (SA) Σ PΔ (PΔ)	
PLACE OF SERVICE (PC	OS)						
☐ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ HOSPICE (34)	☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50) ☑ RSATF (55) ☑ NRSATF (57)	☐ Inpt Hosp☐ Inpt PF (5☐ ER (23)☐ PF-PHP (5☐	1) School	n/CF (09) bl (03) r POS (99)	

VIX. Time Documentation Rules/Standards

When documenting, reporting and/or billing Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) procedure codes, the units of service should be consistent with the time component defined in the procedure code description. CPT® and HCPCS procedure codes include both "timed" and "untimed" procedure codes.

- "Timed" procedure codes specify a direct (i.e., face-to-face) time increment in the procedure code description. The direct time component is only that time spent with the patient and/or family. Non-face-to-face time (i.e., pre- and post-encounter time) is not included in the calculation of the time component. Examples of time-specific services are psychological testing (1 hour), psychotherapy (from 20 30 minutes up to 70 80 minutes), and case management (15 minutes).
- "Untimed" procedure codes do not include specific direct (i.e., face-to-face) time increments in the procedure code description. These procedure codes represent a service or procedure without regard to the length of the encounter. If there is no designated time in the procedure code description, the procedure code is reported or billed as one (1) unit (i.e., session, encounter), 102 regardless of the number of minutes spent rendering the service. Examples of "untimed" services are psychiatric diagnostic interview exam, medication management, and outreach.
- A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes). A second hour is attained when a total of 91 minutes have elapsed.

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

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

Determining Billing Units for 15 Minute Timed Procedure Codes					
# of 15 Minute Units	Duration				
1 unit	Greater than or equal to (≥) 8 minutes and less than (<) 23 minutes*				
2 units	≥ 23 minutes to < 38 minutes				
3 units	≥ 38 minutes to < 53 minutes				
4 units	≥ 53 minutes to < 68 minutes				
5 units	≥ 68 minutes to < 83 minutes				
6 units	≥ 83 minutes to < 98 minutes				
7 units	≥ 98 minutes to < 113 minutes				
8 units	≥ 113 minutes to < 127 minutes				

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

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While the above table provides guidance in rounding time into 15-minute increments, it does not imply that any minute until the eighth should be excluded from the total count. The time of direct (i.e., face-to-face) treatment includes all time spent in patient contact. The start and end time of the treatment service should be routinely documented in the patient's clinical record as part of the progress note. ¹⁰³

b. One-Hour Time-Based Procedure Codes

Some CPT and HCPS procedure codes specify that the direct (i.e. face-to-face) time spent in patient contact is 1 hour. The provider reports of bills these procedure codes with the appropriate number of 1-hour units of service using the example time intervals given in the table below. The pattern continues in this manner.

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

c. Time-Based Encounter Procedure Codes

Some CPT® and HCPCS procedure codes are reported as encounters (1 unit), but also specify an approximate amount of direct (i.e., face-to-face) time in the procedure code description. For example, the CPT® procedure codes 90832 – 90838 for individual psychotherapy state "approximately 'x' minutes face-to-face with the patient." If the amount of time spent directly with the patient fall into the gap between the two sequential time-based procedure codes, a provider should follow Appendix H 'Time Standards'. 104

HCPCS procedure codes G0176 – G0177 for partial hospitalization program (PHP) activity therapy and training and education services parenthetically state "45 minutes or more." Encounters (i.e., sessions) of less than 45 minutes should be reported or billed with modifier 52 (Reduced Service) to indicate that the service is reduced or less extensive than the usual procedure. ¹⁰⁵

The actual start and stop time or the total amount of time (i.e., duration) spent with a patient must be documented to support coding for encounters based on time. ¹⁰⁶

d. Consultation Services

Consultation Services are distinguished from other evaluation and management (E/M) services because a Physician or qualified non-physician practitioner (NPP) is requested to advise or opine regarding E/M of a specific patient by another

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Physician or other appropriate source. Consultations may be reported or billed based on time if the counseling and/or coordination of care comprise more than 50% of the face-to-face consultant-patient encounter.¹⁰⁷ (Refer to Section IV.C.)

e. Missed Appointments

There are no procedure codes for Missed Appointments (i.e., cancellations and/or "no shows"). A Missed Appointment is a

"non-service" and is not reimbursable or reportable. Per state and federal guidelines, Medicaid patients cannot be charged

for missed appointments. From a risk management perspective, however, Missed Appointments should be documented in

the clinical record. 108

X. Procedure Coding Best Practices

Coding consistency is a major initiative in the quest to improve quality reporting and accurate claims submission for

behavioral health (BH) services. Adherence to industry standards and approved coding principles ensure quality along with

consistency in the reporting of these services. Ensuring accuracy of coding is a shared responsibility among all behavioral

health (BH) practitioners. Through coding accuracy, behavioral health organizations (BHOs), community mental health

centers (CMHCs) and other community-based practitioners, are able to measure standards of care, assess quality outcomes,

manage business activities and receive timely reimbursement. This section provides an overview of best practice guidance

for coding behavioral health (BH) services.

a. Clinical Coding Systems

The clinical coding systems currently used in the United States are the International Classification of Diseases, Tenth

Revision, Clinical Modification (ICD-10-CM)¹⁰⁹ and the Healthcare Common Procedure Coding System (HCPCS).¹¹⁰ These

clinical coding systems are used by HCPF for both the Colorado Medicaid Community Mental Health Services Program and

the Colorado Medical Assistance Program (MAP).

• ICD-10-CM is the official system of assigning codes to diagnoses and procedures used by all health care settings,

including hospitals, physicians, nursing homes (NHs), home health agencies and other providers. ICD-10-CM procedure codes are used to collect hospital inpatient procedural data. ICD-10-CM code selection follows the *Official ICD-10-CM Guidelines for Coding and Reporting*, ¹¹¹ developed cooperatively by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare and Medicaid Services

(CMS), and the National Center for Health Statistics (NCHS). These guidelines are a companion document to the ICD-10-CM, and while not exhaustive, assist the user in situations where the ICD-109-CM does not provide direction. The

ICD-10-CM is updated annually, effective October 1st.

The procedure codes contained in this USCS Manual are part of the Healthcare Common Procedure Coding System (HCPCS).

HCPCS is the standardized coding system for describing the supplies and services provided in the delivery of health care.

Use of HCPCS codes was voluntary until the implementation of HIPAA, when the use of HCPCS codes for health care

information transactions became mandatory. 112 HCPCS currently includes two levels of codes:

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Effective: January 1, 2017

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- HCPCS Level I consists of the Current Procedural Terminology (CPT®), Fourth Edition,¹¹³ a numeric coding system maintained by the American Medical Association (AMA). The CPT® is a uniform coding system comprised of descriptive terms and more than 8,000 codes used to identify medical services and procedures rendered by physicians and other health care professionals. CPT® code selection follows the guidelines set forth in the current CPT® manual and in the AMA CPT® Assistant newsletters. The CPT® is updated annually by the AMA CPT® Editorial Panel, effective January 1st.
- HCPCS Level II (commonly referred to as HCPCS) is a standardized alphanumeric (a single alphabetical letter followed by four numeric digits) coding system used to describe and identify equipment, supplies, and services not included in the Level 1 (CPT®) codes. HCPCS code selection follows the guidelines set forth by CMS in HCPCS Level II Coding Procedures.¹¹⁴ The more than 8,000 Level II codes are maintained and revised by CMS annually, effective January 1st, with quarterly updates.

These clinical coding systems serve an important function for provider reimbursement, hospital payments, quality review, benchmarking measurement, and the collection of general statistical data. Current and updated ICD-10-CM, CPT® and HCPCS Level II code books are an invaluable resource used by all professionals assigning procedure codes, and thus a printed and/or electronic copy of the coding manuals should be available for reference by qualified staff. For additional detailed information and guidance, providers are strongly encouraged to refer to the most recently published editions of the standardized manuals for each procedure code set.

b. Responsibility for Code Assignments

The ultimate responsibility for procedure code assignment lies with the rendering behavioral health (BH) services provider. Policies and procedures may document instances where procedure codes may be selected and assigned by authorized individuals (i.e., coders), who may change a procedure code to more accurately reflect the provider's documentation. However, collaboration with the provider is required, as the provider is ultimately responsible for the coding and documentation.

c. General Procedure Coding Requirements

The following are general procedure coding requirements that are applicable to behavioral health organizations (BHOs), community mental health centers (CMHCs), and substance abuse (SA) treatment service providers:

- Instructions for payer-specific (e.g., Medicaid, Medicare, third party insurance) procedure coding requirements should be readily accessible to all staff. These instructions should also be regularly reviewed and updated as needed to accurately reflect current payer-specific standards.
- Specific and detailed procedure coding guidelines should be utilized to report all services to payers. These guidelines should also be regularly reviewed and updated as needed.
- All clinicians should interpret clinical documentation and apply procedure coding principles in the same manner.
- Procedure codes should not be assigned, modified, or excluded solely for maximizing reimbursement.
- Clinical service or procedure codes should not be changed or amended due to a provider's or patient's request to have the service in question covered by a payer.

- If the initial procedure code assignment does not reflect the actual service(s), procedure codes may be revised based on supporting documentation.
- Procedure coding references, BHO- and/or CMHC-specific guidelines, and regulatory requirements outlining reporting procedures should be readily accessible to all staff. These documents should also be regularly reviewed and updated as needed. According to the American Medical Association (AMA) Current Procedural Terminology (CPT®) instructions, providers should "select the name of a procedure that *accurately* identifies the service performed. Do *not* select a CPT® code that *merely approximates* the service provided." When an "accurate" procedure code does *not* exist to describe the service or procedure, the provider should do one (1) of the following:
 - 1. Use an unlisted CPT® procedure code (e.g., 90899) and include a "special report" as supporting documentation
 - 2. Append a CPT® procedure code with an appropriate modifier (e.g., 22, 52)
 - 3. Use an appropriate Healthcare Common Procedure Coding System (HCPCS) procedure code¹¹⁶

For reporting and/or billing purposes, the clinical record documentation should always precede the CPT® or HCPCS procedure code(s) selection. The following steps, in sequential order, are essential to the process of rendering, documenting, and reporting or billing behavioral health (BH) services:

- 1. Determine that the service or procedure is medically necessary
- 2. Render the service or procedure needed to meet the patient's needs.
- 3. Document the service rendered in the clinical record.
- 4. Select the most appropriate CPT® or HCPCS procedure code for the service or procedure.
- 5. Report the service or procedure encounter, or submit a claim for the service or procedure rendered. 117

d. Technical Documentation Requirements

Where noted in the code pages, the following are required as minimum documentation for providing that service:

- 1. Date of Service (DOS)
- 2. Start and end time/duration of session (total face-to-face time with patient)
- 3. Session setting/place of service
- 4. Mode of treatment (face-to-face, telephone, video)
- 5. Provider's dated signature, degree, title/position
- 6. Separate progress note for each service

e. Correcting Inaccurate Code Assignments & Processing Rejections

Each behavioral health organization (BHO), community mental health center (CMHC), and substance abuse (SA) treatment service provider should have a defined process for correcting inaccurate code assignments, both in the clinical record (electronic or hard copy) and with the payer and/or agency to whom the code is reported. In the event an error is discovered after claim submission, a correction should be facilitated on a claim amendment and re-submitted with appropriate documentation, following the payer-specific instructions. Additionally, all rejected claims pertaining to diagnosis and procedure codes should be reviewed and corrected promptly. (Refer to Section V.)

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f. Coding Audits

Audits are generally performed for two (2) reasons:

- Revenue reasons To ensure that the provider is properly reporting and/or billing services or procedures
- Compliance reasons To ensure that the provider is only reporting and/or billing the services or procedure rendered 118

Audits can provide a wide variety of information, including but not limited to:

- Incorrect levels of service
- Under- and over-coding
- Improper use of modifiers

- Compliance concerns
- Comparison of coding patterns and trends
- Documentation/electronic health record (EHR) issues¹¹⁹

While the Office of the Inspector General (OIG) recommends that providers should, at a minimum, audit at least five (5) progress notes every year, many coding professionals recommend auditing more frequently to ensure that the parameters for accurate coding are being met. Standard audits should be performed quarterly, or as needed, if issues exist in the coding and reimbursement process. A minimum of 30 random records per provider should be selected and audited at five percent (5%). Target audits should be performed for specific areas of concern based on the standard audit. The accuracy rate should be determined according to behavioral health organization (BHO), community mental health center (CMHC), and/or substance abuse treatment service provider policies and procedures, as applicable. Audit results should be reported to leadership, compliance staff, and providers. Data from the audit process provides the information necessary for relevant changes and data quality improvements.

	"Rules" for Coding Audits					
Rule #1	Select clinical records randomly					
Rule #2	Do not review your own documentation					
Rule #3	Use the same rules and regulations as the auditors					
Rule #4	Keep coding audit results professional and educational					
Rule #5	Work to correct errors					

g. Data Quality

Inaccurate and/or missing data poses increased challenges for data quality, which in turn affects patient care. While various information networks are developing and implementing information exchange networks, data accuracy and quality often becomes an issue.

Consequently, data quality affects statistical reporting and reimbursement. When data is improperly coded or does not meet coding compliance, it not only affects the patient, but also the submitting or billing provider. Improving data quality by maximizing coding efforts increases the quality of patient care and initiates a positive chain reaction of data.

Patient privacy is also a critical issue in a network environment. Data inaccuracy is propagated to other data sets, systems and warehouses. Data errors can compromise personal health information (PHI). Practicing accurate data quality by focusing on errors and initiating corrections promptly maintains compliance, as well as cost effectiveness.

It is critical to address data quality issues by reviewing areas for improvement and developing strategies to minimize inaccurate data. The behavioral health organizations (BHOs), community mental health centers (CMHCs), and substance abuse treatment service providers should continue to develop cultures of data consciousness and quality.

h. Coding Code of Ethics

There are several national professional coding organizations that place an emphasis on code of ethics:

National Professional Coding Organizations with Codes of Ethics					
American Academy of Professional Coders (AAPC)	f http://www.aapc.com				
American College of Medical Coding Specialists (ACMCS)	⁴ http://acmcs.org				
American Health Information Management Association (AHIMA)	f http://www.ahima.org				

XI. General Billing Guidelines

Billing and reimbursement are important issues for all providers. Providers are responsible for submitting the required information for claims processing. This section is designed to assist providers with the essential steps to obtain Medicaid reimbursement. Covered topics include types of claims, completing claims forms, submitting claims, billing tips, procedure coding errors, and diagnosis coding.

The Department of Health Care Policy and Financing (HCPF) contracts with behavioral health organizations (BHOs) under a capitated system of care. This section outlines general billing guidelines for the Colorado Medicaid Community Mental Health Services Program (through the BHOs). For complete billing guidelines, refer to the following resources:

Colorado Behavioral Health Organizations (BHOs)					
Access Behavioral Care (ABC)	1 http://www.coaccess.com				
Behavioral Healthcare, Inc. (BHI)	1 http://www.bhicares.org				
Colorado Health Partnerships (CHP) dba Colorado Health Networks (CHN)	1 http://www.chnpartnerships.com				
Foothills Behavioral Health Partners (FBHP)	1 http://www.fbhpartners.com				
Northeast Behavioral Health Partnership (NBHP)	1 http://www.nbhpartnership.com				

a. Claim Types

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

- UB-04/837I The standard uniform bill (UB) for institutional healthcare providers (i.e., hospitals, nursing homes (NHs), hospice, home health agencies, and other institutional providers) used nationally. (Also known as CMS-1450; formerly known as UB-92.) The UB-04 is used for all institutional provider billing with the exception of the professional component of physicians services (see CO-1500 below). 837I is the electronic equivalent of the UB-04, and is subject to all HIPAA standards (transactions, privacy and security).
- CO-1500/837P The standard claim form for professional health services. (Formerly known as CMS-1500 or HCFA-1500.) The 1500 claim form was developed primarily for outpatient services.

i. Institutional Claims

Institutional claims are submitted on the UB-04 paper or electronic 837I claim form. The following provider types use the UB-04/837I claim form:

- Inpatient Hospital
- Nursing Facility (NF)
- Home Health/Private Duty Nursing
- Hospice
- Residential Treatment Center (RTC)
- Dialysis Center

- Outpatient Hospital
- Outpatient Laboratory
- Hospital-Based Transportation
- Rural Health Clinic
- Federally Qualified Health Center (FQHC)¹²¹

Providers bill the appropriate BHO for the Medicaid behavioral health services rendered. For detailed instructions on completing the UB-04, refer to the Colorado MAP Billing Manuals;¹²² the 837I Transaction Data Guide; the 837I Implementation Guide or the Web Portal User Guide; and/or the appropriate BHO provider manual.

ii. Professional Claims

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

- Practitioner Services
- Independent Laboratory Services
- Durable Medical Equipment and Supplies (DME)
- Non-Hospital Based Transportation
- Home and Community-Based Services (HCBS)

Providers bill the appropriate BHO for the Medicaid behavioral health services rendered. For detailed instructions on completing the CMS-1500, refer to the Colorado MAP Billing Manuals;¹²³ the National Uniform Claim Committee (NUCC) 1500 Claim Form Map to the X12 837 Health Care Claim: Professional;¹²⁴ the 837P Transaction Data Guide; the 837P Implementation Guide or the Web Portal User Guide; and/or the appropriate BHO provider manual.

For Revenue Codes, Medicaid providers should bill using the most appropriate Medicaid covered revenue code from the list of revenue codes located in Appendix Q – Revenue Codes in the Appendices section under Billing Manuals on the Department of Health Care Policy and Financing website.

b. Claims Form Completion

All required information on claim formats must be complete. For comprehensive claims form completion guidelines, refer to the appropriate BHO web site and/or provider manual.

i. Completing the UB-04 Claim Format¹²⁵

The UB-04 claim contains 81 data entry fields called form locators (FLs), which are designated spaces on the claim identified by a unique number and title. Providers submitting UB-04 claims should verify the requirements of each BHO.

	UB-04 Claim Specifications						
UB-04 FL#	Data Element	Description					
1	Provider Data	Enter the provider's name, address (post office box or street name and number), city, state (standard 2 character post office abbreviations) and ZIP code (5- or 9-digit). Provider's telephone and/or facsimile numbers are desirable.					
2	Pay-To	Enter the provider's name, address, city, state and ZIP code, if the pay-to information is different from the billing provider information in FL1 above. Otherwise, leave this field blank.					
3a	Patient Control Number	Enter the alphanumeric control number assigned by the provider to facilitate retrieval of patient financial records and for posting payments.					
3b	Medical Record Number	Enter the medical record number if assigned by the provider to facilitate retrieval of patient records. Otherwise, leave blank.					
4	Type of Bill (TOB)	Enter a valid 4-digit type of bill (TOB) classification number: 1st digit: Leading Zero 2nd digit: Type of Facility 4th digit: Frequency (Refer to the AHA UB-04 Uniform Billing Manual for a list of codes)					
5	Federal Tax ID Number (TIN)	Enter the facility's 10-digit provider federal tax identification number (TIN), starting with 84, in 00-00000000 format.					
6	Statement Covers Period	Enter the beginning and ending dates of the period included on this claim in MMDDYY format.					
7	Unlabeled	Leave blank.					
8a	Patient Identifier	Enter the patient's payer identification (ID) number, if different from the subscriber/insured ID number in FL60. Otherwise, leave blank.					
8b	Patient Name	Enter patient's last name, first name, and middle initial (if any). Use commas to separate the last, first and middle names. If the patient's last name contains a prefix, do not enter a space after the prefix. If the patient's last name contains a suffix, enter the suffix between the last and first names (i.e., Last Name Suffix, First Name).					
9a – 9e	Patient Address	 9a: Enter the patient's street address. 9b: Enter the patient's city. 9c: Enter the patient's state. 9d: Enter the patient's 5- or 9-digit ZIP code. 9e: Enter the patient's country code, if the patient resides outside of the United States. 					
10	Patient Birth Date	Enter the patient's date of birth (DOB) in MMDDYYYY format. If the patient's DOB is unknown, enter 00000000 in this field.					
11	Patient Gender	Enter the patient's gender as a 1-character letter: M = Male, F = Female					
12	Admission Date	Enter the inpatient date of admission, or home health start of care date, in MMDDYY format.					
13	Admission Hour	Enter the code that best indicates patient's time of admission.					
14	Type of Admission	Enter the 1-digit code that best indicates the reason for admission/visit: 1 = Emergency					

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	UB-04 Claim Specifications (continued)						
UB-04 FL#	Data Element	Description					
15	Source of Admission	2 = Clinic Referral 9 = Infor 3 = Managed Care Plan Referral A = Tran 4 = Transfer from Hospital B = Tran 5 = Transfer from Skilled Nursing Facility (SNF) C = Read 6 = Transfer from Another Health Care Facility Results	ission/visit: t/Law Enforcement mation Not Available sfer from Critical Access Hospital sfer from Another Home Health Agency dmission to Same Home Health Agency sfer from Hospital Inpatient in Same Facility ulting in Separate Claim to Payer eserved for National Assignment				
16	Discharge Hour	Enter the code that best indicates the patient's time of disch					
17	Patient Status	Enter the 2-digit patient status code for this billing period: 01 = Discharged to Home/Self-Care (Routine Discharge) 02 = Discharged/Transferred to Another Short-Term Genera 03 = Discharged/Transferred to an SNF 04 = Discharged/Transferred to an Intermediate Care Facility 05 = Discharged/Transferred to Another Type of Institution 06 = Discharged/Transferred to Home Under Care of an Org 07 = Left Against Medical Advice (AMA) or Discontinued Car 08 = Reserved for National Assignment 09 = Admitted as an Inpatient to This Hospital 10 - 19 = Reserved for National Assignment 20 = Expired (or Did Not Recover - Religious Non-Medical Home) 21 - 29 = Reserved for National Assignment 30 = Still Patient or Expected to Return for Outpatient Service 31 - 39 = Reserved for National Assignment 40 = Expired at Home 41 = Expired in a Medical Facility (e.g., Hospital, SNF, ICF) 42 = Expired - Place Unknown 43 = Discharged/Transferred to Federal Health Care Facility 44 - 49 = Reserved for National Assignment 50 = Discharged/Transferred to Hospice (Medical Facility) 52 - 60 = Reserved for National Assignment 61 = Discharged/Transferred to Hospice (Medical Facility) 52 - 60 = Reserved for National Assignment 63 = Discharged/Transferred to Inpatient Rehabilitation Facility 64 = Discharged/Transferred to Nursing Facility (NF) Certified Medicare 65 = Discharged/Transferred to Psychiatric Hospital or Psychological Control of Psychological Access Hospital 67 - 99 = Reserved for National Assignment	y (ICF) Not Elsewhere in this Code List anized Home Health Services Organization re ealth Care Patient) ces (e.g., VA or DOD hospital) ital-Based Medicare-Approved Swing Bed ility Including Distinct Parts/Units of d Under Medicaid But Not Certified Under niatric Distinct Part/Unit of Hospital				
18 – 28	Condition Codes	Enter the 2-digit code (in numerical order) that describes and this billing period. Otherwise, leave blank. For a comprehens 25 of the <i>Medicare Claims Processing Manual</i> .					
29	Accident State	Leave blank.					
30	Unlabeled	Leave blank.					

