

**Community Behavioral Health and Mental Health Physician Clinic\* Medicaid Covered Services eff. July 1, 2022**

Note: MHPC may only bill for services marked with \*

| Adult or child<br>A=Adult<br>C=Child | Procedure Code/ Modifier | Service Description  | Duration      | Service Limit & Service       |              | Limits- per State Fiscal Year (SFY) unless otherwise indicated           | Can or Cannot be extended with Service Authorization                 | Department Program Approval Category | Telemed Y/N |
|--------------------------------------|--------------------------|--|---------------|-------------------------------|--------------|--|--|--------------------------------------|-------------|
|                                      |                          |  |               | Authorization Unit of measure | Unit Payment |  |  |                                      |             |
| A/C                                  | T1023                    | Behavioral Health Screen                                   | 1 screening   | N/A                           | \$ 44.50     | 1 per admission to program   | Cannot   | All program Approval Types           | Y           |
| A/C                                  | H0001                    | Alcohol and/or Drug Assessment                             | 1 Assessment  | 1 Assessment                  | \$ 241.35    | 1 assessment every 6 months  | Can  | Rehab                                | Y           |
| A/C                                  | H0031*                   | Mental Health Intake Assessment                            | 1 Assessment  | 1 Assessment                  | \$ 454.56    | 1 assessment every 6 months  | Can  | Clinic                               | Y           |
| A/C                                  | H0031-HH*                | Integrated Mental Health & Substance Use Intake Assessment | 1 Assessment  | 1 Assessment                  | \$ 522.75    | 1 assessment every 6 months  | Can  | Clinic                               | Y           |
| A/C                                  | 90791*                   | Psychiatric Assessment - Diag Eval                         | 1 Assessment  | 1 Assessment                  | \$ 595.97    | 4 assessments  | Can  | Clinic                               | Y           |
| A/C                                  | 96136-HO*                | Psychological Testing                                      | 30 minutes    | 1 Unit                        | \$ 70.40     | Limit any combination of psychological testing is 6 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 96137-HO*                | Psychological Testing                                      | 30 minutes    | 7 units                       | \$ 70.40     | Limit any combination of psychological testing is 6 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 96130-HO*                | Psychological Testing                                      | 60 minutes    | 1 unit                        | \$ 140.91    | Limit any combination of psychological testing is 6 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 96131-HO*                | Psychological Testing                                      | 60 minutes    | 1 unit                        | \$ 140.91    | Limit any combination of psychological testing is 6 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 96136-HP*                | Neuropsychological Testing                                 | 30 minutes    | 1 unit                        | \$ 82.73     | Limit any combination of neuropsychological testing is 12 hours          | Can  | Clinic                               | Y           |
| A/C                                  | 96137-HP*                | Neuropsychological Testing                                 | 30 minutes    | 1 unit                        | \$ 82.73     | Limit any combination of neuropsychological testing is 12 hours          | Can  | Clinic                               | Y           |
| A/C                                  | 96132-HP*                | Neuropsychological Testing                                 | 60 minutes    | 1 Unit                        | \$ 165.42    | Limit any combination of neuropsychological testing is 12 hours          | Can  | Clinic                               | Y           |
| A/C                                  | 96133-HP*                | Neuropsychological Testing                                 | 60 minutes    | 3 units                       | \$ 165.42    | Limit any combination of neuropsychological testing is 12 hours          | Can  | Clinic                               | Y           |
| A/C                                  | 90832*                   | Psychotherapy, Individual                                  | 16-37 minutes | 30 minutes                    | \$ 67.87     | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 90834*                   | Psychotherapy, Individual                                  | 38-52 minutes | 45 minutes                    | \$ 101.81    | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 90837*                   | Psychotherapy, Individual                                  | 53-60 minutes | 60 minutes                    | \$ 135.75    | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 90846*                   | Psychotherapy, Family (w/o patient present)                | 60 minutes    | 60 minutes                    | \$ 142.79    | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 90846-U7*                | Psychotherapy, Family (w/o patient present)                | 30 minutes    | 30 minutes                    | \$ 71.39     | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 90847*                   | Psychotherapy, Family (with patient present)               | 60 minutes    | 60 minutes                    | \$ 138.72    | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 90847-U7*                | Psychotherapy, Family (with patient present)               | 30 minutes    | 30 minutes                    | \$ 69.27     | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 90849*                   | Psychotherapy, Multi-family group                          | 60 minutes    | 60 minutes                    | \$ 55.49     | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 90849-U7*                | Psychotherapy, Multi-family group                          | 30 minutes    | 30 minutes                    | \$ 27.73     | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 90853*                   | Psychotherapy, Group                                       | 60 minutes    | 60 minutes                    | \$ 54.30     | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | 90853-U7*                | Psychotherapy, Group                                       | 30 minutes    | 30 minutes                    | \$ 27.15     | Limit any combination of psychotherapy services; 10 hours                | Can  | Clinic                               | Y           |
| A/C                                  | H2010*                   | Comprehensive Medication Services                          | 1 visit       | 1 visit                       | \$ 150.82    | 1 visit per month thereafter unless more frequent monitoring is required | Document Clinical Record with necessity for more frequent monitoring | Clinic                               | Y           |
| A/C                                  | S9484*                   | Short-term Crisis Intervention Service                     | 1 hour        | 1 hour                        | \$ 133.41    | Limit any combination of intervention services; 22 hours                 | Can  | Clinic                               | Y           |
| A/C                                  | S9484-U6*                | Short-term Crisis Intervention Service                     | 15 minutes    | 15 minutes                    | \$ 33.35     | Limit any combination of intervention services; 22 hours                 | Can  | Clinic                               | Y           |
| A/C                                  | H2011                    | Short-term Crisis Stabilization Service                    | 15 minutes    | 15 minutes                    | \$ 26.84     | 22 hours   | Can  | Clinic or Rehab                      | Y           |

