Department of Social and Health Services

Health and Recovery Services Administration

Service Encounter Reporting Instructions for RSNs

October, 2009

Effective Date: 12/6/2009

NOTE:

This document takes effect with the new RSN PIHP and SMHC contracts and is an attachment to them.

However, the changes in the reporting of units for each HCPCS or CPT code will become effective when DSHS' new ProviderOne Payment system is implemented and RSNs begin submitting encounter data directly to ProviderOne.

At this time, ProviderOne is scheduled to go-live December 6, 2009.

Introduction

The HRSA Mental Health Service Encounter Reporting Instructions provide Regional Support Networks and their contracted Community Mental Health Agencies with information for reporting service encounters and program information for individuals served through the Washington state public mental health system. These instructions describe requirements and timelines for reporting service encounters, program information and assignment of standardized nomenclature to accurately describe data routinely used in management of the public mental health system.

These instructions, in conjunction with the HRSA CIS Data Dictionary for RSNs, describes service encounter and program reporting, coding guidelines, and the data elements required to be submitted by the Regional Support Networks to HRSA.

This manual is divided into sections describing service eligibility, when to report services, what encounters to report, general reporting instructions, guidelines for record documentation, service and program descriptions. Service description pages include the definition of the service, staff qualifications, provider types, guidelines, and CPT/HCPCS code for the service description. Program pages include a brief description of the program, guidelines for inclusions, exclusions, and any additional services available for specific programs.

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Healthcare Common Procedures Code Set (HCPCS) is maintained and distributed by Center for Medicare and Medicaid Services (CMS). As stated in 42 CFR Sec. 414.40 (a) CMS establishes uniform national definitions of services, codes to represent services, and payment modifiers to the codes.

Mandated Code Updates

CPT and HCPCS are updated at least annually. These changes will be reflected in subsequent revisions to this document.

Contact Information

For questions about this document, email the HRSA MH Data Quality Response Team at MHDRSNDataQA@dshs.wa.gov

Summary of Changes

Page	***Item***	***Status/Change***
All	NA	To minimize mistakes in code publication, all CPT and HCPCS codes are only documented in Appendix A, under their modality.
All	NA	Full code descriptions provided for clarity
All	NA	Units of service described for each code, based on national standard coding requirements, in conjunction with HRSA accepted coding practices
All	NA	Page numbering now consecutive, starting with page 1
48	Testimony for Involuntary Treatment Services	Moved to correct alphabetical order

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Who is Eligible to Receive Public Mental Health Services

All individuals who are within the State of Washington are eligible to receive crisis mental health, crisis stabilization and involuntary treatment services regardless of income.

Medicaid: Individuals who are enrolled in Medicaid are eligible for medically necessary state plan mental health services as defined in PIHP contract.

Non-Medicaid (State-Only): Individuals who are not eligible to receive services under a Medicaid entitlement program may be eligible for medically necessary mental health services as defined in the State Mental Health Contract.

What Encounters to Report:

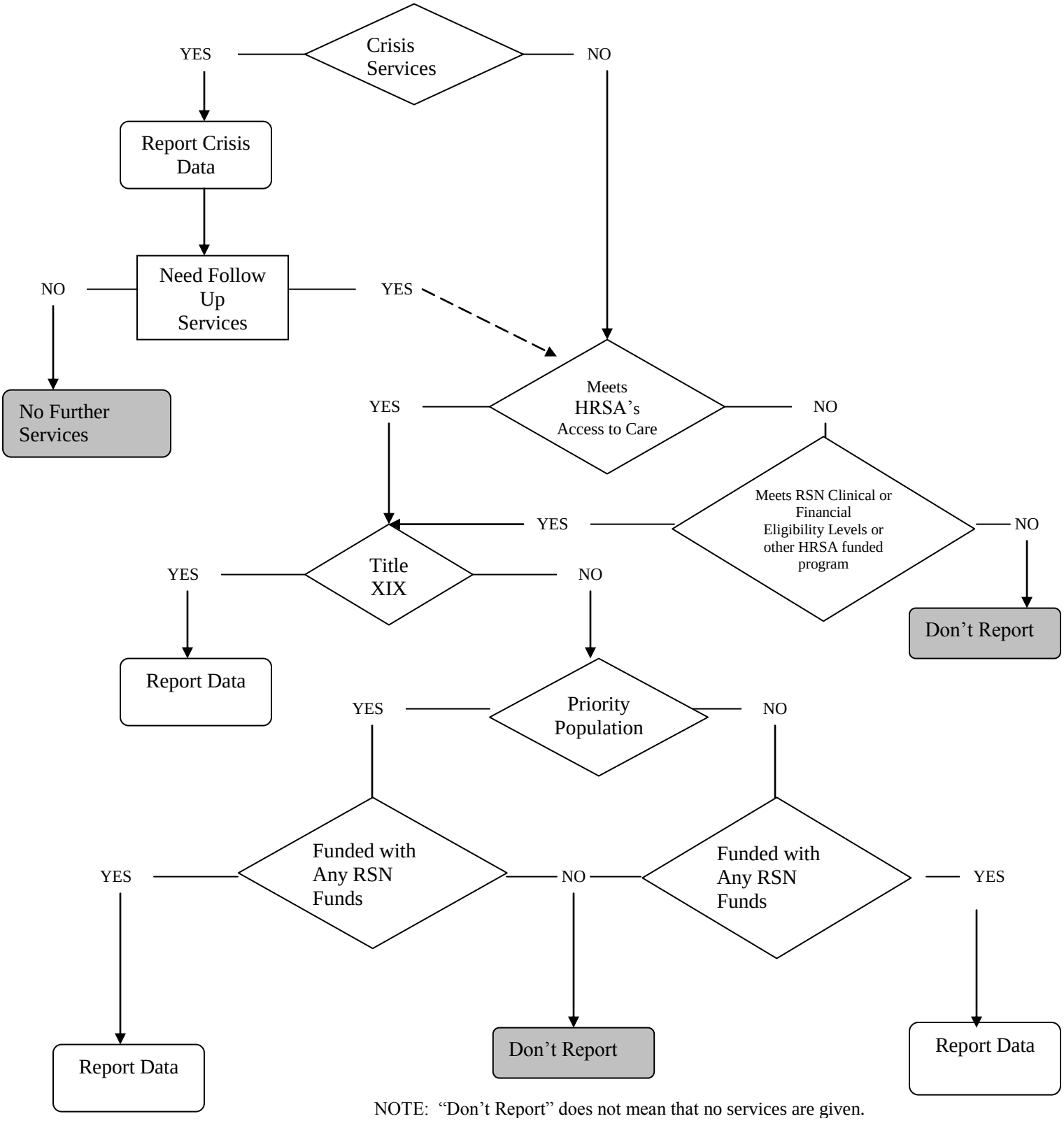
Includes:

- State plan services provided to Medicaid eligible individuals.
- Non-covered/non-state plan services to Medicaid eligible individuals (i.e., IMD facilities, State-Only or Federal Block Grant).
- All services to non-Medicaid individuals who are funded in whole or part by the RSN.

Excludes:

- Any service funded by other DSHS Administrations, such as Aging and Disability Services Administration, Children's Administration, and Health and Rehabilitative Services Administration, and Division of Alcohol and Substance Abuse.
- Services that are reimbursed in total by private insurance or other public insurance (e.g., Medicare, L&I and Victims Assistance).

When to Report Encounters to HRSA



NOTE: "Don't Report" does not mean that no services are given.

General Encounter Reporting Instructions:

1. HRSA accepts service encounters reported using the service and program descriptions in these instructions. The CPT/HCPCS codes utilized may not necessarily be the same codes required by other payors. HRSA applies coding principles and guidelines for the assignment of codes to the extent possible and acknowledges there may be circumstances where a code used by mental health has been recodified from the code submitted to another payor.

