

<b>Multnomah County/Verity Fee Schedule Effective DOS January 1, 2011</b>							Out Of Facility Weight  135%				
CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<b><u>90801</u></b>	Psychiatric Diagnositc Interview examination	LMFT, LPC	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$117.48	\$158.60	Face to Face	Code can be used for provisional assessment or full assessments. Time, age or disability may require "confirmatory" or additional service be provided on another day/s. If more than 1 visit is required to complete the diagnostic evaluation documentation must clearly state the reason for a subsequent or confirmatory evaluation. All justified visits for assessments may be billed using this code. (Assessment authorizations include the following codes: 90801, 90802, H0031, H0002, T1023, and T1013. CASII and LOCUS are not required but may be billed if completed.) DOES NOT REQUIRE ABOVE THE LINE DX.	The clinician interviews the patient in an initial diagnostic examination, which includes taking the patient's history and assessing his/her mental status, as well disposition. The psychiatrist may spend time communicating with family, friends, coworkers, or other sources as part of this examination and may even perform the diagnostic interview on the patient through other informative sources. Laboratory or other medical studies and their interpretation are also included.	There is general agreement amongst MHO's that the intent of this code (versus H0031) is for use principally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. <b>"Per Occurrence"</b> <b>Explanation</b> ": Bill one unit of service per assessment episode (normally there would not be in excess of one episode per day). <b>PLEASE NOTE: AMH's expectation is that this code is billed once per completed assessment.</b> Billed charges should reflect either of the following approaches: 1) An agency average for length of the service and provider type or 2) variable charges for each unit of service billed based on the length of that particular episode or provider type. For example, if service was provided by a Master's Level clinician for one hour, an agency might submit charges of \$100. Another episode provided by a child psychiatrist for 2 hours might be submitted for \$300. <b>DOES NOT REQUIRE ABOVE THE LINE DX.</b>
<b><u>90801 AH</u></b>	See 90801	Licensed clinical psychologist	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$117.48	\$158.60	Face to face	See Verity Guidelines 90801	See DHS-AMH Service Criteria 90801	See MHO Code Workgroup Guidelines 90801
<b><u>90801 AJ</u></b>	See 90801	LCSW	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$117.48	\$158.60	Face to Face	See Verity Guidelines 90801	See DHS-AMH Service Criteria 90801	See MHO Code Workgroup Guidelines 90801
<b><u>90801 AS</u></b>	See 90801	PMHNP or Physician Assistant (PA)	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$195.00	\$195.00	\$263.25	Face to Face	See Verity Guidelines 90801	See DHS-AMH Service Criteria 90801	See MHO Code Workgroup Guidelines 90801
<b><u>90801 AF</u></b>	See 90801	MD	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$264.00	\$264.00	\$356.40	Face to face	See Verity Guidelines 90801	See DHS-AMH Service Criteria 90801	See MHO Code Workgroup Guidelines 90801

**Modifier Definitions:**

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<b><u>90802</u></b>	Interactive Psychiatric Diagnostic Interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	LMFT, LPC	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$127.27	\$127.27	\$171.81	Face to Face	Examination typically for children or individuals with communication barriers. Code can be used for provisional assessment or full assessments. Time, age or disability may require "confirmatory" or additional service be provided on another day/s. If more than 1 visit is required to complete the diagnostic evaluation documentation must clearly state the reason for a subsequent or confirmatory evaluation. All justified visits for assessments may be billed using this code. (Assessment authorizations include the following codes: 90801, 90802, H0031, H0002, T1023, and T1013. CASII and LOCUS are not required but may be billed if completed.) DOES NOT REQUIRE ABOVE THE LINE DX.	The clinician performs a psychiatric diagnostic examination on the patient using interactive methods of interviewing. This is most often the method used with individuals who are too young or incapable of developing expressive communication skills, or individuals who have lost the ability. This type of diagnostic interview is often done with children. Toys, physical aids, and nonverbal interaction and interpretation skills are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills.	See above for "per occurrence" explanation and qualified provider explanation. Described as being used principally by child psychiatrists, psychologists and licensed clinical social workers when they initially evaluate children who do not have the ability to interact with ordinary verbal communication. This code may also be applied to the initial evaluation of adult patients with organic mental deficits, or who are catatonic or mute. Includes the same components as the Psychiatric Diagnosis Interview Examination. However, in the interactive examination, the physician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction. DOES NOT REQUIRE ABOVE THE LINE DX.
<b><u>90802 AH</u></b>	See 90802	Licensed clinical psychologist	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$127.27	\$127.27	\$171.81	Face to Face	See Verity Guidelines 90802	See DHS-AMH Service Criteria 90802	See MHO Code Workgroup Guidelines 90802
<b><u>90802 AJ</u></b>	See 90802	LCSW	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$127.27	\$127.27	\$171.81	Face to Face	See Verity Guidelines 90802	See DHS-AMH Service Criteria 90802	See MHO Code Workgroup Guidelines 90802
<b><u>90802 AS</u></b>	See 90802	PMHNP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$211.25	\$211.25	\$285.19	Face to Face	See Verity Guidelines 90802	See DHS-AMH Service Criteria 90802	See MHO Code Workgroup Guidelines 90802
<b><u>90802 AF</u></b>	See 90802	MD	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$286.00	\$286.00	\$386.10	Face to Face	See Verity Guidelines 90802	See DHS-AMH Service Criteria 90802	See MHO Code Workgroup Guidelines 90802

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<b><u>90804</u></b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.	LMFT, LPC	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$48.95	\$66.08	Face to Face	For use with planned face-to-face, insight oriented therapy. Normally limited to one occurrence per day within same agency. While a second occurrence on the same day in the same agency would be unusual, it may be medically necessary under certain circumstances. A second service in the same agency on the same day requires substantial supportive documentation regarding the necessity for such a visit. If 2 distinct services are provided on the same day, bill one line and 2 units - NOT 2 lines, 1 unit each.	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90804 if the patient received psychotherapy only and 90805 if medical evaluation and management services were also furnished.	There is general agreement amongst MHO's that the intent of this code (versus H0004) is for use principally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. Used for the treatment of mental illness and behavior disturbances in which the physician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development. While a variety of psychotherapeutic techniques are recognized for coverage under these codes, the services must be performed by a person authorized by the state to perform psychotherapy services.
<b><u>90804 AH</u></b>	See 90804	Licensed clinical psychologist	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$48.95	\$66.08	Face to Face	See Verity Guidelines 90804	See DHS-AMH Service Criteria 90804	See MHO Code Workgroup Guidelines 90804
<b><u>90804 AJ</u></b>	See 90804	LCSW	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$48.95	\$66.08	Face to Face	See Verity Guidelines 90804	See DHS-AMH Service Criteria 90804	See MHO Code Workgroup Guidelines 90804
<b><u>90804 AS</u></b>	See 90804	PMHNP or Physician Assistant (PA)	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$81.25	\$109.69	Face to Face	See Verity Guidelines 90804	See DHS-AMH Service Criteria 90804	See MHO Code Workgroup Guidelines 90804
<b><u>90804 AF</u></b>	See 90804	MD	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$110.00	\$148.50	Face to Face	See Verity Guidelines 90804	See DHS-AMH Service Criteria 90804	See MHO Code Workgroup Guidelines 90804

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<b><u>90805 AS</u></b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services	PMHNP or PA	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$81.25	\$109.69	Face to Face	For use with planned face-to-face, insight oriented therapy. Service and resulting documentation must demonstrate both 20-30 minutes of psychotherapy IN ADDITION to the evaluation and management service rather than a single 20-30 minute visit that includes both. This service should not be reported on the same day as another psychotherapy and/or pharmacologic management service on the same day by the same provider. The service does not necessarily include diagnostic evaluation. E/M services for established patients require 2 of the 3 key elements: HX (could be an interval history); Exam (MMS + other elements, as required); or, Medical decision making (medication adjustment, change, etc).	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90804 if the patient received psychotherapy only and 90805 if medical evaluation and management services were also furnished.	Includes continuing medical diagnostic evaluations as well as pharmacologic management.
<b><u>90805 AF</u></b>	See 90805 AS	MD	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$110.00	\$148.50	Face to Face	See Verity Guidelines 90805 AS	See DHS-AMH Service Criteria 90805 AS	See MHO Code Workgroup Guidelines and Tips 90805 AS

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<b><u>90806</u></b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.	LMFT, LPC	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to Face	For use with planned face-to-face, insight oriented therapy. Normally limited to one occurrence per day within same agency. While a second occurrence on the same day in the same agency would be unusual, it may be medically necessary under certain circumstances. A second service in the same agency on the same day requires substantial supportive documentation regarding the necessity for such a visit. If 2 distinct services are provided on the same day, bill one line and 2 units - NOT 2 lines, 1 unit each.	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90806 if the patient received psychotherapy only and 90807 if medical evaluation and management services were also furnished.	There is general agreement amongst MHO's that the intent of this code (versus H0004) is for use principally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. Used for the treatment of mental illness and behavior disturbances in which the physician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development. While a variety of psychotherapeutic techniques are recognized for coverage under these codes, the services must be performed by a person authorized by the state to perform psychotherapy services.
<b><u>90806 AH</u></b>	See 90806	Licensed clinical psychologist	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to Face	See Verity Guidelines 90806	See DHS-AMH Service Criteria 90806	See MHO Code Workgroup Guidelines 90806
<b><u>90806 AJ</u></b>	See 90806	LCSW	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to Face	See Verity Guidelines 90806	See DHS-AMH Service Criteria 90806	See MHO Code Workgroup Guidelines 90806
<b><u>90806 AS</u></b>	See 90806	PMHNP or Physician Assistant (PA)	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$162.50	\$219.38	Face to Face	See Verity Guidelines 90806	See DHS-AMH Service Criteria 90806	See MHO Code Workgroup Guidelines 90806
<b><u>90806 AF</u></b>	See 90806	MD	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$220.00	\$297.00	Face to Face	See Verity Guidelines 90806	See DHS-AMH Service Criteria 90806	See MHO Code Workgroup Guidelines 90806