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|                                      |                          |  |                        | Authorization Unit of measure | Unit Payment |  |  |  |             |
| A/C                                  | T1016                    | Case Management  | 15 minutes             | 15 minutes                    | \$ 26.20     | 180 hours  | Can  | Rehab  | Y           |
| C                                    | H2019                    | Therapeutic BH Services - Individual   | 15 minutes             | 15 minutes                    | \$ 23.95     | limit any combination of individual to 100 hours               | Can  | Rehab  | N           |
| C                                    | H0038                    | Peer Support Services - Individual   | 15 minutes             | 15 minutes                    | \$ 23.09     | limit any combination of individual to 100 hours               | Can  | Rehab  | N           |
| C                                    | H2019-HQ                 | Therapeutic BH Services - Group  | 15 minutes             | 15 minutes                    | \$ 9.58      | 140 hours  | Can  | Rehab  | N           |
| C                                    | H2019-HR                 | Therapeutic BH Services - Family (with patient present)                            | 15 minutes             | 15 minutes                    | \$ 23.95     | limit any combination of family; 180 hours                     | Can  | Rehab  | N           |
| C                                    | H2019-HS                 | Therapeutic BH Services - Family (w/o patient present)                             | 15 minutes             | 15 minutes                    | \$ 23.95     | limit any combination of family; 180 hours                     | Can  | Rehab  | N           |
| C                                    | H0038-HR                 | Peer Support Services - Family (with patient present)                              | 15 minutes             | 15 minutes                    | \$ 23.09     | limit any combination of family; 180 hours                     | Can  | Rehab  | N           |
| C                                    | H0038-HS                 | Peer Support Services - Family (w/o patient present)                               | 15 minutes             | 15 minutes                    | \$ 23.09     | limit any combination of family; 180 hours                     | Can  | Rehab  | N           |
| A                                    | H0038                    | Peer Support Services - Individual   | 15 minutes             | 15 minutes                    | \$ 23.09     | 240 hours  | Can  | Rehab  | N           |
| C                                    | H2012                    | Day Treatment for Children<br>(combined mental health & school district resources) | 1 hour                 | 1 hour                        | \$ 20.54     | 1 per admission to program                                     | Cannot   | Rehab or Detox or Residential Substance Use Tx | N           |
| A/C                                  | T1007                    | Treatment Plan Review for Methadone Recipient                                      | 1 review               | 1 review                      | \$ 91.74     | 1 billable service per day; no annual limit                    | Cannot   | Rehab or Detox or Residential Substance Use Tx | N           |
| A/C                                  | H0033                    | Oral Medication Administration, direct observation; on premises                    | 1 day                  | N/A                           | \$ 72.68     | 1 billable service per day; no annual limit                    | Cannot   | Rehab or Detox or Residential Substance Use Tx | N           |
| A/C                                  | H0033-HK                 | Oral Medication Administration, direct observation; off premises                   | 1 day                  | N/A                           | \$ 84.29     | as prescribed by a physician                                   | N/A  | Rehab or Detox or Residential Substance Use Tx | N           |
| A/C                                  | H0020                    | Methadone Administration and/or service  | administration episode | N/A                           | \$ 21.80     | no annual limit  | N/A  | Detox  | N           |
| A/C                                  | H0014                    | Ambulatory Detoxification  | 15 minutes             | N/A                           | \$ 36.76     | 1 billable service per day; no annual limit                    | N/A  | Detox  | N           |
| A/C                                  | H0010                    | Clinically Managed Detoxification  | 1 day                  | N/A                           | \$ 328.66    | 1 billable service per day; no annual limit                    | N/A  | Detox  | N           |
| A/C                                  | H0011                    | Medically Managed Detoxification   | 1 day                  | N/A                           | \$ 525.06    | 1 per admission to program                                     | Cannot   | Rehab or Detox or Residential Substance Use Tx | N           |
| A/C                                  | H0002                    | Medical Evaluation for Recipient NOT Receiving Methadone Treatment                 | 1 evaluation           | N/A                           | \$ 476.60    | 1 per admission to program                                     | Cannot   | Rehab or Detox or Residential Substance Use Tx | N           |

