

**Health Share Addictions Residential and Mental Health Regional Code Guide**  
**Clackamas, Multnomah and Washington Counties**  
**Effective 04.15.15 (unless otherwise indicated)**  
**Updated 04/05/2016**

Code	Service	Permissible Staff^	Time/ Units	In Facility Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Rate Per Unit for POS 12 and 99 Only	Mode Limitations	Service Criteria/Tips and Guidelines
90785	Outpatient Interactive Complexity Add-On	Licensed QMHP PMHNP PA MD	Same as service provided	\$12	Yes for adult and child Level D and ACT	\$12	Face-to-face	To be used in conjunction with any psychiatric diagnostic evaluations or psychotherapy codes. Can be paired with 90791, 90792, 90832, 90834 and 90837. In addition, 90785 can be paired with 99201 - 99205 (when not selected on the basis of time) and 99212 - 99215 (when not selected on the basis of time) when a psychotherapy add-on code (90833, 90836 or 90838) is also included. Interactive complexity may be reported when the patient has certain factors that increase the complexity of treatment rendered. These certain factors are limited to the following: the need to manage disruptive communication that complicates the delivery of treatment; complications involving the implementation of a treatment plan due to caregiver behavioral or emotional interference; evidence of a sentinel event with subsequent disclosure to a third party and discussion and/or reporting to the patient(s); or use of play equipment or translator to enable communication when a barrier exists.
90791	Psychiatric Diagnostic Evaluation	Licensed QMHP	Per occurrence	\$130	Yes	\$169	Face-to-face	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. May include time spent reviewing records or interviewing collateral sources for clinical information. 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. Time, age or disability may require "confirmatory" or additional service be provided on another day/s.  Typically, bill one unit of service per assessment. Limited to one occurrence per day. If the assessment cannot be completed in a single occurrence, a second is allowable within the same episode but not on the same day. A provisional diagnosis must be given to be able to bill this code. State approved paired diagnosis' are eligible for use, including ICD-9 code V71.09 through 9/30/15, and ICD-10 codes Z00.8 and Z03.89 for dates of service on or after 10/1/15. DOES NOT REQUIRE ABOVE THE LINE DX.
90792	Psychiatric Diagnostic Evaluation with Medical Services	PMHNP PA	Per occurrence	\$249	Yes	\$324	Face-to-face	* The clinician performs a psychiatric diagnostic examination on the patient with medication management. May include time spent reviewing records or interviewing collateral sources for clinical information.  Typically, bill one unit of service per assessment. Limited to one occurrence per day. If the assessment cannot be completed in a single occurrence, a second is allowable within the same episode but not on the same day. A provisional diagnosis must be given to be able to bill this code. State approved paired diagnosis' are eligible for use, including ICD-9 code V71.09 through 9/30/15, and ICD-10 codes Z00.8 and Z03.89 for dates of service on or after 10/1/15. DOES NOT REQUIRE ABOVE THE LINE DX.  Rate effective 1/1/2016
90792 AF	See 90792	MD	Per occurrence	\$325	Yes	\$423	Face-to-face	* See 90792 Rate effective 1/1/2016

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90832	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, approximately 30 minutes face-to-face with the patient.	Licensed QMHP	30 minutes Rounding time: 16-37 minutes	\$71	Yes	\$92	Face-to-face	<p>Used for the treatment of mental illness and behavior disturbances in which the clinician 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.</p> <p>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 2 lines, 1 unit each, adding required NCCI modifiers when relevant.</p> <p>The psychotherapy codes should not be billed for any sessions lasting less than 16 minutes.</p> <p>New rate effective 7.1.15</p>
90833	Psychotherapy Add-On, 30 minutes with patient and/or family member	MD PHMNP	30 minutes	\$144	Yes	\$187	Face-to-face	<p>* 16-37 minutes psychotherapy add-on code. To be used in conjunction with appropriate E/M code. Can be paired with 99201 - 99205 (when not selected on the basis of time) and 99212 - 99215 (when not selected on the basis of time).</p> <p>Rate effective 1/1/2016</p>
90834	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, approximately 45 minutes face-to-face with the patient.	Licensed QMHP	45 minutes Rounding time: 38 - 52 minutes	\$98	Yes	\$127	Face-to-face	<p>Used for the treatment of mental illness and behavior disturbances in which the clinician 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.</p> <p>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 2 lines, 1 unit each, adding required NCCI modifiers when relevant.</p>
90836	Psychotherapy Add-On, 45 minutes with patient and or family member	MD PHMNP	45 minutes Rounding time: 38 - 52 minutes	\$216	Yes	\$281	Face-to-face	<p>* 38-52 minutes psychotherapy add-on code. To be used in conjunction with E/M code. Can be paired with 99201 - 99205 (when not selected on the basis of time) and 99212 - 99215 (when not selected on the basis of time).</p> <p>Rate effective 1/1/2016</p>

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90837	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, approximately 60 minutes face-to-face with the patient.	Licensed QMHP	60 minutes Rounding time: 53+ minutes	\$145	Yes	\$189	Face-to-face	Used for the treatment of mental illness and behavior disturbances in which the clinician 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.  For use with planned face-to-face, insight oriented therapy. Service and resulting documentation must demonstrate 53 or more minutes of psychotherapy. Additional documentation justifying length of visit is required.  New rate effective 7.1.15
90838	Psychotherapy Add-On, 60 minutes with patient and/or family member	MD PMHNP	60 minutes Rounding time: 53+ minutes	\$286	Yes	\$372	Face-to-face	* 53 minutes or more psychotherapy add-on code. To be used with appropriate E/M code. Can be paired with 99201 - 99205 (when not selected on the basis of time) and 99212 - 99215 (when not selected on the basis of time).  Rate effective 1/1/2016
90839	Psychotherapy for crisis, first 60 minutes	QMHP Mental Health Intern Licensed QMHP MD PMHNP PA	60 minutes Rounding time 30 to 74 minutes	\$156	Yes	\$203	Face-to-face	Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.  Code 90839 is used for the first 30 to 74 minutes of intervention and 90840 for each additional 30 minutes.  New rate effective 7.1.15
90840	Psychotherapy for crisis add-on (each additional 30 minutes)	QMHP Mental Health Intern Licensed QMHP MD PMHNP PA	Per occurrence	\$130	Yes	\$169	Face-to-face	Must be used in conjunction with 90839. Add-on codes describe additional work associated with the primary procedure. They are performed by the same staff on the same date of service as the primary service/procedure, and must never be reported as stand-alone codes.