2. Use of standardized coding nomenclature, i.e., CPT/HCPCS is required for reporting encounters to HRSA.

3. Encounters are reported based on services provided to the individual client and not based on clinical staff hours.

4. CPT/HCPCS codes generally describe service encounters and sometimes specify ranges of minutes. The following rules should be applied to encounters;

    a. For Per Diem services, report the service each day it was provided, and code 1 unit of service for that day.

    b. For CPT/HCPCS codes that specify a range of time, code assignment should closely correlate with the actual minutes and times listed except for Evaluation and Management codes. For example, if the actual time spent providing the service was 35 minutes, and the code choices are 25-30 minutes and 45-50 minutes, code assignment should be to the lower amount. When the actual time spent is less than any of the code choices, code assignment should be to the lowest amount of minutes.

    c. For CPT/HCPCS codes with a fixed amount of time as a unit of service (e.g. per 15 minutes), report units. For example, if H0036 (Community psychiatric supportive treatment, face-to-face, per 15 minutes) was provided for 15 minutes, report 1 unit of service. If 20 minutes of service were provided, report 1 unit of service.

    d. For all other codes that do not specify a unit of service, report actual minutes provided.

    e. Evaluation and Management (E&M) codes identify levels of complexity in the delivery of care, to include history, examination and medical decision making to determine the code assignment. Time is not usually a significant factor. Refer to the guidelines in CPT manual for further clarification.

5. Report multiple service encounters occurring on the same day when the encounters occur at different times or are provided by different staff.

    a. Exceptions to this guideline include:
        i. Interpreter services on behalf of a client during an encounter. These can be delivered concurrent with other services.
        ii. Concurrent/auxiliary services provided with a per diem service.
            1. Some per diem codes allow additional concurrent / auxiliary encounters to be reported in the same day a per diem encounter is reported. See specific service descriptions for additional information regarding reporting of concurrent or auxiliary encounters with per diem encounters.

6. Report only one encounter for an individual when more than one staff (i.e., co-therapy) is involved in the delivery of the service. The primary MHP should document the service in the clinical record and report the encounter.

7. Staff qualifications correlate with the Provider Types listed in the HRSA CIS Data Dictionary and are included with each service description. When there is an exception to provider type, the specific information is included under the note section of the service description page.

8. Service authorization date is reported to the HRSA CIS when routine services are authorized following an intake evaluation. Service authorization date applies to the initial authorization and should not be reported for re-authorization.

9. Disposition date and reason is reported to the HRSA CIS when an individual exits services from a RSN. This information is not reported for transfers between providers within the same RSN.

10. The disposition date and reason are reported when an individual is not authorized for routine services.

11. Documentation in clinical records must meet, at a minimum, the general encounter reporting requirements listed in the next section.

General Documentation Requirements for Encounter Reporting:

At a minimum, the following information is required for documenting service encounters in progress notes:

- The record must be legible to someone other than the writer;
- Each printed page (front and back if two-sided) of the record must contain the individual's name and agency record number;
- Clinical entries must include the:
    - author identification, which may be a handwritten signature or unique electronic identifier;
    - date of the service;
    - location of the service;
    - length of time; and
    - narrative description of the service provided as evidenced by sufficient documentation that can be translated to a service description title or code number (this may be standard CPT/HCPCS or local nomenclature with a RSN approved crosswalk).

SERVICE: Brief Intervention Treatment

Description	**Guidelines (Inclusions/Exclusions)**

Solution-focused and outcomes-oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral models of treatment. Functional problems and/or needs identified in the Individual Service Plan must include a specific timeframe for completion of each identified goal. This service does not include ongoing care, maintenance/ monitoring of the enrollee's current level of functioning and assistance with self/care or life skills training. Individuals may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care.	Inclusions:
	• The following medically necessary state plan services that are provided as solution-focused and outcomes-oriented cognitive and behavioral interventions.
	  ○ Individual Treatment Services
	  ○ Group Treatment
	  ○ Family Treatment
	
	• The modifier "UA" is added to the appropriate CPT/HCPCS code to identify the service is brief intervention treatment.
	
	Exclusions:

STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	

Report encounter with one of following provider types:
▪ Psychiatrist/MD ▪ ARNP/PA
▪ MA/PhD ▪ RN/LPN
▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver
▪ Mental Health Specialist ▪ Below Masters Degree
▪ Other (clinical staff person) ▪ Certified Peer Counselor
	Notes:
	• The following definitions are provided for clarification of the Access to Care, Level I-Brief Intervention and the state plan service modality, Brief Intervention Treatment:
	  ○ Access to Care Standards (ACS) Level I-Brief Intervention refers to a subset of modalities being offered from the State plan and a shorter duration for the authorization.
	  ○ State plan modality Brief Intervention Treatment is one clinical intervention that can be used when there is a Level I authorization and has specific expected outcomes.
	
	• Clarification to Provider Type:
	Physician assistant service encounters are reported under provider type "ARNP/PA".

MODIFIERS	
UA: WA State Medicaid Plan defined modifier to describe brief intervention treatment when added to the following identified CPT/HCPCS codes.	

SERVICE: Case Management

SERVICE AVAILABILITY LIMITED TO:
Community Integration And Assistance Program (CIAP)

Description	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
Coordination of mental health services; assistance with unfunded medical expenses, obtaining chemical dependency treatment, housing, employment services, education or vocational training, independent living skills, parenting education, anger management services; and such other services as deemed necessary. (RCW 71.24.470)	Inclusions: • This service is program specific and is only available for persons in the CIAP program (see separate program description page) Exclusions:
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	Notes: • Case management for the CIAP program is a state funded service. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Mental Health Specialist ▪ Below Masters Degree ▪ Other (clinical staff person) ▪ Certified Peer Counselor	
MODIFERS HW: Funded by state mental health agency. This modifier is used in combination with T1016 to indicate case management services provided to a state only funded program.	

SERVICE: Community-Based Wraparound

SERVICE AVAILABILITY LIMITED TO:
Fidelity Wraparound Pilot Program

Description	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
Community-based Wraparound activities are provided to children, youth, and/or their family enrolled in the fidelity based Wraparound pilot program providing individualized services not covered by Medicaid or any state-funded services. The following activities are included in the Wraparound Process: • Formation of the child (youth) and family team • Team planning meetings • Cross system coordination • Development and implementation of individualized plans focusing on the strengths and needs of the child and family • Coordination with medical home and other active treatment components • Meetings with natural supports (i.e., friends, extended family, neighbors, co-workers, church members schools)	Inclusions: • This service is program specific and is only available for persons in the Fidelity Wraparound Pilot Program (2SHB1088). See separate program description page. Exclusions: Notes: • Community-based Wraparound is a state funded service. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Other (clinical staff person) ▪ ARNP/PA ▪ RN/LPN ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree ▪ Certified Peer Counselor	
MODIFERS HA: Child/adolescent program. This modifier is to identify delivery of services by Wraparound team members to individuals enrolled in the Fidelity Wraparound Pilot programs (2SHB1088). This modifier may be used in combination with any CPT/HCPCS code available for use with the Fidelity Wraparound pilot program.	