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<b><u>90807 AS</u></b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services	PMHNP or PA	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$162.50	\$219.38	Face to Face	For use with planned face-to-face, insight oriented therapy. For use with planned face-to-face, insight oriented therapy. Service and resulting documentation, must demonstrate both 45-50 minutes of psychotherapy IN ADDITION to the evaluation and management service rather than a single 45-50 minute visit that includes both. This service should not be reported on the same day as another psychotherapy and/or pharmacologic management service on the same day by the same provider. The service does not necessarily include diagnostic evaluation. E/M services for established patients require 2 of the 3 key elements: HX (could be an interval history); Exam (MMS + other elements, as required); or, Medical decision making (medication adjustment, change, etc).	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90806 if the patient received psychotherapy only and 90807 if medical evaluation and management services were also furnished.	Includes continuing medical diagnostic evaluations as well as pharmacologic management.
<b><u>90807 AF</u></b>	See 90807 AS	MD	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$220.00	\$297.00	Face to Face	See Verity Guidelines 90807 AS	See DHS-AMH Service Criteria 90807 AS	See MHO Code Workgroup Guidelines and Tips 90807 AS

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<b><u>90808</u></b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.	LMFT, LPC	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$127.27	\$171.81	Face to Face	For use with planned face-to-face, insight oriented therapy. Service and resulting documentation must demonstrate both 75-80 minutes of psychotherapy. Additional documentation justifying length of visit required.	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90808 if the patient received psychotherapy only and 90809 if medical evaluation and management services were also furnished.	There is general agreement amongst MHO's that the intent of this code (versus H0004) is for use principally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. Used for the treatment of mental illness and behavior disturbances in which the physician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development. While a variety of psychotherapeutic techniques are recognized for coverage under these codes, the services must be performed by a person authorized by the state to perform psychotherapy services.
<b><u>90808 AH</u></b>	See 90808	Licensed clinical psychologist	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$127.27	\$171.81	Face to Face	See Verity Guidelines 90808	See DHS-AMH Service Criteria 90808	See MHO Code Workgroup Guidelines 90808
<b><u>90808 AJ</u></b>	See 90808	LCSW	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$127.27	\$171.81	Face to Face	See Verity Guidelines 90808	See DHS-AMH Service Criteria 90808	See MHO Code Workgroup Guidelines 90808
<b><u>90808 AS</u></b>	See 90808	PMHNP or Physician Assistant (PA)	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$211.25	\$285.19	Face to Face	See Verity Guidelines 90808	See DHS-AMH Service Criteria 90808	See MHO Code Workgroup Guidelines 90808
<b><u>90808 AF</u></b>	See 90808	MD	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$286.00	\$386.10	Face to Face	See Verity Guidelines 90808	See DHS-AMH Service Criteria 90808	See MHO Code Workgroup Guidelines 90808

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<b><u>90809 AS</u></b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services	PMHNP or PA	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$211.25	\$285.19	Face to Face	For use with planned face-to-face, insight oriented therapy Service and resulting documentation must demonstrate both 75-80 minutes of psychotherapy IN ADDITION to the evaluation and management service rather than a single 75-80 minute visit that includes both. Additional documentation justifying length of visit required. This service should not be reported on the same day as another psychotherapy and/or pharmacologic management service on the same day by the same provider. The service does not necessarily include diagnostic evaluation. E/M services for established patients require 2 of the 3 key elements: HX (could be an interval history); Exam (MMS + other elements, as required); or, Medical decision making (medication adjustment, change, etc).	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90808 if the patient received psychotherapy only and 90809 if medical evaluation and management services were also furnished.	Includes continuing medical diagnostic evaluations as well as pharmacologic management.
<b><u>90809 AF</u></b>	See 90809 AS	MD	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$286.00	\$386.10	Face to Face	See Verity Guidelines 90809 AS	See DHS-AMH Service Criteria 90809 AS	See MHO Code Workgroup Guidelines 90809 AS

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<b><u>90810</u></b>	Individual Psychotherapy, Interactive, using play equipment, physical devices, language interpreter, or other mechanisms or non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.	LMFT, LPC	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$48.95	\$66.08	Face to Face	For use with planned face-to-face, insight oriented therapy. Normally limited to one occurrence per day within same agency. While a second occurrence on the same day in the same agency would be unusual, it may be medically necessary under certain circumstances. A second service in the same agency on the same day requires substantial supportive documentation regarding the necessity for such a visit. If 2 distinct services are provided on the same day, bill one line and 2 units - NOT 2 lines, 1 unit each. Typically for children or individuals with communication barriers.	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90810 if the patient received psychotherapy only and 90811 if medial evaluation and management services were also furnished.	There is general agreement amongst MHO's that the intent of this code (versus H0004) is for use principally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction.
<b><u>90810 AH</u></b>	See 90810	Licensed clinical psychologist	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$48.95	\$66.08	Face to Face	See Verity Guidelines 90810	See DHS-AMH Service Criteria 90810	See MHO Code Workgroup Guidelines 90810
<b><u>90810 AJ</u></b>	See 90810	LCSW	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$48.95	\$66.08	Face to Face	See Verity Guidelines 90810	See DHS-AMH Service Criteria 90810	See MHO Code Workgroup Guidelines 90810
<b><u>90810 AS</u></b>	See 90810	PMHNP or Physician Assistant (PA)	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$81.25	\$109.69	Face to Face	See Verity Guidelines 90810	See DHS-AMH Service Criteria 90810	See MHO Code Workgroup Guidelines 90810
<b><u>90810 AF</u></b>	See 90810	MD	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$110.00	\$148.50	Face to Face	See Verity Guidelines 90810	See DHS-AMH Service Criteria 90810	See MHO Code Workgroup Guidelines 90810

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<b><u>90811 AS</u></b>	Individual psychotherapy, Interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services	PMHNP or PA	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$81.25	\$109.69	Face to Face	For use with planned face-to-face, insight oriented therapy. Service and resulting documentation must demonstrate both 20-30 minutes of psychotherapy IN ADDITION to the evaluation and management service rather than a single 20-30 minute visit that includes both. This service should not be reported on the same day as another psychotherapy and/or pharmacologic management service on the same day by the same provider. The service does not necessarily include diagnostic evaluation. E/M services for established patients require 2 of the 3 key elements: HX (could be an interval history); Exam (MMS + other elements, as required); or, Medical decision making (medication adjustment, change, etc). Typically for children or individuals with communication barriers.	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90810 if the patient received psychotherapy only and 90811 if medical evaluation and management	Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction. Includes continuing medical diagnostic evaluations as well as pharmacologic management.
<b><u>90811 AF</u></b>	See 90811 AS	MD	20 to 30 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$110.00	\$148.50	Face to Face	See Verity Guidelines 90811 AS	See DHS-AMH Service Criteria 90811 AS	See MHO Code Workgroup Guidelines 90811 AS

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Multnomah County/Verity Fee Schedule Effective DOS January 1, 2011							Out Of Facility Weight				
							135%				
CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<b><u>90812</u></b>	Individual Psychotherapy, Interactive, using play equipment, physical devices, language interpreter, or other mechanisms or non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.	LMFT, LPC	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to Face	For use with planned face-to-face, insight oriented therapy. Normally limited to one occurrence per day within same agency. While a second occurrence on the same day in the same agency would be unusual, it may be medically necessary under certain circumstances. A second service in the same agency on the same day requires substantial supportive documentation regarding the necessity for such a visit. If 2 distinct services are provided on the same day, bill one line and 2 units - NOT 2 lines, 1 unit each. Typically for children or individuals with communication barriers.	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90812 if the patient received psychotherapy only and 90813 if medial evaluation and management	There is general agreement amongst MHO's that the intent of this code (versus H0004) is for use principally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction.
<b><u>90812 AH</u></b>	See 90812	Licensed clinical psychologist	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to Face	See Verity Guidelines 90812	See DHS-AMH Service Criteria 90812	See MHO Code Workgroup Guidelines 90812
<b><u>90812 AJ</u></b>	See 90812	LCSW	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to Face	See Verity Guidelines 90812	See DHS-AMH Service Criteria 90812	See MHO Code Workgroup Guidelines 90812
<b><u>90812 AS</u></b>	See 90812	PMHNP or Physician Assistant (PA)	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$162.50	\$219.38	Face to Face	See Verity Guidelines 90812	See DHS-AMH Service Criteria 90812	See MHO Code Workgroup Guidelines 90812
<b><u>90812 AF</u></b>	See 90812	MD	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$220.00	\$297.00	Face to Face	See Verity Guidelines 90812	See DHS-AMH Service Criteria 90812	See MHO Code Workgroup Guidelines 90812