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90846	Family psychotherapy (without the patient present)	QMHP Licensed QMHP Mental Health Intern	Per occurrence	\$130	Yes	\$169	Face-to-face or Telephone	#  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. 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.  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. Bill one unit of service per episode. If 2 distinct services are provided on the same day, bill 2 lines, 1 unit each, adding required NCCI modifiers when relevant.
90847	Family psychotherapy (with patient present)	QMHP Licensed QMHP Mental Health Intern	Per occurrence	\$130	Yes	\$169	Face-to-face	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. While discussion may be about the relationship of others, the focus must be on the client's treatment.  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. Bill one unit of service per episode. If 2 distinct services are provided on the same day, bill 2 lines, 1 unit each, adding required NCCI modifiers when relevant.
90849	Multiple-family group psychotherapy	QMHP Licensed QMHP Mental Health Intern	Per occurrence	\$65	Yes	\$85	Face-to-face	#  Group therapy sessions for multiple families when similar dynamics are occurring due to a commonality of problems in the family members under treatment. 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 given to the impact the patient's condition has on the family.  This code is reported once for each family group present. 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. Bill one unit of service per episode. If 2 distinct services are provided on the same day, bill 2 lines, 1 unit each, adding required NCCI modifiers when relevant.

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90849 22	Multiple-family group psychotherapy: Incredible Years	QMHP Mental Health Intern Licensed QMHP QMHA	Per occurrence	\$115	No	\$115	Face-to-face	#  Code restricted to Incredible Years parent groups. Requires two staff present, and minimum of one QMHP staff member.
90853	Group psychotherapy (other than a multiple-family group)	QMHP Mental Health Intern Licensed QMHP PMHNP PA MD	Per occurrence	\$36	Yes	\$47	Face-to-face	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 may be discussed within the group setting. Processes that help patients move toward emotional healing and modification of thought and behavior are used, 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 patient's families.  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 process oriented medication groups.  Limited to three occurrences per day. Typically no more than 10 participants are allowed. If 2 distinct services are provided on the same day, bill 2 lines, 1 unit each, adding required NCCI modifiers when relevant. Different clinicians providing a single group on the same day should bill separate lines with different NPI. Documentation must justify each occurrence billed if more than one occurrence is billed in one day.  New rate effective 7.1.15
90853 22	Group psychotherapy: Family Sexual Abuse Treatment	QMHP Licensed QMHP Mental Health Intern	Per occurrence	\$115	No	\$115	Face-to-face	#  Family Sexual Abuse Treatment group only. May be used for both parent only and children only groups. Requires two QMHP staff present.
90870	Electroconvulsive therapy (includes necessary monitoring)	MD	Per occurrence	Per Contract	No	Per Contract	Face-to-face	Per contract including full price of anesthesia, OR, MD etc. Must be pre-authorized.
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions	QMHP Mental Health Intern Licensed QMHP RN PMHNP MD PA OT	Per occurrence	\$65	Yes	\$85	Face-to-face or Telephone	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. To be used for a mental health provider to communicate with non-mental health providers, primary care physicians or with hospitals. 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.  If 2 distinct services are provided on the same day, bill 2 lines, 1 unit each, adding required NCCI modifiers when relevant. Different clinicians providing a single service on the same day should bill separate lines with different NPI. Documentation must justify each occurrence billed if more than one occurrence is billed in one day.

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90882 HN	See 90882	QMHA	Per occurrence	\$50	Yes	\$65	Face-to-face or Telephone	See 90882. Effective 10.01.14.
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	QMHP Mental Health Intern Licensed QMHP RN PMHNP MD PA OT	Per occurrence	\$65	Yes	\$85	Face-to-face or Telephone	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.  Recipient of service is key to using 90887 versus 90882. The recipient is family member, foster parents, or other responsible parties involved with the patients care and well being. 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.
96101	Psychological Testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., WAIS, Rorschach, MMPI)	Psychologist	Per hour	\$110	No	\$110	Face-to-face	This code is used for time in face-to-face testing with a psychologist 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.  Must be pre-authorized and authorization not to exceed \$880.
99201	New Patient Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: - A problem focused history; - A problem focused examination; and - Straightforward medical decision making <b>OR 10 minute duration</b>	PMHNP PA	10 minutes Rounding time 10-15 minutes	\$41	No Effective Date 7/1/14  (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$41	Face-to-face	* Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.  Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99201 AF	See 99201	MD	See 99201	\$54	See 99201	\$54	Face-to-face	* See 99201  Rate effective 1/1/2016

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99202	<b>New Patient</b> Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: - An expanded problem focused history; - An expanded problem focused examination; and - Straightforward medical decision making <b>OR 20 minute duration</b>	PMHNP PA	20 minutes Rounding time 16-25 minutes	\$83	No Effective Date 7/1/14  (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$83	Face-to-face	* Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems(s) and the patient's and/or family's needs. Usually the presenting problems(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.  Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99202 AF	See 99202	MD	See 99202	\$109	See 99202	\$109	Face-to-face	* See 99202  Rate effective 1/1/2016
99203	<b>New Patient</b> Office or other Outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of low complexity <b>OR 30 minute duration</b>	PMHNP PA	30 minutes Rounding time 26-38 minutes	\$125	No Effective Date 7/1/14  (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$125	Face-to-face	* Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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. Typically, 30 minutes are spent face-to-face with the patient and/or family.  Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99203 AF	See 99203	MD	See 99203	\$163	See 99203	\$163	Face-to-face	* See 99203  Rate effective 1/1/2016