	UB-04 Claim Specifications (continued)		
UB-04 FL#	Data Element	Description	
31 – 34	Occurrence Code(s) and Date(s)	Enter the 2-digit occurrence code(s) and associated date(s) (MMDDYY) to report specific event(s) related to this billing period, if condition code(s) were entered in FL18 – 28 above. Otherwise, leave blank. For a comprehensive list of occurrence codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .	
35 – 36	Occurrence Span Code(s) and Date(s)	Enter the occurrence span code(s) and beginning/ending date(s) (MMDDYY) defining a specific event relating to this billing period. For a comprehensive list of occurrence codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .	
37	Unlabeled	Leave blank.	
38	Responsible Party Name and Address	Enter the responsible party's last name, first name, and middle initial (if any). Use commas to separate the last, first and middle names. If the responsible party's last name contains a prefix, do not enter a space after the prefix. If the responsible party's last name contains a suffix, enter the suffix between the last and first names (i.e., Last Name Suffix, First Name). Enter the responsible party's street address, city, state, and ZIP code (5- or 9-digit).	
39 – 41	Value Codes and Amount	Enter the Tesponsible party's street address, city, state, and 217 code (3- of 3-digit). Enter the 2-character value code(s) and dollar/unit amount(s) that identify data of a monetary nature necessary for processing this claim. Negative amounts are not allowed, except in FL41. If more than one value code is entered for the same billing period, enter in ascending numeric sequence. For a comprehensive list of value codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .	
42	Revenue Codes	 Enter the 4-character revenue code(s) that identify specific accommodations, ancillary services or billing calculations. Revenue codes explain charges entered in FL47. Because there is no fixed "total" line, enter revenue code 0001, Total Charge, as the final entry in this field. Bill in following sequence: Chronologically for accommodation dates Ascending numeric sequence, and do not repeat on the same bill, for revenue codes For a comprehensive list of revenue codes, refer to Chapter 25 of the Medicare Claims Processing Manual. (Medicaid providers should bill using the most appropriate Medicaid covered revenue code from the list of revenue codes located in Appendix Q – Revenue Codes in the Appendices section under Billing Manuals on the Department of Health Care Policy and Financing website.) 	
43	Revenue Code Description	Enter the narrative description (or standard abbreviation) for each revenue code reported in FL42 on the adjacent line in this field. (This information assists in bill review by the facility/provider and payer.)	
44	Healthcare Common Procedure Coding System (HCPCS)/Rates	For inpatient claims, enter the accommodation rate. For outpatient claims, enter the CPT®/HCPCS procedure code that best describes the outpatient services or procedures.	
45	Service Date	Enter the date of service (DOS) for each line item, including "from" and "through" dates, in MMDDYY format.	
46	Units of Service	Enter the number of units that quantify services reported as revenue codes (see FL 42 above) (e.g., number of days for accommodation). For HCPCS procedure codes, units equal the number of times the procedure/service was rendered, unless a time unit is specified for the procedure code.	
47	Total Charges	Enter charges for procedures/services reported as revenue codes (FL42) on each line, considering service units (FL46) in the calculations. (Service units (FL46) X value of revenue code (FL42) = Charges) Enter the sum of all charges reported on the last line (Same line as revenue code 0001).	
48	Non-Covered Charges	Enter non-covered charge(s) (e.g., day after active care ended) if related revenue codes were entered in FL42. Do not enter negative charges.	
49	Unlabeled	Leave blank.	

	UB-04 Claim Specifications (continued)		
UB-04 FL#	Data Element	Description	
50A – C	Payer Name	Enter the name of each health insurance payer that may have full or partial responsibility for charges incurred by patient and from whom provider might expect some reimbursement. If there are other payers, the BHO or MAP should be the last entry. Line A: Primary Payer Line B: Secondary Payer Line C: Tertiary Payer	
51A – C	Provider ID Number	Enter the payer's national health plan identifier.	
52A – C	Release of Information (ROI)	Enter the appropriate identifier for ROI certification, which is needed to permit the release of data to other organizations to adjudicate (process) the claim: I = Informed consent to release medical information for conditions/diagnoses regulated by federal statutes Y = Provider has on file a signed statement permitting the release of medical/billing data related to a claim	
53A – C	Assignment of Benefits Certification Indicator	Enter the appropriate code identifying whether the provider has a signed form authorizing party payer to pay provider.	
54A – C	Prior Payments	Enter the sum of payments collected from any payer, including the patient, toward payer deductibles/coinsurance. Attach a copy of the Explanation of Benefits (EOB) to the claim, as applicable. 0 = No payment received as result of billing; indicates that a reasonable attempt was made to determine the available coverage for services rendered.	
55A – C	Estimated Amount Due From Patient	Leave blank.	
56	National Provider Identifier (NPI)	Enter the billing provider's NPI.	
57A – C	Other Provider Identifier	Leave blank.	
58A – C	Insured's Name	Enter the name of the insured, as verified on the patient's health insurance card, on the same lettered line (A, B, or C) that corresponds to the line on which payer information was entered in FL50A – C.	
59A – C	Patient's Relationship to Insured	Enter the appropriate "patient's relationship to subscriber/insured" code: 01 = Spouse 39 = Organ Donor 18 = Self 40 = Cadaver Donor 19 = Child 53 = Life Partner 20 = Employee G8 = Other Relationship 21 = Unknown	
60A – C	Insured's Unique Identification (ID) Number	Enter the patient's health insurance claim number on the same lettered line (A, B, or C) that corresponds to the line on which payer information was entered in FL50A – C.	
61A – C	Insured's Group Name	Enter the name of the health insurance group on the same lettered line (A, B, or C) if workers' compensation or an employer group health plan (EGHP) was entered in FL50A – C.	
62A – C	Insured's Group Number	Enter the group number (or other ID number) of the health insurance group on the same lettered line (A, B, or C) if workers' compensation or an employer group health plan (EGHP) was entered in FL50A – C.	
63A – C	Treatment Authorization Code	Enter the treatment service authorization code or referral number assigned by the payer if procedures/services reported on this claim were prior authorized or a referral was required.	
64A – C	Document Control Number	Enter the control number assigned to the original bill by the health plan or the health plan's fiscal agent as part of their internal control if this is not the original UB-04 submitted for the procedures/services provided (e.g., this UB-04 is a corrected claim).	

	UB-04 Claim Specifications (continued)		
UB-04 FL#	Data Element	Description	
65A – C	Employer Name	Enter the name of the employer that provides health care coverage for the insured (identified on the same line in FL58) if workers' compensation or an employer group health plan (EGHP) was entered in FL50A – C.	
66	Diagnosis Version Qualifier	Enter the indicator to designate which version of the <i>International Classification of Diseases</i> (ICD) was used to report diagnosis codes: 9 = Ninth Revision 0 = Tenth Revision	
67	Principal Diagnosis Code	Enter the <i>International Classification of Diseases</i> (ICD) code for the principal diagnosis (hospital inpatient) or the first-listed diagnosis (hospital outpatient), as determined after examination/assessment. The ICD code should match the prior service authorization, if authorization has been obtained. Do not enter the decimal in the ICD code (e.g., 29682 instead of 296.82).	
67A – H	Other Diagnosis Code(s)	Enter the International Classification of Diseases (ICD) codes for up to eight (8) additional diagnoses if they co-existed (in addition to the principal diagnosis) at the time of admission or developed subsequently, and which had an effect upon the treatment or length of stay (LOS) (hospital inpatient) or if they co-existed in addition to the first-listed diagnosis (hospital outpatient). Do not enter decimals.	
67I – Q	Other Diagnosis Code(s)	Leave blank.	
68	Unlabeled	Leave blank.	
69	Admitting Diagnosis Code	Enter the <i>International Classification of Diseases</i> (ICD) code for the admitting diagnosis, which is the condition identified by the physician at the time of the patient's admission to the hospital.	
70a – c	Patient's Reason for Visit Diagnosis Code	Enter the <i>International Classification of Diseases</i> (ICD) code for the patient's reason for visit (e.g., sign, symptom, diagnosis) if the patient received care for an unscheduled outpatient visit (e.g., emergency department).	
71	Prospective Payment System (PPS) Code	Leave blank.	
72a – c	External Cause of Injury (ECI) (E-Codes)	Leave blank.	
73	Unlabeled	Leave blank.	
74	Principal Procedure Code and Date	Enter the <i>International Classification of Diseases</i> (ICD) code for the principal procedure if an inpatient procedure was performed. Enter the date in MMDDYY format. Do not enter the decimal in the ICD code. Leave this FL blank for outpatient claims.	
74a – e	Other Procedure Code(s) and Date(s)	Enter the <i>International Classification of Diseases</i> (ICD) code(s) if additional inpatient procedure(s) were performed. Enter the date in MMDDYY format. Do not enter the decimal in the ICD code. Enter the codes in descending order of importance. Leave this FL blank for outpatient claims.	
75	Unlabeled	Leave blank.	
76	Attending Provider Name and identifiers	Enter the name and NPI of the attending provider (i.e., the individual who has overall responsibility for the patient's care and treatment reported on this claim) for all claims except those submitted for nonscheduled transportation services. Leave the QUAL field blank.	
77	Operating Physician Name and NPI	Enter the name and NPI of the operating physician if a surgical procedure <i>International Classification of Diseases</i> (ICD) code is reported on this claim. Leave the QUAL field blank.	

UB-04 Claim Specifications (continued)			
UB-04 FL#	Data Element	C	Description
78 – 79	Other Provider Name and NPI	claims when the referring provider is different fro ZZ = Other Operating Physician (The individual who physician. Required when an operating physician 82 = Rendering Provider (The health care profession	patient to another provider for services. Required on outpatient om the attending provider.) performs a secondary surgical procedure or assists the operating is involved.) al who delivers or completes a particular medical service or non-eral regulations call for a combined claim, such as a claim that
80	Remarks	whether to approve the rental or purchase or the	compensation, EGHP, automobile medical, no-fault or liability
81a – d	Code – Code	-	(e.g., occurrence codes) as related to an FL or to report ational Uniform Claim Committee (NUBC) for inclusion in A4 = NUBC Value Codes A5 - B0 = Reserved for National Assignment B3 = Health Care Provider Taxonomy Code B4 - ZZ = Reserved for National Assignment B2, NUBC

NOTE: Enter the appropriate data in the PAGE __ OF __ (e.g., 1 OF 1) and CREATION DATE (e.g., date UB-04 was submitted to payer) fields.

ii. Completing the CMS-1500 Claim Format¹²⁶

Providers submitting CMS-1500 claims should verify the requirements of each BHO.

CMS-1500 Claim Specifications		
CMS - 1500 Field #	Data Element	Description
N/A	Carrier Block	Enter in the white, open area the name and address of the payer to whom this claim is being sent. Enter the name and address in the following format: First Line: Name Second Line: First address line Third Line: Second address line (Leave blank if not applicable) Fourth Line: City, State (2 characters) and ZIP Code Do not use commas, periods or other punctuation in the address. When entering a 9-digit ZIP code, include the hyphen.
Fields 1 -	13: Patient and Insu	red Information
1	Type of Health Insurance Coverage Applicable to Claim	Indicate the type of health insurance coverage applicable to this claim by entering an "X" in the appropriate box. Only mark one box.
1a	Insured's ID Number	Enter insured's identification number as shown on insured's identification card for the payer to whom this claim is being submitted.
2	Patient's Name	This is the name of the person who received the service/procedure. Enter the patient's last name, first name and middle initial, using commas to separate the last, first and middle names. If the patient uses a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name (i.e., last name, suffix, first name, middle initial). Hyphens may be used for hyphenated names. Do not use periods within the name. Do not include titles (e.g., Sister, Capt, Dr) and/or professional suffixes (e.g., PhD, MD, Esq) with the name.

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	CMS-1500 Claim Specifications		
CMS - 1500 Field #	Data Element	Description	
3	Patient's DOB/ Gender	Enter the patient's 8-digit date of birth (DOB) in MMDDYYYY format. Enter an "X" in the appropriate box for the patient's gender. Only mark one box. If the patient's gender is unknown, leave the boxes blank.	
4	Insured's Name	This is the name of the person who holds the insurance policy. Enter the insured's last name, first name and middle initial, using commas to separate the last, first and middle names. If the insured uses a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name (i.e., last name, suffix, first name, middle initial). Hyphens may be used for hyphenated names. Do not use periods within the name. Do not include titles (e.g., Sister, Capt, Dr) and/or professional suffixes (e.g., PhD, MD, Esq) with the name. If the insured is the same as the patient (field 2), enter "same" in this field.	
5	Patient's Address	This is the patient's permanent address. Enter the patient's mailing address and telephone number: First Line: Street address Second Line: City and State Third Line: ZIP Code and Telephone Number Do not use commas, periods or other punctuation in the address. When entering a 9-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator in the telephone number. (NOTE: Patient's Telephone does not exist in the electronic 837P format.)	
6	Patient Relationship to Insured	Enter an "X" in the appropriate box to indicate the patient's relationship to the insured, if field 4 is completed. Only mark one box.	
7	Insured's Address	This is the insured's permanent address. If field 4 is complete, then this field should be completed by entering the insured's mailing address and telephone number: First Line: Street address Second Line: City and State Third Line: ZIP Code and Telephone Number Do not use commas, periods or other punctuation in the address. When entering a 9-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator in the telephone number. (NOTE: Insured's Telephone does not exist in the electronic 837P format.) If the insured's address and telephone number is the same as the patient's (field 5), enter "same" in this field.	
8	Reserved for NUCC Use	Leave Blank	
9	Other Insured's Name	If field 11d is marked, complete fields 9 and 9a-9d, otherwise leave this field blank. When additional group health coverage exists, enter the other insured's last name, first name and middle initial. If the insured uses a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name (i.e., last name, suffix, first name, middle initial). Hyphens may be used for hyphenated names. Do not use periods within the name. Do not include titles (e.g., Sister, Capt, Dr) and/or professional suffixes (e.g., PhD, MD, Esq) with the name. If the insured is the same as the patient (field 2), enter "same" in this field.	
9a	Other Insured's Policy/Group Number	Enter the policy or group number of the other insured. Do not use a hyphen or space as a separator within the policy/group number.	
9b	Reserved for NUCC Use	Leave Blank	
9c	Reserved for NUCC Use	Leave Blank	
9d	Other insured's Insurance Plan Name/Program Name	Enter the name of the insurance plan or program.	

	CMS-1500 Claim Specifications		
CMS - 1500 Field #	Data Element	Description	
10	Patient's Condition Related to:	When appropriate, enter an "X" in the correct box to indicate whether one or more of the services/procedures described in field 24 are for a condition/ injury that occurred on the job or as a result of an automobile or other accident. Only mark one box on each line. Any item marked "YES" indicates there may be other applicable insurance coverage that would be primary. Primary insurance information must then be entered in field 11.	
10a	Employment	Employment may be current or previous.	
10b	Auto Accident	If "YES" is marked, the state postal code ("PLACE") must be indicated.	
10c	Other Accident	The condition is the result of any type of accident other than automobile.	
10d	Claim Codes (Designated by NUCC)	Use this item exclusively for Medicaid (MCD) information. If the patient is entitled to Medicaid, enter the patient's Medicaid number preceded by MCD. Refer to the most current instructions from the applicable public or private payer regarding the use of this field.	
11	Insured's Policy Group or FECA Number	Enter the insured's (field 1a) policy or group number as it appears on the insured's health care identification card. Do not use a hyphen or space as a separator within the policy/group number. If field 4 is completed, then this field should be completed.	
11a	Insured's DOB/Gender	Enter the insured's (field 1a) 8-digit date of birth (DOB) in MMDDYYYY format. Enter an "X" in the appropriate box for the insured's gender. Only mark one box. If the insured's gender is unknown, leave the boxes blank.	
11b	Other Claim ID (Designated by NUCC)	Enter the name of the insured's employee's name, if applicable. If the insured is eligible by virtue or employment or covered under a policy as a student, enter the employer or school name. (NOTE: Insured's Employer's Name/School Name does not exist in the electronic 837P format.)	
11c	Insurance Plan Name/Program Name	Enter the insurance plan or program name of the insured (field 1a). Some payers require an identification number of the primary insurer, rather than the name in this field.	
11d	Other Health Benefit Plan?	When appropriate, enter an "X" in the correct box. If marked "YES," complete fields 9 and 9a – 9d. Only mark one box.	
12	Patient's/ Authorized Person's Signature	Enter "Signature on File" or "SOF" if Consent to Release Information form is complete, or patient's or authorized person's signature. When a legal signature is used, enter the date signed in 6-digit (MMDDYY) or 8-digit (MMDDYYYY) format. If there is no signature on file, leave this field blank or enter "No Signature on File."	
13	Insured's/ Authorized Person's Signature	Enter "Signature on File" or "SOF" if Consent to Release Information form is complete, or patient's or authorized person's signature. When a legal signature is used, enter the date signed in 6-digit (MMDDYY) or 8-digit (MMDDYYYY) format. If there is no signature on file, leave this field blank or enter "No Signature on File."	
Fields 14	– 33: Physician or Su	pplier Information	
14	Date of Current Illness, Injury/ Pregnancy (LMP)	Enter the 6-digit (MMDDYY) or 8-digit (MMDDYYYY) date of the first date of the present illness, injury or pregnancy.	
15	Other Date	Enter the first date the patient had the same or a similar illness in the 6-digit (MMDDYY) or 8-digit (MMDDYYYY) format. Previous pregnancies are not a similar illness. Leave this field blank if unknown.	
16	Dates Patient Unable to Work in Current Occupation	If the patient is employed and is unable to work in current occupation, enter the 6-digit (MMDDYY) or 8-digit (MMDDYYYY) "from-to" dates that the patient is unable to work. An entry in this field may indicate employment-related insurance coverage.	
17	Name of Referring Physician or Other Source	Enter the first name, middle initial, last name and credentials of the professional who referred or ordered the service(s)/procedure(s) on the claim. Do not use periods or commas within the name. A hyphen may be used for hyphenated names.	
17a	ID Number of Referring Physician	The other identification number (non-NPI) of the referring provider, ordering provider or other source is entered in the shaded area. The qualifier indicating what the number represents is entered in the qualifier field (unlabeled) to the immediate right of the number "17a."	

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	CMS-1500 Claim Specifications		
CMS - 1500 Field #	Data Element	Description	
17b	NPI	Enter the National Provider Identifier (NPI) number of the referring provider, ordering provider or other source.	
18	Hospitalization Dates Related to Current Services	Enter the inpatient 6-digit (MMDDYY) or 8-digit (MMDDYYYY) hospital admission date followed by the discharge date (if discharge has occurred). If not discharged, leave discharge date blank. This date is when a service/procedure is furnished as a result of, or subsequent to, a related hospitalization.	
19	Additional Claim Information (Designated by NUCC)	Refer to the most current instructions from the applicable public or private payer regarding the use of this field. This field is useful and often overlooked. It is a good place to include explanatory information. If there is not enough space, attach a report.	
20	Outside Lab?/\$ Charges	Complete this field when billing for purchased services. A "YES" mark indicates that an entity other than the provider/entity billing for the service performed the purchased service; a "NO" mark indicates that no purchased services are included on the claim. Enter an "X" in "YES" if the reported service(s) was performed by an entity other than the billing provider. If "YES," enter the purchased price under charges. When entering the charge amount, enter the amount in the field to the left of the vertical line, right justified. Do not use commas, decimal points or dollar signs. Do not report negative dollar amounts. Use "00" for the cents if the amount is a whole number. Leave the field to the right of the vertical line blank. When "YES" is marked, field 32 must be completed.	
21	Diagnosis/Nature of Illness/Injury	Enter up to four (4) ICD-10-CM diagnosis codes. Use the highest level of specificity. Do not include narrative description in this field. When entering the diagnosis code, include a space (accommodated by the period) between the two sets of numbers. If entering a diagnosis code with more than three (3) beginning digits, enter the fourth digit on top of the period. Relate lines 1 – 4 to the lines of service in field 24e by line number.	
22	Resubmission Code	Enter the code and original reference number assigned by the payer or receiver to indicate previously submitted claims. Please refer to the most current instructions from the applicable public or private payer regarding the use of this field.	
23	Prior Authorization Number	Enter the prior authorization number as assigned by the payer for the services being billed. Do not use hyphens or spaces within the number.	
24	Supplemental Information	Supplemental information can only be entered with a corresponding, completed service line.	
24a	Date(s) of Service (DOS)	Enter date(s) of service (DOS), from and to. If one (1) DOS only, enter that date under "From" and leave "To" blank or re-enter "From" date.	
24b	Place of Service	Enter the appropriate 2-digit place of service (POS) code from the POS Code List for each service/procedure performed. Single digit or alpha POS codes are considered invalid codes.	
2 4c	EMG	Check with the payer to determine if this emergency (EMG) indicator is necessary. If required, enter "Y" for "YES" or leave blank if "NO" in the bottom, unshaded area of the field. Refer to the definition of emergency as defined by federal or state regulations or programs, payer contracts, or as defined in the electronic 837P implementation guide.	
24d	Procedures, Services/ Supplies CPT/HCPCS/Modifie rs	Enter the appropriate CPT®/HCPCS procedure code(s) and modifier(s) (if applicable). Up to four (4) modifiers may be entered.	
24e	Diagnosis Pointer	Enter the diagnosis code reference number (pointer) from field 21 (see above) to relate the date of service (DOS) and the service/procedure performed to the primary diagnosis. The primary reference number for each service is listed first. Enter numbers left justified in the field without commas between the numbers. Do not enter ICD-10-CM diagnosis codes in this field.	
24f	\$ Charges	Enter the usual and customary charge for each service/procedure right justified. Do not use commas or dollar signs when reporting dollar amounts. Negative dollar amounts are not allowed. Use "00" for the cents if the amount is a whole number.	
24g	Days/Units	Enter the number of days or units for each service/procedure. If only one (1) service/procedure is performed, the number "1" is entered. Enter numbers right justified in the field.	

	CMS-1500 Claim Specifications		
CMS - 1500 Field #	Data Element	Description	
24h	EPSDT/Family Plan	If the claim is Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) related, enter "Y" for "YES" or "N" for "NO" in the unshaded area of the field. If the claim is Family planning, enter "Y" ("YES") or leave blank if "NO" in the bottom, unshaded area of the field.	
24i	ID Qualifier	Enter the qualifier identifying if the number is a non-NPI in the shaded area. The Other ID Number of the rendering provider is entered in 24j in the shaded area (see below). Enter numbers left justified. The rendering provider is the person or company who rendered or supervised the care. Report the identification number in fields 24i and 24j only when different from data entered in fields 33a and 33b.	
24j	Rendering Provider ID Number	Enter the non-NPI identification number in the shaded area of the field. Enter the NPI number in the unshaded area of the field. Enter numbers left justified. The rendering provider is the person or company who rendered or supervised the care. Report the identification number in fields 24i and 24j only when different from data entered in fields 33a and 33b.	
25	Federal Tax ID Number (TIN)	Enter the provider or supplier 9-digit federal tax identification number (TIN) (employer identification number) or Social Security number (SSN). Enter an "X" in the appropriate box to indicate which number is being reported. Only mark one box. Do not enter hyphens with numbers. Enter numbers left justified in the field.	
26	Patient's Account Number	Enter the patient's account number assigned by the provider or supplier. Do not enter hyphens with numbers. Enter numbers left justified in the field.	
27	Accept Assignment?	Enter an "X" in the appropriate box. Only mark one box. (NOTE: All Medicaid claims are reimbursed to the provider.)	
28	Total Charge	Enter the sum of all charges listed in field 24f. Enter numbers right justified in the dollar area of the field. Do not use commas or dollar signs when reporting dollar amounts. Negative dollar amounts are not allowed. Use "00" for the cents if the amount is a whole number.	
29	Amount Paid	Enter the total amount received from the patient or other payers. Enter numbers right justified in the dollar area of the field. Do not use commas or dollar signs when reporting dollar amounts. Negative dollar amounts are not allowed. Use "00" for the cents if the amount is a whole number.	
30	Revd for NUCC Use	Leave Blank	
31	Signature of Physician/ Supplier Including Degrees/ Credentials	Enter the legal signature of the practitioner or supplier, signature of the practitioner or supplier representative, "Signature on File" or "SOF." Enter the 6-digit (MMDDYY), 8-digit (MMDDYYYY) or alphanumeric date the form was signed.	
32	Service Facility Location Information	Enter the name, address, city, state and ZIP code of the location where services were rendered in the following format: First Line: Name Second Line: Address Third Line: City, State and ZIP Code Do not use commas, periods or other punctuation in the address. Enter a space, but not a comma, between the city and state. When entering a 9-digit ZIP code, include the hyphen.	
32a	NPI Number	Enter the NPI number of the service facility in field 32 (see above).	
32b	Other ID Number	If applicable, enter the 2-digit qualifier identifying the non-NPI number followed by the identification number. Do not enter a space, hyphen or other separator between the qualifier and the number. Otherwise leave blank.	
33	Billing Provider Information and Phone #	Enter the provider's telephone number in the area to the right of the field title. Enter the provider's name, address, city, state and ZIP code in the following format: First Line: Name Second Line: Address Third Line: City, State and ZIP Code Do not use commas, periods or other punctuation in the address. Enter a space, but not a comma, between the city and state. When entering a 9-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator within the telephone number.	