SERVICE: Community Psychoeducation & Prevention

Description	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude).	Inclusions: Exclusions: Notes: • Community psychoeducation and prevention is a State funded service. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Designated Mental Health Professional ▪ Certified Peer Counselor ▪ ARNP/PA ▪ RN/LPN ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree ▪ Other (clinical staff person)	
MODIFERS	
None	

SERVICE: Community Transition

SERVICE AVAILABILITY LIMITED TO:
Jail Services Program

DESCRIPTION	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
For Jail Services, community transition is the time spent with the individual completing an application for determining Medicaid eligibility while an individual is confined in a correctional facility (i.e., jail).	Inclusions: • This service is program specific and is only available for persons in the Jail Services Program (see separate program description page) Exclusions:
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	Notes: • Community transition is a state funded service. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Designated Mental Health Professional ▪ Certified Peer Counselor ▪ ARNP/PA ▪ RN/LPN ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree ▪ Other (clinical staff person) ▪ N/A	
MODIFERS	

SERVICE: Co-occurring Treatment

Description	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
Integrated co-occurring chemical dependency and mental disorders treatment is a unified treatment approach intended to treat both disorders within the context of a primary treatment relationship or treatment setting.	Inclusions: Exclusions: Notes: • Co-occurring treatment services are state funded services. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Designated Mental Health Professional ▪ Certified Peer Counselor ▪ ARNP/PA ▪ RN/LPN ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree ▪ Other (clinical staff person)	
MODIFERS	
HH: Integrated substance abuse/ mental health program. This modifier in combination with applicable individual group, family and/or therapeutic psychoeducation treatment codes identifies the service as a co-occurring treatment service.	

SERVICE: Crisis Services

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation.	Inclusions: • Services may be provided prior to intake evaluation. • Services do not have to be provided face to face. • Crisis Hotline services (H0030) Exclusions: • Community debriefing that occurs after a community disaster or crisis. Notes: • The modifier (UC) is added to the service code when services provided involve multiple staff for safety purposes. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Designated Mental Health Professional ▪ Certified Peer Counselor ▪ ARNP/PA ▪ RN/LPN ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree ▪ Other (clinical staff person)	
MODIFERS	
UC: WA State HRSA defined to indicate provision of service by multiple staff as needed for safety purposes. This modifier is used in combination with H2011.	

SERVICE: Day Support

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living (See notes). This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.	Inclusions: • Service available at least 5 hours per day, 5 days per week. • Service available in easily accessible locations (e.g., community mental health agencies, clubhouses, community centers). Exclusions: • Programs with less service availability. Notes: • Instrumental activities of daily living are defined by CMS as activities related to independent living. This includes, but not limited to preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework and using a telephone.
STAFF QUALIFICATIONS: Mental Health Professional (MHP); or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree ▪ Mental Health Specialist ▪ Other (clinical staff person) ▪ Certified Peer Counselor	
MODIFERS	
None	

SERVICE: Engagement and Outreach

Description	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
Engagement is a strategic set of activities that are implemented to develop an alliance with an individual for the purpose of brining them into or keeping them in ongoing treatment. The activities occur primarily in the field rather the worker's office, or at another service agency such as food bank or public shelter, or via telephone if a potential client calls the workers office seeking assistance or by referral.	Inclusions: Exclusions: Notes: • Engagement and outreach is a state funded service. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Mental Health Specialist ▪ Below Masters Degree ▪ Other (clinical staff person) ▪ Certified Peer Counselor	
MODIFERS	
HW: Funded by state mental health agency. This modifier in combination with H0023 identifies the service as state funded engagement and outreach.	

SERVICE: Family Treatment

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
Psychological counseling provided for the direct benefit of an individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and his/her family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in his/her individual service plan.	Inclusions: • Provided with family members and/or other relevant persons in attendance as active participants. • May be provided without the consumer present in the room. Exclusions: • Marriage Counseling. Notes: • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Other (clinical staff person) ▪ ARNP/PA ▪ RN/LPN ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree	
MODIFIERS	
None	

SERVICE: Fidelity Wraparound

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
The Fidelity Wraparound is a community based, individualized family-focused, strength-based, planning process designed to address the needs of children and youth (and their families) with SED through the development and implementation of community level system of care. In the Wraparound process a team is formed to empower families to make key decisions regarding the care of their child or youth in partnership with professionals and the family's natural community supports. The team produces a community-based and culturally competent individualized intervention plan which identifies the strengths and needs across life domains of the child, youth and family and defines goals and related services and supports that the team collaborates on achieving with respect for the unique cultural values of the family.	**Inclusions:** • The RSN must have a Fidelity Wraparound Pilot (2SHB1088) contract with the Mental Health Division to report services for this program. • Criteria for entry to this program are specified in the Fidelity Wraparound model. • All services provided by Wraparound team members are reported with the applicable CPT/HCPCS code and the modifier "HA". • Fidelity Wraparound includes the availability and use of flexible funding "flex fund" applied judiciously for needs and/or services uncovered by other means that will enable goals in the wraparound plan. **Exclusions:** • The following service modalities are excluded from the Fidelity Wraparound Pilot Program: o Day Support o Mental Health Clubhouse o High Intensity Treatment o Mental Health Services in a Residential Setting **Notes**: • Information on this page is intended as an overview. Refer to the contract and Wraparound Program model for complete program requirements. • The Fidelity Wraparound Pilot program is state funded under 2SHB1088. • Other services/modalities available for this program are defined in contract requirements and/or program model. Exception to Provider Type: • Other to include natural support systems (e.g., family members, relatives, friends, church members).
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Other (clinical staff person) ▪ ARNP/PA ▪ RN/LPN ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree	
MODIFIERS HA: Child/adolescent program. This modifier is to identify delivery of service by Wraparound team members to individuals enrolled in the Wraparound pilot program. This modifier may be used in combination with any CPT/HCPCS code available for use with the Wraparound pilot program.	
None	

SERVICE: Freestanding Evaluation and Treatment Services

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)

Services provided in freestanding inpatient residential (non-hospital/non-IMD for Medicaid and non-hospital for Non-Medicaid) facilities licensed by the Department of Health and certified by the Mental Health Division to provide medically necessary evaluation and treatment to the individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to; performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho-educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented.	Inclusions:
	• 24 hours per day/ 7 days per week availability.
	• Involuntary treatment services.
	• Nursing care.
	• Treatment modalities such as individual and family therapy, milieu therapy, psycho educational groups and pharmacology.
	• The following concurrent/auxiliary services may be reported after admission when the staff providing the service is not assigned to the facility:
	  o Rehabilitation Case Management
	  o Peer Support
	Exclusions:
	• Evaluation and treatment services provided within a hospital.
	
	Notes:
	• Report N/A for Provider Type when service encounter is a per diem code.
	
	• Freestanding E&T services in a facility meeting the definition of an IMD are funded by Non-Medicaid resources. This includes E&T services provided to individuals with Medicaid as the pay source.
	
	• E&T services will continue to be reported through the 837I HIPAA transaction as an episode of care. HRSA will recode for service utilization reports.
	
	• HRSA will report E&T services delivered in an IMD as non-Medicaid services.

STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
▪ N/A	
MODIFERS	
None	

SERVICE: Group Treatment

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
Services provided to individuals designed to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing self care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/ psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of others' right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.	Inclusions: • Service provided to a minimum of two enrollees and a maximum of twenty-four enrollees at the same time. Exclusions: • Services conducted over speakerphone. Notes: • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Other (clinical staff person) ▪ ARNP/PA ▪ RN/LPN ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree	
MODIFERS	

SERVICE: High Intensity Treatment

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)

Intensive levels of service otherwise furnished under this State plan amendment that is provided to individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individuals' needs. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement.
 	
The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers, teacher, minister, physician, chemical dependency counselor, etc. Team member's work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual allowing for the prompt assessment for needed modifications to the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15.
	Inclusions:
	• Access to a multidisciplinary team is available 24 hours per day/7 days per week.
	• Concurrent or auxiliary services may be provided by staff who are not part of the team to include:
	  • Medication management
	  • Day support
	  • Psychological assessment
	  • Special population evaluation
	  • Therapeutic psychoeducation
	  • Crisis
	
	Exclusions:
	
	Notes:
	• Report N/A for Provider Type when service encounter is a per diem code.
	
	• Clarification to Provider Type:
	Physician assistant service encounters are reported under provider type "ARNP/PA".

STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Mental Health Specialist ▪ Below Masters Degree ▪ Other (clinical staff person) ▪ Certified Peer Counselor ▪ N/A	
MODIFERS	
None	

SERVICE: Individual Treatment Services

DESCRIPTION	GUIDELINES (Inclusions/Exclusions)
A set of treatment services designed to help a Medicaid-enrolled individual attain goals as prescribed in his/her individual service plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid-enrolled individual. This service is provided by or under the supervision of a mental health professional.	Inclusions: • Report writing (e.g., extraordinary report writing, as defined by court reports, reports to DSHS). • Educational support services (i.e., school coaching, school readiness, support counseling) • Services are offered at the location preferred by the enrollee. • Specialist consultation between the specialist and the clinician. • Advocacy during court proceeding (does not include testimony during ITA hearing). • Testimony during court proceeding (does not include testimony during ITA hearing) • Representative payee services that involve money management training directly with the person. Exclusions: • Calling in refills to pharmacies and filling out medication packs without the client present. • Supported employment services (report under B3 service, Supported Employment) • Time spent completing normally required documentation • Representative payee services that do not directly include the enrollee (e.g., paying bills on behalf of the enrollee) • Testimony during an ITA hearing Notes: • Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types listed under each set of codes: H0004, H0036, H2014, H2015, H2017, 99075, 90889: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree ▪ Other (clinical staff person) ▪ Certified Peer Counselor 90804, 90806, 90808, 90810, 90812, 90814, 90816, 90818, 90821, 90823, 90826, 90828: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ RN/LPN ▪ MA/PhD 90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, 90829, 99241-99245, 99251-99255: ▪ Psychiatrist/MD ▪ ARNP/PA	
MODIFIERS	
UC: WA State Mental Health Division defined modifier to indicate the involvement of multiple staff for safety purposes. For individual treatment services, the modifier is limited to use with code H0036.	

SERVICE: Intake

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)

An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.	Inclusions:
	• Minimum service benefit for persons with Medicaid.
	
	Exclusions:
	• Intake evaluations done by a non-Mental Health Professional.
	
	Notes:
	• An intake must be initiated prior to provision of mental health services except for:
	  ○ Crisis (including investigations and hearings);
	  ○ Stabilization;
	  ○ Free Standing E & T Services; or
	  ○ Rehabilitation Case Management.
	
	• When two clinicians (i.e., psychiatrist and MHP) conduct separate intakes, both encounters are reported
	
	• Intake evaluations requiring more than one session to complete by a single clinician are coded with the applicable intake code and the modifier "53" to indicate the service was not completed. The final session to complete the intake is coded with applicable intake code without a modifier.
	
	• A new intake evaluation is not required if an intake was completed in the 12 months prior to the current request and medical necessity was established. The previously completed intake may be used to authorize care (06-07 Contract).
	  ○ An update or addendum to the intake that addresses all pertinent areas is completed, and modifier "52" added to appropriate CPT/HCPCS code to report the encounter.
	
	• Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements.
	
	• Clarification to Provider Type:
	Physician assistant service encounters are reported under provider type "ARNP/PA".

STAFF QUALIFICATIONS: Mental Health Professional	
All intakes must be performed by individuals who meet WAC definition for Mental Health Professional to include the following provider types: H0031: ▪ ARNP/PA ▪ RN/LPN ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Mental Health Specialist 90801-90802: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD 99201-99205, 99304-99306, 99324-99328: ▪ Psychiatrist/MD ▪ ARNP/PA	
MODIFERS	
53: Discontinued procedure. This modifier in combination with a CPT/HCPCS code for intake identifies when an intake has not been completed during a scheduled session. 52: Reduced service. This modifier in combination with a CPT/HCPCS code for intake identifies when a brief or partial intake is completed, i.e., update or addendum to previous intake.	

SERVICE: Integrated Substance Abuse Mental Health Assessment

DESCRIPTION	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
An assessment process to determine the severity of the co-occurring treatment needs based on a four-quadrant model. This is also referred to as a "quadrant determination".	Inclusions: • Assessment process conducted following the initial screening using the GAIN-SS.
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Designated Mental Health Professional ▪ Bachelor Level with Exception/Waiver ▪ Other (clinical staff person) ▪ ARNP/PA ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Below Masters Level	Exclusions: Notes: • Integrated substance abuse mental health assessment is a state funded service. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
MODIFERS	
HH: Mental health/substance abuse program. This modifier is used in combination with H0001 to identify the integrated substance abuse/mental health assessment process designated in ESB 5763. .	

SERVICE: Integrated Substance Abuse Mental Health Screening

DESCRIPTION	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
An initial screening to determine possible chemical dependency and mental health treatment needs utilizing the GAIN-SS, version 2.0.1.	Inclusions: Exclusions: Notes: • Integrated substance abuse mental health screening is a state funded service. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Designated Mental Health Professional ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Level	
MODIFERS	
HH: Mental health/substance abuse program. This modifier is used in combination with H0002 to identify the integrated substance abuse/mental health screening (GAIN-SS).	

SERVICE: Interpreter Services

DESCRIPTION	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
Sign language, oral interpretative services necessary to ensure the provision of services for individual with sensory impairments or in the primary language of non-English speaking individuals.	Inclusions: • Interpretation/translation provided by staff not employed by the CMHA. • Interpretation/translation provided by staff employed by the CMHA, who is not the primary mental health care provider or who is not delivering the service. • Interpreter services can be reported concurrently with another clinical service.
STAFF QUALIFICATIONS: (Interpreter)	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Mental Health Specialist ▪ Below Masters Degree ▪ Other (Clinical staff) ▪ N/A	Exclusions: • Services provided by a mental health care provider who is bilingual and does not require a separate interpreter or translator.
MODIFERS	
None	Notes: • Documentation by the clinician to include, at a minimum, notation that interpretative services were utilized during the session and the name of the interpreter, • Documentation from the interpreter is **not** required in the clinical file. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type “ARNP/PA”.

SERVICE: Involuntary Treatment Investigation

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
An evaluation/assessment by a designated mental health professional (DMHP) for the purpose of determining the likelihood of serious harm to self, others or gravely disabled due to a mental disorder. The DMHP accepts, screens, and documents all referrals for an ITA investigation. The DMHP informs the person being investigated for involuntary detention of his/her legal rights as soon as it is determined that an ITA investigation is necessary (*December 2005 Update Protocols for Designated Mental Health Professionals):*	Inclusions: • Involuntary Treatment Investigation service is available to all individuals, regardless of eligibility for any program or insurance coverage. . Exclusions: • Activities performed by a DMHP that are determined not to be an investigation, include but are not limited to, crisis services and community support. These activities are reported under the appropriate service type. Notes:
STAFF QUALIFICATIONS: Designated Mental Health Professional	
Report encounter with the following provider type: ▪ Designated Mental Health Professional	
MODIFERS	
UC: WA State HRSA defined to indicate provision of service by multiple staff as needed for safety purposes. This modifier is used in combination with S9484.	

SERVICE: Medication Management

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.	Inclusions: • Service rendered face-to-face by a person licensed to perform such services. • Consultation with collaterals, primary therapists, and/or case managers. • Minimal psychotherapy services may be provided. Exclusions: Notes: • Documentation for Evaluation and Management service encounters (99XXX series) must meet CPT requirements. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS (Provider Type)	
Report encounter with one of following provider types listed under each set of codes: T1001: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ RN/LPN M0064: ▪ Psychiatrist/MD ▪ ARNP/PA 96372: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ RN/LPN 90862, 99211: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ RN/LPN 99212-99215, 99307-99310, 99334-99337: ▪ Psychiatrist/MD ▪ ARNP/PA	
MODIFERS	
UD: WA State Mental Health Division defined modifier to identify delivery of service by staff who are not members of a WA-PACT team. This modifier may be used in combination with any CPT/HCPCS code available for use with the WA-PACT program.	