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99204	New Patient Office or other Outpatient visit for the evaluation and management of a new patient, which requires these 3 components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate complexity <b>OR 45 minute duration</b>	PMHNP PA	45 minutes Rounding time 39-53 minutes	\$188	No Effective Date 7/1/14  (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$188	Face-to-face	* Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.  Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.*  Rate effective 1/1/2016
99204 AF	See 99204	MD	See 99204	\$244	See 99204	\$244	Face-to-face	* See 99204  Rate effective 1/1/2016
99205	New Patient Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of high complexity <b>OR 60 minute duration</b>	PMHNP PA	60 minutes Rounding time 54 + minutes	\$249	No Effective Date 7/1/14  (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$249	Face-to-face	* Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.  Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99205 AF	See 99205	MD	See 99205	\$325	See 99205	\$325	Face-to-face	* See 99205  Rate effective 1/1/2016



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99212	Established Patient Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A problem focused history; - A problem focused examination; - Straightforward medical decision making OR 10 minute duration	PMHNP PA	10 minutes Rounding time 8-13 minutes	\$41	No * Effective Date 7/1/14  (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$41	Face-to-face	*  Established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past 3 years. In the instance where a physician/qualified health care professional is on call for or covering for another physician/qualified health care professional, the patient's encounter will be classified as it would have been by the physician/qualified health care professional who is not available. Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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.  Typically, 10 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or  Rate Effective 1/1/2016
99212 AF	See 99212	MD	See 99212	\$54	See 99212	\$54	Face-to-face	* See 99212  Rate Effective 1/1/2016
99213	Established Patient Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - An expanded problem focused history; - An expanded problem focused examination; - Medical decision making of low complexity OR 15 minute duration	PMHNP PA	15 minutes Rounding time 14-20 minutes	\$63	No Effective Date 7/1/14  (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$63	Face-to-face	*  See 99212 for definition of established patient. Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 low to moderate severity.  Typically, 15 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or  Rate Effective 1/1/2016
99213 AF	See 99213	MD	See 99213	\$81	See 99213	\$81	Face-to-face	* See 99213  Rate Effective 1/1/2016

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99214	<b>Established Patient</b> Office or other outpatient visit for the evaluation and management of a an established patient, which requires at least 2 of these 3 key components: - A detailed history; - A detailed examination; - Medical decision making of moderate complexity <b>OR 25 minute duration</b>	PMHNP PA	25 minutes Rounding time 21-33 minutes	\$104	No Effective Date 7/1/14  (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$104	Face-to-face	* See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to high severity.  Typically, 25 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate Effective 1/1/2016
99214 AF	See 99214	MD	See 99214	\$135	See 99214	\$135	Face-to-face	* See 99214  Rate Effective 1/1/2016
99215	<b>Established Patient</b> Office or other outpatient visit for the evaluation and management of a an established patient, which requires at least 2 of these 3 key components: - A comprehensive history; - A comprehensive examination; - Medical decision making of high complexity <b>OR 40 minute duration</b>	PMHNP PA	40 minutes Rounding time 34+ minutes	\$165	No Effective Date 7/1/14  (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$165	Face-to-face	* See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to high severity.  Typically, 40 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate Effective 1/1/2016
99215 AF	See 99215	MD	See 99215	\$218	See 99215	\$218	Face-to-face	* See 99215  Rate Effective 1/1/2016

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99324	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A problem focused history; - A problem focused examination; and - Medical decision making of straight-forward complexity OR 20 minute duration	PMHNP PA	20 minutes Rounding time 16 to 25 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$108	Face-to-face	Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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.  Typically, 20 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate Effective 1/1/2016
99324 AF	See 99324	MD	See 99324	No in facility rate	See 99324	\$141	Face-to-face	See 99324  Rate Effective 1/1/2016
99325	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - An expanded problem focused history; - An expanded problem focused examination; and - Medical decision making of low complexity OR 30 minute duration	PMHNP PA	30 minutes Rounding time 26-38 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$163	Face-to-face	Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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.  Typically, 30 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate Effective 1/1/2016
99325 AF	See 99325	MD	See 99325	No in facility rate	See 99325	\$211	Face-to-face	See 99325  Rate Effective 1/1/2016

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99326	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 45 minute duration	PMHNP PA	45 minutes Rounding time: 39 - 53 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$244	Face-to-face	Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to high severity.  Typically, 45 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate Effective 1/1/2016
99326 AF	See 99326	MD	See 99326	No in facility rate	See 99326	\$317	Face-to-face	See 99326  Rate Effective 1/1/2016
99327	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate complexity OR 60 minute duration	PMHNP PA	60 minutes Rounding time 54-68 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$325	Face-to-face	Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 high severity.  Typically, 60 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate Effective 1/1/2016
99327 AF	See 99327	MD	See 99327	No in facility rate	See 99327	\$423	Face-to-face	See 99327  Rate Effective 1/1/2016

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99328	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of high complexity OR 75 minute duration	PMHNP PA	75 minutes Rounding time 69+ minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$406	Face-to-face	Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 unstable or the patient has developed a new problem requiring immediate physician attention.  Typically, 75 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate Effective 1/1/2016
99328 AF	See 99328	MD	See 99328	No in facility rate	See 99328	\$528	Face-to-face	See 99328  Rate Effective 1/1/2016
99334	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A problem-focused history; - A problem-focused examination; and - Medical decision making of straight-forward complexity OR 15 minute duration	PMHNP PA	15 minutes Rounding time 14-20 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$81	Face-to-face	See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 minor or self-limited severity.  Typically, 15 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate Effective 1/1/2016
99334 AF	See 99334	MD	See 99334	No in facility rate	See 99334	\$106	Face-to-face	See 99334  Rate Effective 1/1/2016