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<b>Multnomah County/Verity Fee Schedule Effective DOS January 1, 2011</b>							Out Of Facility Weight 135%				
CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<b><u>90813 AS</u></b>	Individual psychotherapy, Interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services	PMHNP or PA	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$162.50	\$219.38	Face to Face	<p>For use with planned face-to-face, insight oriented therapy. For use with planned face-to-face, insight oriented therapy. Service and resulting documentation must demonstrate both 45-50 minutes of psychotherapy IN ADDITION to the evaluation and management service rather than a single 45-50 minute visit that includes both. This service should not be reported on the same day as another psychotherapy and/or pharmacologic management service on the same day by the same provider. The service does not necessarily include diagnostic evaluation. E/M services for established patients require 2 of the 3 key elements: HX (could be an interval history); Exam (MMS + other elements, as required); or, Medical decision making (medication adjustment, change, etc). Typically for children or individuals with communication barriers. Includes medical evaluation and management services.</p>	<p>The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90812 if the patient received psychotherapy only and 90813 if medical evaluation and management</p>	<p>Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction. Includes continuing medical diagnostic evaluations as well as pharmacologic management.</p>
<b><u>90813 AF</u></b>	See 90813 AS	MD	45 to 50 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$220.00	\$297.00	Face to Face	See Verity Guidelines 90813 AS	See DHS-AMH Service Criteria 90813 AS	See MHO Code Workgroup Guidelines 90813 AS

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Multnomah County/Verity Fee Schedule Effective DOS January 1, 2011							Out Of Facility Weight				
							135%				
CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<b><u>90814</u></b>	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms or non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.	LMFT, LPC	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$127.27	\$171.81	Face to Face	For use with planned face-to-face therapy. Normally limited to one occurrence per day within same agency. Typically for children or individuals with communication barriers.	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90814 if the patient received psychotherapy only and 90815 if medial evaluation and management	There is general agreement amongst MHO's that the intent of this code (versus H0004) is for use principally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction.
<b><u>90814 AH</u></b>	See 90814	Licensed clinical psychologist	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$127.27	\$171.81	Face to Face	See Verity Guidelines 90814	See DHS-AMH Service Criteria 90814	See MHO Code Workgroup Guidelines 90814
<b><u>90814 AJ</u></b>	See 90814	LCSW	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$127.27	\$171.81	Face to Face	See Verity Guidelines 90814	See DHS-AMH Service Criteria 90814	See MHO Code Workgroup Guidelines 90814
<b><u>90814 AS</u></b>	See 90814	PMHNP or Physician Assistant (PA)	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$211.25	\$285.19	Face to Face	See Verity Guidelines 90814	See DHS-AMH Service Criteria 90814	See MHO Code Workgroup Guidelines 90814
<b><u>90814 AF</u></b>	See 90814	MD	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$286.00	\$386.10	Face to Face	See Verity Guidelines 90814	See DHS-AMH Service Criteria 90814	See MHO Code Workgroup Guidelines 90814

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Multnomah County/Verity Fee Schedule Effective DOS January 1, 2011							Out Of Facility Weight				
							135%				
CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<b><u>90815 AS</u></b>	Individual psychotherapy, Interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services	PMHNP or PA	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$211.25	\$285.19	Face to Face	For use with planned face-to-face, insight oriented therapy. Verity considers this a very rare service. 75 minutes of individual psychotherapy is unusual with any client, nearly impossible with children or persons with severe and persistent mental illness. Although Verity limits total payment to one hour, providers should account full usual and customary charges for 75 to 80 minutes. Service and resulting documentation must demonstrate both 75-80 minutes of psychotherapy IN ADDITION to the evaluation and management service rather than a single 75-80 minute visit that includes both. Additional documentation justifying length of visit required. This service should not be reported on the same day as another psychotherapy and/or pharmacologic management service on the same day by the same provider. The service does not necessarily include diagnostic evaluation. E/M services for established patients require 2 of the 3 key elements: HX (could be an interval history); Exam (MMS + other elements, as required); or, Medical decision making (medication ad	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90814 if the patient received psychotherapy only and 90815 if medial evaluation and management	Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction. Includes continuing medical diagnostic evaluations as well as pharmacologic management.
<b><u>90815 AF</u></b>	See 90815 AS	MD	75 to 80 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$286.00	\$386.10	Face to Face	See Verity Guidelines 90815 AS	See DHS-AMH Service Criteria 90815 AS	See MHO Code Workgroup Guidelines 90815 AS

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Multnomah County/Verity Fee Schedule Effective DOS January 1, 2011							Out Of Facility Weight				
							135%				
CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<b><u>90846</u></b>	Family psychotherapy (without the patient present)	LMFT, LPC, Unlicensed QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Normally limited to one occurrence per day within same agency. While a second occurrence on the same day in the same agency would be unusual, it may be medically necessary under certain circumstances. A second service in the same agency on the same day requires substantial supportive documentation regarding the necessity for such a visit. This is not to be considered marriage counseling for the family of the client. While discussion may be about the relationship of others, the focus must be on the client's treatment. Bill one unit of service per episode. However, if 2 distinct group services are provided on the same day, bill one line and 2 units - NOT 2 lines, 1 unit each.	The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family without the patient present. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions. 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.	See "per occurrence" explanation above. DMAP upper payment limit was based on 90 minute encounter. Used to describe family participation in the treatment process of the patient where the primary purpose of such psychotherapy is the treatment of the patient's condition.
<b><u>90846 AH</u></b>	See 90846	Licensed clinical psychologist	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90846	See DHS-AMH Service Criteria 90846	See MHO Code Workgroup Guidelines 90846
<b><u>90846 AJ</u></b>	See 90846	LCSW	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90846	See DHS-AMH Service Criteria 90846	See MHO Code Workgroup Guidelines 90846

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<b>Multnomah County/Verity Fee Schedule Effective DOS January 1, 2011</b>							Out Of Facility Weight 135%				
CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<b><u>90846 TD</u></b>	See 90846	RN	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$130.00	\$130.00	\$175.50	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90846	See DHS-AMH Service Criteria 90846	See MHO Code Workgroup Guidelines 90846
<b><u>90846 AS</u></b>	See 90846	PMHNP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$162.50	\$219.38	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90846	See DHS-AMH Service Criteria 90846	See MHO Code Workgroup Guidelines 90846
<b><u>90846 AF</u></b>	See 90846	MD	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$220.00	\$297.00	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90846	See DHS-AMH Service Criteria 90846	See MHO Code Workgroup Guidelines 90846

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CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<b><u>90847</u></b>	Family psychotherapy (conjoint psychotherapy) (with patient present)	LPC, LMFT, Unlicensed QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$110.00	\$110.00	\$148.50	Face to Face	<p>Normally limited to one occurrence per day within same agency. While a second occurrence on the same day in the same agency would be unusual, it may be medically necessary under certain circumstances. A second service in the same agency on the same day requires substantial supportive documentation regarding the necessity for such a visit. This is not to be considered marriage counseling for the family of the client. While discussion may be about the relationship of others, the focus must be on the client's treatment. Bill one unit of service per episode. However, if 2 distinct group services are provided on the same day, bill one line and 2 units - NOT 2 lines, 1 unit each.</p>	<p>The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family jointly with the patient. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions. 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. Reviewing records, communicating with other providers, observing and interpreting patterns of behavior and communication between the patient and family members, and decision making regarding treatment, including medication management or any physical exam related to the medication, is included.</p>	<p>See "per occurrence" explanation above. DMAP upper payment limit was based on 90 minute encounter. Used to describe family participation in the treatment process of the patient where the primary purpose of such psychotherapy is the treatment of the patient's condition.</p>
<b><u>90847 AH</u></b>	See 90847	Licensed clinical psychologist	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$110.00	\$110.00	\$148.50	Face to Face	See Verity Guidelines 90847	See DHS-AMH Service Criteria 90847	See MHO Code Workgroup Guidelines 90847
<b><u>90847 AJ</u></b>	See 90847	LCSW	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$110.00	\$110.00	\$148.50	Face to Face	See Verity Guidelines 90847	See DHS-AMH Service Criteria 90847	See MHO Code Workgroup Guidelines 90847
<b><u>90847 TD</u></b>	See 90847	RN	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$146.07	\$146.07	\$197.19	Face to Face	See Verity Guidelines 90847	See DHS-AMH Service Criteria 90847	See MHO Code Workgroup Guidelines 90847
<b><u>90847 AS</u></b>	See 90847	PMHNP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$162.50	\$219.38	Face to Face	See Verity Guidelines 90847	See DHS-AMH Service Criteria 90847	See MHO Code Workgroup Guidelines 90847
<b><u>90847 AF</u></b>	See 90847	MD	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$247.19	\$247.19	\$333.71	Face to Face	See Verity Guidelines 90847	See DHS-AMH Service Criteria 90847	See MHO Code Workgroup Guidelines 90847