SERVICE: Medication Monitoring

DESCRIPTION	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
Face-to-face one-on-one cueing, observing, and encouraging an individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Individuals with low medication compliance history or persons newly on medication are most likely to receive this service.	Inclusions: • Face-to-face, one on one cueing and observing client's taking prescribed medications. • Reporting back to persons licensed to perform medication management services. • Service provided at any location for as long as deemed clinically necessary. Exclusions: • When medical staff puts together a medication pack for a person and leaves it at the front desk with no face-to-face contact. • Calling in prescriptions Notes: • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Other (clinical staff) ▪ ARNP/PA ▪ RN/LPN ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree ▪ Certified Peer Counselor	
MODIFERS	
None	

SERVICE: Mental Health Clubhouse

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
A service specifically contracted by the PIHP to provide a consumer directed program to Medicaid enrollees where they receive multiple services. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumers may drop in on a daily basis and participate, as they are able. Mental Health Clubhouses are not an alternative for day support services. Clubhouses must use International Center for Clubhouse Development (ICCD) standards as guidelines. Services include the following: • Opportunities to work within the clubhouse, such work contributes to the operation and enhancement of the clubhouse community; • Opportunities to participate in administration, public relations, advocacy and evaluation of clubhouse effectiveness; • Assistance with employment opportunities: housing, transportation, education and benefits planning. • Operate at least ten hours a week after 5:30pm Monday through Friday, or anytime on Saturday or Sunday, and • Opportunities for socialization activities	Inclusions: • Operate at least ten hours a week that occurs either after 5:30 p.m. Monday through Friday or during any hours on Saturday or Sunday. • Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the mental health clubhouse. Exclusions: Notes: • Report N/A for Provider Type when service encounter is a per diem code.
STAFF QUALIFICATIONS (Provider Type)	
▪ N/A	
MODIFERS	

SERVICE: Mental Health Services in Residential Settings

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
A specialized form of rehabilitation service (non hospital/non IMD) that offers a sub-acute psychiatric management environment. Individuals receiving this service present with severe impairment in psychosocial functioning or have apparent mental illness symptoms with an unclear etiology due to their mental illness. Treatment for these individuals cannot be safely provided in a less restrictive environment and they do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.	Inclusions: • Mental Health Care Provider (MHCP) is located on-site a minimum of 8 hours per day, 7 days a week. • Services can be provided in an apartment complex or cluster housing, boarding home or adult family home. • Concurrent or auxiliary services may be provided when the staff providing the service is not assigned to the residential facility. Exclusions: • Room and board • Holding a bed for a person • Temporary shelter services less than 2 weeks (see crisis stabilization instead) • Custodial care • Medical services (i.e., physical health care or skilled nursing) Notes: • Report N/A for Provider Type when service encounter is a per diem code. • Mental health services in a residential facility meeting the definition of an IMD are funded by Non-Medicaid resources. This includes mental health services provided to individuals with Medicaid as the pay source. • HRSA will report mental health services in a residential setting delivered in an IMD as non-Medicaid services.
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
▪ N/A	
MODIFERS	
None	

SERVICE: Peer Support

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
Services provided by peer counselors to individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports. Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the individual's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility. Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan which delineates specific goals that are flexible tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, and indicates where treatment goals have not yet been achieved. Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams. Peer support is available to each enrollee for no more than four hours per day. The ratio for this service is no more than 1:20	Inclusions: • Service availability is up to 4 hours per day. • Scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Active participation by enrollees in decision-making and the operation of programmatic supports. • Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness. Exclusions: • Services delivered by non-certified peer counselors except as noted below. • Outreach by Peer Counselors if prior to intake, unless Non-Medicaid funds are used to pay for service. Notes: • Exception to Provider Type: Peer Counselors who are not certified may serve on a PACT Team. Services are reported with provider type "Certified Peer Counselor".
STAFF QUALIFICATIONS: Staff supervised by a Mental Health Professional.	
Report encounter with the following provider type: ▪ Certified Peer Counselor	
MODIFERS	
None	

SERVICE: Psychological Assessment

DESCRIPTION	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to an n individual's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.	Inclusions: Exclusions: • Psychological assessments not completed by, or under the supervision of a licensed psychologist.
STAFF QUALIFICATIONS: Licensed Psychologist, or staff supervised by licensed psychologist	
Report encounter with one of following provider types: ▪ MA/PhD ▪ RN/LPN ▪ Psychiatrist/MD ▪ ARNP/PA ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Other (Clinical Staff) ▪ Below Masters Degree	Notes: • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
MODIFERS	
None	

SERVICE: Rehabilitation Case Management

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of an individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission to community mental health care, integrated mental health treatment planning, resource identification and linkage to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned read mission and to increase the community tenure for the individual.	Inclusions: • Liaison work between community mental health agency and a facility that provides 24-hour care. • Clinical staff going to the facility and functioning as liaison in evaluating individuals for admission outpatient services and monitoring progress towards discharge • Available prior to provision of an intake evaluation • Assessment for admission to community mental health care (may be counted as an intake when the service meets the intake definition). Exclusions: Notes: • Rehabilitation Case Management provided in an IMD is funded as a Non-Medicaid service. This includes mental health services provided to individuals with Medicaid as the pay source. • HRSA will report rehabilitation case management services delivered in an IMD as non-Medicaid services. • For reporting encounters under Rehabilitation Case Management, "facility that provides 24-hour care" includes jail/prison. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP); or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Mental Health Specialist ▪ Below Masters Degree ▪ Other (Clinical Staff) ▪ Certified Peer Counselor	
MODIFERS	
None	

SERVICE: Request for Services

DESCRIPTION	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
A request for mental health services occurs when services are sought or applied for through a telephone call, walk in or written request by the individual or those defined as family, or upon receipt of an EPSDT referral by a Physician, ARNP, Physician Assistant, trained public health nurse or RN. This service is provided to all individuals seeking non-crisis mental health services.	Inclusions: Exclusions: Notes: • Use provider type "N/A" when the individual providing service is a nonclinical staff. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP); or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Mental Health Specialist ▪ Below Masters Degree ▪ Other (Clinical Staff) ▪ Certified Peer Counselor ▪ N/A	
MODIFERS	
UB: WA State HRSA defined modifier in combination with H0046 to describe request for mental health services.	

SERVICE: Respite Care Services

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
A service to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support and monitoring to meet the physical, emotional, social and mental health needs of an individual consumer by someone other than the primary caregivers. Respite care should be provided in a manner that provides necessary relief to caregivers. Respite may be provided on a planned or an emergent basis and may be provided in a variety of settings such as in the consumer or caregiver's home, in an organization's facilities, in the respite worker's home etc. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional. Respite under the Medicaid Waiver is only available to those consumers who do not have this coverage under some other federal program	Inclusions: • Observation, direct support and monitoring to meet needs of an enrollee by someone other than the primary caregivers. • Service may be provided on a planned or an emergent basis. • Service provided in a variety of settings such as the person's or caregiver's home, an organization's facilities, or in a respite worker's home. • Service provided in a manner necessary to provide relief for the person or caregivers • Concurrent or auxiliary services may be provided by staff who are not assigned to provide respite care. Exclusions: • Respite care covered under any other federal program (e.g., Aging and Adult Services, Children's Administration) Notes: • Respite care up to 8 hours is reported as T1005. Respite care of 8 hours or longer is reported as a per diem. • Report N/A for Provider Type when service encounter is a per diem code. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ MA/PhD ▪ Master Level with Exception/Waiver ▪ Mental Health Specialist ▪ Other (Clinical Staff) ▪ N/A ▪ ARNP/PA ▪ RN/LPN ▪ Bachelor Level with Exception/Waiver ▪ Below Masters Degree ▪ Certified Peer Counselor	
MODIFERS	
None	

SERVICE: Sex Offender Treatment

SERVICE AVAILABILITY LIMITED TO: Community Integration And Assistance Program (CIAP)