	CMS-1500 Claim Specifications		
CMS - 1500 Field #	Data Element	Description	
33a	NPI Number	Enter the NPI number of the billing provider in field 33 (see above).	
33b	Other ID Number – Group Number	Enter the 2-digit qualifier identifying the non-NPI number followed by the identification number. Do not enter a space, hyphen or other separator between the qualifier and the number.	

c. Claims Submission

A "clean" claim format is essential for reimbursement. A "clean" claim is one that meets all of the necessary requirements of the payer. It is the responsibility of the provider to understand the documentation necessary to meet payers' payment guidelines and software edits. Providers need to give timely, sufficient and proper information to ensure prompt claims adjudication.¹²⁷

i. Paper versus Electronic Claims

Claims may be submitted electronically or in paper format. Electronic claims are federally required to meet the Health Insurance Portability and Accountability Act of 1996 (HIPAA) transaction standards; however, there are a few exceptions. Paper claims are submitted on a standard CMS-1500 claim form (Refer to Sections V.A.2 and V.B.2.), or on a specific form that a payer requires. Electronic Media Claims (EMC) are computerized submissions accepted by most payers. 128

Paper claims submitted on the CMS-1500 or UB-04 form are exempt from HIPAA standards, as long as the provider does not send or receive any other HIPAA electronic transactions (e.g., eligibility, coordination of benefits, payments, payment reports). 129

Electronic claim submissions are in the 837I or 837P format and are subject to all HIPAA standards (transactions, privacy and security). The advantage of electronic claims submission is that claims can be adjudicated and paid much faster than if they are sent through the mail; the disadvantage can be the costs and additional training time to set up a completely HIPAA-compliant electronic claims system. If a provider submitting electronic claims, either directly or through a billing service, both the provider office AND the electronic claim processing center MUST meet all HIPAA standards. Providers with less than 10 full-time equivalents (FTEs) are exempt from the electronic mandate. ¹³⁰

Electronic submission of claims is preferred by most behavioral health organizations (BHOs) because it allows for faster processing by saving time and effort in shipping, handling and data entry. However, all BHOs accept paper claims. For further information or assistance with electronic claims submission, contact the appropriate BHO's Provider Relations Department.

d. Claim Billing Tips^{131,132,133,134}

To ensure timely processing and payment of submitted claims, follow the billing tips below:

Verify that the service authorization requirements have been met. Based on medical necessity, service authorizations
specify the procedure code, payment rate, type of service, and number of encounters or units of service to be rendered

within a specified period. Make sure the procedure code(s), date(s) of service (DOS), and encounters or units of service billed are within the requirements of the service authorization.

- **Verify the patient's diagnosis.** The claim form must contain a complete ICD-10-CM diagnosis; use the fourth and fifth digits, if available, to ensure as much specificity as possible.
- Verify the procedure code(s). Use the most current versions of the Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS), as well as the service authorization and provider fee schedule to ensure the correct procedure code(s).
- Verify the authorized provider. Include the National Practitioner Identification (NPI) AND appropriate Tax Identification Number (TIN) matched to the W-9 on the claim form. The name of the provider on the claim form must match the name of the provider specified on the service authorization. The authorized service provider must render all billed services personally.
- Verify the patient's Medicaid eligibility prior to submitting a claim. If a patient becomes ineligible for services prior to
 exhausting the service authorization time period or the number of sessions or units of service, the service authorization
 is invalid for the dates of service (DOS) that fall within the patient's ineligibility timeframe. If a patient presents a
 retrospective eligibility letter from County Social Services, a copy of the letter should be included with the claim to
 expedite reimbursement. Prior to rendering services, verify the patient's Medicaid eligibility by examining his/her
 Medicaid ID card, and by calling the Colorado MAP Eligibility Response System) or using Fax-Back Eligibility.
- Verify place of service (POS) codes.
- Complete all required data elements. Leave non-required data fields blank on the claim form. Do not enter "Not Applicable" (N/A).
- For paper claims, use only black or dark red ink. Use only good quality toner, typewriter, or printer ribbons. Do not use highlighters to mark claims or attachments.
- **Use the correct claim form.** Outpatient service providers submit claims on the CMS-1500 claim form, while inpatient facilities submit claims using the UB-04/837I claim form.
- Sign the claim form. Claim forms must indicate the name and signature of the provider personally rendering the service, or his/her designee (or facsimile signature). For example, the CMS-1500 claim form indicates the name of the provider in block 31, the service address (non-post office box) in block 32, and the billing address in block 33.
- Submit claim formats to the primary insurance company first. If a patient has a primary insurance plan in addition to his/her Medicaid entitlement benefits, the claim form must be submitted first to the primary insurance plan. A copy of the notification of the decision (Explanation of Benefits or EOB) from that insurance company must be attached to the claim form submitted to the BHO. Under Federal law, Medicaid is always the "payer of last resort."
- Submit a fully completed Colorado Patient Assessment Record (CCAR). The CCAR is required at the time of admission to treatment, discharge, and at least annually. Claim payments may be delayed or denied if the current CCAR has not been received by the payer, within the time period specified. For example, a claim submitted within days of the annual CCAR due date may be delayed for payment until the annual CCAR is submitted. The same may be true for claims submitted early in the treatment episode without the admission CCAR, or after the patient has been discharged. To avoid delays or denials of payment, providers are encouraged to submit CCARs in a timely manner according to the payers submission standards.
- Submit claims to the appropriate address.
- **Submit all required documentation attached to the claim.** This includes EPSDT claims information. If several claims require the same attachment, photocopy and attach the documentation to each claim.
- Medicare/Medicaid patients (dual eligible) must first exhaust their Medicare benefits prior to billing Medicaid. Payment consideration is made by Medicare and the Colorado Medical Assistance Program (MAP).

- Bill promptly. There are timely filing requirements for Medicaid claims submission. Submit original claims within 60 to 120 days of the date of service (DOS), as specified by contract. Some payers suggest submitting claims at least weekly to ensure timely payment for services rendered.
- Submit "clean" claims. "Clean" claims are those claims that are free of errors on the first submittal. "The cleaner the claim, the faster the payment." The provider's objective is to submit sufficient and proper information that meets the payer's guidelines and software edits. (Refer to Section V.C.)

e. Procedure Coding Errors

Procedure coding errors typically occur for one (1) of three (3) reasons:

- "Upcoding," in which services are reported or billed at a level higher than the actual level of service rendered. For
 example, a 16 to 37-minute individual psychotherapy service (procedure code 90832) reported or billed as a 38 to 52minute service (procedure code 90834) is an upcoded service.
- "Downcoding," in which services are reported or billed at a lower level than the actual level of service rendered. For
 example, a 38 to 52-minute individual psychotherapy service (procedure code 90834) reported or billed as a 16 to 37minute service (procedure code 90832) is a downcoded service.
- Miscoding, in which services are reported or billed with a procedure code that is not supported by the clinical record
 documentation. For example, the US Department of Health and Human Services (HHS) Office of Inspector General (OIG)
 reports that the majority of miscoded individual psychotherapy claims lack documentation to justify the time billed.
 Miscoding often happens because:
 - No time is documented for the services rendered. (When this occurs, the services should be reported or a billed at the lowest possible time period.)
 - Documentation in the clinical record indicates that the actual services rendered were not psychotherapy but altogether different services, such as evaluation and management (E/M) services, medication management, psychological evaluation, group psychotherapy, family psychotherapy, or crisis intervention.¹³⁵

f. Diagnosis Coding

The following guidelines from the American Hospital Association (AHA) Coding Clinic for *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM) are becoming industry standards:

- Code why each service or procedure was rendered (e.g., presenting symptoms, complaint, problem or condition)
- Code the primary diagnosis first, followed by a secondary, tertiary, etc.
- Co-existing conditions affecting treatment should be reported as supplemental information
- Do not code diagnoses that are not relevant to the treatment rendered
- Code to the highest specificity with all of the required digits (three, four, or five) to completely and accurately describe the disorder or illness
- Use chronic diagnoses as often as applicable to the treatment rendered
- Some procedures codes are appropriate only when specific conditions are present
- For ancillary services (e.g., laboratory, x-ray, etc.), list the appropriate V codes first and the problem second ¹³⁶

g. Consequences of Poor Documentation & Coding

Non-existent, incomplete, illegible, inaccurate, insufficient, conflicting and/or inappropriate clinical records may result in one (1) or more of the following:

- Denial of reported or billed services
- Delayed payment
- Rejection of submitted claims
- Reduction of billed services
- Assessment and collection of overpayments

- Pre-payment review monitoring
- Referral to the program's safeguard contractor
- Referral to the Centers for Medicare and Medicaid Services (CMS)

XII. Encounter Field Descriptions

Behavioral health organizations (BHOs) submit encounter data to the Department of Health Care Policy and Financing (HCPF) using the flat file specifications described in this section.

a. Primary Key Fields

The table below identifies the primary key fields for professional and institutional claims:

Primary Key Fields		
Professional Claims	Institutional Claims	
Patient Identification (ID)	Patient ID	
Claim Number	Claim Number	
Claim Version	Claim Version	
Procedure Code	Revenue Code	
Service Start Date	Service Start Date	
Flat File Control Line Number (FCLN)	FCLN	

b. Physical Field Requirements

	Data Element (Field)	Status	Picture	Length	837 Professional	837 Institute
1	1 Transaction Header		Х	1	"P"	" "
2	Transaction Date	R	Χ	8	ISA	ISA
3	Submitter Organization's Name	R	Х	Flexible	1000A-NM1	1000A-NM1
4	Submitter Contact Person's Telephone Number	С	9	10	1000A-PER	1000A-PER
5	Billing Provider's Name	R	Х	Flexible	2010AA-NM1	2010AA-NM1
6	Billing Provider's Identification (ID)	R	Х	8	2010AA-REF	2010AA-REF
7	7 Patient's Last Name		Х	Flexible	2010BA-NM1	2010BA-NM1
8	8 Patient's First Name		Х	Flexible	2010BA-NM1	2010BA-NM1
9	9 Patient's Medicaid Identification (ID)		Х	7	2010BA-NM1	2010BA-NM1
10	10 Patient's ZIP Code		Х	Flexible	2010BA-N4	2010BA-N4
11	11 Patient's Date of Birth (DOB)		Х	8	2010BA-DMG02	2010BA-DMG02
12	12 Patient's Gender		Х	1	2010BA-DMG03	2010BA-DMG03
13	13 Claim Number		Х	Flexible	2300-CLM01	2300-CLM01
14	14 Claim Version		Х	1	2300-CLM05-3	2300-CLM05-3
15	15 Primary Diagnosis Code		Х	5	2300-HI	2300-HI

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Data Element (Field)			Picture	Length	837 Professional	837 Institute
16	16 Second Diagnosis Code		Х	5	2300-HI02-2	2300- HI02-2
17	Third Diagnosis Code	С	Х	5	2300-HI03-2	2300- HI03-2
18	Fourth Diagnosis Code	С	Х	5	2300-HI04-2	2300- HI04-2
19	Place of Service (POS)/Bill Type	R	Х	2	2300-CLM05-1	2300-CLM05-1
20	Approved Amount	С	Number	Double	2320-AMT02	2320-AMT02
21	Paid Amount	С	Number	Double	2320-AMT02	2320-AMT02
22	Service Line Number	R	Number	Integer	2400-LX01	2400-LX01
23	Line Paid Amount	С	Number	Double	2400-SV1 02	2400-SV2 03
24	Procedure Code	R	Х	5	2400-SV1 01-2	2400-SV2 02-2
25	25 Program Category Identifier (Procedure Modifier 1)		Х	2	2400-SV1 01-3	2400-SV2 02-3
26	26 Procedure Modifier 2		Х	2	2400-SV1 01-4	2400-SV2 02-4
27	27 Procedure Modifier 3		Х	2	2400-SV1 01-5	2400-SV2 02-5
28	28 Procedure Modifier 4		Х	2	2400-SV1 01-6	2400-SV2 02-6
29	29 Procedure Description		Х	Flexible	2400-SV1 01-7	2400-SV2 02-7
30	30 Revenue Code		Х	Flexible	Null	2400-SV2 01
31	Units	R	Number	Integer	2400-SV1 04	2400-SV2 04
32	Service Start Date	R	Х	8	2400-DTP	2400-DTP
33	33 Service End Date		Х	8	2400-DTP	2400-DTP
34	34 Rendering Provider's Name		Х	Flexible	2420A-NM1	2420A-NM1
35	35 Rendering Provider's Identification (ID)		Х	8	2420A-REF	2420A-REF
36	36 Flat File Control Line Number (FCLN)		Number	Integer	Submitter generated	Submitter generated
37	Payment Date	R	Х	8	2430-DTP02	2430-DTP02
38	38 Billing Provider's National Provider Identifier (NPI)		Х	10		

^{*}R = Required

c. File Format

The flat file should be in a text format with TAB as delimiters. Any fields with NULL value(s) must be delimited by a TAB.

d. Encounters

An encounter is defined as:

- 1. For professional claims, an occurrence of examination or treatment of a behavioral health organization (BHO) patient by a mental health practitioner or medical practitioner, with a BHO covered primary diagnosis code and a BHO covered procedure code; *OR*
- 2. For institutional claims, a line item for a BHO patient with a BHO covered diagnosis code and a BHO covered revenue/diagnosis-related group (DRG) code.

A BHO patient is defined as a Medicaid eligible individual who is enrolled and receiving service(s) covered by a BHO.

Data hierarchy embedded in BHO encounters:

A BHO encounter consists of the header record and the corresponding line records. Each patient's visit with the same primary diagnosis should generate one original header claim record assigned with a unique Claim Number. During one visit, if a patient is treated for two or more different primary diagnosis, two or more header claims should be generated with two or more different unique Claim Numbers. If a patient has two visits during one day for the same diagnosis, two header claims should be generated too.

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^{**}C = Conditional

For one header claim, a patient can receive one or more services, which may include a base code and add-on procedure codes. Each procedure code will generate a unique service line number under the same Header Claim.

The Uniqueness of the encounter record:

To identify each service, the combination of the following fields must be unique:

Patient id, Service Date, Procedure/revenue code, Claim Number, Service Line Number, Claim version

Claim Versions (Types)

The correcting, replacing, and voiding records for original encounter, must have a matching claim id and a matching line number to the original encounter's line record.

e. Data Description

1. Transaction Header

Field Type	Alpha
Length	1
Format	X
Field Description	This field contains either "P" for Professional or "I" for Institutional.

2. Transaction Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date the encounter data is submitted to HCPF.

3. Submitter Organization's Name

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the name of the organization submitting the encounter data to HCPF.

4. Submitter Contact Person's Telephone Number

Field Type	Numeric
Length	10
Format	X
Field Description	This field contains the telephone number for the contact person at the submitter organization.

5. Billing Provider's Name

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the Rendering (<i>not the Billing</i>) Provider's Name, as indicated in the Companion Guide.

6. Billing Provider's Identification (ID)

Field Type	Numeric
Length	8
Format	X
	This field contains the Rendering (<i>not the Billing</i>) Provider's Medicaid ID Number. For providers
Field Description	who have no Medicaid ID Number, use the corresponding ID in the Default Encounter Provider
	ID Table.

7. Patient's Last Name

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the Patient's Last Name, which is used for record verification.

8. Patient's First Name

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the Patient's First Name, which is used for record verification.

9. Patient's Medicaid Identification (ID) Number

Field Type	Alpha/Numeric
Length	7
Format	X
Field Description	This field contains the Patient's Medicaid ID Number (also known as State ID), which provides a link to the State Medicaid eligibility files. Every week, the State provides each BHO with updated eligibility files, which include the Patient's Name and Medicaid ID Number.

10. Patient's ZIP Code

Field Type	Numeric
Length	Flexible
Format	X
Field Description This field contains the Patient's ZIP Code for his/her home/residence. For patient ZIP Code, use the default "99999."	

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11. Patient's Date of Birth (DOB)

Field Type	Numeric
Length	10
Format	YYYYMMDD
Field Description	This field contains the Patient's DOB, which is used for record verification. If there is no DOB in the patient record, this field is completed with "null."

12. Patient's Gender

Field Type	Alpha
Length	1
Format	X
Field Description	This field contains the Patient's Gender, identified as "F" = Female, "M" = Male, or "U" =
riela Description	Unknown.

13. Claim Number

Field Type Numeric		Numeric
	Length	Flexible
Ī	Format	X
Fi	Field Description	This field contains the identifier used to track a claim from creation by the health care provider
	Field Description	through payment.

14. Claim Version

Field Type	Numeric	
Length	Flexible	
Format X		
Field Description	This field contains the claim submission reason code. The values should be one of the following: 1 = ORIGINAL (Admit thru Discharge Claim) 6 = CORRECTED (Adjustment of Prior Claim. If a positive amount(s) is (are) used in the amount field(s), this indicates an increase adjustment; if a negative amount(s) is (are) used, this indicates a decrease adjustment.) 7 = REPLACEMENT (Replacement of Prior Claim) 8 = VOID (Void/Cancel of Prior Claim) 9 = DENIED (Denied Claims)	

15. Primary ICD-10-CM Diagnosis Code

Field Type	Alpha/Numeric
Length	5
Format	X
Field Description	This field contains the primary diagnosis from the <i>International Classification of Diseases, Tenth Revision, Clinical Modification</i> (ICD-10-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left- justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.

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16. Second ICD-10-CM Diagnosis Code

Field Type	Alpha/Numeric	
Length	5	
Format	X	
Field Description	This field contains the second billing diagnosis from the <i>International Classification of Diseases, Tenth Revision, Clinical Modification</i> (ICD-10-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.	

17. Third ICD-10-CM Diagnosis Code

Field Type	Alpha/Numeric	
Length	5	
Format	X	
Field Description	This field contains the third billing diagnosis from the <i>International Classification of Diseases, Tenth Revision, Clinical Modification</i> (ICD-10-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.	

18. Fourth ICD-10-CM Diagnosis Code

Field Type	Alpha/Numeric	
Length	5	
Format	X	
Field Description	This field contains the fourth billing diagnosis from the <i>International Classification of Diseases, Tenth Revision, Clinical Modification</i> (ICD-10-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.	

19. Place of Service (POS)/Bill Type Code

Field Type	Numeric	
Length 2		
Format X		
Field Description	For Professional Claims, this field contains the place of service (POS) code, which identifies where the service was rendered. (Refer to the POS codes in the table below.) For Institutional Claims, this field contains the first two digits of type of bill code (Refer to Attachment 1 for type of bill code list.)	

POS Code	Place of Service	POS Code	Place of Service
03	School	34	Hospice
04	Homeless Shelter	41	Ambulance – Land
05	Indian Health Service Free-Standing Facility	42	Ambulance – Air/Water
06	Indian Health Service Provider-Based Facility	49	Independent Clinic
07	Tribal 638 Free-Standing Facility	50	Federally Qualified Health Center (FQHC)
08	Tribal 638 Provider-Based Facility	51	Inpatient Psychiatric Facility
09	Prison/Correctional Facility	52	Psychiatric Facility – Partial Hospitalization
11	Office	53	Community Mental Health Center (CMHC)
12	Patient's Home	54	Intermediate Care Facility – Mentally Retarded (ICF-MR)
15	Mobile Unit	55	Residential Substance Abuse Treatment Facility
20	Urgent Care Facility	56	Psychiatric Residential Treatment Center
21	Inpatient Hospital	57	Non-Residential Substance Abuse Treatment Facility
22	Outpatient Hospital	60	Mass Immunization Center
23	Emergency Room - Hospital	61	Comprehensive Inpatient Rehabilitation Facility
24	Ambulatory Surgical Center	62	Comprehensive Outpatient Rehabilitation Facility
25	Birthing Center	65	End-Stage Renal Disease Treatment Facility
26	Military Treatment Facility (MTF)	71	Public Health Clinic
31	Skilled Nursing Facility (SNF)	72	Rural Health Clinic
32	Nursing Facility	81	Independent Laboratory
33	Custodial Care Facility	99	Other Place of Service

20. Approved Amount

	Field Type	Numeric
	Length	
Field Description This field contains the approved amount, which equals the amount for the approved by the payer sending this encounter data to another payer.		Double
		This field contains the approved amount, which equals the amount for the total claim that was approved by the payer sending this encounter data to another payer.

21. Paid Amount

Field Type	Numeric
Length	
Format	Double
Field Description	This field contains the payer paid amount, which equals the amount for the total claim that was
	paid by the payer sending this encounter data to another payer.

22. Service Line Number

Field Type	Numeric	
Length		
Format	Integer	
Field Description This field contains a line counter. The service line number is incremented by 1 for eac line within a claim.		

23. Line Paid Amount

Field Type	Numeric	
Length		
Format	Double	
Field Description	This field contains the paid amount for a line item.	

24. Procedure Code

Field Type	Alpha/Numeric	
Length	5	
Format	X	
Field Description	For Professional Claims, this field contains the 5-digit CPT®/HCPCS procedure code, which must be a valid procedure code. For Institutional Claims, if there is no CPT®/HCPCS procedure code, use the dummy procedure code '99499.'	

25. Program Service Category Identifier (Procedure Modifier 1)

Field Type	Alpha/Numeric	
Length	2	
Format		
Field Description	This field contains the 2-digit identifier (ID) for the Medicaid State Plan (SP) or 1915(b)(3) (B3) waiver program service category to which the encounter is assigned. (Refer to the program	
	service category identifier table below.)	

ID	Program Service Category	Valid Procedure/Revenue Codes*
HE	State Plan (SP) Services	Any of the SP procedure codes, or 99499 with the SP revenue codes
НВ	Clubhouses & Drop-In Centers	Any of the B3 procedure codes or 99499
HJ	Vocational Services	Any of the B3 procedure codes or 99499
HK	Assertive Community Treatment (ACT) Services	Any of the B3 procedure codes or 99499
HT	Prevention & Early intervention Services	Any of the B3 procedure codes or 99499
SC	Residential Services	Any of the B3 procedure codes or 99499
SE	Home-Based Services	Any of the B3 procedure codes or 99499
SK	Intensive Case Management (ICM) Services	Any of the B3 procedure codes or 99499
SY	Respite Care Services	Any of the B3 procedure codes or 99499

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ID	Program Service Category (cont)	Valid Procedure/Revenue Codes*
TJ	School-Based Services	Any of the SP procedure codes, or 99499 with an SP revenue code
TS	Recovery Services	Any of the B3 procedure codes or 99499
TG	Other State Plan Services	Any of the procedure codes other than the SP procedure codes, or 99499 with the B3 revenue codes
НІ	Other B3 Services	Any of the procedure codes other than B3 procedure codes

26. Procedure Modifier 2

Field Type	Alpha/Numeric	
Length		
Format	X	
Field Description	This field may contain a CPT®/HCPCS modifier, as assigned by the provider.	

If an encounter or claim is billed with the following modifier, please report this modifier in the "Procedure Modifier 2" field:

HF	Substance Use Program	Any encounter or claim reported by the provider as part of the substance use program.
----	-----------------------	---

Otherwise, if applicable, please report the modifiers described in the "Procedure Modifier 1" field.

27. Procedure Modifier 3

Field Type	Alpha/Numeric	
Length	2	
Format	X	
Field Description	This field may contain a CPT®/HCPCS modifier, as assigned by the provider.	

28. Procedure Modifier 4

Field Type	Alpha/Numeric	
Length		
Format	X	
Field Description	This field may contain a CPT®/HCPCS modifier, as assigned by the provider.	

29. Procedure Code Description

Field Type	Alpha/Numeric	
Length	Flexible	
Format	X	
Field Description	This field contains the CPT®/HCPCS procedure code description.	

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30. Revenue Code

Field Type	Alpha/Numeric	
Length	Flexible	
Format	X	
Field Description	For Institutional Claims, this field contains a revenue code.	
Field Description	For Professional Claims, leave this field as "null."	

31. Units

Field Type	Numeric
Length	
Format	Double
Field Description	This field contains the number of units rendered for the encounter.

32. Service Start Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
	This field contains the date of service (DOS), which aids in record verification. This field may
Field Description	also be used as a "from" date for encounters that are billed over an extended period. The first
	DOS must always be less than or equal to the service end date.

33. Service End Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date of service (DOS), which aids in record verification. This field may also be used as a "through" date for encounters that are billed over an extended period. The service end date must always be greater than or equal to the first DOS. When the rendered service begins and ends on the same day, the first and last DOS will be the same. If there is no end DOS in the record, this field is completed as "null."

34. Rendering Provider Name

Field Type	Alpha/Numeric
Length	Flexible
Format	X
Field Description	This field contains the name of the behavioral health organization (BHO).

35. Rendering Provider Identification

Field Type	Alpha/Numeric	
Length	8	
Format	X	
Field Description	This field contains the BHO Medicaid ID Number.	

36. Flat File Control Line Number (FCLN)

Field Type	Alpha/Numeric	
Length		
Format	Integer	
Field Description	This field is generated by the submitter as part of the flat file primary key fields to uniquely identify each distinct record in the encounter data file.	

In the encounter data file, if a group of records has the same:

- > Patient ID
- Claim Number
- **☒** CPT®/HCPCS Procedure Code for Professional Claims or Revenue Code for Institutional Claims
- Service Start Date

Provided they are actually distinct service encounters, according to the information not required in the data file (i.e., service time, service/procedure description, etc.), each record receives a sequential number. If there is only one (1) record in the group, the FCLN should be assigned a 1(one). For example:

Patient ID	<u>Claim #</u>	Procedure Code	Service Start Date	<u>FCLN</u>
x111111	c11111	90832	20090712	1
x111111	c22222	99211	20090712	2
x111111	c22222	T1017	20090712	3

37. Payment Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date the encounter is adjudicated.

38. Billing Provider National Provider Identifier (NPI)

Field Type	Alpha/Numeric
Length	10
Format	X
Field Description	This field contains the provider's National Provider Identifier (NPI), which the HCPF Rates Section uses to price the BH service. If the service in an encounter is rendered by a staff provider at a CMHC, clinic or hospital, or is rendered by a provider affiliated or contracted with a CMHC, clinic or hospital, this field should contain the CMHC, clinic or hospital's NPI. Otherwise, this field contains the provider's individual NPI.