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Multnomah County/Verity Fee Schedule Effective DOS January 1, 2011							Out Of Facility Weight				
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CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<u>90849</u>	Multiple-family group psychotherapy	LMFT, LPC, Unlicensed QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$48.95	\$48.95	\$66.08	Face to Face	While a second occurrence on the same day in the same agency would be unusual, it may be medically necessary under certain circumstances. A second service in the same agency on the same day requires substantial supportive documentation regarding the necessity for such a visit. Bill one unit of service per episode. However, if 2 distinct group services are provided on the same day, bill one line and 2 units - NOT 2 lines, 1 unit each. Incredible Years use of 90849 multiple family group psychotherapy and H2027 60-minutes psychoeducation for incredible years parent series 2 hour sessions. Family socialization time not billable. Use H0004 for in-between group sessions follow-up phone contact. OK to bill out-of-facility rate if done off-site.	The therapist provides multiple family group psychotherapy by meeting with several patients' families together. This is usually done in cases involving similar issues and often in settings of group homes, drug treatment facilities, or hospital rehabilitation centers. The session may focus on the issues of the patient's hospitalization or substance abuse problems. Attention is also give to the impact the patient's condition has on the family. This code is reported once for each family group present.	See "per occurrence" explanation above. Group therapy sessions for multiple families when similar dynamics are occurring due to a commonality of problems in the family members under treatment.
<u>90849 AJ</u>	See 90849	LCSW	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$48.95	\$48.95	\$66.08	Face to Face	See Verity Guidelines 90849	See DHS-AMH Service Criteria 90849	See MHO Code Workgroup Guidelines 90849
<u>90849 TD</u>	See 90849	RN	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$65.00	\$65.00	\$87.75	Face to Face	See Verity Guidelines 90849	See DHS-AMH Service Criteria 90849	See MHO Code Workgroup Guidelines 90849
<u>90849 AS</u>	See 90849	PMHNP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$81.25	\$81.25	\$109.69	Face to Face	See Verity Guidelines 90849	See DHS-AMH Service Criteria 90849	See MHO Code Workgroup Guidelines 90849

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CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<b><u>90853</u></b>	Group psychotherapy (other than a multiple-family group)	LMFT, LPC, Unlicensed QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$48.95	\$48.95	\$66.08	Face to Face	Limited to <u>three</u> occurrences per day. Typically no more than 10 participants are allowed. Bill one unit of service per episode. Group psychotherapy for two or more unrelated persons, other than multiple family group, i.e. "Incredible Years" if done off-site, culturally specific groups held on-site at high schools or at specific agencies with target populations such as White Shield. If agency staff billing for service has office located where the services are provided then no out of facility POS code. Use for art therapy group if the group involves clinical psychotherapy and is conducted by a registered art therapist. Use code H2014 for other art skills based groups. May be used for less than 45 min. for young children's groups. May be used for interactive medication groups.	The psychiatric treatment provider conducts psychotherapy for a group of several patients in one session. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient maybe discussed within the group setting. Processes that help patients move toward emotional healing and modification of thought and behavior are use, such as facilitating improved interpersonal exchanges, group support and reminiscing. The group may be composed of patients with separate and distinct maladaptive disorders or persons sharing some facet of a disorder. This code should be used for group psychotherapy involving patients other than the	See "per occurrence" explanation above. However if 2 distinct group services are provided on the same day , bill one line and 2 units - NOT 2 lines , 1 unit each. Psychotherapy administered in a group setting with a trained group leader in charge of several patients. Personal and group dynamics are discussed and explored in a therapeutic setting allowing emotional catharsis, instruction, insight, and support.
<b><u>90853 AJ</u></b>	See 90853	LCSW	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$48.95	\$48.95	\$66.08	Face to Face	See Verity Guidelines 90853	See DHS-AMH Service Criteria 90853	See MHO Code Workgroup Guidelines 90853
<b><u>90853 TD</u></b>	See 90853	RN	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$65.00	\$65.00	\$87.75	Face to Face	See Verity Guidelines 90853	See DHS-AMH Service Criteria 90853	See MHO Code Workgroup Guidelines 90853
<b><u>90853 AS</u></b>	See 90853	PMHNP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$81.25	\$81.25	\$109.69	Face to Face	See Verity Guidelines 90853	See DHS-AMH Service Criteria 90853	See MHO Code Workgroup Guidelines 90853

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<b><u>90857</u></b>	Interactive Group psychotherapy	LMFT, LPC, Unlicensed QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$48.95	\$48.95	\$66.08	Face to Face	Limited to <u>three</u> occurrences per day. Typically no more than 10 participants are allowed. Bill one unit of service per episode. If 2 or more distinct group services are provided on the same day, bill one line and 2 or more units - NOT 2 or more lines, 1 unit each. Arranging group and individual follow-up services, and record documentation are included in the payment.	The therapist provides interactive group psychotherapy, usually to patients who are too young, or incapable, of engaging with the clinician through expressive language communication skills, or individuals who have lost that ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to help the patient and clinician work through the issues being treated. Reviewing patient records, including medication and lab tests, making observations and assessments and interpreting reactions and interactions within the group. Arranging group and individual follow-up services, and record dictation are included.	See "per occurrence" explanation above. However if 2 distinct group services are provided on the same day , bill one line and 2 units - NOT 2 lines , 1 unit each. Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed.
<b><u>90857 AJ</u></b>	See 90857	LCSW	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$48.95	\$48.95	\$66.08	Face to Face	See Verity Guidelines 90857	See DHS-AMH Service Criteria 90857	See MHO Code Workgroup Guidelines 90857
<b><u>90857 TD</u></b>	See 90857	RN	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$65.00	\$65.00	\$87.75	Face to Face	See Verity Guidelines 90857	See DHS-AMH Service Criteria 90857	See MHO Code Workgroup Guidelines 90857
<b><u>90857 AS</u></b>	See 90857	PMHNP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$81.25	\$81.25	\$109.69	Face to Face	See Verity Guidelines 90857	See DHS-AMH Service Criteria 90857	See MHO Code Workgroup Guidelines 90857

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<b><u>90862 AS</u></b>	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	PMHNP or PA	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$81.25	\$109.69	Face to Face	Typically one service per day. A second occurrence requires significant documentary evidence. Further, it should be noted that the same provider should not report a psychotherapy or psychotherapy + E/M on the same day. Bill one unit of service per episode. If 2 or more distinct services are provided on the same day, bill one line and 2 or more units - NOT 2 or more lines, 1 unit each. Follow-up phone calls related to questions and/or concerns about medications prescribed should be coded as H2010.	MD or Psychiatric Mental Health Nurse Practitioner	Should be used when contact does not include a significant amount of psychotherapy. See above for "per occurrence" explanation. Used for the patient whose psychotherapy is being managed by another health professional and the billing physician is managing the psychotropic medication. The service includes 1) prescribing medication, 2) monitoring the effect of medication and its side effects, and adjusting the dosage. Any psychotherapy provided is minimal and is usually supportive in nature.
<b><u>90862 AF</u></b>	See 90862 AS	MD	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$110.00	\$148.50	Face to Face	See Verity Guidelines 90862 AS	See DHS-AMH Service Criteria 90862 AS	See MHO Code Workgroup Guidelines 90862 AS

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<b><u>90882</u></b>	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions	LMFT, LPC, Unlicensed QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$70.49	\$95.16	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Documentation must justify each occurrence billed if more than one occurrence is billed in one day. To be used for a mental health provider to communicate with non-mental health providers or with hospitals. Communication with agencies, employers, or institutions on the client's behalf. Use for communication with pharmacists and directions to pharmacies. Cannot be used for calling in refill requests to pharmacy. If a refill request is the initiation of the call but there is clinical exchange with caller then it can be used. Use for letter writing and developing treatment summaries for outside agencies. Code can be used for communication to non-mental health programs within the same agency, i.e. housing, employment. Use T1016 if services align better with case management.	The clinician uses this code to report work done with agencies, employers, or institutions on a psychiatric patient's behalf in order to achieve environmental changes and interventions for managing the patient's medical condition.	Medical management on a psychiatric patient's behalf with agencies, employers, or institutions. May include phone calls
<b><u>90882 AH</u></b>	See 90882	Licensed clinical psychologist	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$70.49	\$95.16	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90882	See DHS-AMH Service Criteria 90882	See MHO Code Workgroup Guidelines 90882
<b><u>90882 AJ</u></b>	See 90882	LCSW	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$70.49	\$95.16	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90882	See DHS-AMH Service Criteria 90882	See MHO Code Workgroup Guidelines 90882

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<b><u>90882 TD</u></b>	See 90882	RN	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$156.00	\$78.00	\$105.30	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90882	See DHS-AMH Service Criteria 90882	See MHO Code Workgroup Guidelines 90882
<b><u>90882 AS</u></b>	See 90882	PMHNP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$195.00	\$97.50	\$131.63	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90882	See DHS-AMH Service Criteria 90882	See MHO Code Workgroup Guidelines 90882
<b><u>90882 AF</u></b>	See 90882	MD	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$264.00	\$132.00	\$178.20	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90882	See DHS-AMH Service Criteria 90882	See MHO Code Workgroup Guidelines 90882
<b><u>90887</u></b>	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	LMFT, LPC, Unlicensed QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$58.74	\$79.30	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Recipient of service is key to using 90887 versus 90882. The recipient is family member, foster parents, etc. Bill one unit of service per episode. If 2 or more distinct services are provided on the same day, bill one line and 2 or more units - NOT 2 or more lines, 1 unit each. May be used for check-ins with parents about child behavior unless family counseling is more appropriate.	The clinician interprets the results of a patient's psychiatric and medical examinations and procedures, as well as other pertinent recorded data, and spends time explaining the patient's condition to family members and other responsible parties involved with the patient's care and well-being. Advice is also given as to how family members can best assist the patient.	Interpretation or explanation of psychiatric or other medical exams and procedures, or other accumulated data to family or other persons, or advising them how to assist patient. Used when the treatment of the patient may require explanations to the family, employers, or other involved persons for their support in the therapy process. This may include the reporting of examinations, procedures and other accumulated data. May include phone calls