Description	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
Services to reduce reoffending behavior by teaching skills to identified sexual offenders as effort to prevent relapse.	Inclusions: • This service available only for participants in the Community Integration Assistance Program (CIAP). • Staff must have appropriate qualifications and/or credentials to provide this service. Exclusions: Notes: • Sex Offender treatment is a state funded service available for individuals in the CIAP program. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Mental Health Specialist ▪ Below Masters Degree ▪ Other (Clinical Staff) ▪ Certified Peer Counselor ▪ N/A	
MODIFERS	
None	

SERVICE: Special Population Evaluation

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.	Inclusions: • Performed after the initiation of an intake evaluation. • Special population evaluation must be provided face-to-face. Exclusions: • MH specialist conducting an intake evaluation. • Consultation call where the specialist never directly evaluates the person. • Consultation between the specialist and the clinician
STAFF QUALIFICATIONS: Mental Health Professional who meets WA requirements for mental health specialist	
▪ Mental Health Specialist	Notes:
MODIFERS	
HE: Mental Health Program	

SERVICE: Stabilization

DESCRIPTION	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**

Services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.	Inclusions:
	• 24 hours per day/ 7 days per week availability.
	• Services may be provided prior to intake evaluation.
	• Service provided in the person's own home or another home-like setting, or a setting that provides for safety of the person and the mental health professional.
	• Service is short term (less than 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects.
	• Service provided as follow up to crisis services; and to other persons determined by mental health professional in need of additional stabilization services
	• The following additional services may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services.
	  ○ Intake
	  ○ Family Treatment
	  ○ Medication Management
	  ○ Peer Support
	  ○ Psychological Assessment
	  ○ Therapeutic Psychoeducation
	  ○ Involuntary Treatment Services

STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
▪ N/A	
MODIFERS	
	Exclusions: • Stabilization services less than 24 hours are coded to Crisis Services Notes: • Report N/A for Provider Type when service encounter is a per diem code.

SERVICE: Supported Employment

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)

A service for Medicaid enrollees who are currently not receiving federally-funded vocational services such as those provided through the Department of Vocational Rehabilitation. Services will include:
• An assessment of work history, skills, training, education, and personal career goals.
• Information about how employment will affect income and benefits the consumer is receiving because of their disability.
• Preparation skills such as resume development and interview skills.
• Involvement with consumers served in creating and revising individualized job and career development plans that include;
• Consumer strengths
• Consumer abilities
• Consumer preferences
• Consumer's desired outcomes
• Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.
• Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required.
Services are provided by or under the supervision of a mental health professional.
	Inclusions:
	• Assessment of work history, skills, training, education, and personal career goals.
	• Information about how employment will affect income and benefits the consumer is receiving because of their disability.
	• Preparation skills such as resume development and interview skills.
	• Involvement with consumers served in creating and revising individualized job and career development plans that include;
	  ○ Consumer strengths
	  ○ Consumer abilities
	  ○ Consumer preferences
	  ○ Consumer's desired outcomes
	• Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes.
	• Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required
	
	Exclusions:

STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	Notes: • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Mental Health Specialist ▪ Below Masters Degree ▪ Other (Clinical Staff) ▪ Certified Peer Counselor	
MODIFERS	
None	

SERVICE: Therapeutic Psychoeducation

Description	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
Informational and experiential services designed to aid Medicaid-enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plans of care. These services are exclusively for the benefit of the Medicaid-enrolled individual and are included in the Individual Service Plan. The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc. Services are provided at locations convenient to the consumer. Classroom style teaching, family treatment, and individual treatment are not billable components of this service	Inclusions: • Information, education and training to assist enrollees, family members and others identified by the enrollee in the management of psychiatric conditions, increased knowledge of mental illness and understanding importance of the enrollee's individual service plan. • Services provided at locations easily accessible and convenient to the enrollee. • Services may be provided in groups or individually. Exclusions: • Classroom style teaching. • General family or community education not specific to the enrollee. • Family treatment. • Individual treatment. Notes: • Clarification to Provider Type: Physician assistant service encounters are reported under provider type "ARNP/PA".
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Bachelor Level with Exception/Waiver ▪ Mental Health Specialist ▪ Below Masters Degree ▪ Other (Clinical Staff) ▪ Certified Peer Counselor	
MODIFERS	
None	

Special Program Reporting

Special programs are specified community mental health services targeted by designated funding or legal settlement delivered to an identified population of individuals.

General Information and Reporting Instructions for Programs:

1) The program description pages provide a brief narrative of the program as well as specific admission criteria and any additional services allowed under the program. The reader is referred to the contract and/or program standards for additional specific information and requirements related to the program.

2) Individuals are identified for participation in programs based on program specific criteria defined in contract.

3) At the time of an individual's entry to a program, the program identification code (2- characters) is reported to HRSA CIS.

4) A referral source may be required by some programs. See specific program descriptions for additional information.

5) Additional services may be available in some programs for enrolled participants. Program descriptions provide detail information for types of services, available codes and modifiers.

6) Criteria for discharge or exit from a program are as defined by the contract. At time of discharge or exit from a program, a program end date is reported for each program participant.

PROGRAM: Allen & Marr

Description	GUIDELINES (INCLUSIONS/EXCLUSIONS)
The Allen-Marr program serves individuals who are enrolled with the Division of Developmental Disabilities (DDD), have been hospitalized at one of the two adult State institutions, and receive or eligible for mental health services. This program provides service coordination between DDD and mental health for collaborative treatment approaches for transition and increased community tenure.	**Inclusions:** • Individuals identified as a class member (Class member lists are available on MHD Intranet). • Entry criteria for this program are the identification of an individual as a class member. **Exclusions:** • Individuals under age 18. **Notes:** • Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.

PROGRAM: Children's Evidence Based Practice

Description	GUIDELINES (INCLUSIONS/EXCLUSIONS)
Thurston/Mason RSN: This pilot program uses Multisystemic therapy (MST). MST is an intensive family and community based treatment that addresses the multiple determinants of anti-social behavior in juvenile offenders and mental health clients with serious behavioral issues accompanying their mental health diagnosis. The multisystem approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Invention may be necessary in any one or a combination of these systems. Intervention strategies, therefore are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies. MST is provided using home-based model of services delivery. The usual duration of MST treatment is approximately four months.	**Inclusions:** • The Contractor must have a specific contract with the Mental Health Division to report services for this program. • Entry criteria for this program are specified in contract. • For individuals in this program, the MST code (H2033) is specifically associated with MST services as defined by MST, Inc. **Exclusions:** **Notes:** • Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.

PROGRAM: Community Integration Assistance Program (CIAP)

Description	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**

The Community Integration Assistance Program (CIAP), previously known as the Dangerously Mentally Ill Offender (DMIO) Program is designed to improve the process of identification and provision of additional mental health treatment for mentally ill offenders being released from the Department of Corrections (DOC) who pose a threat to public safety.
 	
The CIAP funding supplements other resources and provides additional mental health treatment.
	<u>Inclusions</u>:
	• The RSN or provider must have a CIAP contract with the Mental Health Division to report services for this program.
	
	• Entry criteria for the program are assignment of an individual to the contractor by HRSA CIAP Program Administrator.
	
	• Referral source for this program is "Corrections". Participants are initially identified by Department of Corrections and then screened for acceptance by the Statewide Multi-system Review Committee.
	
	• Additional services allowed for participants in this program include:
	  ○ Case Management (T1016-HW)
	  ○ Sex offender treatment (H2028)
	
	<u>Exclusions</u>:
	
	<u>Notes</u>:
	• Information on this page is intended as an overview. Refer to the contract for complete program requirements.

PROGRAM: Jail Services

Description	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
The Jail Services Program provides mental health services for mentally ill offenders while confined in a county or city jail. These services are intended to facilitate access to programs that offer mental health services upon the release from confinement. This includes efforts to expedite applications for new or re-instated Medicaid benefits. Services provided as part of this program are intended to facilitate safe transition into community services. Post release transition services are available for up to 90 days following release from any episode of confinement.	**<u>Inclusions</u>:** • Criteria for entry to this program are specified in the contract. • Additional services available only to participants in this program: ○ Community transition (T2038) to identify completion of an eligibility application. **<u>Exclusions</u>:** **<u>Notes</u>:** • Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.