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99335	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - An expanded problem-focused history; - An expanded problem-focused examination; and - Medical decision making of low complexity OR 25 minute duration	PMHNP PA	25 minutes Rounding time 21-33 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$135	Face-to-face	See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to moderate severity.  Typically, 25 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate Effective 1/1/2016
99335 AF	See 99335	MD	See 99335	No in facility rate	See 99335	\$176	Face-to-face	See 99335  Rate effective 1/1/2016
99336	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 40 minute duration	PMHNP PA	40 minutes Rounding time 34-49 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$217	Face-to-face	See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to high severity.  Typically, 40 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99336 AF	See 99336	MD	See 99336	No in facility rate	See 99336	\$279	Face-to-face	See 99336  Rate effective 1/1/2016

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99337	Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate to high complexity OR 60 minute duration	PMHNP PA	60 minutes Rounding time 50+ minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$325	Face-to-face	See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to high severity.  Typically, 60 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99337 AF	See 99337	MD	See 99337	No in facility rate	See 99337	\$423	Face-to-face	See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to high severity.  Typically, 60 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A problem focused history; - A problem focused examination; and - Medical decision making of straight-forward complexity OR 20 minute duration	PMHNP PA	20 minutes Rounding time 16 to 25 minutes	No in facility rate	Yes	\$108	Face-to-face	See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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.  Typically, 20 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016

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99341 AF	See 99341	MD	See 99341	No in facility rate	See 99341	\$141	Face-to-face	See 99341  Rate effective 1/1/2016
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - An expanded problem-focused history; - An expanded problem-focused examination; and - Medical decision making of low complexity OR 30 minute duration	PMHNP PA	30 minutes Rounding time 26-38 minutes	No in facility rate	Yes	\$163	Face-to-face	Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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.  Typically, 30 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99342 AF	See 99342	MD	See 99342	No in facility rate	See 99342	\$211	Face-to-face	See 99342  Rate effective 1/1/2016
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 45 minute duration	PMHNP PA	45 minutes Rounding time 39-53 minutes	No in facility rate	Yes	\$244	Face-to-face	Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to high severity.  Typically, 45 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99343 AF	See 99343	MD	See 99343	No in facility rate	See 99343	\$317	Face-to-face	See 99343  Rate effective 1/1/2016



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99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate complexity OR 60 minute duration	PMHNP PA	60 minutes Rounding time 54-68 minutes	No in facility rate	Yes	\$325	Face-to-face	Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 high severity.  Typically, 60 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99344 AF	See 99344	MD	See 99344	No in facility rate	See 99344	\$423	Face-to-face	See 99344  Rate effective 1/1/2016
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of high complexity OR 75 minute duration	PMHNP PA	75 minutes Rounding time 69+ minutes	No in facility rate	Yes	\$406	Face-to-face	Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant new problem requiring immediate physician attention.  Typically, 75 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99345 AF	See 99345	MD	See 99345	No in facility rate	See 99345	\$528	Face-to-face	See 99345  Rate effective 1/1/2016

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99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A problem-focused history; - A problem-focused examination; and - Medical decision making of straight-forward complexity OR 15 minute duration	PMHNP PA	15 minutes Rounding time 14-20 minutes	No in facility rate	Yes	\$81	Face-to-face	See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 minor or self-limited severity.  Typically, 15 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99347 AF	See 99347	MD	See 99347	No in facility rate	See 99347	\$106	Face-to-face	See 99347  Rate effective 1/1/2016
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - An expanded problem-focused history; - An expanded problem-focused examination; and - Medical decision making of low complexity OR 25 minute duration	PMHNP PA	25 minutes Rounding time 21-33 minutes	No in facility rate	Yes	\$135	Face-to-face	See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to moderate severity.  Typically, 25 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99348 AF	See 99348	MD	See 99348	No in facility rate	See 99348	\$176	Face-to-face	See 99348  Rate effective 1/1/2016

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99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 40 minute duration	PMHNP PA	40 minutes Rounding time 34-49 minutes	No in facility rate	Yes	\$217	Face-to-face	See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 to high severity.  Typically, 40 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99349 AF	See 99349	MD	See 99349	No in facility rate	See 99349	\$279	Face-to-face	See 99349  Rate effective 1/1/2016
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate to high complexity OR 60 minute duration	PMHNP PA	60 minutes Rounding time 50+ minutes	No in facility rate	Yes	\$325	Face-to-face	See 99212 for definition of established patient.  Counseling and/or coordination of care with other physicians, other qualified health care professionals, 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 high severity.  Typically, 60 minutes are spent face-to-face with the patient and/or family. Time versus complexity shall be controlling factor used for the selection of E/M code when more than 50% of the time spent is in providing counseling, coordination of care or both.  Rate effective 1/1/2016
99350 AF	See 99350	MD	See 99350	No in facility rate	See 99350	\$423	Face-to-face	See 99350  Rate effective 1/1/2016
99407	Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes	QMHA QMHP Mental Health Intern Licensed QMHP CADC	Per occurrence	\$25	Yes	\$33	Face-to-face	Although such supports are not part of the mental health benefit package, mental health organizations (MHOs) that elect to provide these services may report them using psychiatric rehabilitation codes which pair with mental health diagnoses. For individual counseling only. Use S9453 for group interventions greater than 10 minutes.