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<b><u>90887 AH</u></b>	See 90887	Licensed clinical psychologist	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$58.74	\$79.30	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90887	See DHS-AMH Service Criteria 90887	See MHO Code Workgroup Guidelines 90887
<b><u>90887 AJ</u></b>	See 90887	LCSW	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$58.74	\$79.30	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90887	See DHS-AMH Service Criteria 90887	See MHO Code Workgroup Guidelines 90887
<b><u>90887 TD</u></b>	See 90887	RN	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$156.00	\$78.00	\$105.30	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90887	See DHS-AMH Service Criteria 90887	See MHO Code Workgroup Guidelines 90887
<b><u>90887 AS</u></b>	See 90887	PMHNP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$195.00	\$97.50	\$131.63	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90887	See DHS-AMH Service Criteria 90887	See MHO Code Workgroup Guidelines 90887
<b><u>90887 AF</u></b>	See 90887	MD	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$264.00	\$132.00	\$178.20	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines 90887	See DHS-AMH Service Criteria 90887	See MHO Code Workgroup Guidelines 90887

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<b><u>96101</u></b>	Psychological Testing with interpretation and report, per hour	Doctoral level Intern/Resident supervised by a Licensed Clinical Psychologist	Per hour	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to Face	Max of \$800	Includes situations when more time is needed to assimilate other clinical data sources including tests administered by a technician or cmoputer and previously reported.	This code is used for time in face-to-face testing with a psychologist or physician and for interpreting results and preparing a report. Includes the administration, interpretation and scoring of tests mentioned in the CPT description and other medically accepted tests for evaluation of intellectual strengths, psychopathology, psychodynamics, mental health risks, insight, motivation and other factors influencing treatment and prognosis.
<b><u>96101 AH</u></b>	See 96101	Licensed clinical psychologist	Per hour	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to Face	See Verity Guidelines 96101	See DHS-AMH Service Criteria 96101	See MHO Code Workgroup Guidelines 96101
<b><u>G0176</u></b>	Activity Therapy related to the care and treatment of a person's disabling mental health condition, 45 minutes or more.	QMHA, LCSW, LMFT, LPC, Unlicensed QMHP	Per Occurrence	Adult SMI, Adult OP, Child/Adol OP	\$86.25	\$64.69	\$87.33	Face to Face	Use for <u>individual activity therapy</u> 45 min duration or more. No limit to number of occurrences per day. If 2 or more distinct services are provided on the same day, bill one line and 2 or more units - NOT 2 or more lines, 1 unit each.	Activites engaging a patient in music, dance, art creations, or any type of plan, not as recreation but as therapeutic processes for the care and treatment of a patient with disabling mental health problems, is reported with G0176 for every session of 45 minutes or more.	

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<u>G0176 HQ</u>	See G0176	QMHA, LCSW, LMFT, LPC, Unlicensed QMHP	Per Occurrence	Adult SMI, Adult OP, Child/Adol OP	\$86.25	\$20.00	\$27.00	Face to Face	Use for <u>group activity therapy</u> 45 min duration or more. Typically no more than 10 participants are allowed. No limit to number of occurrences per day. If 2 or more distinct group services are provided on the same day, bill one line and 2 or more units - NOT 2 or more lines, 1 unit each.	See DHS-AMH Service Criteria G0176	May only bill if service lasted a minimum of 45 minutes. Since definition states "45 minutes or more", multiple units may only be billed if distinct activities occur in a single day, for example a 45 minute group in the morning and a 45 minute group in the afternoon. <b>The state has priced this as a group service. For managed care, modifiers may be used to distinguish individual versus group and may be priced accordingly.</b>
<u>G0177</u>	Training and educational services related to the care and treatment of a person's disabling mental health condition, 45 minutes or more.	QMHA, LCSW, LMFT, LPC, Unlicensed QMHP	Per Occurrence	Adult SMI, Adult OP, Child/Adol OP	\$86.25	\$64.69	\$87.33	Face to Face	Use for <u>individual skills-based training</u> 45 minutes or more. No limit to the number of occurrences per day. Bill one unit of service per episode. If 2 or more distinct services are provided on the same day, bill one line and 2 or more units - NOT 2 or more lines, 1 unit each.	Use G0177 for training and educational services related to the care and treatment of a patient with disabling mental health problems for every session of 45 minutes or more.	
<u>G0177 HQ</u>	See G0177	QMHA, LCSW, LMFT, LPC, Unlicensed QMHP	Per Occurrence	Adult SMI, Adult OP, Child/Adol OP	\$86.25	\$20.00	\$27.00	Face to Face	Use for <u>group skills-based training</u> 45 minutes or more. No limit to the number of occurrences per day. Bill one unit of service per episode. If 2 or more distinct services are provided on the same day, bill one line and 2 or more units - NOT 2 or more lines, 1 unit each.	See DHS-AMH Service Criteria G0177	May only bill if service lasted a minimum of 45 minutes. Since definition states "45 minutes or more", multiple units may only be billed if distinct activities occur in a single day, for example a 45 minute group in the morning and a 45 minute group in the afternoon. <b>The state has priced this as a group service. For managed care, modifiers may be used to distinguish individual versus group and may be priced accordingly.</b>

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<b><u>H0002</u></b>	Behavioral health screening to determine eligibility for admission to treatment program	LCSW, LMFT, LPC, Unlicensed QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$48.95	\$48.95	\$66.08	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Use for screening in or out of service. No minimum time. Use when determining appropriateness for referring youth and adults for a mental health assessment. Does not take the place of a MHA. If individual is requesting a mental health assessment, a screening cannot be offered instead. If a single adult, parent, legal guardian or youth describe to a QMHP concerning issues, service providers may bill for the time used to determine if a MHA is warranted. A provisional diagnosis must be given to be able to bill this code. State approved paired diagnosis' are eligible for use, including V71.09. May occur when child is not present. If provider is serving child, use code when screening sibling or parent. Progress note must be kept & document: presenting problem description, risk screen, A&D or other medical concerns, clinical impression and plan. May be used with Mobile Crisis auth where they are called out and the client doesn't have a valid MH dx code.	Behavioral health screening is done to determine a patient's eligibility for admission to a treatment program. Patients are screened for mental health conditions as well as substance use disorders and are medically assessed to ensure appropriate treatment is given. Determination of a person's immediate treatment needs to <b>establish a provisional diagnosis</b> for the purpose of facilitating access to an appropriate provider for full assessment and treatment.	May be Face to Face or Phone QMHP required in order to establish provisional diagnosis. DOES NOT REQUIRE ABOVE THE LINE DX.
<b><u>H0004</u></b>	Behavioral Health Counseling/Therapy	LPC, LMFT, Unlicensed QMHP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$24.48	\$33.04	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	DO NOT use multiple lines, 1 unit each. Treatment plan must specify behavioral health counseling to use this code. Example: Telephone counseling / intervention SMI client requesting counseling or help structuring their day. May be used for individual therapist client/family treatment planning meetings. Clinical note needs to be able to show that counseling occurred versus case management in any code that may be used with a telephone contact. Code and 15 minute increments addresses telephone calls made by prescribers. Do not use to replace 908 codes for planned face-to-face therapy.	This code reports provision of behavioral health counseling and therapy services. Behavioral health counseling and therapy provides individual counseling by a clinician for a patient in a private setting and is billed in 15 minute increments. Individual counseling or therapy in the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment plan. The intended outcome is the management, reduction or resolution of the identified problems.	For QMHP services, this code gives the most flexibility in terms of time increments and many MHO's are encouraging its use for QMHP therapy/counseling services. Generally face to face. May include phone contact for unplanned crises or phone contact may be planned if medically necessary, clinically justified and included in the treatment plan.

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<b><u>H0004 HN</u></b>	See H0004	QMHA	Per 15 minutes	INCREDIBLE YEARS PROGRAM ONLY	\$86.25	\$21.56	\$29.11	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	QMHA may bill for Verity approved evidence based practices only such as follow-up phone contact with families in "Incredible Years" Program.	See DHS-AMH Service Criteria H0004	See MHO Code Workgroup Guidelines H0004
<b><u>H0004 AH</u></b>	See H0004	Licensed clinical psychologist	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$24.48	\$33.04	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H0004	See DHS-AMH Service Criteria H0004	See MHO Code Workgroup Guidelines H0004
<b><u>H0004 AJ</u></b>	See H0004	LCSW	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$24.48	\$33.04	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H0004	See DHS-AMH Service Criteria H0004	See MHO Code Workgroup Guidelines H0004
<b><u>H0004 TD</u></b>	See H0004	RN	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$130.00	\$32.50	\$43.88	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H0004	See DHS-AMH Service Criteria H0004	See MHO Code Workgroup Guidelines H0004
<b><u>H0004 AS</u></b>	See H0004	PMHNP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$40.63	\$54.84	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H0004	See DHS-AMH Service Criteria H0004	See MHO Code Workgroup Guidelines H0004

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<b><u>H0004 AF</u></b>	See H0004	MD	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$55.00	\$74.25	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H0004	See DHS-AMH Service Criteria H0004	See MHO Code Workgroup Guidelines H0004
<b><u>H0019</u></b>	Behavioral Health, Long Term, Residential Services (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem		Per Diem	Child/Adol Psychiatric Residential Treatment Services	Not Applicable	\$380.00	No Out of Facility	Face to Face		Long-term residential treatment is typically more than 30 days. This code applies to a residential treatment program for behavioral health issues that are neither medical, nor acute in nature. This code is per diem, not including daily room and board. Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility with an organized program of theoretically based individual, group and family therapies, psychosocial skills development, medication management, psychiatric services and consultation to remediate significant impairments in functioning that are the result of a principal mental or emotional disorder. <b>(No other code may be billed on the same day)</b>	This Code may be used for Treatment Foster Care or Proctor Care programs which meet all standards for ITS level of care, including the Certificate of Need process, provider is ITS licensed, and services are provided consistent with the ITS Administrative Rule.