PROGRAM: Multi-dimensional Therapeutic Foster Care

Description	GUIDELINES (INCLUSIONS/EXCLUSIONS)
Multi-dimensional Treatment Foster Care (MTFC) offers community based mental health and voluntary treatment foster care services within an evidence-based practice model. The program provides support and treatment for children with a mental health diagnosis and behavioral disturbances and their families to divert children from more expensive long-term inpatient programs. In addition, the program includes supports, education and intervention with families during the MTFC program to fortify family relationships, help to sustain positive changes and avoid future out of home placements.	**Inclusions:** • The Contractor must have a specific contract with the Mental Health Division to report this program. **Exclusions:** **Notes:** • Information on this page is to provide an overview for reporting. Refer to the contract for complete program requirements.

SERVICE: Testimony for Involuntary Treatment Services

DESCRIPTION	GUIDELINES (INCLUSIONS/EXCLUSIONS)
Court testimony provided about an individual who has been investigated and detained by a Designated Mental Health Professional.	Inclusions: • LRA revocation. • Service by staff employed by the Mental Health system • Can be provided before intake evaluation. Exclusions: • Staff accompanying an individual to court proceedings that are not related to ITA activity (i.e., providing advocacy) is reported under individual treatment services. • Emergency room physician / staff not employed by the Community Mental Health Agency/RSN).
STAFF QUALIFICATIONS: Mental Health Professional (MHP) or staff supervised by a MHP.	
Report encounter with one of following provider types: ▪ Psychiatrist/MD ▪ ARNP/PA ▪ MA/PhD ▪ RN/LPN ▪ Master Level with Exception/Waiver ▪ Designated Mental Health Professional ▪ Below Masters Degree ▪ Bachelor Level with Exception/Waiver ▪ Other (clinical staff person) ▪ Mental Health Specialist	Notes**:** • Report testimony as service encounter with code 99075-H9 • Report actual minutes of testimony and not wait time. • The hearing will continue to be reported as a non-encounter data transaction. Transition to a standard encounter transaction is planned as part of the preparation for Provider One. • Clarification to Provider Type: Physician assistant service encounters are reported under provider type “ARNP/PA”.
MODIFERS	
H9: Modifier in combination with CPT code 99075 to indicate medical testimony provided as part of an involuntary treatment service.	

PROGRAM: WA-PACT

Description	**GUIDELINES (INCLUSIONS/EXCLUSIONS)**
The Washington Program for Assertive Community Treatment (WA-PACT) is a client-centered recovery-oriented mental health service delivery model that supports facilitating community living, psychosocial rehabilitation, and recovery for individuals who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs. WA-PACT services are delivered by a group of multi-disciplinary mental health staff who work as a team and provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals. The team is directed by a team leader and psychiatric prescriber and a sufficient number of staff from the core mental health disciplines to cover 24 hours per day, seven days a week and provide intensive services based on the individual's need and mutually agreed upon plan. WA-PACT teams are mobile and deliver services in community locations.	**Inclusions:** • The RSN must have a WA-PACT contract with the Mental Health Division to report services for this program. • Criteria for entry to this program are specified in the HRSA PACT standards. • Services provided by staff who are not members of a WA-PACT team are reported with the applicable CPT/HCPCS code and the modifier "UD". **Exclusions:** The following services are excluded from the WA-PACT program: o Day Support o High Intensity Treatment **Notes**: • Information on this page is intended as an overview. Refer to the contract and Washington State PACT standards for complete program requirements. • Services for the WA-PACT program are state funded. Exceptions to Provider Types: • Peer Specialists who are not certified may serve on a PACT team. Provider type "Certified Peer Counselor" should be used to report all Peer Counselor Services. • The PACT Team staffing requires RN. Provider type RN/LPN should be used to report all RN services. • Provider type "CD Specialist" may be reported for this program.
MODIFIERS	
UD: WA State Mental Health Division defined modifier to identify delivery of service by staff who are not members of a WA-PACT team. This modifier may be used in combination with any CPT/HCPCS code available for use with the WA-PACT program.	

Appendix A

CPT/HCPCS Code Table:
This table summarizes the CPT/HCPCS codes and modifiers listed for the service descriptions in this manual. The columns titled "Modifier" indicate which modifier(s) can be used with specific CPT/HCPCS codes. The Modifier Use columns list when a modifier is required (1) or when modifier use is allowed dependent on the requirements of the service or program description (2).

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Brief Intervention Treatment	90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	UA	1			UD	2	HA	2	1
	90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	UA	1			UD	2	HA	2	1
	90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	UA	1			UD	2	HA	2	1
	90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	UA	1			UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Brief Intervention Treatment (continued)	90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	UA	1			UD	2	HA	2	1
	90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	UA	1			UD	2	HA	2	1
	90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	UA	1			UD	2	HA	2	1
	90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	UA	1			UD	2	HA	2	1
	90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal	UA	1			UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
		communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;									
Brief Intervention Treatment (continued)	90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	UA	1			UD	2	HA	2	1
	90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	UA	1			UD	2	HA	2	1
	90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	UA	1			UD	2	HA	2	1
	90846	Family psychotherapy (without the patient present)	UA	1			UD	2	HA	2	Minutes
	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	UA	1			UD	2	HA	2	Minutes

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Brief Intervention Treatment (continued)	90849	Multiple-family group psychotherapy, Not specified	UA	1			UD	2	HA	2	Minutes
	90853	Group psychotherapy (other than of a multiple-family group)	UA	1			UD	2	HA	2	Minutes
	90857	Interactive group psychotherapy	UA	1			UD	2	HA	2	Minutes
	99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	UA	1			UD	2	HA	2	1
	99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians	UA	1			UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
		typically spend 30 minutes face-to-face with the patient and/or family.									
Brief Intervention Treatment (continued)	99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	UA	1			UD	2	HA	2	1
	99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	UA	1			UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Brief Intervention Treatment (continued)	99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.	UA	1			UD	2	HA	2	1
	99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	UA	1			UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Brief Intervention Treatment (continued)	99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.	UA	1			UD	2	HA	2	1
	99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.	UA	1			UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Brief Intervention Treatment (continued)	99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.	UA	1			UD	2	HA	2	1
	99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.	UA	1			UD	2	HA	2	1
	H0004	Behavioral health counseling and therapy, per 15 minutes	UA	1			UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Brief Intervention Treatment (continued)	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	UA	1			UD	2	HA	2	1
	H2014	Skills training and development, per 15 minutes	UA	1			UD	2	HA	2	1
	H2015	Comprehensive community support services, per 15 minutes	UA	1			UD	2	HA	2	1
	H2017	Psychosocial rehabilitation services, per 15 minutes	UA	1			UD	2	HA	2	1
Case Management	T1016	Case management, each 15 minutes	H W	1							1
Community Psycho-education	H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)					UD	2	HA	2	Minutes
Community Transition	T2038	Community transition, waiver; per service					UD	2			1
Community-based Wrap-around	H2021	Community-based wrap-around services, per 15 minutes							HA	1	1
Co-Occurring Treatment	90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	HH	1			UD	2	HA	2	1
	90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	HH	1			UD	2	HA	2	1
	90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or	HH	1			UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
		outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;									
Co-Occurring Treatment (continued)	90846	Family psychotherapy (without the patient present)	HH	1			UD	2	HA	2	Minutes
	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	HH	1			UD	2	HA	2	Minutes
	90849	Multiple-family group psychotherapy	HH	1			UD	2	HA	2	Minutes
	90853	Group psychotherapy (other than of a multiple-family group)	HH	1			UD	2	HA	2	Minutes
	H0004	Behavioral health counseling and therapy, per 15 minutes	HH	1			UD	2	HA	2	1
	S9446	Patient education, not otherwise classified, non-physician provider, group, per session	HH	1			UD	2	HA	2	1
Crisis Services	H0030	Behavioral health hotline service	UC	2			UD	2	HA	2	Minutes
	H2011	Crisis intervention service, per 15 minutes					UD	2	HA	2	1
Day Support	H2012	Behavioral health day treatment, per hour									1
Engagement and Outreach	H0023	Behavioral health outreach service (planned approach to reach a targeted population)	HW	1			UD	2	HA	2	Minutes
Family Treatment	90846	Family psychotherapy (without the patient present)					UD	2	HA	2	Minutes
Family Treatment	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)					UD	2	HA	2	Minutes
Freestanding Evaluation and Treatment	NO CODE	Psychiatric health facility service, per diem. NOTE: RSNs are not to use the Principal Procedure code on institutional encounters.									Reported in 837I trx for institutional encounters