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99441	Telephone evaluation and management service by a physician or other qualified health care professional to an established patient, parent or guardian, 5-10 minutes of medical discussion	PMHNP PA	Per occurrence	\$41	No	No out of facility	Telephone	This code is used to report episodes of patient care initiated by an established patient or guardian. Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedures within the next 24 hours or soonest available appointment.  5-10 minutes of medical discussion.  Rate effective 1/1/2016
99441 AF	See 99441	MD	Per occurrence	\$54	No	No out of facility	Telephone	See 99441 Rate effective 1/1/2016
99442	See 99441 for details; 11-20 minutes of medical discussion	PMHNP PA	Per occurrence	\$83	No	No out of facility	Telephone	See 99441 11-20 minutes of medical discussion. Rate effective 1/1/2016
99442 AF	See 99442	MD	Per occurrence	\$109	No	No out of facility	Telephone	See 99442 Rate effective 1/1/2016
99443	See 99441 for details; 21-30 minutes of medical discussion	PMHNP PA	Per occurrence	\$125	No	No out of facility	Telephone	See 99441 21-30 minutes of medical discussion. Rate effective 1/1/2016
99443 AF	See 99443	MD	Per occurrence	\$163	No	No out of facility	Telephone	See 99443 Rate effective 1/1/2016
G0176	Activity therapy	Licensed OMHP Mental Health Intern OMHP OMHA	Per occurrence	\$74	Yes	\$96	Face-to-face	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more). Activities 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. Effective 1/1/14.
G0176 GO	See G0176	OT	See G0176	\$116	Yes	\$151	Face-to-face	See G0176. Allowable for EASA OT services only. Effective 1/1/14
G0176 HQ	Activity therapy, Group	See G0176	See G0176	\$25	Yes	\$33	Face-to-face	See G0176 Effective 1/1/14
G0177	Training and educational services, Individual	Licensed OMHP Mental Health Intern OMHP OMHA Peer Support Specialist	Per occurrence	\$74	Yes	\$96	Face-to-face	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more). Use G0177 for training educational services related to the care and treatment of a patient with disabling mental health problems for every sessions of 45 minutes or more. Peer Support Specialist added as of 7/1/15 Effective 1/1/14.
G0177 HQ	Training and educational services, Group	See G0177	See G0177	\$25	Yes	\$33	Face-to-face	See G0177 Effective 1/1/14.

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H0002	Behavioral Health Screening to determine eligibility for admission to treatment program	QMHP Licensed QMHP Mental Health Intern	Per occurrence	\$58	Yes	\$75	Face-to-face or Telephone	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 establish a provisional diagnosis for the purpose of facilitating access to an appropriate provider for full assessment and treatment. Use for screening in or out of service. No minimum time.  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. 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.  A provisional diagnosis must be given to be able to bill this code. State approved paired diagnosis' are eligible for use, including ICD-9 code V71.09 through 9/30/15, and ICD-10 codes Z00.8 and Z03.89 for dates of service on or after 10/1/15. DOES NOT REQUIRE ABOVE THE LINE DX.
H0004	Behavioral Health Counseling and Therapy	QMHP Licensed QMHP RN Mental Health Intern	Per 15 minutes	\$33	Yes	\$43	Face-to-face or Telephone	# 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.  Generally face-to-face. May include phone contact if medically necessary, clinically justified and included in the treatment plan. Use H2011 for unplanned visit or phone contact related to a crisis situation.
H0004 AF	See H0004	MD	Per 15 minutes	\$81	Yes	\$105	Face-to-face or Telephone	See H0004 Rate effective 1/1/2016
H0004 AS	See H0004	PMHNP PA	Per 15 minutes	\$63	Yes	\$82	Face-to-face or Telephone	See H0004 Rate effective 1/1/2016
H0004 HN	See H0004	QMHA	Per 15 minutes	\$25	Yes	\$33	Face-to-face or Telephone	Incredible Years program only. For follow-up telephone counseling delivered by the QMHA as part of the fidelity model. QMHAs use 90849 22 when they are the second staff member in a multi-family psychotherapy group. H0004
H0018 HA	Child A&D Residential Treatment	NA	Per Diem	\$160	No	No out of facility	Face-to-Face	
H0018 HB	Adult and Parent/Child A&D Residential Treatment	NA	Per Diem	\$130	No	No out of facility	Face-to-Face	
H0018 HH	Adult A&D Dual Diagnosis Residential Treatment	NA	Per Diem	\$190	No	No out of facility	Face-to-Face	Effective 06.01.15

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H0018 HT	A&D Medically Monitored Residential Treatment	NA	Per Diem	\$275	No	No out of facility	Face-to-Face	Effective 11.01.15
H0018 UA & HH	Youth A&D Dual Diagnosis Residential Treatment	NA	Per Diem	\$220	No	No out of facility	Face-to-Face	Effective 05.01.16 Both modifiers are required to generate correct rate
H0019	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	NA	Per Diem	\$600	No	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. (No other code may be billed on the same day).  \$545 per diem for dates of service prior to 7/1/15. \$600 per diem for dates of service on or after 7/1/15.
H0019 HA	Child A&D Residential Treatment	NA	Per Diem	\$160	No	No out of facility	Face-to-Face	
H0019 HB	Adult and Parent/Child A&D Residential Treatment	NA	Per Diem	\$130	No	No out of facility	Face-to-Face	
H0019 HH	Adult A&D Dual Diagnosis Residential Treatment	NA	Per Diem	\$190	No	No out of facility	Face-to-Face	Effective 06.01.15
H0019 HT	A&D Medically Monitored Residential Treatment	NA	Per Diem	\$275	No	No out of facility	Face-to-Face	Effective 11.01.15
H0019 UA & HH	Youth A&D Dual Diagnosis Residential Treatment	NA	Per Diem	\$220	No	No out of facility	Face-to-Face	Effective 05.01.16 Both modifiers are required to generate correct rate
H0031	Mental Health Assessment, by non- physician	QMHP Mental Health Intern	Per occurrence	\$130	Yes	\$169	Face-to-face	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.  Time, age or disability may require "confirmatory" or additional service be provided on another day/s. Typically, bill one unit of service per assessment. Limited to one occurrence per day. If the assessment cannot be completed in a single occurrence, a second is allowable within the same episode but not on the same day. A provisional diagnosis must be given to be able to bill this code. State approved paired diagnosis' are eligible for use, including ICD-9 code V71.09 through 9/30/15, and ICD-10 codes Z00.8 and Z03.89 for dates of service on or after 10/1/15. DOES NOT REQUIRE ABOVE THE LINE DX.
H0031 GO	See H0031	OT	Per occurrence	\$154	Yes	\$200	Face-to-face	See H0031