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f. Data Submission

Behavioral health organizations (BHOs) submit behavioral health (BH) encounter data to the Colorado Department of Health Care Policy and Financing (HCPF) in the flat file format on a quarterly basis. Each BHO should submit one (1) data file for Professional Claims and one (1) data file for Institutional Claims. Each BHO may submit its quarterly encounter data files in one (1) of (2) methods:

- Copy the encounter data files on a CD-ROM and mail them to HCPF
- "Zip" and password protect the encounter data files, and send them to HCPF via e-mail or publish via secure web site Refer to the Word file "RateTimeLine&EncounterSubmissionSchedule.doc" for details.

g. Data Validation Rules

End	Encounter Data Validation Rules			
1	No "null" in the primary key fields			
2	No duplicates based on the primary key fields			
3	No "null" in the primary diagnosis field			
4	No "null" in all other required fields			
5	Random checks on:			
	a. Patient eligibility and enrollment			
	b. Service category assignment logic			

h. Data Process Summary Report

	Encounter Data Process Summary Report
1	Number of distinct patients
2	Count of claims and count of units by BHO, Rendering Provider and Service Program Category
3	List of deleted encounters by reason

XIII. Requesting Procedure Code Revisions

The American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) have formal procedures for requesting revisions, additions and/or deletions to the procedure code sets. This section broadly describes these processes, as well as the procedure for requesting revisions to the Colorado Community Behavioral Health Services Program approved procedure code lists for behavioral health (BH) through the Colorado Department of Health Care Policy and Financing (HCPF).

a. CPT® Procedure Code Revisions

The American Medical Association (AMA) has specific procedures to address suggested revisions to the *Current Procedural Terminology* (CPT®) procedure codes. Coding change request forms are available through the AMA (www.ama-assn.org)

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and are required to initiate a review of a proposed coding change by the CPT® Advisory Committee. Before submitting suggestions for changes to CPT® procedure codes, answer the following basic questions:

- Is the suggestion a fragmentation of an existing procedure/service?
 Usually, all components of a procedure/service are included in the CPT® procedure code. If there are several components that are usually performed as part of that procedure/service, a separate CPT® procedure code is not typically assigned for each component, unless the component may be performed alone. Then a separate CPT® procedure code is indicated for that procedure/service.
- Can the suggested procedure/service be reported by using two (2) or more existing CPT® procedure codes? Certain CPT® procedure codes describe only a portion of a procedure/service performed. The procedure/service may vary, depending on the individual patient, the extent of the disease, and/or other complicating factors. This may require reporting two (2) or more CPT® procedure codes to specify the procedures/services rendered. The CPT® Editorial Panel does not try to generate CPT® procedure codes to cover all possible combinations for every procedure/service, thus it is anticipated that two (2) or more CPT® procedure codes will be used to report these procedures/services.
- Does the suggested procedure/service represent a distinct service?
 - The CPT® lists descriptive terms and procedure codes for reporting services and procedures. Review the proposed procedure code change or addition and consider what the actual service/procedure involves. While there are many sophisticated devices and equipment to render procedures/services, the CPT® is intended to list those services/procedures which require actual work performance or direct supervision by a physician or practitioner. The device/equipment used is not listed in the CPT® procedure code.
- Is the suggested procedure/service merely a means to report extraordinary circumstances related to the
 performance of a procedure/service already included in CPT®?
 A modifier indicates that a service/procedure performed has been altered by some specific circumstance but not
 changed in its definition or CPT® procedure code.

If the answers to the above questions suggest a new descriptor or CPT® procedure code is warranted, a proposal is submitted by completing a coding change request form, which requires the following information:

- A complete description of the procedure/service (i.e., describe in detail the skill and time involved)
- A clinical vignette that describes the typical patient and work rendered by the physician/practitioner
- The diagnosis of patients for whom this procedure/service would be rendered
- A copy(s) of peer reviewed articles published in US journals indicating the safety and effectiveness of the
 procedure/service, as well as the frequency with which the procedure/service is performed and/or estimation of its
 projected performance
- A copy(s) of additional published literature that further explains the request (e.g., practice parameters/guidelines or policy statements on a particular procedure/service)
- Evidence of US Food and Drug Administration (FDA) approval of the drug or device used in the procedure/service, if required
- Answer the following questions:
 - Why are the existing CPT® procedure codes inadequate? (Be very specific.)
 - What specific descriptors are proposed? (Suggest wording as well as placement of the proposed procedure code(s) within the existing CPT® procedure code range.)

- Can any existing CPT® procedure codes be changed to include these new procedures/services without significantly
 affecting the extent of the procedures/services? (If not, give reasons why the existing CPT® procedure codes are
 incomplete.)
- Give specific rationale for each CPT® procedure code proposed, including a full explanation on how each proposed
 CPT® procedure code differs from existing CPT® procedure codes.
- If a CPT® procedure code is recommended for deletion, how should the service/procedure then be coded?
- o How long (i.e., number of years) has this procedure/service been rendered for patients?
- O What is the frequency in which a physician or other practitioner might perform the procedure/service?
- What is the typical site (e.g., office, hospital, nursing facility, ambulatory or other outpatient care setting, patient's home) where this procedure/service is rendered?
- o Does the procedure/service involve the use of a drug or device that requires FDA approval?

The information provided does not insure that the CPT® Editorial Panel will adopt the suggested change. The initial AMA staff and CPT® Advisory Committee review process takes several months. CPT® schedule information is available on the AMA web site. The CPT® Editorial Panel action may result in one (1) of the following outcomes:

- Addition of a new CPT® procedure code or revision of an existing CPT® procedure code(s)
- Postponement of a suggested change to obtain further information
- Rejection of a suggested change

b. HCPCS Procedure Code Revisions

A request to establish, revise or discontinue a *Healthcare Common Procedure Coding System* (HCPCS) procedure code may be submitted using the standard format found on the Centers for Medicare and Medicaid (CMS) web site (www.cms.gov). Prepare a cover letter outlining the HCPCS procedure code request and a brief summary of why a procedure code modification is necessary. In addition to providing the information according to the format, include any descriptive material that would be helpful in furthering CMS' understanding of the medical benefits of the item/procedure for which a coding modification is requested. Submit the original request with supporting documentation and, to expedite distribution and review, include 35 complete copies of the request information packet. To ensure timely review of materials, limit recommendations to no more than 40 pages, including both application questions and answers.

When the request is received, it is distributed to all reviewers. The item is placed on HCPCS Meeting Agenda and reviewed at regularly scheduled meetings by a panel whose membership includes representatives of Medicaid, Medicare, and private insurers. All external requests, (e.g. requests not generated internally) that are completed according to the applicable timeline are placed on a Public Meeting Agenda. The HCPCS Public Meetings provide an open forum for interested parties to make oral presentations or to submit written comments in response to published preliminary coding decisions. Announcements of dates, times and locations of public meetings are published in the Federal Register. CMS also posts public meeting information on the official HCPCS website (www.cms.hhs.gov/medicare/hcpcs). Public Meetings provide an opportunity for applicants and the general public to react to preliminary coding decisions and share additional information

with decision makers, prior to final decisions. All applicants are notified, in writing, of the final decision on their application, and all modifications to the HCPCS codes set are included in the HCPCS Level II Annual update.

The HCPCS procedure code review process is ongoing and continuous. Requests may be submitted at any time throughout the year. Early submissions are strongly encouraged. Requests that are complete are reviewed and processed on a first come, first served basis. For additional information regarding the HCPCS procedure coding process or the application process:

- Review documents on the CMS web site at www.cms.hhs.gov/medhcpcsgeninfo
- Submit an inquiry to <u>HCPCS@cms.hhs.gov</u>
- Contact CMS HCPCS staff¹³⁷

c. Colorado HCPF Procedure Code Revisions

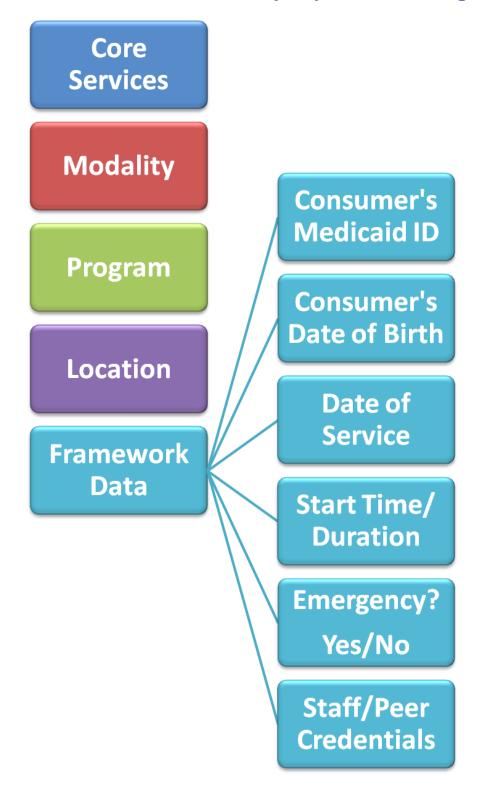
To submit a suggestion to add, delete or change the Colorado Community Behavioral Health Services Program approved procedure code list (Appendix E) submit the following information to the Colorado Department of Health Care Policy and Financing (HCPF):

- Current approved CPT®/HCPCS procedure code, if applicable
- Suggested CPT®/HCPCS procedure code(s)
- Brief rationale for the suggested CPT®/HCPCS procedure code(s) with supporting references to State and/or Federal regulations, coding manuals, etc.
- Applicable modifier(s)
- Applicable population(s)
- Applicable mode(s) of delivery
- Applicable place(s) of service (POS)
- Medicaid State Plan and/or 1915(b)(3) Waiver program service category(ies), if applicable
- Minimum staff requirements
- Minimum documentation requirements
- Example(s), if available
- Requested implementation date

HCPF will review and discuss recommendations with the appropriate stakeholders (e.g., behavioral health organizations (BHOs), community mental health centers (CMHCs), substance abuse treatment providers) prior to making a final determination. If the recommendation is accepted, a revised approved procedure code list will be distributed to the appropriate stakeholders. In addition, the *Uniform Service Coding Standards (USCS) Manual* will also be updated and distributed.

Requests for revisions to the approved procedure code list(s) must be submitted to HCPF *prior to* the use of the requested procedure code(s), to ensure appropriate encounter reporting, and/or billing and reimbursement.

Appendix A: Colorado Health Network's (CHN) Encounter Design Matrix



Revised: December, 2016

Effective: January 1, 2017

Colorado Health Network's (CHN) Encounter Design Matrix

Core Services	Assessment Services	Case Management Services	Peer Support/ Recovery Services	Prevention/ Early Intervention Services	Residential Services	Respite Care Services	Treatment Services	Vocational Services
Modality (Not All Inclusive)	Assessment	Consultation	Family Psychotherapy	Group Psychotherapy	Individual Psychotherapy	Job Coaching	Medication Management	Skills Training & Development
Program (Not All Inclusive)	Acute Treatment Unit (ATU)	Child & Adolescent Day Treatment	Outpatient Mental Health Services	Intensive/In- Home Family Program	Nursing Home Services	Prevention/Early Intervention Program	Residential Services	Vocational Services
Location (Not All Inclusive)	Patient's Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Shelter
Framework Data	Patient's Medicaid ID	Patient's Date of Birth (DOB)	Date of Service (DOS)	Start/End Time OR Duration	Emergency? Yes/No	Staff/Peer Credentials		

EXAMPLE: A patient enrolled in a CMHC's Vocational Program receives job coaching in his/her place of employment:

Core Services	Assessment Services	Case Management Services	Peer Support/ Recovery Services	Prevention/ Early Intervention Services	Residential Services	Respite Care Services	Treatment Services	Vocational Services
Modality (Not All Inclusive)	Assessment	Consultation	Family Psychotherapy	Group Psychotherapy	Individual Psychotherapy	Job Coaching	Medication Management	Skills Training & Development
Program (Not All Inclusive)	Acute Treatment Unit (ATU)	Child & Adolescent Day Treatment	Outpatient Mental Health Services	Intensive/In- Home Family Program	Nursing Home Services	Prevention/Early Intervention Program	Residential Services	Vocational Services
Location (Not All Inclusive)	Patient's Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Other POS
Framework Data (All Six Required)	Patient's Medicaid ID	Patient's Date of Birth (DOB)	Date of Service (DOS)	Start/End Time OR Duration	Emergency? Yes/No	Staff/Peer Credentials		

Procedure Code: H2025, Ongoing support to maintain employment

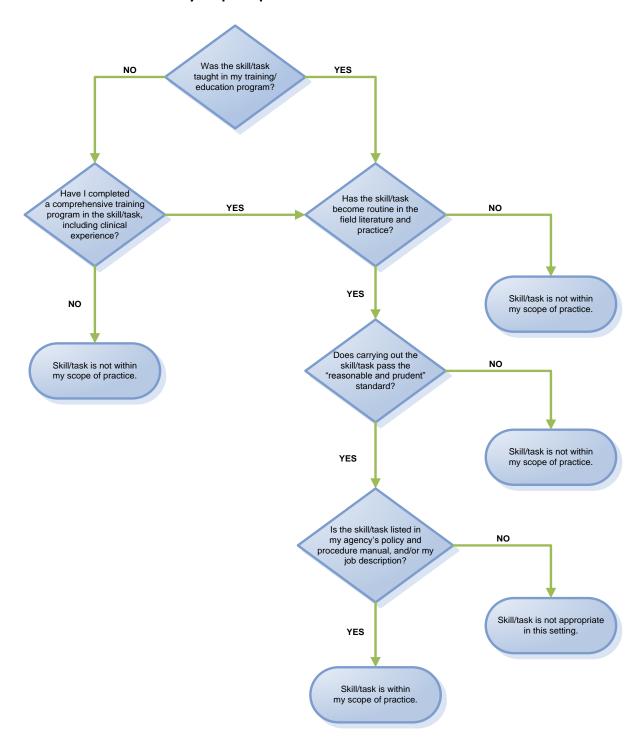
EXAMPLE: A patient receives case management to access needed services in the community:

Core Services	Assessment Services	Case Management Services	Peer Support/ Recovery Services	Prevention/ Early Intervention Services	Residential Services	Respite Care Services	Treatment Services	Vocational Services
Modality (Not All Inclusive)	Assessment	Case Management	Family Psychotherapy	Group Psychotherapy	Individual Psychotherapy	Job Coaching	Medication Management	Skills Training & Development
Program (Not All Inclusive)	Acute Treatment Unit (ATU)	Child & Adolescent Day Treatment	Outpatient Mental Health Services	Intensive/In- Home Family Program	Nursing Home Services	Prevention/Early Intervention Program	Residential Services	Vocational Services
				I				
Location (Not All Inclusive)	Patient's Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Other POS
Framework Data (All Six Required)	Patient's Medicaid ID	Patient's Date of Birth (DOB)	Date of Service (DOS)	Start/End Time OR Duration	Emergency? Yes/No	Staff/Peer Credentials		

Procedure Code: T1017, Case management, each 15 minutes

Appendix B: Scope of Practice Algorithm¹³⁸

"Is this skill or task within my scope of practice?"



Uniform Service Coding Standards Manual 2017

Appendix C: CDHS OBH Approved Procedure Code List

*yellow highlighting indicates codes that do not require a covered diagnosis (i.e. assessment, crisis, prev/interv); blue highlight identifies exceptions to that rule.

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
80305	Drug screen, presumptive, optical observation			
80306	Drug screen, presumptive, read by instrument			
82075	Alcohol (ethanol); breath			
90785	Interactive complexity (list separately in addition to the code for the primary service)			
90791	Psychiatric diagnostic evaluation			
90792	Psychiatric diagnostic evaluation with medical services			
90832	Psychotherapy, 30 minutes with the patient and/or family member			
90833	Psychotherapy, 30 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)			
90834	Psychotherapy, 45 minutes with the patient and/or family member			
90836	Psychotherapy, 45 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)			
90837	Psychotherapy, 60 minutes with the patient and/or family member			
90838	Psychotherapy, 60 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)			
90839	Psychotherapy for Crisis, first 60 min			
90840	Psychotherapy for Crisis, each additional 30 minutes (List separately in addition to code 90839 for primary service)			
90846	Family psychotherapy (without the patient present)			
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)			
90849	Multiple-family group therapy			
90853	Group psychotherapy (other than of a multiple-family group)			
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 30 minutes			

Uniform Service Coding Standards Manual 2017

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 minutes			
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient			
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report			
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.			
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), administered by a computer, with qualified health care professional interpretation and report.			
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the licensed psychologist or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report			
96118	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), per hour of the licensed psychologist or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report			
96119	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), with qualified health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face			
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.			
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular			
97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes			
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes			
98960	Education and training for patient self-management			
98962	Education and training for patient self-management			
98966	Telephone assessment and management provided by qualified non-physician health care professional.			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
98967	Telephone assessment and management provided by qualified non-physician health care professional.			
98968	Telephone assessment and management provided by qualified non-physician health care professional.			
99201	Office or Other Outpatient Services: requires problem focused history, problem focused examination, and straight forward medical decision making. Typical time spent is 10 minutes.			
99202	Office or Other Outpatient Services: requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 20 minutes.			
99203	Office or Other Outpatient Services: requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30 minutes.			
99204	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and moderate complexity medical decision making. Typical time spent is 45 minutes.			
99205	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 60 minutes.			
99211	Office or Other Outpatient Services: Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.			
99212	Office or Other Outpatient Services: requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10 minutes.			
99213	Office or Other Outpatient Services: requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is 15 minutes.			
99214	Office or Other Outpatient Services: requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 25 minutes.			
99215	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40 minutes.			
99217	Observation Care discharge day management when provided on a day other than day of admission.			
99218	Initial observation care, per day, for the evaluation and management of a patient: requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes			
99219	Initial observation care, per day, for the evaluation and management of a patient: requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes			
99220	Initial observation care, per day, for the evaluation and management of a patient: requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes			
99221	Initial hospital care, per day, for the evaluation and management of a patient (low severity)			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
99222	Initial hospital care, per day, for the evaluation and management of a patient (moderate severity)			
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity)			
99224	Subsequent hospital care, per day, for the evaluation and management of a patient: requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes.			
99225	Subsequent hospital care, per day, for the evaluation and management of a patient: expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes.			
99226	Subsequent hospital care, per day, for the evaluation and management of a patient: requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 35 minutes.			
99231	Subsequent hospital care, per day (stable, recovering or improving patient)			
99232	Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)			
99233	Subsequent hospital care, per day (unstable patient or the development of significant complications or problems)			
99234	Same day admit/discharge observation/inpatient Evaluation and Management services: requires detailed or comprehensive history, detailed or comprehensive exam, straight forward or low complexity med decision making, Typical time 40 minutes			
99235	Same day admit/discharge observation/inpatient Evaluation and Management services: requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes			
99236	Same day admit/discharge observation/inpatient Evaluation and Management services: requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes			
99238	Discharge day management; 30 minutes or less			
99239	Discharge day management; more than 30 minutes			
99241	Office or other outpatient consultation for a new or established patient. Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.			
99242	Office or other Outpatient Consultations Evaluation and Management Services: requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes			
99243	Office or other Outpatient Consultations Evaluation and Management Services: requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes			
99244	Office or other Outpatient Consultations Evaluation and Management Services: requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes			
99245	Office or other Outpatient Consultations Evaluation and Management Services: requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List
CPT/HCPCS Procedure Code	Description
99251	Inpatient consultation for a new or established patient; the presenting problem(s) are self-limited or minor
99252	Inpatient consultation for a new or established patient; the presenting problem(s) are of low severity
99253	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate severity
99254	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.
99255	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.
99281	Emergency Department Services: requires problem focused history, problem focused examination straight forward medical decision making
99282	Emergency Department Services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making
99283	Emergency Department Services: requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making
99284	Emergency Department Services: requires detailed history, detailed examination moderate complexity medical decision making
99285	Emergency Department Services: requires comprehensive history, comprehensive examination high complexity medical decision making. Initial Nursing Facility Care Services: requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low
99304	complexity medical decision making, Typical time is 25 minutes
99305	Initial Nursing Facility Care Services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes
99306	Initial Nursing Facility Care Services: requires comprehensive history, comprehensive examination high complexity medical decision making Typical time is 45 minutes
99307	Subsequent Nursing Facility Services: requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes
99308	Subsequent Nursing Facility Services: requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes
99309	Subsequent Nursing Facility Services: requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes
99310	Subsequent Nursing Facility Services: requires comp interval history, comprehensive examination high complexity medical decision making, Typical time is 35 minutes
99315	Nursing Facility discharge services: nursing facility discharge day management; 30 minutes or less
99316	Nursing Facility discharge services: nursing facility discharge day management; more than 30 minutes

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
99318	Annual Nursing Facility Assessment: require detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30 minutes			
99324	Domiciliary, rest home, custodial care services: requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes			
99325	Domiciliary, rest home, custodial care services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes			
99326	Domiciliary, rest home, custodial care services: requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes			
99327	Domiciliary, rest home, custodial care services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes			
99328	Domiciliary, rest home, custodial care services: requires comprehensive history, comprehensive examination high complexity medical decision making Typical time 75 minutes			
99334	Domiciliary, rest home, custodial care services: requires problem focused interval history, problem focused examination straight forward medical decision making, Typical time 15 minutes			
99335	Domiciliary, rest home, custodial care services: requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes			
99336	Domiciliary, rest home, custodial care services: requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes			
99337	Domiciliary, rest home, custodial care services: requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes			
99341	Home care services: requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minute			
99342	Home care services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes			
99343	Home care services: requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes			
99344	Home care services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes			
99345	Home care services: requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes			
99347	Home care services: requires problem focused interval history, problem focused examination straight forward medical decision making, average time 1 minutes			
99348	Home care services: requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making average time 25 minutes			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
99349	Home care services: requires detailed interval history, detailed examination moderate complexity medical decision making, average time 40 minutes			
99350	Home care services: requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, average time 60 minutes			
99366	Medical team conference with interdisciplinary team, face-to-face with patient and/or family, 30 minutes or more, participation by a non-physician qualified health care professional			
99367	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by physician			
99368	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional			
99441	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5 – 10 minutes of medical discussion			
99442	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 – 20 minutes of medical discussion			
99443	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 – 30 minutes of medical discussion			
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of patient's disabling mental health problems per session (45 minutes or more)			
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)			
H0001	Alcohol and/or Drug (AOD) Assessment			
H0002	Behavioral health screening to determine eligibility for admission to treatment program			
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs			
H0004	Behavioral health counseling and therapy, per 15 minutes			
H0005	Alcohol and/or drug services; group counseling			
Н0006	Alcohol and/or drug services; case management			
H0007	Alcohol and/or drug services; crisis intervention (outpatient)			
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)			
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
H0014	Alcohol and/or drug services; ambulatory detoxification			
H0015	Alcohol and/or drug services; intensive outpatient program			
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem			
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem			
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem			
H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)			
H0022	Alcohol and/or drug intervention service (planned facilitation)			
H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center			
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)			
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)			
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)			
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment			
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)			
H0030	Behavioral Health, Hotline Services			
H0031	Mental health assessment, by non-physician			
H0032	Mental health service plan development by non-physician			
H0033	Oral medication administration, direct observation			
H0034	Medication training and support, per 15 minutes			
H0035	Mental health partial hospitalization, treatment, less than 24 hours			
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes			
H0037	Community psychiatric supportive treatment, face-to-face, per diem			
H0038	Self-help/peer services, per 15 minutes			
Н0039	Assertive community treatment, face-to-face, per 15 minutes			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
H0040	Assertive community treatment program, per diem			
H0043	Supported housing, per diem			
H0044	Supported housing, per month			
H0045	Respite care services, not in the home, per diem			
H0046	Mental Health Services, Not Otherwise Specified			
H0047	Alcohol and/or other drug abuse services; not otherwise specified			
H0048	Alcohol and/or other drug testing; collection of handling only, specimens other than blood			
H1000	Prenatal Care, At Risk Assessment			
H1002	Care coordination prenatal/case management			
H1003	Prenatal Care, at risk enhanced service, education			
H1004	Prenatal follow up home visit			
H2000	Comprehensive multidisciplinary evaluation			
H2001	Rehabilitation program, per ½ day			
H2011	Crisis intervention service, per 15 minutes			
H2012	Behavioral health day treatment, per hour			
H2013	Psychiatric Health Facility Service, Per Diem			
H2014	Skills training and development, per 15 minutes			
H2015	Comprehensive community support services, per 15 minutes			
H2016	Comprehensive community support services, per diem			
H2017	Psychosocial rehabilitation services, per 15 minutes			
H2018	Psychosocial rehabilitation services, per diem			
H2021	Community-based wrap-around services, per 15 minutes			
H2022	Community-based wrap-around services, per diem			
H2023	Supported employment, per 15 minutes			
H2024	Supported employment, per diem			
H2025	Ongoing support to maintain employment, per 15 minutes			

CDHS – OBH Approved Behavioral Health (BH) Procedure Code List					
CPT/HCPCS Procedure Code	Description				
H2026	Ongoing support to maintain employment, per diem				
H2027	Psychoeducational service, per 15 minutes				
H2030	Mental health clubhouse services, per 15 minutes				
H2031	Mental health clubhouse services, per diem				
H2032	Activity therapy, per 15 min				
H2033	Multi-systemic therapy for juveniles, per 15 minutes				
H2036	Alcohol and/or drug treatment program, per diem				
J1630	Injection, Haloperidol, Up to 5 mg				
J1631	Injection, Haloperidol Decanoate, per 50 mg				
J2315	Injection, Naltrexone, Depot Form, 1 mg				
J2680	Injection, Fluphenazine Decanoate, up to 25 mg				
J2794	Injection, Risperidone, long acting, 0.5 mg				
J3490	Unclassified Drugs				
S3005	Performance measurement, evaluation of patient self-assessment, depression				
S5150	Unskilled respite care, not hospice; per 15 minutes				
S5151	Unskilled respite care, not hospice; per diem				
S9445	Patient education, not otherwise classified, non-physician provider, individual				
S9453	Smoking cessation classes, non-physician provider, per session				
S9454	Stress management classes, non-physician provider, per session				
S9480	Intensive outpatient psychiatric (IOP) services, per diem				
S9485	Crisis intervention mental health services, per diem				
S9976	Lodging, per diem, not otherwise specified				
T1005	Respite care services, up to 15 minutes				
T1006	Alcohol and/or substance abuse services, family/couple counseling				
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification, including vital sign monitoring				
T1009	Child sitting services for the children of the individual receiving alcohol and/or substance abuse services				

CDHS – OBH Approved Behavioral Health (BH) Procedure Code List						
CPT/HCPCS Procedure Code	Description					
T1012	Alcohol and/or substance abuse services, skills development					
T1013	Sign language or oral interpreter for alcohol and/or substance abuse services, per 15 minutes					
T1016	Case management, each 15 minutes					
T1017	Targeted Case management, each 15 minutes					
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualize plan of treatment (code may not be used to identify services provided by home health aide or CNA)					
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter					
T2001	Non-emergency transportation					

Appendix D: Colorado Behavioral Health Procedure Code Categorization

*yellow highlighting indicates codes that do not require a covered diagnosis (i.e. assessment, crisis, prev/interv); blue highlight identifies exceptions to that rule.

