

**SPECIFIC CODES TO BE COVERED AS PART OF THE BEAHIORAL HEALTH MEDICAID CONTRACT AMENDMENTS\***

<b>CODE</b>	<b>DESCRIPTION</b>	<b>CREDENTIALS</b>	<b>CLINICAL CRITERIA</b>	<b>BENEFIT LIMITS?</b>
<b>Comprehensive Psychiatric Evaluation, Independent Practitioner</b>				
90791	Independent Practitioner - Psychiatric Diagnostic Evaluation without medical services. This code may be used for required intake and assessments.			2 per year
90792	Independent Practitioner - Psychiatric Diagnostic Evaluation with medical services. This code may be used for required intake and assessments that include a physician evaluation.			2 per year, cannot be billed with E/M code
<b>Comprehensive Intake Evaluation Mental Health Clinic</b>				
90791UC	Outpatient Mental Health Clinic Independent Clinic - Psychiatric diagnostic evaluation without medical services. May be billed for intake and assessment.			2 per year
90792UC	Outpatient Mental Health Clinic-Independent Clinic - Psychiatric diagnostic evaluation with medical services. May be billed for intake and assessment.			2 per year, may not be billed with E/M code
<b>Comprehensive Intake Evaluation SUD Clinic</b>				
90791 HF	Comprehensive assessment in a SA treatment facility (1 hour)	LCADC, CADC/intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist. A MD, DO or APN shall not bill this CPT code.	Assessment to determine appropriate level of care at admission	1 per program admission
90792 HF	Comprehensive assessment in a SA treatment facility (1 hour) with medical service	ONLY a Licensed MD, DO, or APN may bill this CPT code. This assessment code is billed for psychiatric evaluations only. Other E & M codes	Assessment to determine appropriate level of care at admission. Cannot be billed with E/M code	1 per program admission-

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		are billed for medically appropriate follow-up care.		
<b>Psychotherapy Independent Practitioner</b>				
90832	Independent Practitioner - Individual Psychotherapy; 30 minutes.			1/day
90833	Independent Practitioner - Individual Psychotherapy; 30 minutes with appropriate E&M Code.			1/day
90834	Independent Practitioner - Individual Psychotherapy; 45 minutes.			1/day
90836	Independent Practitioner - Individual Psychotherapy; 45 minutes with appropriate E&M Code.			1/day
90837	Independent Practitioner - Individual Psychotherapy; 60 minutes.			1/day
90838	Independent Practitioner - Individual Psychotherapy; 60 minutes with appropriate E&M Code.			1/day
90839	Independent Practitioner- Psychotherapy for Crisis, 60 minutes			1/day
90846	Family Psychotherapy with patient present	Outpatient Hospital		1/day
90847	Independent Practitioner - Family Therapy with the patient present.			
90849	Multi-family Psychotherapy	Outpatient Hospital		1/day
90853	Group psychotherapy.			
90887	Consultation with family			1/day
<b>Psychotherapy SUD Clinic/Independent Provider</b>				
90832 HF	Outpatient Mental Health			1/day

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	Clinic/Hospital Services – Independent Clinic - Individual Psychotherapy; 30 minutes			
90833 HF	Outpatient Mental Health Clinic/Hospital Services – Independent Clinic - Individual Psychotherapy; 30 minutes. Should be billed with appropriate E& M Code			1/day
90834 HF	Outpatient Mental Health Clinic/Hospital Services – Independent Clinic - Individual Psychotherapy; 45 minutes			1/day
90836 HF	Outpatient Mental Health Clinic/Hospital Services – Independent Clinic - Individual Psychotherapy; 45 minutes. Should be billed with appropriate E& M Code			1/day
90837HF	Independent Practitioner - Individual Psychotherapy; 60 minutes.			
90838HF	Independent Practitioner - Individual Psychotherapy; 60 minutes with appropriate E&M Code.			
90847 HF	Independent Practitioner - Family Therapy with the patient present.			1/day
90853 HF	Group psychotherapy.			1/day
90887HF	Family conference to interpret or explain results of medical examinations and procedures or other accumulated data to family or other responsible persons, or advising them how to assist the patient			
<b>Psychotherapy MH Clinic</b>				

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90832 UC	Outpatient Mental Health Independent Clinic - Individual Psychotherapy; 30 minutes			1/day
90833 UC	Outpatient Mental Health Independent Clinic - Individual Psychotherapy; 30 minutes. Should be billed with appropriate E& M Code			1/day
90834 UC	Outpatient Mental Health Independent Clinic - Individual Psychotherapy; 45 minutes			1/day
90836 UC	Outpatient Mental Health Independent Clinic - Individual Psychotherapy; 45 minutes. Should be billed with appropriate E& M Code			1/day
90837 UC	Outpatient Mental Health Independent Clinic- Individual Psychotherapy; 60 minutes.			1/day
90838 UC	Outpatient Mental Health Independent Clinic- Individual Psychotherapy; 60 minutes with appropriate E&M Code.			1/day
90847 UC	Outpatient Mental Health Independent Clinic - Family Therapy with the patient present			1/day
90853 UC	Outpatient Mental Health Independent Clinic - Group psychotherapy			1/day
90887 UC	Outpatient Mental Health Independent Clinic - Family Conference (25 minutes)			1/day
<b>Electroconvulsive Therapy</b>				
90870	Single Seizure- Professional Electroconvulsive Therapy			
<b>Transcranial Magnetic Stimulation</b>				
90869	Therapeutic Repetitive Transcranial Magnetic			