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H0032	Mental health service plan development by non-physician	Licensed QMHP QMHP Mental Health Intern	Per occurrence	\$118	Yes	\$153	Face-to-face	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.  May be used by the person responsible for updating service plan as part of multidisciplinary team treatment review/individual service plan meetings with or without the client/family. Fidelity to treatment model must be maintained for evidence based practiced, WrapAround, ICTS, etc. Use for any client, in any service. Can also be used for development of treatment plan if developed with the client present. Other disciplines present for service plan meeting should use 90899 <a href="#">HE</a> .
H0034	Medication Training and Support	Licensed QMHP QMHP Mental Health Intern QMHA RN	Per 15 minutes	\$30	Yes	\$39	Face-to-face or Telephone	# 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. May include phone contact for unplanned crises or planned services that are medically necessary, clinically justified and included in the treatment plan. If nursing expertise is required, use H2010.
H0036	Community Psychiatric Supportive Treatment	Licensed QMHP QMHP Mental Health Intern QMHA	Per 15 minutes	\$6	No	\$6	Face-to-face	Structured developmental or rehabilitative programs designed to improve or remediate a person's basic functioning in daily living and community living. This service is intended to 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.
H0037	Psychiatric day treatment program	NA	Per diem	\$205	No	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 1 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. Effective 10/1/14
H0038	Self-help/peer services, Individual	Peer Support Specialist	Per 15 minutes	\$22	Yes	\$29	Face-to-face or Telephone	# 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 may include family support services provided to a consumer's family members by other unrelated family members. The consumer does not need to be present (service may be provided to consumer/client's caretaker/family).
H0038 HQ	Self-help/peer services, Group	See H0038	Per occurrence	\$22	Yes	\$29	Face-to-face	See H0038 # This code is used for group self-help/peer services.

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H0039	Assertive community treatment	QMHP Mental Health Intern	Per 15 minutes	\$38	Yes	\$49	Face-to-face or Telephone	<p>A multidisciplinary, team-based approach, providing proactive, focused, sustained care and treatment targeted at a defined group of consumers. Services are aimed at maintaining the individual's contact with services, reducing the extent of hospital admissions and seeking improvement with social functioning and quality of life.</p> <p>ACT program: use this code instead of case management. No upper time limit per day. If more than 15 min. 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. EBP requires multidisciplinary team. May be used by multiple disciplines providing &amp; documenting specific different focus of care during same visit or when specific clients require multiple staff for safety and justification evident in documentation. Different disciplines, providing different foci of care may bill on the same visit but it must be clearly documented AT THE TIME. Each staff person billing must have separate progress notes. Single weekly progress note summary of daily required staffings reviewing all clients' goals and activities for week, challenges and barriers to goals, interventions client engaged in, and goals and activities for following week may be billed by one staff person summarizing a total of 30 min. time spent during required daily multidisciplinary meetings throughout the week.</p> <p>Allowable for services provided by AMH approved fidelity ACT programs. Does not include psychiatric services - LMPs should use E/M or 908 codes.</p>
H0039 HN	See H0039	QMHA Peer Support Specialist	Per 15 minutes	\$32	Yes	\$42	Face-to-face or Telephone	See H0039 Peer Support Specialist added as of 7/1/15
H2000	CANS Assessment	QMHA QMHP Mental Health Intern Licensed QMHP	Per occurrence	\$130	No	\$130	Face-to-face	<p>To be used for completing the CANS for children in foster care. Can be billed four times per client per year.</p> <p>A provisional diagnosis must be given to be able to bill this code. State approved paired diagnosis' are eligible for use, including ICD-9 code V71.09 through 9/30/15, and ICD-10 codes Z00.8 and Z03.89 for dates of service on or after 10/1/15. DOES NOT REQUIRE ABOVE THE LINE DX.</p> <p>Effective 7/1/14</p>
H2000 TG	Mental Health Assessment with CANS	QMHP Mental Health Intern Licensed QMHP	Per occurrence	\$260	Yes	\$338	Face-to-face	<p>To be used for completing both a mental health assessment (see H0031) and a CANS assessment (see H2000) during the same visit.</p> <p>Effective 3/1/2015</p>
H2010	Comprehensive Medication Services	RN QMHP Mental Health Intern Licensed QMHP PMHNP PA MD	Per 15 minutes	\$35	Yes	\$46	Face-to-face or Telephone	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.
H2011	Crisis intervention services	RN QMHP Mental Health Intern Licensed QMHP PMHNP PA MD	Per 15 minutes	\$40	Yes	\$52	Face-to-face or Telephone	<p>#</p> <p>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 and is billed in 15-minute increments. This code may be used for unplanned visit or phone contact related to a crisis situation. Code may also be used for Emergency Department visits made by OP providers. Use 90882 or T1016 if not a crisis intervention.</p>
H2011 HN	See H2011	QMHA	Per 15 minutes	\$34	Yes	\$44	Face-to-face or Telephone	See H2011



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H2012	Behavioral health day treatment, per hour	NA	Per hour	\$50	No	No out of facility	Face-to-face	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, and documented in the client's clinical record. Provided by a Qualified Mental Health Professional or Qualified Mental Health Associate. Effective 10/1/14. Agency NPI may be noted as the provider on H2012 claims.
H2013	Subacute psychiatric care, non-hospital, child	NA	Per diem	\$705	No	No out of facility	Face-to-face	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, 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 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 client's ability to function in a home or the community to the best possible level. \$650 rate effective for intakes from 10/1/14 through 8/30/15. \$705 rate effective for intakes on or after 9/1/15.
H2014	Skills Training and Development, Individual	QMHA QMHP Mental Health Intern Licensed QMHP Peer Support Specialist	Per 15 minutes	\$25	Yes	\$33	Face-to-face or Telephone	# 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 focuses on skills for daily living and community integration for patients with functional limitations due to psychiatric disorders, per 15 minutes. Includes rehab for ADLs.  Peer Support Specialist added as of 7/1/15
H2014 GO	See H2014	OT	Per 15 minutes	\$35	Yes	\$46	see H2014	See H2014 - Allowable for EASA OT services only.
H2014 HQ	Skills Training and Development, Group	See H2014	Per 15 minutes	\$6	Yes	\$8	Face-to-face or Telephone	# See H2014 - Group skills training services.