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Group Treatment Services	90849	Multiple-family group psychotherapy					UD	2	HA	2	Minutes
	90853	Group psychotherapy (other than of a multiple-family group)					UD	2	HA	2	Minutes
	90857	Interactive group psychotherapy					UD	2	HA	2	Minutes
High Intensity Treatment	H0040	Assertive community treatment program, per diem									1
	H2022	Community-based wrap-around services, per diem									1
	H2033	Multisystemic therapy for juveniles, per 15 minutes									1
	S9480	Intensive outpatient psychiatric services, per diem									1
Individual Treatment Services	90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;					UD	2	HA	2	1
	90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;					UD	2	HA	2	1
	90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;					UD	2	HA	2	1
	90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;					UD	2	HA	2	1
	90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treat (continued)	90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;					UD	2	HA	2	1
	90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;					UD	2	HA	2	1
	90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;					UD	2	HA	2	1
	90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services					UD	2	HA	2	1
	90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers					UD	2	HA	2	Minutes
	99075	Medical testimony					UD	2	HA	2	Minutes

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.					UD	2	HA	2	1
	99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.					UD	2	HA	2	1
	99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.					UD	2	HA	2	1
	99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.					UD	2	HA	2	1
	99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.					UD	2	HA	2	1
	99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.					UD	2	HA	2	1
	H0004	Behavioral health counseling and therapy, per 15 minutes					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Individual Treatment Services (continued)	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	UC	2			UD	2	HA	2	1
	H2014	Skills training and development, per 15 minutes					UD	2	HA	2	1
	H2015	Comprehensive community support services, per 15 minutes					UD	2	HA	2	1
	H2017	Psychosocial rehabilitation services, per 15 minutes					UD	2	HA	2	1
Intake Evaluation	90801	Psychiatric diagnostic interview examination	53	2	52	2	UD	2	HA	2	Minutes
	90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	53	2	52	2	UD	2	HA	2	Minutes
	99201	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; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	53	2	52	2	UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Intake Evaluation (continued)	99202	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; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	53	2	52	2	UD	2	HA	2	1
	99203	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; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	53	2	52	2	UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Intake Evaluation (continued)	99204	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; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	53	2	52	2	UD	2	HA	2	1
	99205	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; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	53	2	52	2	UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Intake Evaluation (continued)	99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.	53	2	52	2	UD	2	HA	2	1
	99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes with the patient and/or family or caregiver.	53	2	52	2	UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Intake Evaluation (continued)	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	53	2	52	2	UD	2	HA	2	1
	99324	Domiciliary or rest 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 straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.	53	2	52	2	UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Intake Evaluation (continued)	99325	Domiciliary or rest 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. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	53	2	52	2	UD	2	HA	2	1
	99326	Domiciliary or rest 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. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	53	2	52	2	UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Intake Evaluation (continued)	99327	Domiciliary or rest 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. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	53	2	52	2	UD	2	HA	2	1
	99328	Domiciliary or rest 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. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.	53	2	52	2	UD	2	HA	2	1
	H0031	Mental health assessment, by non-physician	53	2	52	2	UD	2	HA	2	Minutes

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Integrated SA/MH Assessment	H0001	Alcohol and/or drug assessment	HH	1			UD	2	HA	2	Minutes
Integrated SA/MH Screening	H0002	Behavioral health screening to determine eligibility for admission to treatment program	HH	1			UD	2	HA	2	Minutes
Interpreter Services	T1013	Sign language or oral interpretive services, per 15 minutes					UD	2	HA	2	1
Involuntary Treatment Investigations	S9484	Crisis intervention mental health services, per hour	UC	2			UD	2	HA	2	1
Medication Management	96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular					UD	2	HA	2	Minutes
	90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy					UD	2	HA	2	Minutes
	99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Medication Management (continued)	99212	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. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.					UD	2	HA	2	1
	99213	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. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Medication Management (continued)	99214	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 detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.					UD	2	HA	2	1
	99215	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 comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Medication Management (continued)	99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.					UD	2	HA	2	1
	99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes with the patient and/or family or caregiver.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Medication Management (continued)	99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Medication Management (continued)	99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes with the patient and/or family or caregiver.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Medication Management (continued)	99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.					UD	2	HA	2	1
	99335	Domiciliary or rest 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 interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Medication Management (continued)	99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Medication Management (continued)	99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.					UD	2	HA	2	1
	M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders					UD	2	HA	2	Minutes
	T1001	Nursing assessment/evaluation					UD	2	HA	2	Minutes
Medication Monitoring	H0033	Oral medication administration, direct observation					UD	2	HA	2	Minutes
	H0034	Medication training and support, per 15 minutes					UD	2	HA	2	1
Mental Health Clubhouse	H2031	Mental health clubhouse services, per diem					UD	2			1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Mental Health Services Provided in Residential Settings	H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem					UD	2			1
Mental Health Services Provided in Residential Settings	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem					UD	2			1
Peer Support	H0038	Self-help/peer services, per 15 minutes					UD	2	HA	2	1
Psychological Assessment	96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report					UD	2	HA	2	1
	96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Psychological Assessment (continued)	96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report					UD	2	HA	2	Minutes
	96110	Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report					UD	2	HA	2	Minutes
	96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report					UD	2	HA	2	Minutes
	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Psychological Assessment (continued)	96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report					UD	2	HA	2	1
	96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face					UD	2	HA	2	1
	96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report					UD	2	HA	2	Minutes
Rehabilitation Case Management	H0023	Behavioral health outreach service (planned approach to reach a targeted population)					UD	2	HA	2	Minutes
Request for Services	H0046	Mental health services, not otherwise specified	UB	1			UD	2	HA	2	Minutes
Respite Care	H0045	Respite care services, not in the home, per diem					UD	2	HA	2	1
	S9125	Respite care, in the home, per diem					UD	2	HA	2	1
	T1005	Respite care services, up to 15 minutes					UD	2	HA	2	1

Modality	Code	Procedure name	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Modifier	Modifier Use	Unit
Sexual Offender Treatment	H2028	Sexual offender treatment service, per 15 minutes									1
Special Population Evaluation	T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	HE	1			UD	2	HA	2	1
Stabilization Services	S9485	Crisis intervention mental health services, per diem					UD	2	HA	2	1
Supported Employment	H2023	Supported employment, per 15 minutes					UD	2	HA	2	1
	H2025	Ongoing support to maintain employment, per 15 minutes					UD	2	HA	2	1
Testimony: Hearing for Involuntary Treatment Services	99075	Medical testimony	H9	1			UD	2	HA	2	Minutes
Therapeutic Psycho-education	H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)					UD	2	HA	2	Minutes
	H2027	Psycho-educational service, per 15 minutes					UD	2	HA	2	1
	S9446	Patient education, not otherwise classified, non-physician provider, group, per session					UD	2	HA	2	1