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	Subsequent MT redetermination with delivery and management			
<b>Evaluation and Management Codes SUD Clinic and Independent Practitioners for SUD treatment</b>				
99201HF-99205HF	New patient seen for physician visit for SUD treatment	MD, DO, APN, PA or RN (99211) for SUD E/M services provided in private practice, outpatient hospital or independent clinic setting		
99211HF-99215HF	Established patient for physician visit for SUD treatment	MD, DO, APN, PA or RN (99211) for SUD E/M services provided in private practice, outpatient hospital or independent clinic setting	Consumer meets criteria for MAT can be concurrently enrolled in other level(s) of care	
<b>Evaluation and Management Codes MH Clinic</b>				
99201UC-99205UC	New patient seen for physician visit for MH treatment	MD, DO, APN, PA or RN (99211) for psychiatric E/M services provided in private practice, outpatient hospital or independent clinic setting		
99211UC-99215UC	Established patient for physician visit for MH treatment	MD, DO, APN, PA or RN (99211) for psychiatric E/M services provided in private practice, outpatient hospital or independent clinic setting		
<b>Evaluation and Management Codes Independent Practitioners MH</b>				
99201-99205	New patient seen for physician visit for MH or SUD treatment	MD, DO, APN, PA or RN (99211) for psychiatric or SUD E/M services provided in private practice setting		
99211-99215	Established patient for physician visit for MH or SUD treatment			
99217-99499	Range of remaining E/M codes, covered by the MCO when the servicing provider is a psychiatrist or nurse practitioner-mental health			
<b>SUD Treatment Programs</b>				
H0001 HF	Alcohol and/or drug assessment			Age 19 to 64 y.o.
H0003 HF	Urinalysis for drug addiction in an OTP	LCADC, CADC/.intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	Assessment to determine appropriate level of care at admission	Minimum age is 18 y.o., limited to 1 per day
H0010 HF	Detoxification level III.7, per	LCADC, CADC/.intern under LCADC	ASAM level III.7D	Minimum age is 18 y.o. with

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	diem	supervision, LCSW, LPC, LMFT, licensed clinical psychologist		no limit
H0015 HF	Intensive outpatient (IOP) treatment in a substance use disorder facility	LCADC, CADC/intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level II.1	Minimum age is 18 y.o with no limit
H0014 HF	Ambulatory detoxification	Detoxification services must be supervised by a licensed physician.	ASAM Level 2-WM	Minimum age is 18 y.o with no limit
H0018 HF	Short term residential treatment, per diem	LCADC, CADC/intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level III.7	Minimum age is 18 y.o with no limit
H0020 HF	Methadone medication and dispensing in a licensed opioid treatment facility (per diem)	Registered Nurse	Consumer meets criteria for MAT– can be concurrently enrolled in other level(s) of care	Minimum age is 18 y.o with no limit
H0020 HF 26	Methadone medication and dispensing in a licensed opioid treatment facility (New Weekly Bundled Rate)	Registered Nurse	Consumer meets criteria for MAT– can be concurrently enrolled in other level(s) of care	Minimum age is 18 y.o with no limit
H0033 HF	Other medication administered with direct observation, other than methadone (per diem)	Registered Nurse	Consumer meets criteria for MAT– can be concurrently enrolled in other level(s) of care	Minimum age is 18 y.o with no limit
H0033 HF 26	Other medication administered with direct observation, other than methadone (New Weekly Bundled Rate)	Registered Nurse	Consumer meets criteria for MAT– can be concurrently enrolled in other level(s) of care	Minimum age is 18 y.o with no limit
H2036 HF	Partial care treatment in a SA treatment facility (per diem)	LCADC, CADC/intern under LCADC supervision, LCSW, LPC, LMFT, licensed clinical psychologist	ASAM level II.5	Minimum age is 18 y.o minimum 20 hrs/wk
J0592	Opioid Treatment Services - Suboxone medication and dispensing in a licensed opioid treatment facility		Injection only	
J2315	Opioid Treatment Services - Vivitrol (injectable naltrexone)		Injection only	
80076	Liver functioning test - blood draw- utilized by Opioid Treatment Services			
81025	Pregnancy Test – utilized by Opioid Treatment Services			