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|                                      |                          |   |                         | Unit of measure         |              |  |  |                                      |             |
| A/C                                  | H0002-HF                 | Medical Evaluation for Recipient Receiving Methadone Treatment                      | 1 evaluation            | N/A                     | \$ 592.15    | no annual limit  | N/A  | Clinic or Rehab                      | Y           |
| A/C                                  | 99408                    | Screening, Brief Intervention, and Referral for Treatment (SBIRT)                   | 15 to 30 minute episode | N/A                     | \$ 42.61     | 1 billable service per day; no annual limit                    | N/A  | Residential Substance Use Tx         | N           |
| A/C                                  | H0047                    | Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity    | 1 day                   | N/A                     | \$ 218.39    | 1 billable service per day; no annual limit                    | N/A  | Residential Substance Use Tx         | N           |
| A/C                                  | H0047-TF                 | Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity | 1 day                   | N/A                     | \$ 297.97    | 1 billable service per day; no annual limit                    | N/A  | Residential Substance Use Tx         | N           |
| A/C                                  | H0047-TG                 | Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity   | 1 day                   | N/A                     | \$ 466.11    | 1 billable service per day; no annual limit                    | N/A  | Residential Substance Use Tx         | N           |

Services that are provided via telemedicine require a procedure code modifier "GT" to designate that the service was not performed in person. When applicable, providers should report multiple procedure code modifiers with a single procedure code as appropriate. For example, report both modifier U7 and GT with procedure code 90847 if the family psychotherapy with the patient present was provided for 30 minutes via telemedicine (90847-U7-GT)