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<b><u>H0031</u></b>	Mental Health Assessment, by non-physician	LMFT, LPC, Unlicensed QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$117.48	\$158.60	Face to Face	Code can be used for provisional assessment or full assessments. If both provisional and full assessment are completed providers may bill for both. Time, age or disability may require "confirmatory" or additional service be provided on another day/s. If more than 1 visit is required to complete the diagnostic evaluation, documentation must clearly state the reason for a subsequent or confirmatory evaluation. All justified visits for provisional and/or subsequent full assessments including required updates may be billed using this code. (Assessment authorizations include the following codes: 90801, 90802, H0031, H0002, T1023, and T1013. CASII and LOCUS are not required but may be billed if completed.)	Mental health assessment is provided by someone other than a physician who is a trained staff member. The assessment identifies factors of mental illness, functional capacity, and gathers additional information used for the treatment of mental illness. Determination of a person's need for mental health services, based on the collection and evaluation of data obtained through interview and observation, of a person's mental history and presenting problem(s). The assessment concludes with documentation of a diagnosis and a written treatment plan supported by the assessment and interview data. If a person is not in need of mental health services, other disposition information, such as to whom the client was referred, shall be included in the client file.	<b>"Per Occurrence" Explanation:</b> Bill one unit of service per assessment episode (normally there would not be in excess of one episode per day). <b>PLEASE NOTE: AMH's expectation is that this code is billed once per completed assessment.</b> Billed charges should reflect either of the following approaches: 1) An agency average for length of the service and provider type or 2) variable charges for each unit of service billed based on the length of that particular episode or provider type. For example, if service was provided by a Master's Level clinician for one hour, an agency might submit charges of \$100. Another episode provided for 2 hours might be submitted for \$200. May include time spent reviewing records or interviewing collateral sources for clinical information. <b>DOES NOT REQUIRE ABOVE THE LINE DX.</b>
<b><u>H0032</u></b>	Mental Health Service Plan Development	LCSW, LMFT, LPC, Psychologist, Unlicensed QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$97.90	\$132.17	Face to face	May be used for <u>multidisciplinary team treatment review/individual service plan meetings with or without the client/family</u> . Fidelity to treatment model must be maintained for evidence based practiced, WrapAround, ICTS, etc. Use for any client, in any service. Use for any client, not just ICTS. Can be used by each different discipline when multiple individuals from each agency attend. Each individual must maintain a separate progress note for each date of service billed. Can also be used for development of treatment plan if you are developing with the client present. Any agency present may bill with appropriate documentation.	A mental health service plan is developed for treating a patient, including modifying goals, assessing progress, planning transitions, and addressing other needs. This service is provided by someone other than a physician, who is a clinical, professional or other specialist. Activities to develop, evaluate, or modify a client's mental health services plan. This would include the statement of treatment or service goals, of clinical interventions designed to achieve those goals, and an evaluation of progress toward those goals. This activity may be repeated periodically and the plan may be modified.	This code was added for the purpose of encountering Child and Family Team meetings under the Children's System Change Initiative. The definition does not limit the activity, however some MHO's may choose to limit the use of this code to team meetings involving multi-agency system partners. It is only possible to encounter one line item, per day, per client, per organization, in order to avoid the system rejecting it as duplicate billing. Therefore, multiple staff from the same organization cannot encounter the service on the same day. However staff from different organizations who are in attendance may. Billed charges may be submitted at a higher level on a single line item to account for multiple agency staff in attendance. Charges must be based on cost allocation plan. Credentials required should follow the specific OAR applicable to the program and service being provided. For example, if used to develop "service coordination plan" under the ICTS rule, there are not specific credentialing requirements other than "child and family
<b><u>H0032 HN</u></b>	See H0032	QMHA	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$86.25	\$86.25	\$116.44	Face to face	See Verity Guidelines H0032	See DHS-AMH Service Criteria H0032	See MHO Code Wordgroup Guidelines H0032

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<b>Multnomah County/Verity Fee Schedule Effective DOS January 1, 2011</b>							Out Of Facility Weight 135%				
CPT/HCPC Code	Service	Staff Code	Time/Units	Applicable Program	Verity per Hour	Verity per Unit	Verity Out of Facility Rate per Unit	Mode Limitations	Verity Guidelines	DHS-AMH Service Criteria	MHO Code Workgroup Guidelines and Tips
<b><u>H0032 TD</u></b>	See H0032	RN	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$130.00	\$130.00	\$175.50	Face to face	See Verity Guidelines H0032	See DHS-AMH Service Criteria H0032	See MHO Code Wordgroup Guidelines H0032
<b><u>H0032 AS</u></b>	See H0032	PMHNP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$162.50	\$219.38	Face to face	See Verity Guidelines H0032	See DHS-AMH Service Criteria H0032	See MHO Code Wordgroup Guidelines H0032
<b><u>H0032 AF</u></b>	See H0032	MD	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$220.00	\$297.00	Face to Face	See Verity Guidelines H0032	See DHS-AMH Service Criteria H0032	See MHO Code Wordgroup Guidelines H0032
<b><u>H0034</u></b>	Medication Training and Support, per 15 minutes	LCSW, LMFT, LPC, Psychologist, Unlicensed QMHP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$24.48	\$33.04	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Medication training and support is an educational service to assist the patient, family, or other caretaker in the proper management of prescribed medication regimens, drug interactions, and side effects. Activities to instruct, prompt, remind or educate clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen. May be used by Medication Aide who administers student medications, who monitor parent permissions, doctors' order, delivers meds to each individual student at the prescribed times, keeps records of each dose, maintains med balances, contacts parents and/or physicians for refills.	Medication training and support is an educational service to assist the patient, family, or other caretaker in the proper management of prescribed medication regimens, drug interactions, and side effects. This code is reported per 15 minutes. Activities to instruct, prompt, remind or educate clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.	Generally face to face. May include phone contact for unplanned crises or phone contact may be planned if medically necessary, clinically justified and included in the treatment plan.
<b><u>H0034 HN</u></b>	See H0034	QMHA	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$86.25	\$21.56	\$29.11	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H0034	See DHS-AMH Service Criteria H0034	See MHO Code Wordgroup Guidelines H0034

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<b><u>H0034 TD</u></b>	See H0034 HN	RN	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$130.00	\$32.50	\$43.88	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H0034	See DHS-AMH Service Criteria H0034	See MHO Code Workgroup Guidelines H0034
<b><u>H0034 AS</u></b>	See H0034 HN	PMHNP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$40.62	\$54.84	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H0034	See DHS-AMH Service Criteria H0034	See MHO Code Workgroup Guidelines H0034
<b><u>H0036</u></b>	Community Psychiatric Supportive Treatment, face-to-face, per 15 minutes	QMHA or LCSW, LMFT, LPC, Psychologist, Unlicensed QMHP	Per 15 minutes	Adult SMI, Child/Adol OP	\$20.00	\$5.00	No Out of Facility	Face to Face	Code use is limited to <u>no more than five hours per day</u> and limited to services as defined in the Oregon Mental Health Plan Criteria. Structured developmental or rehabilitative programs designed to improve or remediate a person's basic functioning in daily living and community living. Programs shall include a mixture of individual, group and activity therapy components and shall include therapeutic treatment oriented toward development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.	Structured developmental or rehabilitative programs designed to improve or remediate a person's basic functioning in daily living and community living. <b>Programs shall include a mixture of individual, group and activity therapy components</b> and shall include therapeutic treatment oriented toward development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.	The State's service criteria language was adopted from the definition of the Daily Structure and Support BA Code definition. This service is intended to be a combination of individual and group activities.

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<b><u>H0036 HA</u></b>	See H0036	QHMA or LCSW, LMFT, LPC, Psychologist, Unlicensed QMHP	Per 15 minutes	THERAPEUTIC DAY SCHOOL and EARLY CHILDHOOD PROGRAMS ONLY	\$20.00	\$5.00	No Out of Facility	Face to Face	Therapeutic Day School programs only. Capped at <u>six hours per school day</u> .	See DHS-AMH Service Criteria H0036	See MHO Code Workgroup Guidelines H0036
<b><u>H0037</u></b>	Community psychiatric supportive treatment program, per diem		Per diem	OP Child/Adol Psychiatric Day Treatment	Not Applicable	\$153.50	No Out of Facility	Face to Face	Services provided by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children with a primary Axis I DSM diagnosis, and their families. The program must provide a range of professional expertise and individualized treatment services, including psychiatric services, family treatment and other therapeutic activities integrated with an accredited education program. Services must provide at least four hours/day in preschool - fifth grade and five hours/day in sixth - twelfth grade programs for a minimum of 230 days per year.	Services provided by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children with a primary Axis I DSM diagnosis, and their families. The program must provide a range of professional expertise and individualized treatment services, including psychiatric services, family treatment and other therapeutic activities integrated with an accredited education program. Services must provide at least four hours/day in preschool - fifth grade and five hours/day in sixth - twelfth grade programs for a minimum of 230 days per year.	MHO's use this code for Psychiatric Day Treatment services.