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86580	TB test, patch or intradermal-utilized by Opioid Treatment Services			
<b>Tobacco Cessation</b>				
99406	Smoking And Tobacco Use Cessation Co	Physicians, Nurse Practitioners, Psychologists, FQHCs, Independent Clinics		
99407	Smoking And Tobacco Use Cessation Co	Physicians, Nurse Practitioners, Psychologists, FQHCs, Independent Clinics		
<b>Psychological Testing</b>				
96101	Psychological Testing With Interpretation			6 units/day
96102	Psychological Testing (Includes Psyc			6 units/day
96103	Psychological Testing (Includes Psyc			6 units/day
<b>Developmental Testing</b>				
96110	Develop Testing, Lim W/Interpretation of Report			1/day
96111	Develop Testing, Extend W/Int/Rep Hr			1/day
<b>Neuropsychological Testing</b>				
96116	Neurobehavioral Status Examination,			6 units/day
96118	Neuropsychological Testing, Interpretation			6 units/day
96119	Neuropsychological Testing (Eg, Hals			6 units/day
96120	Neuropsychological Testing (Eg, Wisc			6 units/day
96125	Standardized Thought Processing Test			6 units/day
<b>Physician BH/SUD Assessment (Office visit add-on)</b>				
96127	Brief Emotional Or Behavioral Assess			1/day
99408	Alcohol And/Or Substance			1/day

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	abuse structured screening and brief intervention 15 minutes			
99409	Alcohol And/Or Substance abuse structured screening and brief intervention 15-30 minutes			1/day
G0396	Alcohol &/Or Substance Abuse Intervention 15-30 minutes			1/day
G0397	Alcohol &/Or Substance Abuse Intervention greater than 30 minutes			1/day
<b>Health &amp; Behavior Assessment/Therapy</b>				
96150	Health & Behavior Assessment, initial	Physicians, Psychologists and FQHC	Billed with a medical diagnosis for services related to treatment of biopsychosocial factors related to diagnosis	6 units/day
96151	Health & Behavior re-assessment	Psychologist/FQHC		4 units/day
96152	Health & Behavior Individual therapy	Psychologist/FQHC		4 units/day
96153	Health & Behavior Group therapy	Psychologist only		4 units/day
96154	Health & Behavior Assessment	Psychologist/FQHC		4 units/day
96155	Health & Behavior Assessment, family without pt	Psychologist/FQHC		4 units/day
<b>Adult Mental Health Rehabilitation (AMHR)</b>				
H0019, 52, U1	Adult Mh Rehab Lev A+ Sup Apt/Diem			
H0019, U1	Adult Mh Rehab Lev A+ Grp Home/Diem			
H0019, 52, U2	Adult Mh Rehab Lev A Sup Apart/Diem			
H0019, U2	Adult Mh Rehab Lev A Grp Home/Diem			
H0019, 52 ,U3	Adult Mh Rehab Lev B Sup Apt/15 Min			
H0019, U3	Adult Mh Rehab Lev B Grp			

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	Home/Diem			
H0019, U5	Adult Mh Rehab Lev D			
<b>Inpatient Hospital Care</b>				
appropriate DRG or Revenue code	Inpatient Psychiatric Hospital Care - Short Term Care Facility (STCF)			
appropriate DRG or Revenue code	Inpatient Psychiatric Hospital Care - Private Psychiatric Hospital Inpatient			
appropriate DRG or Revenue code	Inpatient Hospital Care – Acute General Hospital Inpatient			
Appropriate DRG procedure code	Hospital Based Inpatient Withdrawal Management			
<b>Outpatient Hospital MH</b>				
REV 912	Psychiatric Partial Hospitalization			Min 2/day Max 5 units/day Max 25 units/week
REV 913	Acute Psychiatric Partial Hospitalization-for inpatient psychiatric admission diversion or post inpatient discharge stepdown		Requires screening recommendation to avoid inpatient hospital or step down from acute inpt stay	Min 2/day Max 5 units/day Max 25 units/week
REV 914	Outpatient Mental Health Clinic/Hospital Services – Hospital clinic - Individual Psychotherapy; 45 minutes			3 units/day
REV 915	Outpatient Mental Health Clinic/Hospital Services – Hospital Clinic - Group psychotherapy			3 units/day
REV 916	Outpatient Mental Health Clinic/Hospital Services – Hospital Clinic - Family Therapy with the patient present			1 unit/day/ Therapy type
REV 918	Outpatient Mental Health			4 units/day

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	Clinic/Hospital Services – Hospital Clinic - Psychiatric diagnostic evaluation without medical services. May be billed for intake and assessment.			
REV 919	Outpatient Mental Health Clinic/Hospital Services – Hospital Clinic - Evaluation and Management Codes. May be billed for medication prescribing and monitoring			2 units/day
<b>Mental Health Partial Care</b>				
H0035	Partial Care Mental Health PC Transportation is reimbursed through FFS with the service code Z0330			Min 2/day Max/5 per day Max 25 units/week