		Primary	Secondary		SP		
Code	Description	Category	Category	Tertiary Category	(HE)	(b)(3)	Unit*
				Pathology and			
80305	Drug screen, presumptive, optical observation	Screening	Drug	Laboratory			E
				Pathology and			
80306	Drug screen, presumptive, read by instrument	Screening	Drug	Laboratory			E
				Pathology and			_
82075	Alcohol (ethanol); breath	Screening	Alcohol	Laboratory			Е
	Interactive complexity (list separately in addition to the			Interactive	.,		_
90785	code for the primary service)	Treatment	Psychotherapy	Complexity	Χ		Е
90791	Psychiatric diagnostic evaluation	Assessment	Diagnosis	n/a	Χ	Χ	E
90792	Psychiatric diagnostic evaluation with medical services	Assessment	Diagnosis	n/a	Х	Χ	E
	Psychotherapy, 30 minutes with the patient and/or family			Individual			
90832	member	Treatment	Psychotherapy	Psychotherapy	Χ	Χ	E
	Psychotherapy, 30 minutes with the patient and/or family						
	member when performed with an evaluation and						
	management service (list separately in addition to the code			Individual			
90833	for primary service)	E&M	Psychotherapy	Psychotherapy	Χ	Χ	E
	Psychotherapy, 45 minutes with the patient and/or family			Individual			
90834	member	Treatment	Psychotherapy	Psychotherapy	Χ	Χ	E
	Psychotherapy, 45 minutes with the patient and/or family						
	member when performed with an evaluation and						
	management service (list separately in addition to the code			Individual			_
90836	for primary service)	E&M	Psychotherapy	Psychotherapy	Χ	Х	E
	Psychotherapy, 60 minutes with the patient and/or family	_		Individual		.,	_
90837	member	Treatment	Psychotherapy	Psychotherapy	Х	Х	Е
	Psychotherapy, 60 minutes with the patient and/or family						
	member when performed with an evaluation and						
00000	management service (list separately in addition to the code	50.14	5 1 11	Individual	\ \ \	V	_
90838	for primary service)	E&M	Psychotherapy	Psychotherapy	Χ	X	E

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		Primary	Secondary		SP		
Code	Description	Category	Category	Tertiary Category	(HE)	(b)(3)	Unit*
				Psychotherapy			
90839	Psychotherapy for Crisis, first 60 min	Crisis	Psychotherapy	for Crisis	Χ	Х	E
	Psychotherapy for Crisis, each additional 30 minutes (List			Psychotherapy			
90840	separately in addition to code 90839 for primary service)	Crisis	Psychotherapy	for Crisis	Χ	Χ	30 M
				Family			
90846	Family psychotherapy (without the patient present)	Treatment	Psychotherapy	Psychotherapy	Χ	Χ	E
	Family psychotherapy (conjoint psychotherapy) (with			Family			
90847	patient present)	Treatment	Psychotherapy	Psychotherapy	Х	Χ	E
				Group			
90849	Multiple-family group therapy	Treatment	Psychotherapy	Psychotherapy	Χ	Х	E
	Group psychotherapy (other than of a multiple-family			Group			
90853	group)	Treatment	Psychotherapy	Psychotherapy	Х	Χ	E
	Individual psychophysiological therapy incorporating						
	biofeedback training by any modality (face-to-face with the						
	patient), with psychotherapy (e.g., insight-oriented,						
	behavior modifying or supportive psychotherapy);		Other Professional		.,	.,	_
90875	approximately 30 minutes	Treatment	Services	Biofeedback	Χ	Х	Е
	Individual psychophysiological therapy incorporating						
	biofeedback training by any modality (face-to-face with the						
	patient), with psychotherapy (e.g., insight-oriented,						
00076	behavior modifying or supportive psychotherapy);	l	Other Professional	D: (II I	V		_
90876	approximately 45 minutes	Treatment	Services	Biofeedback	Х		E
	Interpretation or explanation of results of psychiatric,						
	other medical examinations and procedures, or other		Developing				
90887	accumulated data to family or other responsible persons,	Assessment	Psychological	2/2	Х		Е
90887	or advising them how to assist patient Psychological testing (includes psychodiagnostic	Assessment	Testing	n/a	^		<u> </u>
	assessment of emotionality, intellectual abilities,						
	personality, and psychopathology; e.g., MMPI, Rorschach,						
	WAIS), per hour of the psychologist's or physician's time,						
	both face-to-face time administering tests to the patient						
	and time interpreting these test results and preparing the		Psychological				
96101	report	Assessment	Testing	n/a	Х	Х	IН

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Psychological testing (includes psychodiagnostic assessment						
	of emotionality, intellectual abilities, personality, and						
	psychopathology; e.g., MMPI, WAIS), with qualified health						
	care professional interpretation and report, administered by		Psychological				
96102	technician, per hour of technician time, face-to-face.	Assessment	Testing	n/a	Х		1 H
	Psychological testing (includes psychodiagnostic assessment						
	of emotionality, intellectual abilities, personality and						
	psychopathology, e.g., MMPI and WAIS), administered by a						
	computer, with qualified health care professional		Psychological				
96103	interpretation and report.	Assessment	Testing	n/a	Х		1 H
	Neurobehavioral status exam (clinical assessment of thinking,						
	reasoning, and judgment, e.g., acquired knowledge,						
	attention, language, memory, planning and problem solving,						
	and visual spatial abilities), per hour of the licensed						
	psychologist or physician's time, both face-to-face time with						
	the patient and time interpreting test results and preparing		Psychological	,			4
96116	the report	Assessment	Testing	n/a	Х		1 H
	Neuropsychological testing (e.g., Halstead–Reitan						
	Neuropsychological Battery Wechsler Memory Scales, and						
	Wisconsin Card Sorting test), per hour of the licensed						
	psychologist or physician's time, both face-to-face time		Davehalasiaal				
06110	administering tests to the patient and time interpreting these	Assassment	Psychological	n/a	Х		1 H
96118	test results and preparing the report	Assessment	Testing	n/a	^		T 11
	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and						
	Wisconsin Card Sorting test), with qualified health care						
	professional interpretation and report, administered by a		Psychological				
96119	technician, per hour of technician time, face-to-face	Assessment	Testing	n/a	Х		1 H
30113	Neuropsychological testing (e.g., Wisconsin Card Sorting	AJJEJJIIIEIIL	resume	ii, u			- ''
	Test), administered by a computer, with qualified health care		Psychological				
96120	professional interpretation and report.	Assessment	Testing	n/a	x		1 H
30120	professional interpretation and report.	Assessifient	TCJUIIB	11/ α		l	''

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Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Therapeutic, prophylactic, or diagnostic injection (specify		Medication				
96372	substance or drug) subcutaneous or intramuscular	Treatment	Management	n/a	Χ		E
	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			,	\ \ \		45.04
97535	contact by provider, each 15 minutes	Treatment	Rehabilitation	n/a	Х		15 M
	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						
97537	minutes	Treatment	Rehabilitation	n/a	Х	Х	15 M
37337			Trendomederon.	Phone			
	Telephone assessment and management provided by			Assessment and			
98966	qualified non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Х	Х	15 M
				Phone			
	Telephone assessment and management provided by			Assessment and			
98967	qualified non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Χ	Х	15 M
				Phone			
	Telephone assessment and management provided by			Assessment and	.,		
98968	qualified non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Х	Х	15 M
	Office or Other Outpatient Services: requires problem						
	focused history, problem focused examination, and straight		Office or Other				
99201	forward medical decision making. Typical time spent is 10 minutes.	E&M	Outpatient	New Patient	Х	х	E
33201	Office or Other Outpatient Services: requires expanded	LOWIN	Outpatient	New Facient		^	_
	problem focused history, expanded problem focused						
	examination, and straightforward medical decision making.		Office or Other				
99202	Typical time spent is 20 minutes.	E&M	Outpatient	New Patient	Χ		Е
	Office or Other Outpatient Services: requires detailed history,						
	detailed examination, and low complexity medical decision		Office or Other				
99203	making. Typical time spent is 30 minutes.	E&M	Outpatient	New Patient	Χ		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Office or Other Outpatient Services: requires comprehensive						
	history, comprehensive examination, and moderate						
	complexity medical decision making. Typical time spent is 45		Office or Other				
99204	minutes.	E&M	Outpatient	New Patient	Χ		E
	Office or Other Outpatient Services: requires comprehensive						
	history, comprehensive examination, and high complexity		Office or Other				
99205	medical decision making. Typical time spent is 60 minutes.	E&M	Outpatient	New Patient	Χ		E
	Office or Other Outpatient Services: Office or other						
	outpatient office visit that may not require the presence of a		Office or Other	Established			
99211	physician. Usually presenting problems are minimal.	E&M	Outpatient	Patient	Х		E
	Office or Other Outpatient Services: requires problem						
	focused history, problem focused examination, and						
	straightforward medical decision making. Typical time spent		Office or Other	Established			
99212	is 10 minutes.	E&M	Outpatient	Patient	Х		Е
	Office or Other Outpatient Services: requires expanded						
	problem focused history, expanded problem focused						
	examination, and low complexity medical decision making.		Office or Other	Established			
99213	Typical time spent is 15 minutes.	E&M	Outpatient	Patient	Х		E
	Office or Other Outpatient Services: requires detailed history,						
	detailed examination, and moderate complexity medical		Office or Other	Established			
99214	decision making. Typical time spent is 25 minutes.	E&M	Outpatient	Patient	Х		E
	Office or Other Outpatient Services: requires comprehensive						
	history, comprehensive examination, and high complexity		Office or Other	Established			
99215	medical decision making. Typical time spent is 40 minutes.	E&M	Outpatient	Patient	Х		E
	Observation Care discharge day management when provided		Hospital	Observation Care			
99217	on a day other than day of admission.	E&M	Observation	Discharge	Х		E
	Initial observation care, per day, for the evaluation and						
	management of a patient: requires detailed or						
	comprehensive history, detailed or comprehensive exam,						
	and straight forward or low complexity medical decision	_	Hospital	Initial Observation	.,		_
99218	making, Typical time is 30 minutes	E&M	Observation	Care	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Initial observation care, per day, for the evaluation and						
	management of a patient: requires comprehensive history,						
	comprehensive exam, and moderate complexity medical		Hospital	Initial Observation			
99219	decision making, Typical time is 50 minutes	E&M	Observation	Care	Χ		E
	Initial observation care, per day, for the evaluation and						
	management of a patient: requires comprehensive history,						
	comprehensive exam, high complexity medical decision		Hospital	Initial Observation			
99220	making, Typical time is 70 minutes	E&M	Observation	Care	Χ		E
	Initial hospital care, per day, for the evaluation and			Initial Hospital			
99221	management of a patient (low severity)	E&M	Hospital Inpatient	Care	Χ		E
	Initial hospital care, per day, for the evaluation and			Initial Hospital			
99222	management of a patient (moderate severity)	E&M	Hospital Inpatient	Care	Χ		E
	Initial hospital care, per day, for the evaluation and			Initial Hospital			
99223	management of a patient (high severity)	E&M	Hospital Inpatient	Care	Χ		E
	Subsequent hospital care, per day, for the evaluation and						
	management of a patient: requires problem focused interval						
	history, problem focused exam, and straight forward or low						
	complexity medical decision making. Typical time is 15		Hospital	Subsequent			
99224	minutes.	E&M	Observation	Observation Care	Χ		E
	Subsequent hospital care, per day, for the evaluation and						
	management of a patient: expanded problem focused						
	interval history, expanded problem focused exam, and						
	moderate complexity medical decision making. Typical time		Hospital	Subsequent			
99225	is 25 minutes.	E&M	Observation	Observation Care	Χ		E
	Subsequent hospital care, per day, for the evaluation and						
	management of a patient: requires detailed interval history,						
	detailed exam, high complexity medical decision making		Hospital	Subsequent			
99226	Typical time is 35 minutes.	E&M	Observation	Observation Care	Χ		E
	Subsequent hospital care, per day (stable, recovering or			Subsequent			
99231	improving patient)	E&M	Hospital Inpatient	Hospital Care	Х		E
	Subsequent hospital care, per day (patient responding						
	inadequately to therapy or has developed a minor			Subsequent			_
99232	complication)	E&M	Hospital Inpatient	Hospital Care	Χ		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Subsequent hospital care, per day (unstable patient or the			Subsequent			
99233	development of significant complications or problems)	E&M	Hospital Inpatient	Hospital Care	Х		E
	Same day admit/discharge observation/inpatient Evaluation						
	and Management services: requires detailed or						
	comprehensive history, detailed or comprehensive exam,						
	straight forward or low complexity med decision making,			Subsequent			
99234	Typical time 40 minutes	E&M	Hospital Inpatient	Hospital Care	Х		E
	Same day admit/discharge observation/inpatient Evaluation						
	and Management services: requires comprehensive history,						
	comprehensive exam, moderate complexity med decision	_		Subsequent	.,		_
99235	making, Typical time 50 minutes	E&M	Hospital Inpatient	Hospital Care	Х		E
	Same day admit/discharge observation/inpatient Evaluation						
	and Management services: requires comprehensive history,						
00226	comprehensive exam, high complexity med decision making,	50.14		Subsequent	V		_
99236	Typical time 55 minutes	E&M	Hospital Inpatient	Hospital Care	X		E _
99238	Discharge day management; 30 minutes or less	E&M	Hospital Inpatient	Hospital Discharge	Χ		Е
99239	Discharge day management; more than 30 minutes	E&M	Hospital Inpatient	Hospital Discharge	Х		E
	Office or other outpatient consultation for a new or						
	established patient. Requires problem focused history,						
	problem focused exam straight forward med decision			Office or Other			
99241	making, Typical time 15 minutes.	E&M	Consultations	Outpatient	Χ		E
	Office or other Outpatient Consultations Evaluation and						
	Management Services: requires expanded problem focused						
	history, expanded problem focused exam straight forward			Office or Other	.,		_
99242	med decision making, Typical time 30 minutes	E&M	Consultations	Outpatient	Х		E
	Office or other Outpatient Consultations Evaluation and						
	Management Services: requires detailed history, detailed						
00040	exam low complexity med decision making, Typical time 40	5014		Office or Other	, , , , , , , , , , , , , , , , , , ,		_
99243	minutes	E&M	Consultations	Outpatient	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Office or other Outpatient Consultations Evaluation and						
	Management Services: requires comprehensive history,						
	comprehensive exam moderate complexity med decision			Office or Other			
99244	making, Typical time 60 minutes	E&M	Consultations	Outpatient	Χ		E
	Office or other Outpatient Consultations Evaluation and						
	Management Services: requires comprehensive history,						
	comprehensive exam high complexity med decision making,			Office or Other			
99245	Typical time 80 minutes	E&M	Consultations	Outpatient	Χ		E
	Inpatient consultation for a new or established patient; the						
99251	presenting problem(s) are self-limited or minor	E&M	Consultations	Inpatient	Χ		E
	Inpatient consultation for a new or established patient; the						
99252	presenting problem(s) are of low severity	E&M	Consultations	Inpatient	Χ		E
	Inpatient consultation for a new or established patient; the						
99253	presenting problem(s) are of moderate severity	E&M	Consultations	Inpatient	Χ		E
	Inpatient consultation for a new or established patient; the						
99254	presenting problem(s) are of moderate to high severity.	E&M	Consultations	Inpatient	Χ		E
	Inpatient consultation for a new or established patient; the						
99255	presenting problem(s) are of moderate to high severity.	E&M	Consultations	Inpatient	Χ		E
	Emergency Department Services: requires problem focused						
	history, problem focused examination straight forward		Emergency				
99281	medical decision making	E&M	Department	n/a	Χ		E
	Emergency Department Services: requires expanded problem						
	focused history, expanded problem focused examination low		Emergency				
99282	complexity medical decision making	E&M	Department	n/a	Χ		E
	Emergency Department Services: requires expanded problem						
	focused history, expanded problem focused examination		Emergency				
99283	moderate complexity medical decision making	E&M	Department	n/a	Х		E
	Emergency Department Services: requires detailed history,						
	detailed examination moderate complexity medical decision		Emergency				
99284	making	E&M	Department	n/a	Χ		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Emergency Department Services: requires comprehensive						
	history, comprehensive examination high complexity medical		Emergency				
99285	decision making.	E&M	Department	n/a	Χ		E
	Initial Nursing Facility Care Services: requires detailed or						
	comprehensive history, detailed or comprehensive						
	examination straight forward or low complexity medical						
99304	decision making, Typical time is 25 minutes	E&M	Nursing Facility	Initial Services	Χ		E
	Initial Nursing Facility Care Services: requires comprehensive						
	history, comprehensive examination moderate complexity						
99305	medical decision making, Typical time is 35 minutes	E&M	Nursing Facility	Initial Services	Χ		E
	Initial Nursing Facility Care Services: requires comprehensive						
	history, comprehensive examination high complexity						
99306	medical decision making Typical time is 45 minutes	E&M	Nursing Facility	Initial Services	Χ		E
	Subsequent Nursing Facility Services: requires problem						
	focused interval history, problem focused examination,						
	straight forward medical decision making, Typical time 10			Subsequent			
99307	minutes	E&M	Nursing Facility	Services	Χ		E
	Subsequent Nursing Facility Services: requires expanded						
	problem focused interval history, expanded problem focused						
	examination, low complexity medical decision making,			Subsequent			
99308	Typical time 15 minutes	E&M	Nursing Facility	Services	Χ		E
	Subsequent Nursing Facility Services: requires detailed						
	interval history, detailed examination moderate complexity			Subsequent			
99309	medical decision making, Typical time is 25 minutes	E&M	Nursing Facility	Services	Χ		E
	Subsequent Nursing Facility Services: requires comp interval						
	history, comprehensive examination high complexity medical			Subsequent			
99310	decision making, Typical time is 35 minutes	E&M	Nursing Facility	Services	Χ		E
	Nursing Facility discharge services: nursing facility discharge						
99315	day management; 30 minutes or less	E&M	Nursing Facility	Discharge Services	Χ		E
	Nursing Facility discharge services: nursing facility discharge						
99316	day management; more than 30 minutes	E&M	Nursing Facility	Discharge Services	Χ		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Annual Nursing Facility Assessment: require detailed interval						
	history, comprehensive examination, low to moderate						
	complexity medical decision making. Typical time is 30						
99318	minutes	E&M	Nursing Facility	Other	Х		E
	Domiciliary, rest home, custodial care services: requires						
	problem focused history, problem focused examination		Domiciliary, Rest				
	straight forward medical decision making, Typical time 20		Home, Custodial				
99324	minutes	E&M	Care	New Patient	Х		E
	Domiciliary, rest home, custodial care services: requires						
	expanded problem focused history, expanded problem		Domiciliary, Rest				
	focused examination low complexity medical decision		Home, Custodial				
99325	making Typical time 30 minutes	E&M	Care	New Patient	Х		E
	Domiciliary, rest home, custodial care services: requires		Domiciliary, Rest				
	detailed history, detailed examination moderate complexity		Home, Custodial				
99326	medical decision making, Typical time 45 minutes	E&M	Care	New Patient	Х		E
	Domiciliary, rest home, custodial care services: requires						
	comprehensive history, comprehensive examination		Domiciliary, Rest				
	moderate complexity medical decision making, Typical time		Home, Custodial				
99327	60 minutes	E&M	Care	New Patient	Х		E
	Domiciliary, rest home, custodial care services: requires		Domiciliary, Rest				
	comprehensive history, comprehensive examination high		Home, Custodial				
99328	complexity medical decision making, Typical time 75 minutes	E&M	Care	New Patient	Х		E
	Domiciliary, rest home, custodial care services: requires						
	problem focused interval history, problem focused		Domiciliary, Rest				
	examination straight forward medical decision making,		Home, Custodial	Established			
99334	Typical time 15 minutes	E&M	Care	Patient	Х		E
	Domiciliary, rest home, custodial care services: requires						
	expanded problem focused interval history, expanded		Domiciliary, Rest				
	problem focused examination low complexity medical		Home, Custodial	Established			
99335	decision making Typical time 25 minutes	E&M	Care	Patient	Х		E
	Domiciliary, rest home, custodial care services: requires		Domiciliary, Rest				
	detailed interval history, detailed examination moderate		Home, Custodial	Established			_
99336	complexity medical decision making, Typical time 40 minutes	E&M	Care	Patient	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Domiciliary, rest home, custodial care services: requires						
	comprehensive interval history, comprehensive examination		Domiciliary, Rest				
	moderate to high complexity medical decision making,		Home, Custodial	Established			
99337	Typical time 60 minutes	E&M	Care	Patient	Χ		E
	Home care services: requires problem focused history,						
	problem focused examination straight forward medical						
99341	decision making, Typical time 20 minutes	E&M	Home	New Patient	Х		E
	Home care services: requires expanded problem focused						
	history, expanded problem focused examination low						
99342	complexity medical decision making Typical time 30 minutes	E&M	Home	New Patient	Х		E
	Home care services: requires detailed history, detailed						
	examination moderate complexity medical decision making,						
99343	Typical time 45 minutes	E&M	Home	New Patient	Χ		E
	Home care services: requires comprehensive history,						
	comprehensive examination moderate complexity medical						
99344	decision making, Typical time 60 minutes	E&M	Home	New Patient	Х		E
	Home care services: requires comprehensive history,						
	comprehensive examination high complexity medical						
99345	decision making, Typical time 75 minutes	E&M	Home	New Patient	Х		E
	Home care services: requires problem focused interval						
	history, problem focused examination straight forward			Established			
99347	medical decision making, average time 15 minutes	E&M	Home	Patient	Х		E
	Home care services: requires expanded problem focused						
	interval history, expanded problem focused examination low			Established			
99348	complexity medical decision making average time 25 minutes	E&M	Home	Patient	Х		E
	Home care services: requires detailed interval history,						
	detailed examination moderate complexity medical decision			Established			
99349	making, average time 40 minutes	E&M	Home	Patient	Х		E
	Home care services: requires comprehensive interval						
	history, comprehensive examination moderate to high						
	complexity medical decision making, average time 60			Established			l _
99350	minutes	E&M	Home	Patient	Χ		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Medical team conference with interdisciplinary team, face-						
	to-face with patient and/or family, 30 minutes or more,						
	participation by a non-physician qualified health care			Medical Team			
99366	professional	E&M	Case Management	Conference	Χ		E
	Medical team conference with interdisciplinary team, patient						
	and/or family not present, 30 minutes or more, participation			Medical Team			
99367	by physician	E&M	Case Management	Conference	Χ		E
	Medical team conference with interdisciplinary team, patient						
	and/or family not present, 30 minutes or more, participation			Medical Team			
99368	by non-physician qualified health care professional	E&M	Case Management	Conference	Χ		E
	Telephone evaluation and management (E/M) service						
	provided by a physician to an established patient, parent, or						
	guardian not originating from a related E/M service provided						
	within the previous 7 days, nor leading to an E/M service or						
	procedure within the next 24 hours or soonest available						
99441	appointment; 5 – 10 minutes of medical discussion	E&M	Non-Face-to-Face	Phone	Χ		E
	Telephone evaluation and management (E/M) service						
	provided by a physician to an established patient, parent, or						
	guardian not originating from a related E/M service provided						
	within the previous 7 days, nor leading to an E/M service or						
	procedure within the next 24 hours or soonest available						
99442	appointment; 11 – 20 minutes of medical discussion	E&M	Non-Face-to-Face	Phone	Χ		E
	Telephone evaluation and management (E/M) service						
	provided by a physician to an established patient, parent, or						
	guardian not originating from a related E/M service provided						
	within the previous 7 days, nor leading to an E/M service or						
	procedure within the next 24 hours or soonest available						
99443	appointment; 21 – 30 minutes of medical discussion	E&M	Non-Face-to-Face	Phone	Х		E
	Activity therapy, such as music, dance, art or play therapies						
	not for recreation, related to care and treatment of patient's						
	disabling mental health problems per session (45 minutes or						
G0176	more)	Treatment	Intensive	PHP	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Training and educational services related to the care and						
	treatment of patient's disabling mental health problems per						
G0177	session (45 minutes or more)	Treatment	Intensive	PHP	Χ		E
			Alcohol and Drug				
H0001	Alcohol and/or Drug (AOD) Assessment	Assessment	Abuse	n/a	Χ		E
	Behavioral health screening to determine eligibility for						
H0002	admission to treatment program	Screening	Program Eligibility	n/a	Χ		E
	Alcohol and/or drug screening; laboratory analysis of		Alcohol and Drug				
H0003	specimens for presence of alcohol and/or drugs	Screening	Abuse	n/a		Χ	E
				Individual			
H0004	Behavioral health counseling and therapy, per 15 minutes	Treatment	Psychotherapy	Psychotherapy	Χ	Χ	15 M
			Alcohol and Drug	Group			
H0005	Alcohol and/or drug services; group counseling	Treatment	Abuse	Psychotherapy	Χ	Χ	1 H
			Alcohol and Drug	Case			
H0006	Alcohol and/or drug services; case management	Treatment	Abuse	Management	Χ	Χ	15 M
			Alcohol and Drug				
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	Crisis	Abuse	n/a		Χ	E
	Alcohol and/or drug services; acute detoxification (residential		Alcohol and Drug				
H0011	addiction program inpatient)	Residential	Abuse	Social Detox			D
	Alcohol and/or drug services; sub-acute detoxification		Alcohol and Drug				
H0012	(residential addiction program outpatient)	Residential	Abuse	Social Detox			D
			Alcohol and Drug				
H0014	Alcohol and/or drug services; ambulatory detoxification	Residential	Abuse	Social Detox			D
			Alcohol and Drug	Intensive (IOP -			
H0015	Alcohol and/or drug services; intensive outpatient program	Treatment	Abuse	SUD)			E
	Behavioral health; residential (hospital residential treatment		Acute Treatment				1
H0017	program), without room and board, per diem	Residential	Unit (ATU)	n/a	Χ		D
	Behavioral health; short-term residential (non-hospital						1
	residential treatment program), without room and board,						1
H0018	per diem	Residential	Short Term	n/a	Χ	Χ	D