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<u>H0038</u>	Self-help/peer services, per 15 min	Peer	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$60.00	\$15.00	\$20.25	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Peer delivered individual services. See DHS-AMH and MHO Guidelines	Services provided by peers (mental health consumers) include a wide range of supports, services, and advocacy that contribute to a client's ability to engage in ongoing treatment. These services may include but are not limited to: self-help support groups, drop-in centers, outreach services, education and advocacy. Persons performing this activity have experience in treatment and recovery.	This code might include family support services provided to a consumer's family members by other unrelated family members. As with any code, providers or provider organizations will need to be covered by certificates of approval and follow OAR's for documentation requirements. The consumer does not need to be present (service may be provided to consumer/client's caretaker/family). <b>This code may be used for phone support.</b> Federal Guidelines require assurance that "supervision is provided by a competent mental health professional (as defined by the State). The amount, duration and scope of supervision will vary depending on State Practice Acts, the demonstrated competency and experience of the peer support provider, as well as the service mix, and may range from direct oversight to periodic care consultation. ...Services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. ...use (of) person-centered planning process. ....actively engage and empower participant in leading and directing the ...
<u>H0038 HQ</u>	Self-help/peer services, per 15 min	Peer	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$60.00	\$7.50	\$10.13	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Peer delivered group services. See H0038	See DHS-AMH Service Criteria H0038	See MHO Code Workgroup Guidelines and Tips H0038
<u>H0045</u>	Respite Care Services, not in the Home, per diem		Per diem	Child/Adol OP	Not Applicable	\$145.00	No Out of Facility	Face to Face	Only use for overnight services provided in a foster home	Respite care services provided outside the home give assistance to clients in place of primary care givers on a temporary per diem basis so the patient may be maintained at the current level of care required when the primary care givers are temporarily absent.	Non-medical facility-based respite care.

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<b><u>H0045 HB</u></b>	Respite Care Services, not in the Home, per diem		Per diem	Adult SMI, Adult OP	Not Applicable	\$260.00	No Out of Facility	Face to Face	Respite services to adults provided in a licensed residential facility.	See DHS-AMH Service Criteria H0045	See MHO Code Workgroup Guidelines and Tips H0045
<b><u>H2010</u></b>	Comprehensive Medication Services, per 15 minutes	LMFT, LPC, LCSW, Psychologist, Unlicensed QMHP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$24.48	\$33.04	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Out of facility differential for face-to-face services only. Appropriately licensed staff should use 908 codes unless face-to-face limitation prevents use.	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.	May include phone calls
<b><u>H2010 TD</u></b>	See H2010	RN	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$130.00	\$32.50	\$43.88	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H2010	See DHS-AMH Service Criteria H2010	See MHO Code Workgroup Guidelines and Tips H2010
<b><u>H2010 AS</u></b>	See H2010	PMHNP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$162.50	\$40.63	\$54.84	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H2010	See DHS-AMH Service Criteria H2010	See MHO Code Workgroup Guidelines and Tips H2010

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<b><u>H2010 AF</u></b>	See H2010	MD	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$220.00	\$55.00	\$74.25	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines H2010	See DHS-AMH Service Criteria H2010	See MHO Code Workgroup Guidelines and Tips H2010
<b><u>H2011</u></b>	Crisis intervention services, per 15 min	LMFT, LPC, LCSW, Psychologist, Unlicensed QMHP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$117.48	\$29.38	\$39.66	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Use for an unplanned visit or phone contact related to a crisis situation. OK to use for Emergency Department visits made by OP providers. Use 90882 or T1016 if not a crisis intervention.	Mental health crisis intervention provides immediate support for an individual in personal crisis with outpatient status. The aim of this service is to stabilize the individual during a psychiatric emergency.	This code is intended to be similar to S9484 but allow encountering in 15 minute increments.
<b><u>H2011 HN</u></b>	Crisis intervention services, per 15 min	QMHA	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$103.50	\$25.87	\$34.93	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guideline H2011	See DHS-AMH Service Criteria H2011	See MHO Code Workgroup Guidelines and Tips H2011
<b><u>H2011 TD</u></b>	Crisis intervention services, per 15 min	RN	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$156.00	\$39.00	\$52.65	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guideline H2011	See DHS-AMH Service Criteria H2011	See MHO Code Workgroup Guidelines and Tips H2011

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<b><u>H2011 AS</u></b>	Crisis intervention services, per 15 min	PMHNP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$195.00	\$48.74	\$65.80	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guideline H2011	See DHS-AMH Service Criteria H2011	See MHO Code Workgroup Guidelines and Tips H2011
<b><u>H2011 AF</u></b>	Crisis intervention services, per 15 min	MD	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$264.00	\$66.00	\$89.10	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guideline H2011	See DHS-AMH Service Criteria H2011	See MHO Code Workgroup Guidelines and Tips H2011
<b><u>H2012</u></b>	Behavioral Health Day Treatment, per hour	QMHA or LMFT, LPC, LCSW, Psychologist, Unlicensed QMHP	Per hour	Child/Adol OP	\$36.00	\$36.00	No Out of Facility	Face to Face	Use for less than 4 hours per day services.	Day treatment for behavioral health focuses on maintaining and improving functional abilities for the individual. Clients may participate in activities in a therapeutic and social environment several times per week for several hours per day to improve personal skills. This code is reported per hour of daytime behavioral health treatment. Children's psychiatric day treatment services as defined in H0037, except provided on an hourly basis when an enrolled client's absence or transition precludes client's receipt of the minimum number of per diem hours required for H0037. Services must be included in the client's treatment plan, documented in the client's clinical record, and provided by a Qualified Mental Health Professional or Qualified Mental Health Associate.	Psychiatric Day Treatment.

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<b><u>H2013</u></b>	Psychiatric health facility service, per diem		Per diem	Adult SMI, Adult OP, Child/Adol OP	Not Applicable	Per Contract	No Out of Facility	Face to Face	Acute Care Non-Hospital Treatment. Subacute Psychiatric Care, Non-hospital	A psychiatric health facility is specifically licensed as such and is differentiated from a hospital with an inpatient psychiatric ward, psychiatric hospital, or crisis residential services. This facility provides services in an acute non-hospital inpatient setting and includes appropriate care in psychiatry, clinical psychology, social work, rehabilitation, drug administration, and other basic needs, per diem. Services provided in an intensively staffed 24-hour non-hospital facility under a physician approved treatment plan to a client who is 18 years old, for which treatment includes an appropriate mix and intensity of assessment, medication management, individual and group therapies and skills development to reduce or eliminate the acute symptoms of the disorder and restore the	Acute Care Non-Hospital Treatment. Subacute Psychiatric Care, Non-hospital
<b><u>H2014</u></b>	Skills Training and Development, per 15 minutes	QMHA, LPC, LMFT, LCSW, Unlicensed QMHP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$86.25	\$21.56	\$29.11	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Use for <u>individual skills-based training</u>	Skills training and development provides the patient with necessary abilities that will enable the individual to live independently and manage his/her illness and treatment. Training focusses on skills for daily living and community integration for patients with functional limitations due to psychiatric disorders, per 15 minutes.	The state has now priced this as an individual skills training service and now allows the code to be used for telephone contacts. <b>For managed care, modifiers may be used to distinguish individual versus group and may be priced accordingly.</b>

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<u>H2014 HQ</u>	Skills Training and Development, per 15 minutes	QMHA, LPC, LMFT, LCSW, Unlicensed QMHP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$86.25	\$20.00	\$27.00	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Use for <u>skills-based group training</u> . Typically no more than 10 participants are allowed. No limit to number of occurrences per day. If 2 or more distinct group services are provided on the same day,	See DHS-AMH Service Criteria H2014	See MHO Code Workgroup Guidelines and Tips H2014
<u>H2021</u>	Community based wraparound services, per 15 minutes	LMFT, LPC, LCSW, Psychologist, Unlicensed QMHP	Per 15 minutes	Child/Adol OP (ICTS)	\$112.60	\$28.15	\$38.00	Face to Face	<u>Max of 8 units per day.</u> Services must meet the ICTS OAR's and are provided in home, school and other environments. This code is to be used only for services that are both face to face and out of facility services only for ICTS programs. Other in facility services must use pre-existing standard CPT codes.	Wrap-around community services are provided for a short period of time for seriously emotionally disabled youth. These services are provided for children/adolescents with a rate classification level (RCL) placement higher than 12. These codes include support and training for family members as an integral part of services provided. Code H2021 is per 15-minute increments and H2022 is for services per diem. Individualized, community-based clinical interventions, delivered as an alternative or addition to traditional services that are as likely or more likely to effectively treat a client's mental health condition. Services may include informal supports and resources and are provided to a client and family members in order to promote, maintain or restore <u>successful community living</u> .	HCPCS definition defines the service as delivered to emotionally disabled youth. The state definition is not specific to age.
<u>H2021 HN</u>	See H2021	QMHA	Per 15 minutes	Child/Adol OP (ICTS)	\$99.20	\$24.80	\$33.48	Face to Face	See Verity Guideline H2021	See DHS-AMH Service Criteria H2021	See MHO Code Workgroup Guidelines and Tips H2021