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H2021	Community based wraparound services	QMHA QMHP Mental Health Intern Licensed QMHP	Per 15 minutes	\$25	Yes	\$33	Face-to-face or Telephone	# 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 living. Services are delivered as the result of a collaborative planning process and are provided in a manner or place different from the traditional manner or place of service delivery.  Prior to 11/1/14: Allowable for ICTS Care Coordination activities only in Multnomah County (not for treatment that could be captured by another code). In Washington and Clackamas County, County Care Coordination staff only.  After 11/1/14: Max of 8 units per day. Services must be provided in home, school and other environments. This code is to be used only for services that are over the phone, or face to face and out of facility. Other in facility services must use pre-existing standard CPT or HCPCS codes.
H2023	Supported employment	QMHA QMHP Mental Health Intern Licensed QMHP	Per 15 minutes	\$25	Yes	\$33	Face-to-face or Telephone	Allowable for services provided by approved fidelity Supported Employment/Education programs. Supported employment services are available to individuals with serious mental illness. Employment specialists assist in obtaining and maintaining employment in the community and in continuing treatment for the client to ensure rehabilitation and productive employment. Report H2023 for 15 minute increments. Services to promote rehabilitation and return to productive employment. Programs use a team approach to engage and retain clients in treatment and provide the supports necessary to ensure success at the workplace.
H2027	Psychoeducational Services, INDIVIDUAL	QMHA QMHP Mental Health Intern Licensed QMHP PMHNP PA MD RN	Per 15 minutes	\$33	Yes	\$43	Face-to-face or Telephone	# 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.  Individual psychoeducational services only. May be used by QMHAs when utilizing evidence based curricula such as the Incredible Years parent series or Illness Management and Recovery. Use additionally for all other psychoeducation by QMHP.
H2027 HQ	Psychoeducational Services, GROUP	QMHA QMHP Mental Health Intern Licensed QMHP RN PMHNP PA MD	Per 15 minutes	\$8	Yes	\$10	Face-to-face	# See H2027 - Group psychoeducational services only.
H2032	Activity therapy, Individual	Licensed QMHP Mental Health Intern QMHP QMHA	Per 15 minutes	\$25	Yes	\$33	Face-to-face	Individual activity therapy services only. 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.
H2032 GO	See H2032	OT	See H2032	\$35	Yes	\$46	See H2032	See H2032 - Allowable for EASA OT services only.

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H2032 HQ	Activity therapy, Group	See H2032	See H2032	\$6	Yes	\$8	See H2032	See H2032 - Group activity therapy services only.
S9453	Smoking cessation classes, non-physician provider	QMHA QMHP Mental Health Intern Licensed QMHP CADC	Per occurrence	\$24	Yes	\$31	Face-to-face	Although such supports are not part of the mental health benefit package, mental health organizations (MHOs) that elect to provide these services may report them using psychiatric rehabilitation codes which pair with mental health diagnoses. If MHOs choose to provide tobacco cessation supports, they should report these services using 99407 for individual counseling and S9453 for classes. Classes only. For individual counseling see 99407.  If 2 distinct services are provided on the same day, bill 2 lines, 1 unit each, adding required NCCI modifiers when relevant. Different clinicians providing a single service on the same day should bill separate lines with different NPI. Documentation must justify each service billed if more than one service is billed in one day.
T1005	Respite Care Services	QMHA QMHP Mental Health Intern Licensed QMHP	Per 15 minutes	N/A	Yes	\$25	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. <b>Travel time is factored into the rate and may not be billed under a separate code.</b> Family support services are particularly appropriate when there are severe behavioral problems, which increase risk.
T1013	Sign Language or Oral Interpretive services	Qualified Interpreter other than immediate family	Per 15 minutes	\$9	No	\$9	Face-to-face	<b>Code will be inactive and removed from codeguide for DOS 4/30/2016 and after - See Interpreter Services Change Memo</b> 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 which are able to provide sign and/or oral interpreter services. In this case, interpreter services cannot be billed in addition to the therapeutic service.
T1013 PM	See T1013	See T1013	See T1013	\$14	See T1013	See T1013	See T1013	See T1013
T1013 UH	See T1013	See T1013	See T1013	\$14	See T1013	See T1013	See T1013	See T1013 - For services provided on or after 9/1/15: For evening interpreter services after 5pm. For daytime interpreter services before 5pm use T1013.

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T1016	Case Management	Licensed QMHP QMHP Mental Health Intern PMHNP PA MD RN	Per 15 minutes	\$33	Yes	\$43	Face-to-face or Telephone	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. Services may be provided with or without the client, family member, and/or other responsible party present. Examples of case management services include: - Completing paperwork (e.g. housing packet) - Reviewing paperwork and spending time with outside entity staff while they review the paperwork (e.g. housing authority staff) - Completing a service fund request to secure funds (e.g. to purchase a bike)  Documentation must illustrate how the service assisted the client in gaining access to needed medical, social, educational, entitlement, and other applicable services. <b>Case management does not include the direct delivery of the underlying medical, social, educational, entitlement, or other applicable service.</b>
T1016 HN	See T1016	QMHA Peer Support Specialist	Per 15 minutes	\$25	Yes	\$33	See T1016	See T1016 - Peer Support Specialist added as of 7/1/15
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol	QMHP Mental Health Intern	Per occurrence	\$96	Yes	\$125	Face-to-face or Telephone	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. Code may also be used for screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter. This screening may include the administration of LOCUS, CASII or ECSII, but the administration of these tools cannot be the sole activity when using this code. Please note that this code cannot be used for completing Health Share Level Registration Forms.  A provisional diagnosis must be given to be able to bill this code. State approved paired diagnosis' are eligible for use, including ICD-9 code V71.09 through 9/30/15, and ICD-10 codes Z00.8 and Z03.89 for dates of service on or after 10/1/15. DOES NOT REQUIRE ABOVE THE LINE DX.  New rate effective 7.1.15
T1023 HN	See T1023	QMHA	Per occurrence	\$96	Yes	\$125	Face-to-face or Telephone	See T1023 - Allowable for County Care Coordination staff ONLY. Providers to use T1023. New rate effective 7.1.15
<b>Non-billable codes for submission as encounter only. Use this code set only when a billable code is not available. These codes are not paired with the Prioritized List and to be used by clinical staff (i.e. QMHA, QMHP, Licensed QMHP, CADC, OT, RN, PMHNP,</b>								
90899	Unlisted Service and Procedure Client Related Travel	All	Per 15 minutes	No in facility rate	Yes	\$37	No Limitation	Can be paired with any billable or non-billable service to reflect your travel time. Needs to be per client and travel is both to and from the service. Ph Tech Note: Code not to be sent to state for encounter purposes.
90899 AF	Unlisted Service and Procedure Client Coordination by an MD	MD	Per 15 minutes	\$81	Yes	\$105	No Limitation	Client coordination by an MD that is non-billable, such as attending a child and family team meeting. Ph Tech Note: Code not to be sent to state for encounter purposes.  Rate effective 1/1/2016