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Behavioral health; long-term residential (non-medical, non-						
	acute care in a residential treatment program where stay is						
	typically longer than 30 days), without room and board, per						
H0019	diem	Residential	Long Term	n/a	Х	Х	D
	Alcohol and/or drug services; Methadone administration		Alcohol and Drug				
H0020	and/or service (provisions of the drug by a licensed program)	Treatment	Abuse	Methadone	Х	Х	E
	Alcohol and/or drug intervention service (planned	Prevention/Early	Alcohol and Drug				
H0022	facilitation)	Intervention	Abuse	n/a			E
		Prevention/Early	Outreach or				
	Behavioral health outreach service (planned approach to	Intervention or	Rehabilitation (Drop				
H0023	reach a population) /Drop- In Center	Treatment	In)	n/a	X*		15 M
	Behavioral Health Prevention Information Dissemination						
	Service (One-Way Direct or Non-Direct Contact with Service	Prevention/Early					
H0024	Audiences to Affect Knowledge and Attitude)	Intervention	Education	n/a		Х	E
	Behavioral health prevention education service (delivery of	Prevention/Early			l.,		_
H0025	services to affect knowledge, attitude and/or behavior)	Intervention	Education	n/a	Х		E
	Alcohol and/or drug prevention environmental service						
	(broad range of external activities geared toward modifying	/5 1					
110027	systems in order to mainstream prevention through policy	Prevention/Early		,			_
H0027	and law)	Intervention	Community	n/a			E
	Alcohol and/or drug prevention problem identification and	Duo, continu /Faul.	Alaskaland Duus				
H0028	referral service (e.g. student assistance and employee	Prevention/Early	Alcohol and Drug	Corooning			15 M
П0028	assistance programs), does not include assessment	Intervention	Abuse	Screening			12 101
	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g.	Prevention/Early	Alcohol and Drug	Alternative			
H0029	alcohol free social events)	Intervention	Abuse	Services			E
H0030	Behavioral Health, Hotline Services	Crisis	Non-Face-to-Face	Phone	l		E
H0031	Mental health assessment, by non-physician	Assessment	Diagnosis	n/a	Х		E
			Treatment/Service				
H0032	Mental health service plan development by non-physician	Assessment	Planning	n/a	Х	Х	E
			Medication			l .,	_
H0033	Oral medication administration, direct observation	Treatment	Management	n/a	X*	X	E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
			Medication				
H0034	Medication training and support, per 15 minutes	Treatment	Management	n/a	Х	Х	15 M
	Mental health partial hospitalization, treatment, less than 24				.,	l .,	_
H0035	hours	Treatment	Intensive	PHP	Х	Х	E
110026	Community psychiatric supportive treatment, face-to-face,	Tuestassast	Dala dalika di au	CDCT	V		15 M
H0036	per 15 minutes Community psychiatric supportive treatment, face-to-face,	Treatment	Rehabilitation	CPST	Х		12 1/1
H0037	per diem	Treatment	Rehabilitation	CPST	Х	Х	D
110037	per diem	Peer	Renabilitation	6131			
H0038	Self-help/peer services, per 15 minutes	Support/Recovery	Behavioral Health	n/a	X*	Х	15 M
H0039	Assertive community treatment, face-to-face, per 15 minutes	Treatment	Rehabilitation	ACT	Χ	X	15 M
H0040	Assertive community treatment program, per diem	Treatment	Rehabilitation	ACT	Χ	X	D
H0043	Supported housing, per diem	Residential	Supported Housing	n/a	Χ	X	D
H0044	Supported housing, per month	Residential	Supported Housing	n/a	Χ	X	М
H0045	Respite care services, not in the home, per diem	Respite Care	Facility-Based	n/a		X	D
	Alcohol and/or other drug abuse services; not otherwise		Alcohol and Drug				
H0047	specified	Treatment	Abuse	NOS		Х	15 M
110040	Alcohol and/or other drug testing; collection of handling		Alcohol and Drug	,			_
H0048	only, specimens other than blood	Screening	Abuse	n/a			E
H1000	Prenatal Care, At Risk Assessment	Assessment	At Risk	Prenatal			E
H1002	Care coordination prenatal/case management	Treatment	Case Management	n/a			15 M
114.000		Prevention/Early	e				1 11
H1003	Prenatal Care, at risk enhanced service, education	Intervention	Education Alcohol and Drug	Prenatal Casa Managament			1 H
H1004	Prenatal follow up home visit	Treatment	Abuse	Case Management (Prenatal)			15 M
112001	Family assessment by a licensed behavioral health		. 1.0 0.0 0	(i rematal)			
H1011	professional for State defined purposes	Assessment	Diagnosis	n/a	Х		Е
H2000	Comprehensive multidisciplinary evaluation	Assessment	Diagnosis	n/a	Χ		Е
	·		-	Rehabilitation			
H2001	Rehabilitation program, per ½ day	Treatment	Rehabilitation	Program	Χ	X	E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
H2011	Crisis intervention service, per 15 minutes	Crisis	Behavioral Health	n/a	Χ	Χ	15 M
H2012	Behavioral health day treatment, per hour	Treatment	Intensive	Day Treatment	Χ	Χ	1 H
H2014	Skills training and development, per 15 minutes	Treatment	Rehabilitation	Other	Χ		15 M
H2015	Comprehensive community support services, per 15 minutes	Peer Support/Recovery	Community	n/a	х	Х	15 M
H2016	Comprehensive community support services, per diem	Support/Recovery	Community	n/a	Х		D
H2017	Psychosocial rehabilitation services, per 15 minutes	Treatment	Rehabilitation	PSR	Χ		15 M
H2018	Psychosocial rehabilitation services, per diem	Treatment	Rehabilitation	PSR	Χ	Χ	D
H2021	Community-based wrap-around services, per 15 minutes	Treatment	Other Professional Services	Community-Based Wrap-Around	Х	Х	15 M
H2022	Community-based wrap-around services, per diem	Treatment	Other Professional Services	Community-Based Wrap-Around	Х		D
H2023	Supported employment, per 15 minutes	Treatment	Vocational Services	n/a			15 M
H2024	Supported employment, per diem	Treatment	Vocational Services	n/a		Χ	D
H2025	Ongoing support to maintain employment, per 15 minutes	Treatment	Vocational Services	n/a		Χ	15 M
H2026	Ongoing support to maintain employment, per diem	Treatment	Vocational Services	n/a		Χ	D
H2027	Psychoeducational service, per 15 minutes	Treatment	Other Professional Services	Psychoeducation	Х	Х	15 M
H2030	Mental health clubhouse services, per 15 minutes	Treatment	Rehabilitation	Clubhouse	Χ	Χ	15 M
H2031	Mental health clubhouse services, per diem	Treatment	Rehabilitation	Clubhouse	Χ	Χ	D
H2032	Activity therapy, per 15 min	Treatment	Rehabilitation	Other	Χ	Χ	15 M
H2033	Multi-systemic therapy for juveniles, per 15 minutes	Treatment	Other Professional Services	MST	х	Х	15 M
H2034	Halfway house	Residential	Alcohol and Drug Abuse	Halfway House			D
H2036	Alcohol and/or drug treatment program, per diem	Treatment	Alcohol and Drug Abuse	Treatment Program			D

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Performance measurement, evaluation of patient self-		Alcohol and Drug				
S3005	assessment, depression	Residential	Abuse	Social Detox	Χ		E
S5150	Unskilled respite care, not hospice; per 15 minutes	Respite Care	Facility/Community	n/a			15 M
S5151	Unskilled respite care, not hospice; per diem	Respite Care	Facility/Community	n/a		Х	D
S9445	Patient education, not otherwise classified, non-physician provider, individual	Treatment	Alcohol and Drug Abuse	Education	Х	х	E
S9453	Smoking cessation classes, non-physician provider, per session	Prevention/Early Intervention	Education	Smoking Cessation	Х		E
S9454	Stress management classes, non-physician provider, per session	Prevention/Early Intervention	Education	Stress Management	Х	Х	E
S9480	Intensive outpatient psychiatric (IOP) services, per diem	Treatment	Intensive	IOP – MH	Χ	Х	D
S9485	Crisis intervention mental health services, per diem	Crisis	Behavioral Health	n/a	Χ		D
S9976	Lodging, per diem, not otherwise specified	Residential	Room and Board	n/a		Х	D
T1005	Respite care services, up to 15 minutes	Respite Care	Facility-Based	n/a			15 M
T1006	Alcohol and/or substance abuse services, family/couple counseling	Treatment	Alcohol and Drug Abuse	Family/Couple Counseling		Х	1 H
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification, including vital sign monitoring	Residential	Alcohol and Drug Abuse	Social Detox	Х		15 M
T1009	Child sitting services for the children of the individual receiving alcohol and/or substance abuse services	Support Services	Alcohol and Drug Abuse	Childcare			15 M
T1012	Alcohol and/or substance abuse services, skills development	Treatment	Alcohol and Drug Abuse	Rehabilitation			15 M
T1013	Sign language or oral interpreter for alcohol and/or substance abuse services, per 15 minutes	Support Services	Alcohol and Drug Abuse	Language			15 M
T1016	Case management, each 15 minutes	Treatment	Case Management	n/a	Х		15 M

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
T1017	Targeted Case management, each 15 minutes	Treatment	Case Management	n/a	Χ	Х	15 M
	Personal care services, per 15 minutes, not for an inpatient						
	or resident of a hospital, nursing facility, ICF/MR or IMD, part						
	of the individualize plan of treatment (code may not be used		Alcohol and Drug				
T1019	to identify services provided by home health aide or CNA)	Residential	Abuse	Social Detox	Χ	Χ	15 M
	Screening to determine the appropriateness of consideration						
	of an individual for participation in a specified program,		Alcohol and Drug				
T1023	project or treatment protocol, per encounter	Residential	Abuse	Social Detox	Х		E
			Alcohol and Drug				
T2001	Non-emergency transportation	Support Services	Abuse	Transportation			E

^{*}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 those that fall into one of those categories mentioned, but still require a covered diagnosis for submission.

*Unit	Definition
15 M	15 Minutes
1 H	1 Hour
½ D	½ Day
E	Encounter (Session/Visit)
D	Day
М	Month

SP = Medicaid State Plan Service (b)3 = 1915(b)(3) Waiver Service

Appendix E: Peer Specialist Core Competencies

Combined Core Competencies for Colorado's Peer Specialists/Recovery Coaches and Family Advocates/Family Systems Navigators

Knowledge of Mental Health/Substance Use Conditions and Treatments - Recognize signs and coping strategies, including the grief process - Know when to refer to a clinician - Know when to report to a supervisor - Understand interactions of physical and behavioral health	Self-care - Recognize when health may compromise the ability to work - Acknowledge that personal wellness is a primary responsibility - Set boundaries between work and personal life
Patients' Rights/Confidentiality/Ethics/Roles - Understand scope of duties and role - Understand HIPAA / protected health information / confidentiality - Maintain professional boundaries - Recognize potential risks - Advocate when appropriate	Teaching Skills - Demonstrate wellness and teach life skills - Encourage the development of natural supports - Assist people to find and use psycho-education materials
InterpersonalSkills - Communication - Diversity and cultural competency - Relationship development - Use guiding principles pertinent to population served - Model appropriate use of personal story and self-advocacy - Goal-setting, problem-solving, teamwork, & conflict resolution	Basic Work Competencies - Seek supervision and/or ask for direction - Accept feedback - Demonstrate conflict resolutions skills - Navigate complex work environments
Resiliency, Recovery and Wellness - Understand principles and concepts of resiliency, recovery, and a wellness oriented lifestyle - Assist others with their own resiliency and recovery - Encourage options and choices - Understand impacts of labels, stigma, discrimination, and bullying - Understand person-centered resiliency and recovery planning for all ages and stages	Trauma-Informed Support - Understand impact of trauma and responses to trauma - Demonstrate sensitivity and acceptance of individual experiences - Practice cultural sensitivity - Promote shared decision-making

Resources

- Knowledge of community resources and those specific to behavioral health and physical Health and how to navigate the benefits system
- Help individuals and families recognize their natural supports
- *Knowledge of public education and special education system and other child-serving systems

Sources of Information and Input:

- 1. Advocates for Recovery Colorado Core Competencies for Recovery Coaches, (2010)
- 2. Blanch, A., Filson, B., & Penney, D. Engaging Women in Trauma-Informed Peer Support: A Guidebook (2012)
- Colorado Mental Health Advocates' Forum Peer Specialist Core Competencies, as adopted by the Colorado Department of Health Care Policy and Financing (HCPF) in its Medicaid Community Mental Health SeNicesProgram Request for Proposals released December 2008.
- 4. Colorado Mental Health Advocates' Forum Consensus Statement on Resiliency (2012)
- 5. Colorado Mental Health Advocates' Forum Consensus Statement on Trauma-Informed Care (2012)
- 6. National Federation of Families for Children's Mental Health Certified Parent Support Specialist Self- Assessment Training Checklist, Sept. 2011, from the National Federation website.
- 7. SAMHSA's Working Definition of Recovery (Dec. 2011), retrieved from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration website
- 8. House Bill 1193-Concerning Integrated System-of-Care Family Advocacy Programs for Mental Health Juvenile Justice

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^{*}Item pertains specifically to Family Advocates/Family Systems Navigators

Appendix F: Case Management

Examples of Case Management

Assessment of service needs:

- Comprehensive assessment/periodic re-assessment of the individual's need for medical, educational, social or other services.
- Activities/Interventions to gather/confirm information coming from the Individual, family and other sources in order to complete assessment.
- Determining with the individual /family /supports their ability to access and effectively link to these services and supports on their own and what type of help they will need, including how intensely and for how long case management services will be needed.
- Assisting the Individual and their Family/Supports in understanding what case management services are including their limitations so that they can better participate in the case management assessment and treatment/service planning process.

Development of a specific care plan that includes:

- Prioritizing with the Individual and their Family/Supports the referrals and linkages needed so the treatment/service plan reflects the case management assessment. As a result of the assessment, the case management plan will have a timeline for referral and linkage as well as the expected outcomes of the interventions.
- Specifies goals and actions to address the medical, social, educational, and other services needed by the individual.
- Identifies a course of action to respond to assessed needs.
- Developing, in conjunction with the Individual, a list of agreed upon case management interventions that will be used to help the Individual successfully link to services and supports.
- Develop with the Individual and Family/Supports the role of the persons providing case management services in coordinating care among treatment providers, other services, and natural/community supports.
- Develop with the Individual an agreed upon structure for regular meetings with the person(s) providing case management services to review progress and determine necessary changes to the treatment/service plan.

Referral and related activities to obtain needed services:

- To help an individual obtain needed service including activities that link them to medical, social, or educational providers or other services capable of providing services and assisting in referral/scheduling.
- Follow-up post appointments to ensure that the person providing case management services understands any changes or recommendations to treatment or to the content of the supports that will be provided and that this information is also understood and able to be acted on effectively by the Individual/Family/ Supports.

Monitoring and follow-up:

- Meeting via phone or face to face (all services can take place face-to-face or via phone) on a regularly scheduled basis with the individual and their Family/Supports to ensure that services are being provided according to the treatment/service plan, that the individual believes they are effective, and wishes to continue according to the current treatment/service plan to insure the patient is getting the services they need.
- Talking/meeting with Providers and Supports, with or without the Individual present, to coordinate care, assess the
 effectiveness of service, progress of the Individual towards goals and objectives on any treatment/service plan, and soliciting
 ideas for changes that will allow for more rapid progress towards the Individual's recovery goals. Again, the overall purpose of
 these activities is to insure the patient is getting the services they need.

Case Management does <u>not</u> include the following:

- Case management activities that are an integral component of another covered Medicaid service.
- Direct delivery of medical, educational, social or other services to which a Medicaid eligible patient has been referred.

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- Activities integral to the administration of foster care programs.
- Activities, for which a Medicaid eligible patient may be eligible, but are integral to the administration of another non-medical program.

Appendix G: Time Standards for Psychotherapy Codes

TIME STANDARDS FOR INDIVIDUAL PSYCHOTHERAPY PROCEDURE CODES						
Procedure Code	Procedure Code Description (Short)	Duration (in Mins)*	Modifier**			
90832	PSYCHOTHERAPY, 30 MIN	0 - 15*	N/A			
90652	PSYCHOTHERAPY, 30 WIIN	16-37				
00022	PSYCHOTHERAPY, 30 MIN; W/E&M	0 - 15*	N/A			
90833		16-37				
90834	PSYCHOTHERAPY, 45 MIN	38-52				
90836	PSYCHOTHERAPY, 45 MIN; W/E&M	38-52				
90837	PSYCHOTHERAPY, 60 MIN	53+				
90838	PSYCHOTHERAPY, 60 MIN; W/E&M	53+				

^{*} NOTE:

Individual psychotherapy rendered for less than 16 minutes (i.e., 0 - 15 minutes) is not reportable as 90832 or 90833

Appendix H: Interactive Complexity



Interactive Complexity



Definition

A new concept in 2013, interactive complexity refers to 4 specific communication factors during a visit that complicate delivery of the primary psychiatric procedure.

Report with CPT add-on code

Code Type

Add-on codes may be reported in conjunction with specified "primary procedure" codes. Add-on codes may never be reported alone.

Replaces

Codes for interactive diagnostic interview examination, interactive individual psychotherapy, and interactive group psychotherapy are deleted.

are de

Use in Conjunction With

The following psychiatric "primary procedures":

- Psychiatric diagnostic evaluation, 90791, 90792
- Psychotherapy, 90832, 90834, 90837
- Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M
- Group psychotherapy, 90853

When performed with psychotherapy, the interactive complexity component (90785) relates only to the increased work intensity of the psychotherapy service, and does not change the time for the psychotherapy service.

May Not Report With

- Psychotherapy for crisis (90839, 90840)
- E/M alone, i.e., E/M service not reported in conjunction with a psychotherapy add-on service
- Family psychotherapy (90846, 990847, 90849)

Typical Patients Interactive complexity is often present with patients who:

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

Interactive complexity is commonly present during visits by children and adolescents, but may apply to visits by adults, as well.

Report 90785 When at least one of the following communication factors is present during the visit:

- The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
- Caregiver emotions or behaviors that interfere with implementation of the treatment plan.
- Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
- 4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

Per the Center for Medicare and Medicaid Services (CMS), *90785 generally should not be billed solely for

the purpose of translation or interpretation services" as that may be a violation of federal statute.

Complicating Communication Factor Must Be Present During the Visit The following examples are NOT interactive complexity:

- Multiple participants in the visit with straightforward communication
- Patient attends visit individually with no sentinel event or language barriers
- Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors

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Appendix I: Evaluation and Management (E/M) Procedure codes

a. Office or Other Outpatient Services

Evaluation and Management Services – Office or Other Outpatient Services					
Procedure Code	Procedure Code Description	Usage			
99201	New Patient – Requires problem focused history, problem focused examination, and straight forward medical decision making. Typical time spent is 10 minutes.	Medicaid/OBH			
99202	New Patient – Requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 20 minutes.	Medicaid/OBH			
99203	New Patient – Requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30 minutes.	Medicaid/OBH			
99204	New Patient – Requires comprehensive history, comprehensive examination, and moderate complexity medical decision making. Typical time spent is 45 minutes.	Medicaid/OBH			
99205	New Patient – Requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 60 minutes.	Medicaid/OBH			
99211	Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.	Medicaid/OBH			
99212	Established Patient – Requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10 minutes.	Medicaid/OBH			
99213	Established Patient – Requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is 15 minutes.	Medicaid/OBH			
99214	Established Patient – Requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 25 minutes.	Medicaid/OBH			
99215	Established Patient – Requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40 minutes.	Medicaid/OBH			

b. Home

Evaluation and Management Services – Home				
Procedure Code	Procedure Code Description	Usage		
99341	New Patient - Requires problem focused history, problem focused examination, straight forward medical decision making, Typical time 20 minutes	Medicaid/OBH		
99342	New Patient - Requires expanded problem focused history, expanded problem focused examination, low complexity medical decision making Typical time 30 minutes	Medicaid/OBH		
99343	New Patient - Requires detailed history, detailed examination, moderate complexity medical decision making, Typical time 45 minutes	Medicaid/OBH		
99344	New Patient - Requires comprehensive history, comprehensive examination, moderate complexity medical decision making, Typical time 60 minutes	Medicaid/OBH		
99345	New Patient - Requires comprehensive history, comprehensive examination, high complexity medical decision making, Typical time 75 minutes	Medicaid/OBH		
99347	Established Patient - Requires problem focused interval history, problem focused examination straight forward medical decision making, Typical time 15 minutes	Medicaid/OBH		
99348	Established Patient - Requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes	Medicaid/OBH		
99349	Established Patient - Requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes	Medicaid/OBH		
99350	Established Patient - Requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes	Medicaid/OBH		

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c. Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services

Procedure Code	Procedure Code Description	Usage
99324	New Patient - Requires problem focused history, problem focused examination, straight forward medical decision making, Typical time 20 minutes	Medicaid/OBH
99325	New Patient - Requires expanded problem focused history, expanded problem focused examination, low complexity medical decision making Typical time 30 minutes	Medicaid/OBH
99326	New Patient - Requires detailed history, detailed examination, moderate complexity medical decision making, Typical time 45 minutes	Medicaid/OBH
99327	New Patient - Requires comprehensive history, comprehensive examination, moderate complexity medical decision making, Typical time 60 minutes	Medicaid/OBH
99328	New Patient - Requires comprehensive history, comprehensive examination, high complexity medical decision making, Typical time 75 minutes	Medicaid/OBH
99334	Established Patient - Requires problem focused interval history, problem focused examination straight forward medical decision making, Typical time 15 minutes	Medicaid/OBH
99335	Established Patient - Requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes	Medicaid/OBH
99336	Established Patient - Requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes	Medicaid/OBH
99337	Established Patient - Requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes	Medicaid/OBH

d. Nursing Facility Services

i. Initial Nursing Facility Services

Evaluation and Management Services – Nursing Facility Services – Initial Nursing Facility Services					
Procedure Code	Procedure Code Description				
99304	Requires detailed or comprehensive history, detailed or comprehensive examination	Medicaid/OBH			
33304	straight forward or low complexity medical decision making, Typical time is 25 minutes	Medicald/OBIT			
99305	Requires comprehensive history, comprehensive examination moderate complexity	Medicaid/OBH			
99303	medical decision making, Typical time is 35 minutes	Wiedicald/ODIT			
99306	Requires comprehensive history, comprehensive examination high complexity medical	Medicaid/OBH			
33300	decision making Typical time is 45 minutes	ivicuicalu/OBH			

ii. Subsequent Nursing Facility Services

Evaluation and Management Services – Nursing Facility Services – Subsequent Nursing Facility Services					
Procedure Code	rocedure Code Procedure Code Description				
99307	Requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes	Medicaid/OBH			
99308	Requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes	Medicaid/OBH			
99309	Requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes	Medicaid/OBH			
99310	Requires comp interval history, comprehensive examination high complexity medical decision making, Typical time is 35 minutes	Medicaid/OBH			

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iii. Nursing Facility Discharge Services

Evaluation and Management Services – Nursing Facility Services – Nursing Facility Discharge Services						
Procedure Code Description Usage						
99315	Nursing Facility Discharge Day Management Services: 30 minutes or less	Medicaid/OBH				
99316	Nursing Facility Discharge Day Management Services: more than 30 minutes	Medicaid/OBH				

iv. Other Nursing Facility Services

Outpatient Evaluation and Management Services – Other Nursing Facility Services			
Procedure Code Procedure Code Description Usage			
99318	Annual Nursing Facility Assessment: Requires detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30 minutes	Medicaid/OBH	

e. Emergency Department Services

The following codes are used to report Evaluation and Management services provided in the Emergency Department. No distinction is made between new and established patients. For Evaluation and Management services provided to a patient in an observation area of a hospital see 99217 to 99220.