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<u><b>H2022</b></u> <b>Remove HN modifier</b>	Community based wraparound services, per diem	QMHA or, LMFT, LPC, LCSW, Psychologist, Unlicensed QMHP	Per diem	Child/Adol OP (ICTS)	Not Applicable	\$215.00	\$290.25	Face to Face	For clients with ICTS authorizations only. For pre-approved providers who meet the ICTS OAR's and are providing the most intensive level of wraparound service. Services are provided at all hours of the day and week depending on the current family need. Services will be provided in home, school, community and in facility. This code also includes family search practices. Blended QMHA and QMHP rate.	Wrap-around community services are provided for a short period of time for seriously emotionally disabled youth. These services are provided for children/adolescents with a rate classification level (RCL) placement higher than 12. These codes include support and training for family members as an integral part of services provided. Code H2021 is per 15-minute increments and H2022 is for services per diem. Individualized, community-based clinical interventions, delivered as an alternative or addition to traditional services that are as likely or more likely to effectively treat a client's mental health condition. Services may include informal supports and resources and are provided to a client and family members in order to promote, maintain or restore successful community	Allows per diem rate to be developed
<u><b>H2027</b></u>	Psychoeducational service, per 15 min	LMFT, LPC, LCSW, Psychologist, Unlicensed QMHP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$25.00	\$6.25	\$8.44	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	May be used for Incredible Years parent series psychoeducation 1 hour sessions. Use additionally for all other psychoeducation by QMHP.	Activities to provide information and education to clients, families, and significant others regarding mental disorders and their treatment. This activity acknowledges the importance of involving significant others who may be essential in assisting a client to maintain treatment and to recover.	
<u><b>H2027 TD</b></u>	See H2027	RN	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$33.20	\$8.30	\$11.20	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guideline H2027	See DHS-AMH Service Criteria H2027	

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<u><b>H2027 AS</b></u>	See H2027	PMHNP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$44.08	\$11.02	\$14.88	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guideline H2027	See DHS-AMH Service Criteria H2027	
<u><b>H2032</b></u>	Activity therapy, per 15 minutes	QMHA, LPC, LMFT, LCSW, Unlicensed QMHP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$86.25	\$21.56	\$29.11	Face to Face	Use for <u>individual activity therapy</u>	Activity therapy such as music, dance, creative art, or any type of plan, not for recreation, but related to the care and treatment of the patient's disabling mental health problems is reported for services per 15 minutes.	The state prices this as a group service. <b>For managed care, modifiers may be used to distinguish individual versus group and may be priced accordingly.</b>
<u><b>H2032 HQ</b></u>	See H2032	QMHA, LPC, LMFT, LCSW, Unlicensed QMHP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$20.00	\$5.00	\$6.75	Face to Face	Use for <u>group based activity therapy</u>	See DHS-AMH Service Criteria H2032	See MHO Code Workgroup Guidelines and Tips H2032

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<b><u>H2033 Please remove from the Fee Schedule and from the Auth Rules Procedure Codegroups</u></b>	Multisystemic therapy for juveniles, per 15 minutes	LCSW, LMFT, LPC, Psychologist, Unlicensed QMHP	Per 15 minutes	OP Child/Adolescent	\$100.00	\$25.00	\$33.75	Face to Face	No upper time limit per day. If more than 15 minutes of service are provided in the same day, bill one line and the number of 15 minute units that comes closest to the total service time - DO NOT use multiple lines, 1 unit each.	Multi-systemic therapy uses the strengths found in key environment settings of juveniles to promote and maintain positive behavioral changes. These services focus on individual, family, and extra-familial (such as peer, school, and neighborhood) influences reported in 15 minute increments. Intensive, time- limited, home-based services delivered by appropriately licensed, proprietary MST programs, consisting of individualized, comprehensive, integrated system.	
<b><u>S9125 Please remove from Fee Schedule and the Auth Rules Procedure Codegroups</u></b>	Respite Care, in the home, per diem		Per diem	Child/Adol OP	\$0.00	\$70.00	No Out of Facility	Face to Face		Services provided in home or community to either a family or individual client, including services such as respite, aides, recreation, homemaker, behavior monitor, tutor or mentor, provided by agency staff under agency supervision. Agency supervision shall include training, supervision in adhering to the client treatment plan, and emergency back-up support. Travel time is factored into the rate and may not be billed under a separate code. Family support services are particularly appropriate when there are severe behavioral problems, which increase risk.	Home-based Respite Care at a per diem rate.

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<b><u>T1005</u></b>	Respite Care Services, up to 15 minutes	QMHP	Up to 15 minutes	Child/Adol OP	\$45.42	\$11.35	\$15.33	Face to Face	See DHS-AMH Service Criteria Cap at 6 hours per day. This code is to be used for planned or unplanned without an additional authorization.	Services provided in home or community to either a family or individual client, including services such as respite, aides, recreation, homemaker, behavior monitor, tutor or mentor, provided by agency staff under agency supervision. Agency supervision shall include training, supervision in adhering to the client treatment plan, and emergency back-up support. Travel time is factored into the rate and may not be billed under a separate code. Family support services are particularly appropriate when there are severe behavioral problems, which increase risk.	Similar to H2021 but respite care. May use for consumer mentoring programs.
<b><u>T1005 HN</u></b>	See T1005	QMHA	Up to 15 minutes	Child/Adol OP	\$40.00	\$10.00	\$13.50	Face to Face	See Verity Guidelines T1005	See DHS-AMH Service Criteria T1005	See MHO Code Workgroup Guidelines and Tips T1005
<b><u>T1013</u></b>	Sign Language or Oral Interpretive services, per 15 minutes	Interpreter	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$30.60	\$7.65	No Out of Facility	Face to Face	Interpreter code may not be used in addition to therapy or other codes if mental health provider is bi-lingual. Not to be used with interactive psychotherapy. Vendor list and contact phone numbers is on the county website. Verity pays contracted interpreter agencies directly.	Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Such interpreters will be linguistically appropriate and be capable of communicating in English and the primary language of the individual and be able to translate clinical information effectively. Reimbursement for interpreter services is only allowed when provided in conjunction with another service such as assessment, individual/family therapy or group therapy, etc. Whenever feasible, individuals should receive services from staff who are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service.	

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<b><u>T1016</u></b>	Case Management, per 15 minutes	QMHP	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$24.48	\$33.05	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	Services provided for coordinating the access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability. Bill for services provided during hospitalization. Bill when case manager or other staff attends appointment between prescriber and client to " <u>advocating for treatment needs</u> ". Use 90882 if documentation aligns better with that service.	Services provided for coordinating the access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability.	May include phone calls. <b>Modifiers may be used to distinguish QMHA from QMHP and may be priced accordingly for managed care.</b>
<b><u>T1016 HN</u></b>	See T1016	QMHA	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$86.25	\$21.56	\$29.11	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines T1016	See DHS-AMH Service Criteria T1016	See MHO Code Workgroup Guidelines and Tips T1016
<b><u>T1016 TD</u></b>	See T1016	RN	Per 15 minutes	Adult SMI, Adult OP, Child/Adol OP	\$130.00	\$32.50	\$43.88	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	See Verity Guidelines T1016	See DHS-AMH Service Criteria T1016	See MHO Code Workgroup Guidelines and Tips T1016

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<b><u>T1023</u></b>	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter (15 - 20 minutes)	QMHP	Per occurrence	Adult SMI, Adult OP, Child/Adol OP	\$97.90	\$32.65	\$44.08	Face to face or telephone. No "out of facility" rate if the service is phone contact. Use POS code 11 for all telephonic services.	No minimum time requirement. Use only for each CASII/ECSII or LOCUS level of need determination administered. Documentation consists of completed LOCUS or CASII/ECSII. Determination does not require face-to-face since initial Level of Care determination follows a mental health assessment. Annual updates don't have to be face-to-face if mental health assessment update is less than 60 days old.	Screening or evaluation of the mental health service needs of clients for consideration of admission to inpatient hospital psychiatric programs, partial psychiatric hospital programs, residential treatment, or outpatient treatment services. This service differs from a mental health assessment in that the activity may require not only the evaluation of a client's treatment needs, but also an evaluation of available treatment options.	This code was added for the primary purpose of encountering the Eligibility/Level of Need Determination process under the Children's System Change Initiative but may also be used for adults. This code also includes QMHA permissible staff and therefore is more flexible than H0002, Behavioral Health Screening, which requires QMHP staff.
<b>Additional CPT codes</b>											
<b><u>99251</u></b>	Initial inpatient consultation	MD or PMHNP	20 min.	Adult SMI, Adult OP, Child/Adol OP		\$54.17	No Out of Facility				Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
<b><u>99252</u></b>	Initial inpatient consultation	MD or PMHNP	40 min.	Adult SMI, Adult OP, Child/Adol OP		\$108.34	No Out of Facility				Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity.

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<u>99253</u>	Initial inpatient consultation	MD or PMHNP	55 min.	Adult SMI, Adult OP, Child/Adol OP		\$162.51	No Out of Facility				Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
<u>99254</u>	Initial inpatient consultation	MD or PMHNP	80 min.	Adult SMI, Adult OP, Child/Adol OP		\$216.68	No Out of Facility				Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
<u>99255</u>	Initial inpatient consultation	MD or PMHNP	110 min.	Adult SMI, Adult OP, Child/Adol OP		\$297.94	No Out of Facility				Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
<u>90870</u>	Electroconvulsive Therapy (ECT)	MD	Per unit	Adult SMI, Adult OP, Child/Adol OP		\$700.00	No Out of Facility				

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