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90899 CC	Unlisted Service and Procedure Client Related Coordination	All	Per 15 minutes	\$28	Yes	\$36	No Limitation	Client coordination that is non-billable because you are sending reminder texts, reorganizing schedules with client because the client changed your meeting time, location, or cancelled at the last minute, copying materials for them, making phones calls trying to track down disengaged client for re-engagement purposes, developing transition summaries, clinical supervision related to outcomes based care, coordinating with other staff about your upcoming meeting with them (e.g. prepping medical team), etc. This code may also be used to report time spent consulting with county care coordinators for non-payment related issues (this code is not to be used for time spent requesting authorization/reauthorization). Record total amount of time per day spent on these activities per client via a corresponding service note. For clinical supervision, the service note should specify the amount of time spent discussing the specific client, and clinical decisions resulting from the supervision. <i>Ph Tech Note: Code not to be sent to state for encounter purposes</i>

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90899 HE	Unlisted Service and Procedure Extended Outreach Support	All	Per 15 minutes	\$28	Yes	\$36	No Limitation	Effective 7/1/15 This code should be used when more than one provider is present for a service OR when you have travelled to see a client in the community and they are not there. Examples would include a QMHP attending a psychiatric appointment with client, internal staff meeting or consultation regarding a client, external coordination meeting that requires more than one agency staff member present, or when more than one staff provides a service for safety reasons. Ph Tech Note: Code not to be sent to state for encounter purposes.
90899 EO	Unlisted Service and Procedure Extended Outreach Support	All	Per 15 minutes	\$28	Yes	\$36	No Limitation	Inactive as of 4/1/16 This code should be used when more than one provider is present for a service OR when you have travelled to see a client in the community and they are not there. Examples would include a QMHP attending a psychiatric appointment with client, internal staff meeting or consultation regarding a client, external coordination meeting that requires more than one agency staff member present, or when more than one staff provides a service for safety reasons. Ph Tech Note: Code not to be sent to state for encounter purposes.

PLACE OF SERVICE CODES					MODIFIERS	
3	School		34	Hospice	22 - Approved Evidence Based Practice Rate	
4	Homeless Shelter		50	Federally Qualified Health Center	AF - MD	
11	Office		51	Inpatient Psychiatric Facility	AS - Psychiatric Mental Health Nurse Practitioner OR Physician Assistant	
12	Home		52	Psychiatric Hospital Partial Hospitalization	CC - Client Coordination non-billable service	
15	Mobile Unit		53	Community Mental Health Center	EO - Extended Outreach non-billable service: Inactive as of 4/1/16 dates of services	
20	Urgent Care Facility		54	Intermediate Care Facility/Mentally Retarded	GO - Occupational Therapist	
21	Inpatient Hospital		55	Residential Substance Abuse Treatment Center	GT - Telemedicine	
22	Outpatient Hospital		56	Psychiatric Residential Treatment Center	HA- Child A&D Residential	
23	Emergency Room-Hospital		61	Comprehensive Inpatient Rehabilitation Center	HB- Adult A&D Residentail	
31	Skilled Nursing Facility		62	Comprehensive Outpatient Rehabilitation Center	HE - Mental Health Program (Replaces modifier EO effective 7/1/15)	
32	Nursing Facility		71	State or Local Public Health Center	HH- Integrated mental health/substance abuse program	
33	Custodial Care Facility		99	Other Place of Service	HT- Multidisciplinary Team Service	
					HN - QMHA: A bachelor's degree in a behavioral sciences field <u>OR</u> a combination of at least three years relevant work, education, training or experience	
					HQ - Group Service	
					UB - Services Provided in a School Based Health Center (Informational Modifier)	
					UH - Services Provided in the Evening	
					TG - Pricing Modifier - Mental Health Assessment with CANS (when billed with H2000)	
					^ = Mental Health Intern approved provider type for agencies holding a current Certificate of Approval as of 12/1/14. Please use Taxonomy Code: 390200000X: Student in an Organized Health Care Education/Training Program when submitting encounters.	
					# = Service may be provided to a client's family member or care giver when the client is not present.	
					* = GT Modifier is allowed to indicate telemedicine service.	
					NOTE: Telemedicine allowed for MD & PMHNP credentials only	
TPL NOTE as of 01.01.14: The following codes do not require Medicare to be billed first - all H-codes, all T-codes, 90849 22, 90853 22, 90882, 90882 HN, 90887, 90899, 90899 AF, 90899 CC, 90899 HE, 90899 EO, G0176, G0176 GO, G0176 HQ, G0177, G0177 HQ and S9453.						
NCCI NOTE as of 07.01.15: The following modifiers are valid, NCCI modifiers where relevant: XP/XE (XE is for FQHC providers), 25 and 59.						
SPECIFIC CODE EXCEPTIONS						
UB04 OP Services: Hospitals billing facility or individual outpatient services on the UB04 are assigned to the UB04 Hospital contract.						