Evaluation and Management Services – Emergency Department				
Procedure Code	Procedure Code Procedure Code Description			
99281	Requires problem focused history, problem focused examination straight forward medical decision making	Medicaid/OBH		
99282	Requires expanded problem focused history, expanded problem focused examination low complexity medical decision making	Medicaid/OBH		
99283	Requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making	Medicaid/OBH		
99284	Requires detailed history, detailed examination moderate complexity medical decision making	Medicaid/OBH		
99285	Requires comprehensive history, comprehensive examination high complexity medical decision making	Medicaid/OBH		

f. Hospital Observation Services

i. Initial Observation Care

Evaluation and Management Services – Hospital Observation Services – Initial Observation Care			
Procedure Code Procedure Code Description		Usage	
99218	Requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes	Medicaid/OBH	
99219	Requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes	Medicaid/OBH	
99220	Requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes	Medicaid/OBH	

ii. Subsequent Observation Care

Evaluation and Management Services – Hospital Observation Services – Subsequent Observation Care			
Procedure Code	Procedure Code Procedure Code Description		
99224	Requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes.	Medicaid/OBH	
99225	Expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes.	Medicaid/OBH	
99226	Requires detailed interval history, detailed exam, and high complexity medical decision making Typical time is 35 minutes.	Medicaid/OBH	

iii. Observation Care Discharge Services

The following codes are used to report evaluation and management services to patients designated/admitted as "observation status" in a hospital.

Evaluation and Management Services – Hospital Observation Services – Observation Care Discharge			
Procedure Code Procedure Code Description Usage			
99217	Observation Care Discharge Day Management – provided on a day other than day of admission	Medicaid/OBH	

g. Inpatient

i. Initial Hospital Care

Treatment Services – Inpatient Services – Initial Hospital Care			
Procedure Code Description			
99221	Initial hospital care, per day, for the evaluation and management of a patient (low severity) Medi		
99222	Initial hospital care, per day, for the evaluation and management of a patient (moderate severity)	Medicaid/OBH	
99223 Initial hospital care, per day, for the evaluation and management of a patient (high severity) Medica		Medicaid/OBH	

ii. Subsequent Hospital Care

Treatment Services – Inpatient Services – Subsequent Hospital Care			
Procedure Code	Usage		
99231	Subsequent hospital care, per day (stable, recovering or improving patient)	Medicaid/OBH	
99232	Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)	Medicaid/OBH	
99233	Subsequent hospital care, per day (unstable patient or the development of significant complications or problems)	Medicaid/OBH	

iii. Hospital Discharge Services

Treatment Services – Inpatient Services – Hospital Discharge Services			
Procedure Code Description Usage			
99238	Discharge day management; 30 minutes or less	Medicaid/OBH	
99239	Discharge day management; more than 30 minutes	Medicaid/OBH	

h. Consultations

i. Office or Other Outpatient Consultations

The following codes are applicable to new or established patients and are used to report consultations provided in the office or in an outpatient or other ambulatory facility, including hospital observation services, home services, domiciliary, rest home, or emergency department. Follow up visits in the consultant's office or other outpatient facility that is initiated by the consultant or patient is reported using the appropriate codes for established patients, office visits (99211-99215). Domiciliary, rest home (99334-99337), or home (99347-99350). If an additional requests for an opinion or advice regarding the same or a new problem is received from another physician or other appropriate source and documented in the medical record, the office consultation codes may be used again. Service that constitutes transfer of care is reported with the appropriate new or established patient codes for office or other outpatient services.

Evaluation and Management Services – Consultations – Office or Other Outpatient Consultations				
Procedure Code	Procedure Code Procedure Code Description			
99241	Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.	Medicaid/OBH		
99242	Requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes Medi			
99243	Requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes	Medicaid/OBH		
99244	Requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes	Medicaid/OBH		
99245	Requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes	Medicaid/OBH		

ii. Inpatient Consultations

Consultations that are medically necessary and performed by physicians or other qualified health care professionals are covered services provided to hospital inpatients. However, to bill for these services providers should use the inpatient evaluation and management code that most closely represents the level of the service provided.

The CMS guidelines for documenting E&M services should be followed. It is expected that the referring and receiving providers will each document the request for the consultation in their respective medical records. Also it is expected that the referring and consulting providers will communicate with each other on the results of the evaluation.

The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.

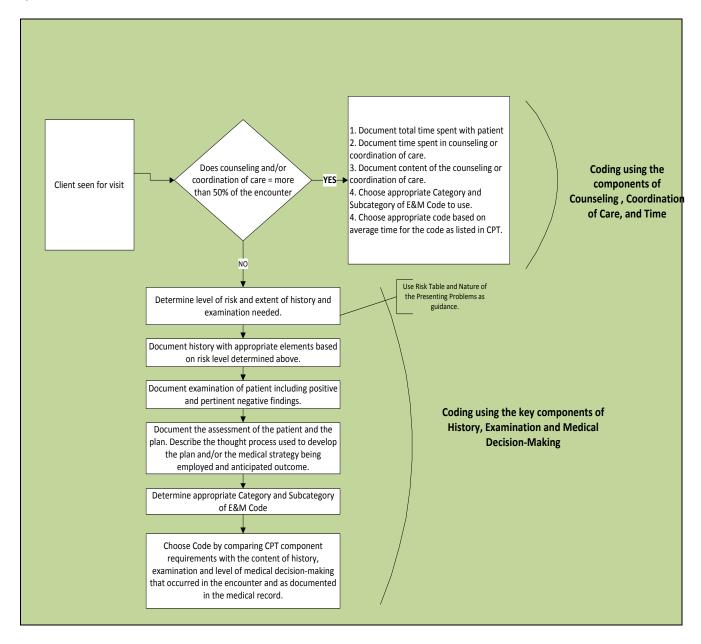
Initial consultations should be billed using an initial hospital care code regardless of how many days the patient has been in the hospital or partial hospital program. Subsequent consultations that are medically necessary should be billed using the subsequent hospital care codes. Consultations are distinguished from attending physician services through the use of an AI modifier on all attending physician services.

The code pages for inpatient consultation E&M codes are 99251 – 99255

☒ Consultation procedure codes (99251 – 99255) may also be used for psychiatric consultations rendered in Nursing Facilities (NF).

Treatment Services – Inpatient Services - Consultations				
Procedure Code	Procedure Code Procedure Code Description			
99251	Inpatient consultation for a new or established patient; the presenting problem(s)	Medicaid/OBH		
	are self-limited or minor			
99252	Inpatient consultation for a new or established patient; the presenting problem(s)	Medicaid/OBH		
33232	are of low severity			
99253	Inpatient consultation for a new or established patient; the presenting problem(s)	Medicaid/OBH		
33233	are of moderate severity			
99254	Inpatient consultation for a new or established patient; the presenting problem(s)	Medicaid/OBH		
33234	are of moderate to high severity.			
99255	Inpatient consultation for a new or established patient; the presenting problem(s) are of	Medicaid/OBH		
33233	moderate to high severity.			

E/M Decision Tree



Single System Evaluation-Psychiatric

CONTENT AND DOCUMENTATION REQUIREMENTS

To choose level of exam, perform and document as follows:

Problem Focused - One to five elements identified by a bullet.

Expanded Problem Focused - At least six elements identified by a bullet.

Detailed - At least nine elements identified by a bullet.

Comprehensive - Perform all elements identified by a bullet; document every element in each shaded box and at least one element in each un-shaded box.

SYSTEM/BODY AREA	ELEMENTS OF EXAMINATION
Constitutional	 11. Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff) 12. General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)
Head and Face	
Eyes	
Ears, Nose, Mouth and Throat	
Neck	
Respiratory	
Cardiovascular	
Chest (Breasts)	
Gastrointestinal (Abdomen)	
Genitourinary	
Lymphatic	
Musculoskeletal	 Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements Examination of gait and station
Extremities	
Skin	
Neurological	
Psychiatric	 Description of speech including: rate; volume; articulation; coherence; and spontaneity with notation of abnormalities (e.g., perseveration, paucity of language) Description of thought processes including: rate of thoughts; content of thoughts (e.g., logical vs. illogical, tangential); abstract reasoning; and computation Description of associations (e.g., loose, tangential, circumstantial, intact) Description of abnormal or psychotic thoughts including: hallucinations; delusions; preoccupation with violence; homicidal or suicidal ideation; and obsessions Description of the patient's judgment (e.g., concerning everyday activities and social situations) and insight (e.g., concerning psychiatric condition)

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E/M Components

COMP- ONENT	SIGNIFICANCE OF COMPONENT TO CODING DECISION	# AND TYPES OR LEVELS OF EACH COMPONENT	DESCRIPTION	COMMENT
History	Key	4 Types: 1. Problem-focused 2. Expanded Problem-focused 3. Detailed 4. Comprehensive	Includes the chief complaint, history of the present illness, a review of systems, and a review of past medical or social history of patient and their family.	The 1995 and 1997 CMS guidelines on documentation are essentially the same for this component. Under – documentation of this component is a frequent reason for audit failures. CMS has stated that it expects the provider to record or take the history of the present illness. If other ancillary staff responsible for this – provider should reference and discuss positive or supportive findings in their own documentation. Stating simply: "patient here for follow-up" is not sufficient.
Examinatio n	Key	4 Types: 1. Problem-focused 2. Expanded Problem-focused 3. Detailed 4. Comprehensive	Examination of the body areas or organ systems.	The 1997 guidelines outline a single system specialty exam for psychiatry at all levels of examination. The 1995 guidelines allow for a single specialty exam only at the Comprehensive level.
Medical Decision- Making	Key	4 Types: 1. Straightforward 2. Low Complexity 3. Moderate Complexity 4. High Complexity	Consideration of the number of diagnoses or management options, along with the amount and complexity of data that must be reviewed to develop the diagnosis, assessment and plan, and the risk of morbidity, mortality, and/or complications.	Providers should consider the complexity of the medical decision-making early in the encounter. The nature and severity of the presenting problem can often act as a guide. Use this guesstimate of medical decision-making complexity to guide or drive the extent of the history taking and examination.
Nature of Presenting Problem	Contributory	5 Types: 1. Minimal: likely straightforward level of medical decision-making 2. Self-limited or minor: likely straightforward level of medical decision-making 3. Low severity: likely low to moderate complexity of medical decision-making — although this depends on work-up needed to get to rule in DX 4. Moderate severity: likely moderate to high complexity of medical decision-making depending on outcome and work-up needed to get to DX. 5. High severity: likely moderate to high-risk medical decision-making.	Characteristics of the presenting problem such as numbers of problems, acuity, severity, chronicity, known or unknown, stable, unstable status, prognosis etc.	This component is built into the Risk Tables developed by both CMS and the AMA and assists in the determination of the level of medical decision-making, which is a key component for determining code choice. The level of severity of the presenting problem may change as the visit progresses and differential diagnoses are explored, ruled in or out. The thought process of the provider should be documented as a support for the medical necessity of the diagnostic or therapeutic services.

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COMP- ONENT	OF COMPONENT TO CODING DECISION	# AND TYPES OR LEVELS OF EACH COMPONENT	DESCRIPTION	COMMENT
Counseling	Contributory	Not applicable	Interaction with patient (and family) to discuss: diagnosis or recommended further work-up, prognosis, alternative management plans and associated risk or potential outcomes, instructions for management or follow-up, education including need for compliance, and risk factor reduction.	Counseling is only used to determine the level of E&M code (although it should always be documented) when it (along with coordination of care) consists of more than 50% of the time spent in the encounter. Medicare usually requires a face-to-face interaction that includes the patient. Documentation should include a description of the content, time spent counseling and total time of the encounter.
Coordi- nation of Care	Contributory	Not applicable	Contact with other physicians or caregivers on behalf of the patient in the management of their treatment.	Coordination of care is only used to determine the level of E&M code (although it should always be documented) when it (along with counseling) consists of more than 50% of the time spent in the encounter. Outpatient coordination of care must occur with the patient present. Inpatient coordination of care does not need to be face to face with the patient. It does include time spent reviewing records and time spent with other practitioners. Documentation should include a description of the content of the service; time spent coordinating care and total time of the encounter.
Time	Contributory	Not applicable	Outpatient services: time spent face to face with patient. Inpatient: time spent on at bedside and on the floor or unit with patient or family or other caregivers.	This is the controlling factor when more than 50% of the service is spent in counseling or coordination of care. Documentation must include total time and time spent in counseling and coordination of care as well as content of the encounter. This is the controlling factor in critical care and prolonged services as well.

E/M Code Selection Chart

*Shows the number of the three key components: Exam, History, and Medical decision making needed to bill the code

					Hist	tory			Exa	am		Medi	ical Dec	ision-Ma	aking	Time
		Code	Туре	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Straightforward	Low complexity	Moderate Complexity	High Complexity	Avg. Time
		99201	New Patient Office or other outpatient Visit *Requires 3 of 3	x				x				x				10 MIN
		99202	New Patient Office or other outpatient Visit *Requires 3 of 3		х				х			x				20 MIN
L		99203	New Patient Office or other outpatient Visit *Requires 3 of 3			х				х			х			30 MIN
OFFICE OR OTHER OUTPATIENT		99204	New Patient Office or other outpatient Visit *Requires 3 of 3				х				х			х		45 MIN
THER OU		99205	New Patient Office or other outpatient Visit *Requires 3 of 3				х				х				х	60 MIN
80		99211	N/A													5
OFFICE O		99212	Established Patient Office or Outpatient Visit *Requires 2 of 3	x				х				х				10 MIN
		99213	Established Patient Office or Outpatient Visit *Requires 2 of 3		х				х				х			15 MIN
		99214	Established Patient Office or Outpatient Visit *Requires 2 of 3			х				х				х		25 MIN
		99215	Established Patient Office or Outpatient Visit *Requires 2 of 3				х				х				х	40 MIN
		99281	Emergency Department Visit *Requires 3	х				х				х				N/A
EPARTMENT		99282	Emergency Department visit *Requires 3		х				х				х			N/A
ICY DEPA		99283	Emergency Department Visit *Requires 3		х				х					х		N/A
EMERGENCY D		99284	Emergency Department Visit *Requires 3			Х				Х				Х		N/A
_		99285	Emergency Department Visit *Requires 3				х				х				Х	N/A

			Lateral Manager of Paragraphs		ı			1						1		
			Initial Nursing Facility Care. New or													
	빌	99304	established patient.			Х	Х			Х	Х	Х	Х			25 MIN
	ο		*Requires 3 of 3.													
	INITIAL NURSING HOME CARE		Initial Nursing Facility													
	S E	00005	Care. New or				.,									
	URSIN	99305	established patient.				Х				Х			Х		35 MIN
	Z		*Requires 3 of 3.													
	ΙÞ		Initial Nursing Facility													
	<u> </u>	99306	Care. New or				х				х				х	45 MIN
		33300	established patient.				~									
			*Requires 3 of 3.													
			Subsequent Nursing Facility Care. New or													
	ä	99307	established patient.	Х				Х				Х				10 MIN
≥	💆		*Requires 2 of 3.													
NURSING FACILITY	ΝE		Subsequent Nursing													
F A	ĕ	00200	Facility Care. New or						.,				· ·			45 84181
S S	٦	99308	established patient.		Х				Х				Х			15 MIN
RSI	SSIN		*Requires 2 of 3.													
3	SUBSEQUENT NURSING HOME CARE		Subsequent Nursing													
	-	99309	Facility Care. New or			х				х				х		25 MIN
			established patient.													
	EQ		*Requires 2 of 3.													
	l ag	99310	Subsequent Nursing Facility Care. New or													
	x		established patient.				Х				Х				Х	35 MIN
			*Requires 2 of 3.													
			Nursing Facility													30 or
	同同	99315	Discharge 30 minutes													<30
	ON GE		or less													MIN
	NURSING HOME DISCHARGE OR ANNUAL REVIEW	99316	Nursing Facility													>30
		33310	Discharge >30 minutes													MIN
			Annual Nursing Facility													
		99318	Assessment *Requires			Х					Х		Х	Х		30 MIN
			3 of 3. Domiciliary, Rest													
ARE			Home, Custodial Care.													
L C		99324	New patient.	Х				Х				Х				20 MIN
DA			*Requires 3 of 3.													
010			Domiciliary, Rest													
SO		99325	Home, Custodial Care.		х				х				х			30 MIN
E), (33323	New patient.		^				^				^			30 IVIIIV
Σ			*Requires 3 of 3.													
Ĭ			Domiciliary, Rest													
N N		99326	Home, Custodial Care.			Х				Х				Х		45 MIN
ARD			New patient. *Requires 3 of 3.													
BO/			Domiciliary, Rest													
, ,			Home, Custodial Care.													
(e.		99327	New patient.				Х				Х			Х		60 MIN
ME			*Requires 3 of 3.													
DOMICILIARY, REST HOME (e.g., BOARDING HOME), CUSTODIAL CARE			Domiciliary, Rest													
EST		99328	Home, Custodial Care.				х				х				х	75 MIN
r, R			New patient.													
AR	!		*Requires 3 of 3.													
			Domiciliary, Rest Home, Custodial Care.													
Ξ		99334	Established patient.	Х				Х				Х				15 MIN
20			*Requires 3 of 3.													
						·					·			·		

	1	1						1			1	1			1	1
			Domiciliary, Rest													
		99335	Home, Custodial Care. Established patient.		Х				Х				Х			25 MIN
			*Requires 3 of 3.													
			Domiciliary, Rest													
		99336	Home, Custodial Care.			v				v				v		40 84181
		99336	Established patient.			Х				Х				Х		40 MIN
			*Requires 3 of 3.													
			Domiciliary, Rest													
		99337	Home, Custodial Care.				х				х			Х	х	60 MIN
			Established patient.													
			*Requires 3 of 3. Home visit. New													
		99341	Patient *Requires 3	X				Х				Х				20
			Home visit. New													
		99342	Patient *Requires 3		Х				Х				Х			30
		99343	Home visit . New			х				х				х		45
		99343	Patient *Requires 3			^				^				^		43
		99344	Home visit. New				х				х			х		60
		33311	Patient *Requires 3													
HOME SERVICES		99345	Home visit. New Patient *Requires 3				х				х				х	75
			Home visit.													
E SE		99347	Established Patient	Х				Х				Х				15
ΣO			*Requires 2 of 3													
Ĭ			Home visit.													
		99348	Established Patient		Х				Х				Х			25
			*Requires 2 of 3													
		99349	Home visit. Established Patient			х				х				х		40
		33343	*Requires 2 of 3			^				^				^		40
			Home visit.													
		99350	Established Patient				Х				Х			Х	Х	60
			*Requires 2 of 3													
			Initial Inpatient													
	ш	99221	Hospital Care. New or			Х				Х		Х	Х			30 MIN
	ARI		established patient. * Requires 3 of 3													
	NITIAL HOSPITAL CARE		Initial Inpatient													
	μŢ	00555	Hospital Care. New or													
(0	IOS	99222	established patient. *				Х				Х			Х		50 MIN
<u>ë</u>	ار		Requires 3 of 3													
	È		Initial Inpatient													
T SE	_ ≥	99223	Hospital Care. New or				х				х				х	70 MIN
E N			established patient. * Requires 3 of 3													
PAT			Subsequent Hospital													
Ž	RE, RE	00224	Care. New or	,,				,,				,,				45
TAL	₹ ১	99231	established patient.	Х				Х				Х	Х			15 MIN
HOSPITAL INPATIENT SERVICES	SUBSEQUENT HOSPITAL CARE, SUBSEQUENT HOSPITAL CARE		*Requires 2 of 3													
유	SPI'		Subsequent Hospital													
	오 모	99232	Care. New or		х				Х					Х		25 MIN
	I II II		established patient. *Requires 2 of 3													
	g gi		Subsequent Hospital													
	3SE BSE	99233	Care. New or			х				х					х	35 MIN
	SU	33433	established patient.			^				^					^	33 IVIIIV
			*Requires 2 of 3]]		

	RE,	99234	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of			х	х			х	х	х	х			40
	SUBSEQUENT HOSPITAL CARE,		Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of				х				х			х		50
	SUBSE SAME DAY	99236	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3				х				х				х	55
	SUBSEQUENT HOSPITAL CARE, DISCHARGE	99238	Hospital Discharge Day Management 30 minutes or less													30 or <30 MIN
	SUBSE HOSPITA DISCH	99239	Hospital Discharge Day Management >30 minutes													>30 MIN
	DIS- CHARGE	99217	N/A													
	IN CARE	99218	Initial Observation Care. New or established patient. * Requires 3 of 3			х	х			х	х	х	х			30
z	INITIAL OBSERVATION CARE	99219	Initial Observation Care. New or established patient. * Requires 3 of 3				x				x			х		50
OSPITAL OBSERVATION	INITIAL	99220	Initial Observation Care. New or established patient. * Requires 3 of 3				x				х				x	70
HOSPITAL C	ION CARE	99224	Subsequent Observation Care. New or established patient. *Requires 2 of 3.	x				x				x	x			15
	SUBSEQUENT OBSERVATION	99225	Subsequent Observation Care. New or established patient. *Requires 2 of 3.		x				х					x		25
	SUBSEQUE	99226	Subsequent Observation Care. New or established patient. *Requires 2 of 3.			x				x					x	35

	TIONS	99241	Office or Outpatient Consultation Established Patient *Requires 3	x				х				х				15
	r consulta	99242	Office or Outpatient Consultation Established Patient *Requires 3		х				х			х				30
	OUTPATIEN ⁻	99243	Office or Outpatient Consultation Established Patient *Requires 3			х				x			х			40
CONSULTATIONS	OFFICE OR OTHER OUTPATIENT CONSULTATIONS	99244	Office or Outpatient Consultation Established Patient *Requires 3				х			х				х		60
		99245	Office or Outpatient Consultation Established Patient *Requires 3				х				х				х	80
Ö		99251	Inpatient Consultation New or Established Patient *Requires 3	х				х				х				20
	LTATIONS	99252	Inpatient Consultation New or Established Patient *Requires 3		х				x			х				40
	T CONSU	99253	Inpatient Consultation New or Established Patient *Requires 3			х				x			х			55
	INPATIENT CONSULTATIONS	99254	Inpatient Consultation New or Established Patient *Requires 3				х				х			х		80
	_	99255	Inpatient Consultation New or Established Patient *Requires 3				х				х				х	110

E/M Documentation

EVALUATION AND MANAGEMENT SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS CMS has issued two sets of documentation guidelines for E&M Coding. These codes are used for face to face services for the evaluation and management of an individual with presenting problem(s) of varying These guidelines provide detailed information on requirements and level of detail expected. These guidelines should be used by all severity. providers and billing staff to determine the level of code. See Section The physician/NPP may usually bill for one E&M code per day. In some II.G.1.C. for a chart that lists key components and average times for circumstances another E&M code for the day may be appropriate but each inpatient code. The following is a brief summary of requirements will be subject to review by the payer. only and should not be used as the sole reference for coding: Some locations for E&M services include codes for new patient and All visits must include documentation of the chief complaint or reason established patient. See Section II.G.1.B. For a decision tree on how to identify new vs. established patients. **OPTION 1**: Documenting services based on the work of the provider: • In general new patients require that the prescriber provide and document all 3 key components that meet the criteria for the code • History: see chart in Section II.G.1.D. for determining level of Established patients generally require that only 2 of the 3 key • Examination (this can be a single system psychiatric examination – components provided and documented meet the criteria for the code see CMS E&M Guidelines 1997 or Section II.G.1.C.) Medical decision-making: see chart in Section II.G.1.D. for selected. • Emergency room E&M codes do not distinguish between new and determining level of medical decision-making. established patients. All 3 key components provided and documented Once the level of each is determined, see Chart in Section II.G.1.E. for must meet criteria for the code selected for every visit. Also time based code selection. coding which is allowed for other E&M codes is not allowed for Emergency Room visits. Outpatient and nursing facility: All 3 Key Components must be Once the location and new vs. established has been determined, choosing documented for new patients. 2 out of 3 key components must be the level of code can be done in one of two ways: documented for established patients. Emergency Room: 3 of 3 key components must be documented at **OPTION 1**: The amount of work of the physician/qualified NPP. each visit. **OPTION 2:** If more than 50% of the billing prescriber's time with the **OPTION 2**: Documenting and coding services based on time spent in individual and family is spent in counseling and coordination of care, then counseling and coordination of care. the service is coded by time spent. This Option requires specific • Document all work completed and: documentation that X minutes of the session lasting Y amount of time Total time of the service was spent on counseling/coordination of care. Time spent in counseling and coordination of care · Content of discussion and medical decision-making See chart in Section II.G.1.E. for code selection based on Average Option 2 is not available for Emergency Room services. **NOTES EXAMPLE ACTIVITIES** The services of the billing prescriber must be face to face Shared/split visit rules may apply depending on the setting and whether or not certain rules regarding supervision are met. CMS transmittal 178 or any successors. Portions of the history - the Review of Systems (ROS) and Past Family and Social History (PSFH) may be completed by the nurse, other trained medical office staff, or the individual. The billing prescriber must document that they both reviewed and agreed with the information provided. ROS and PSFH obtained at an earlier visit does not need to be re-recorded. The billing prescriber should only document changes and/or state that there have been no changes and note the date and location of the earlier ROS and PSFH information. Portions of the examination, specifically the vital signs and weight may be completed by nursing or trained medical office staff but the remainder of the examination must be completed by the prescribing physician.

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E/M References

- 1. 1995 Documentation Guidelines for Evaluation and Management Services, download at the CMS Website
- 2. 1997 Documentation Guidelines for Evaluation and Management Services, download at the CMS Website
- 3. The "Medicare Benefit Policy Manual" (Pub. 100-02) and the "Medicare Claims Processing Manual" (Pub. 100-04), download at the CMS Website
- 4. Evaluation and Management Services Guide, Department of Health and Human Services, Medicare Learning Network, December 2010, ICN: 006764
- 5. CPT Codes Book, American Medical Association, 2012
- 6. Procedure Coding Handbook for Psychiatrists, 4th Edition. Chester W. Schmidt, Rebecca K. Yowell, Ellen Jaffee.

Appendix J: Abbreviations & Acronyms

	Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms		
Term/Acronym	Definition		
ABC	Access Behavioral Care		
ABPN	American Board of Psychiatry and Neurology		
ACMCS	American College of Medical Coding Specialists		
ACF	Assisted Care Facility or Alternative Care Facility		
ACS	Affiliated Computer Services		
ACT	Assertive Community Treatment		
ADL	Activities of Daily Living		
Adol	Adolescent		
АНА	American Hospital Association		
AHIMA	American Health Information Management Association		
ALR	Assisted Living Residence		
AMA	American Medical Association OR Against Medical Advice		
AOD	Alcohol and/or Other Drugs		
APN	Advanced Practice Nurse		
APA	American Psychological Association		
APR	Advanced Practice Registry		
ASAM	American Society of Addiction Medicine		
ATU	Acute Treatment Unit		
(b)(3)/B3	Mental Health Program 1915(b)(3) Waiver		
BEST	Bipolar Education & Skills Training		
ВН	Behavioral health		
BHI	Behavioral Healthcare, Inc.		
вно	Behavioral Health Organization		
C	Conditional		
C/A	Child/Adolescent		
CAC	Certified Addiction Counselor		
CAMFTE	Commission on Accreditation for Marriage and Family Therapy Education		
CARF	Commission on Accreditation of Rehabilitation Facilities		
CASASTARTSM	The National Center on Addiction & Substance Abuse at Columbia University Striving Together to Achieve		
	Rewarding Tomorrows		
СВНР	Community Behavioral Health Program		
CBT	Cognitive Behavioral Therapy		
CCAR	Colorado Patient Assessment Record		
CCR	Colorado Code of Regulations		
CCSS	Comprehensive Community Support Services		
CDPHE	Colorado Department of Public Health and Environment		
CFR	Code of Federal Regulations		
CHN	Colorado Health Networks		
CHP	Colorado Health Partnerships		
CIT	Crisis Intervention Training		
CIWA-AR	Clinical Institute Withdrawal Assessment of Alcohol – Revised		
CLIA	Clinical Laboratory Improvements Amendment		
CM	Case Management		
CMHC	Case Management Community Mental Health Center		
CMS	Centers for Medicare & Medicaid Services		
CNA	Certified Nurse Aide		
CNM	Certified Nurse Midwife		
CNS	Clinical Nurse Specialist or Central Nervous System		
COA	Council on Accreditation of Services for Families and Children		
CP CP	Clinical Psychologist		
CPST	Community Psychiatric Supportive Treatment		

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Uniform Service	e Coding Standards (USCS) Manual Abbreviations & Acronyms, cont.	
Term/Acronym	Definition	
CRNA	Certified Registered Nurse Anesthetist	
CSW	Clinical Social Worker	
CSWE	Council on Social Work Education	
Cust Care	Custodial Care Facility	
DC:0-03R	Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood	
DD	Developmental Disability(ies)	
Detox	Detoxification	
DHS	Colorado Department of Human Services	
DHS-OBH	Colorado Department of Human Services, Office of Behavioral Health	
DHS-DVR	Colorado Department of Human Services, Division of Vocational Rehabilitation	
DME	Durable Medical Equipment	
DO	Doctor of Osteopathy	
DOB	Date of Birth	
DOC	Colorado Department of Corrections	
DORA	Colorado Department of Regulatory Agencies	
DRDC	Denver Regional Diagnostic Center	
DRG	Diagnosis-Related Group	
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition	
DYC	Division of Youth Corrections	
ECI	External Cause of Injury	
ECS	Early Childhood Specialist	
EGHP	Employer Group Health Plan	
EHR	Electronic Health Record	
EI	Early Intervention	
E/M	Evaluation and Management	
EMC	Electronic Media Claim	
EMG	Emergency	
EOB	Explanation of Benefits	
EPSDT	Early Periodic Screening Diagnosis and Treatment Program	
ER	Emergency Room	
FARS/DFARS	Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement	
FBHP	Foothills Behavioral Health Partners	
FCLN	Flat File Control Line Number	
FDA	US Food and Drug Administration	
FECA	Federal Employees' Compensation Act	
FFP	Federal Financial Participation	
FFS	Fee-For-Service	
FL	Form Locator	
FQHC	Federally Qualified Health Center	
FTE	Full-Time Equivalent	
FY	Fiscal Year	
GED	General Education Diploma	
Grp Home	Group Home	
HCBS	Home and Community-Based Services	
HCPCS	Healthcare Common Procedure Coding System	
HCPF	Colorado Department of Health Care Policy and Financing	
Hep C	Hepatitis C	
HHS	US Department of Health and Human Services	
HIPAA	Health Insurance Portability and Accountability Act of 1996	
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome	
HPSA	Health Professional Shortage Area	
Hrs	Hours	
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification	
ICF	Intermediate Care Facility	
ICF-MR	Intermediate Care Facility for the Mentally Retarded	
ICM	Intensive Case Management	
ID	Identification	

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Individualized Education Program Institution(s) for Mental Disease Inpatient Hospital Inpatient Psychiatric Facility Intensive Outpatient Psychiatric/Program Intoxication Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission) Licensed Addiction Counselor
Institution(s) for Mental Disease Inpatient Hospital Inpatient Psychiatric Facility Intensive Outpatient Psychiatric/Program Intoxication Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
Inpatient Hospital Inpatient Psychiatric Facility Intensive Outpatient Psychiatric/Program Intoxication Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
Inpatient Psychiatric Facility Intensive Outpatient Psychiatric/Program Intoxication Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
Intensive Outpatient Psychiatric/Program Intoxication Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
Intoxication Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
Licensed Addiction Counselor
Licensed Clinical Social Worker
Licensed Marriage and Family Therapist
Licensed Mental Health Professional
Level of Care
Level of Functioning
Licensed Professional Counselor
Licensed Practical Nurse
Licensed Social Worker
Licensed Vocational Nurse
Master Addiction Counselor OR Medicaid Authorization Card
Medical Assistance Program
Managed Care Organization
Doctor of Medicine
Mental Health
Mental Health Professional
Mental Health/Substance Abuse
Mental Illness
Month Day Year
Minnesota Multiphasic Personality Inventory
Mental Retardation
Metropolitan Statistical Area
Medicare Secondary Payer
Multi-Systemic Therapy
National Association of Alcohol and Drug Abuse Counselors
National Alliance on Mental Illness
National Board for Certified Counselors
Northeast Behavioral Health Partnership
Nationally Certified Addiction Counselor
National Center for Health Statistics
Not Elsewhere Classified
Nursing Facility
Nursing Home
Nurse Practitioner
National Provider Identifier Non-Physician Practitioner
Not Otherwise Specified
Office of Inspector General
Outpatient Prospective Payment System/Partial Hospitalization Program
Professional
Physician Assistant
Primary Care Physician
Peer Specialist
Psychiatric Facility – Partial Hospital
Partial Hospital Program
Place of Service
Prospective Payment System
Drovention
Prevention Prevention/Early Intervention

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Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms, cont.		
Term/Acronym	Definition	
PRTF	Psychiatric Residential Treatment Facility	
PS	Peer Specialist ,	
PSA	Physician Scarcity Area	
PSR	Psychosocial Rehabilitation	
PRTF	Psychiatric Residential Treatment Center	
QMAP	Qualified Medication Administration Person	
R	Required	
RCCF	Residential Child Care Facility	
RN	Registered Nurse or Registered Professional Nurse	
RTC	Residential Treatment Center	
RTF	Residential Treatment Facility	
RxN	Advanced Practice Nurse with Prescriptive Authority	
SA	Substance abuse	
SED	Serious Emotional Disturbance(s)	
SFT	Strategic/Structural Family Therapy	
SI	Suicidal Ideation	
SMI	Serious/Severe Mental Illness	
SNF	Skilled Nursing Facility	
SO	Sexual Offender	
SOF	Signature on File	
SP	State Plan (Medicaid)	
SPMI	Serious /Severe and Persistent Mental Illness	
SSA	Single State Agency	
SSN	Social Security Number	
SW	Social Worker	
ТВ	Tuberculosis	
TBI	Traumatic Brain Injury	
TBS	Therapeutic Behavioral Services	
TCM	Targeted Case Management	
Temp Lodging	Temporary Lodging	
TIN	Tax Identification Number	
ТОВ	Type of Bill	
UA	Urinalysis	
UB	Uniform Bill	
US	United States of America	
USCS	Uniform Service Coding Standards	
Video Conf	Video Conference	
Voc	Vocational	
WAIS	Wechsler Adult Intelligence Scale	
WRAP	Wellness Recovery Action Plan	
YYYYMMDD	Year Month Day	

Appendix K: Additional References

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¹ US Department of Defense (DoD) (2008). *Military Health System Coding Guidance: Professional Services & Specialty Coding Guidelines, Version 2.0, Unified Biostatistical Utility.* Page 1-1.

² US Department of Health & Human Services (DHHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Tenth Revision – Clinical Modifications (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).

³ American Medical Association (AMA) (2016). *Current Procedural Terminology (CPT), Professional Edition*. Chicago, IL: American Medical Association (AMA).

⁴ The current list of Healthcare Common Procedure Coding System (HCPCS) procedure codes is available on the Centers for Medicare & Medicaid Services (CMS) website at http://www.cms.hhs.gov/HCPCSReleaseCodeSets/.

⁵ Program Service Category(ies) applies only to the Colorado Medicaid Community Mental Health Services Program.

⁶ Colorado Department of Health Care Policy & Financing (HCPF) (Multiple Dates). State Plan Under Title XIX of the Social Security Act Medical Assistance Program. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF).

⁷ 10 Colorado Code of Regulations (CCR) 2505-10, 8.212.4.A.

⁸ US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/ 01 Overview.asp.

⁹ Colorado Department of Health Care Policy & Financing (HCPF) (2009) (Draft). Section 1915(b) Waiver Renewal Proposal for the Colorado Medicaid Community Mental Health Services Program & the Special Connections Substance Abuse Treatment Program Months Three through Twelve (Waiver Period July 1, 2009 to June 30, 2011). Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), pages 23 – 25.

¹⁰ 10 CCR 2505-10. 8.212.4.B.

xi US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Tenth Revision – Clinical Modifications (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).

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xiii US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).

¹⁴ § 19-1-103, CRS.

¹⁵ 10 CCR 2505-10,8.765.5.

¹⁶ § 12-29.3-102(13).

¹⁷ § 12-43-202, CRS.

¹⁸ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA).

¹⁹ § 12-43-404, CRS.

²⁰ § 12-43-403(1), CRS.

²¹ For Social Workers (SWs), the practice of psychotherapy is limited to LCSWs or LSWs supervised by LCSWs.

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<sup>22</sup> §§ 12-43-406(1) and 12-43-409, CRS.
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²³ § 12-43-504, CRS.

²⁴ § 12-43-603, CRS.

²⁵ § 12-43-602.5, CRS.

²⁶ § 12-43-304, CRS.

²⁷ § 12-43-303, CRS.

²⁸ § 12-36-106, CRS.

²⁹ Ibid.

³⁰ § 12-38-103(8), CRS.

^{31 §12-38-103(9),} CRS.

^{32 § 12-38-103(11),} CRS.

³³ § 12-38-103(10)(a), CRS.

³⁴ Ibid.

³⁵ § 12-38-103(10)(b)(I) – (VI), CRS.

³⁶ 3 CCR 716-1-14, 1.2.

³⁷ § 12-38-111.5, CRS.

^{38 3} CCR 716-1-14, 1.2.

³⁹ § 12-38-111.5, CRS.

⁴⁰ 3 CCR 716-1-14, 1.14.

⁴¹ § 12-38-111.6. CRS.

⁴² State Board of Nursing (January 2007). *Nursing Board Policy #30-05: Overview of the Scope of Practice of Advanced Practice Nursing*. Denver, CO: State Board of Nursing.

⁴³ § 12-36-101, CRS.

⁴⁴ § 12-36-106(1)(a), CRS.

⁴⁵ 6 CCR 1011-1, 24,2.

⁴⁶ Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 4.

⁴⁷ "There is a special exemption in the law that authorizes individuals trained and employed in residential or day program services for persons with developmental disabilities (DD) to administer medications through gastrostomy or naso-gastric tubes. These residential and day program services must be provided through service agencies approved by the Colorado Department of Human Services (CDHS)." See Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 2.

⁴⁸ Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 15.

⁴⁹ HIPAA directed the Secretary of the Department of Health and Human Services (HHS) to adopt national standards for electronic transactions. These standard transactions require all health plans and providers to use standard code sets to populate data elements in each transaction. The Transaction and Code Set Rule adopted the ASC X12N-837 Health Care

Claim: Professional, volumes 1 and 2, version 4010, as the standard for electronic submission of professional claims. The POS code set currently maintained by CMS is identified in this standard as the code set for describing service locations in such claims.

- ⁵⁰ Centers for Medicare & Medicaid Services (CMS). Retrieved from http://www.cms.hhs.gov/PlaceofServiceCodes/ 01 Overview.asp#TopOfPage.
- ⁵¹ § 25-1.5-103(d), CRS, defines hospice care as "an entity that administers services to a terminally ill person utilizing palliative care or treatment."
- ⁵² §§ 25-1.5-103(b) and 27-1-201(2), CRS, defines a community mental health center as "either a physical plant or a group of services under unified administration and including at least the following: inpatient services; outpatient services; day hospitalization; emergency services; and consultation and educational services, which services are provided principally for persons with mental illness residing in a particular community in or near which the facility is situated."
- ⁵³ § 25-1.5-103(c), CRS, defines a facility for persons with developmental disabilities as "a facility specifically designed for the active treatment and rehabilitation of persons with developmental disabilities or a community residential home, as defined in § 27-10.5-102(4), CRS, which is licensed and certified pursuant to § 27-10.5-109, CRS.
- ⁵⁴ Beebe, M., Dalton, J.A., Esponceda, M., Evans, D.D. & Glenn, R.L. (2008). *CPT 2008 Professional Edition*. Chicago, IL: American Medical Association (AMA), page 457.
- ⁵⁵ Washington Healthcare Forum, Work Smart Institute (2007). *Administrative Simplification: Operational Guidelines, Version 5.8*. Seattle, WA: OneHealthPort.
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- ⁵⁷ Colorado Department of Health Care Policy & Financing (HCPF) (2009) (Draft). Section 1915(b) Waiver Renewal Proposal for the Colorado Medicaid Community Mental Health Services Program & the Special Connections Substance Abuse Treatment Program Months Three through Twelve (Waiver Period July 1, 2009 to June 30, 2011). Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 25.
- ⁵⁸ Colorado Department of Health Care Policy & Financing (HCPF) (2007). *Fiscal Year(FY) 2008 Behavioral Health Organization (BHO) Contract, Exhibit C: Covered Services*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 4.
- ⁵⁹ 2 CCR 502-1, 190.1.
- ⁶⁰ § 12-43-228, CRS,
- 61 2 CCR 502-1, 21.190.4.
- ⁶² Colorado Department of Health Care Policy & Financing (HCPF) (2009) (Draft). Section 1915(b) Waiver Renewal Proposal for the Colorado Medicaid Community Mental Health Services Program & the Special Connections Substance Abuse Treatment Program Months Three through Twelve (Waiver Period July 1, 2009 to June 30, 2011). Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 25.
- ⁶³ Colorado Department of Health Care Policy & Financing (HCPF) (2009) (Draft). Section 1915(b) Waiver Renewal Proposal for the Colorado Medicaid Community Mental Health Services Program & the Special Connections Substance Abuse Treatment Program Months Three through Twelve (Waiver Period July 1, 2009 to June 30, 2011). Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), pages 24 25.
- ⁶⁴ Colorado Department of Health Care Policy & Financing (HCPF) (2007). *Fiscal Year(FY) 2008 Behavioral Health Organization (BHO) Contract, Exhibit C: Covered Services*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 3.

- ⁶⁵ Colorado Department of Health Care Policy & Financing (HCPF) (2007). *Fiscal Year(FY) 2008 Behavioral Health Organization (BHO) Contract, Exhibit C: Covered Services*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 4.
- ⁶⁶ 42 CFR §§ 410.2, 410.10 and 410.43.
- ⁶⁷ US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (2009). *Chapter 6 Hospital Covered Services Covered Under Part B, Medicare Benefit Policy Manual.* Baltimore, MD: US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), page 19.
- ⁶⁸ With regard to inpatient consultation, "counseling" refers to a discussion with the patient and/or family concerning diagnostic results, impressions, and/or recommended diagnostic studies; prognosis; risks and benefits of treatment options; instructions for treatment and/or follow-up; importance of compliance with chosen treatment options; risk factor reduction; and/or patient and family education.
- ⁶⁹ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA), page 8.
- ⁷⁰ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*, pages 27 28. Chicago, IL: American Medical Association (AMA).
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- ⁷² 10 CCR 2505-10, 8.495.1.
- ⁷³ 6 CCR 1011-1, 7.1.102(6)(a).
- ⁷⁴ § 26-6-102(33), CRS.
- ⁷⁵ § 25.5-4-103(19.5), CRS.
- ⁷⁶ 10 CCR 2505-10, 8.765.1.
- ⁷⁷ 12 CCR 2509-8, 7.701.2.
- ⁷⁸ 6 CCR 1011-1, 7.1.102(6)(b).
- ⁷⁹ § 26-6-102(33), CRS.
- 80 10 CCR 2509-8, 7.705.91.
- 81 §§ 25-3-100.5(1), 27-1-201(1), and 27-10-102(1), CRS; 6 CCR 1011-1, 7-1.102(1), (20).
- 82 § 25-1.5-103(1)(a), CRS; § 27-10-101, et seq and 2 CCR 502-1.
- ⁸³ Colorado Department of Health Care Policy & Financing (HCPF) (2007). *Fiscal Year(FY) 2008 Behavioral Health Organization (BHO) Contract, Exhibit C: Covered Services*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 3.
- 84 42 CFR 440.130(d).
- ⁸⁵ Colorado Department of Health Care Policy & Financing (HCPF) (2009) (Draft). Section 1915(b) Waiver Renewal Proposal for the Colorado Medicaid Community Mental Health Services Program & the Special Connections Substance Abuse Treatment Program Months Three through Twelve (Waiver Period July 1, 2009 to June 30, 2011). Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 25.

lossivi Ingenix (2008). 2009 Coders' Desk Reference for Procedures. Eden Prairie, MN: Ingenix.

lxxxvii As part of the research for the *USCS Manual*, various manuals, transmittals, transactions and code set standards, and articles and educational web guides regarding procedure coding were accessed on the CMS web site at http://www.cms.hhs.gov/home/regsguidance.asp. That research is referenced and footnoted throughout this document.

hoccoriii In addition to coding manuals and the Centers for Medicare & Medicaid Services (CMS), other sources of coding information and guidance were identified through research. Appendix D lists a bibliography of the additional sources referenced as the basis for the information found in Section II.F.

Where the coding manuals and guidelines offer no direction with regard to minimum documentation standards, the Colorado Department of Human Services, Office of Behavioral Health (DHS-OBH) documentation requirements, as set forth in 2 CCR 502-2, are referenced.

- ^{xc} In addition to coding manuals and the Centers for Medicare & Medicaid Services (CMS), other sources of coding information and guidance were identified through research. Appendix D lists a bibliography of the additional sources referenced as the basis for the information found in Section II.F.
- xci In addition to coding manuals and the Centers for Medicare & Medicaid Services (CMS), other sources of coding information and guidance were identified through research. Appendix D lists a bibliography of the additional sources referenced as the basis for the information found in Section II.F.
- ropulation limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the behavioral health organization (BHO) current contracts.
- xciii Minimum and/or maximum duration limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the behavioral health organization (BHO) current contracts.
- xciv Mode of delivery limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, Colorado Medical Assistance Program (MAP) Provider Specialty Manuals, and the behavioral health organization (BHO) current contracts.
- xcv Medicaid.gov Delivery Systems: Telemedicine. A federal government managed website by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard Baltimore, MD 21244
- xcvi Medicaid.gov Delivery Systems: Telemedicine. A federal government managed website by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard Baltimore, MD 21244.
- xcvii §25.5-5-414(7)(a) and (b), CRS.
- xcviii Program service categories are based on the Medicaid State Plan and 1915(b)(3) Waiver, the behavioral health organization (BHO) current contracts, and the Colorado Department of Health Care Policy & Financing (HCPF) Approved Procedure Code List for Calendar Year 2009.
- xcix MINIMUM STAFF REQUIREMENTS are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), and the Medicaid State Plan and 1915(b)(3) Waiver.
- ^c Place of service (POS) limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the behavioral health organization (BHO) current contracts.
- ¹⁰¹ New York State Department of Health (2009). *State Medicaid Program Clinical Psychology Procedure Codes & Fee Schedule*. Albany, NY: New York State Department of Health, page 1.

- ¹⁰² Colorado Department of Health Care Policy & Financing (HCPF) (April, 2008). *Colorado Medical Assistance Program Provider Specialty Manuals*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page S-79.
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