

Community Behavioral Health
 Medicaid Covered Services
 (Procedure Codes, Annual Limits, Payment Rates, Program Approval)
 Effective December 1, 2011
 REVISED with 2013 CPT Codes

Adult or Child A=Adult C=Child	Procedure Code/ Modifier	Service Description	Duration	Service Limit & Service Authorization Unit of Measure	Unit Payment	Limits- per State Fiscal Year (SFY) unless otherwise indicated	Can or Cannot be extended with Service Authorization	Department Program Approval Category	Telemed Y/N
A/C	T1023	Behavioral Health Screen - AK Screen Tool	1 screening	N/A	35.00	1 per admission to program	Cannot	All Program Approval Types	Y
A/C	H0001	Alcohol and/or Drug Assessment	1 Assessment	1 Assessment	100.00	1 assessment every 6 months	Can	Rehab	Y
A/C	H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	175.00			Clinic	Y
A/C	H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	300.00			Clinic	Y
A/C	90801	Psychiatric Assessment - Interview (ends 12/31/12)	1 Assessment	1 Assessment	230.00	4 assessments/SFY	Can	Clinic	Y
A/C	90802	Psychiatric Assessment - Interactive (ends 12/31/12)	1 Assessment	1 Assessment	230.00			Clinic	Y
A/C	90791	Psychiatric Assessment - Diag Eval (effective 1/1/13)	1 Assessment	1 Assessment	230.00			Clinic	Y
A/C	96101	Psychological Testing	1 hour	1 hour	100.00	6 hours/SFY	Can	Clinic	Y
A/C	96101-U6	Psychological Testing	15 minutes	15 minutes	25.00			Clinic	Y
A/C	96118	Neuropsychological Testing	1 hour	1 hour	100.00	12 hours/SFY	Can	Clinic	Y
A/C	96118-U6	Neuropsychological Testing	15 minutes	15 minutes	25.00			Clinic	Y
A/C	90804	Psychotherapy, Individual (ends 12/31/12)	30 minutes	30 minutes	50.00	Limit for All Psychotherapy (Individual, Group, Family, Multi-Family Group) Services COMBINED Any combination of psychotherapy services; 10 hours/SFY	Can	Clinic	Y
C	90810	Psychotherapy, Individual (ends 12/31/12)	30 minutes	30 minutes	50.00			Clinic	Y
A/C	90832	Psychotherapy, Individual (effective 1/1/13)	16 - 37 minutes	30 minutes	50.00			Clinic	Y
A/C	90806	Psychotherapy, Individual (ends 12/31/12)	60 minutes	60 minutes	100.00			Clinic	Y
C	90812	Psychotherapy, Individual (ends 12/31/12)	60 minutes	60 minutes	100.00			Clinic	Y
A/C	90834	Psychotherapy, Individual (effective 1/1/13)	38 - 52 minutes	60 minutes	100.00			Clinic	Y
A/C	90837	Psychotherapy, Individual (effective 1/1/13)	53 - 60 minutes	60 minutes	100.00			Clinic	Y
A/C	90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	110.00			Clinic	Y
A/C	90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	55.00			Clinic	Y
A/C	90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	110.00			Clinic	Y
A/C	90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	55.00			Clinic	Y
A/C	90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	110.00			Clinic	Y
A/C	90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	55.00			Clinic	Y
A/C	90853	Psychotherapy, Group	60 minutes	60 minutes	56.00			Clinic	Y
A/C	90853-U7	Psychotherapy, Group	30 minutes	30 minutes	28.00			Clinic	Y

Community Behavioral Health
 Medicaid Covered Services
 (Procedure Codes, Annual Limits, Payment Rates, Program Approval)
 Effective December 1, 2011
 REVISED with 2013 CPT Codes

Adult or Child A=Adult C=Child	Procedure Code/ Modifier	Service Description	Duration	Service Limit & Service Authorization Unit of Measure	Unit Payment	Limits- per State Fiscal Year (SFY) unless otherwise indicated	Can or Cannot be extended with Service Authorization	Department Program Approval Category	Telemed Y/N
A/C	90862	Pharmacologic Management (ends 12/31/12)	1 visit	1 visit	75.00	1 visit per week during first 4 weeks; 1 visit per month thereafter unless more frequent monitoring is required	N/A Document Clinical Record with necessity for more frequent monitoring	Clinic	Y
A/C	H2010	Comprehensive Medication Services (effective 1/1/13)	1 visit	1 visit	75.00			Clinic	Y
A/C	S9484	Short-term Crisis Intervention Service	1 hour	1 hour	92.00	22 hours/SFY	Can	Clinic	N
A/C	S9484-U6	Short-term Crisis Intervention Service	15 minutes	15 minutes	23.00			Clinic	N
A/C	H2011	Short-term Crisis Stabilization Service	15 minutes	15 minutes	17.00	22 hours/SFY	Can	Rehab	N
A/C	T1016	Case Management	15 minutes	15 minutes	16.00	180 hours/SFY	Can	Rehab	Y
C	H2019	Therapeutic BH Services - Individual	15 minutes	15 minutes	17.00	100 hours/SFY	Can	Rehab	Y
C	H0038	Peer Support Services - Individual	15 minutes	15 minutes	17.00			Rehab	N
C	H2019-HQ	Therapeutic BH Services - Group	15 minutes	15 minutes	9.00	140 hours/SFY	Can	Rehab	Y
C	H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	15 minutes	17.00	180 hours/SFY	Can	Rehab	Y
C	H2019-HS	Therapeutic BH Services - Family (w/o patient present)	15 minutes	15 minutes	17.00			Rehab	Y
C	H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	15 minutes	17.00			Rehab	N
C	H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	15 minutes	17.00			Rehab	N
A	H2015	Comprehensive Community Support Services - Individual	15 minutes	15 minutes	17.00	240 hours/SFY	Can	Rehab	Y
A	H0038	Peer Support Services - Individual	15 minutes	15 minutes	17.00			Rehab	N
A	H2015-HQ	Comprehensive Community Support Services - Group	15 minutes	15 minutes	9.00	140 hours/SFY	Can	Rehab	Y
C	H2012	Day Treatment for Children (combined mental health & school district resources)	1 hour	1 hour	25.00	180 hours/SFY	Can	Day Treatment	N
A/C	H2017	Recipient Support Services	15 minutes	15 minutes	8.75	4 hours/day	Can	Rehab	N
A/C	H0046	Client Status Review	1 review	1 review	40.00	every 90 to 135 days at a minimum	N/A	All Program Approval Categories EXCEPT Detox by itself	Y
A/C	T1007	Treatment Plan Review for Methadone Recipient	1 review	N/A	75.00	1 per admission to program	Cannot	Rehab or Detox or Residential Substance Use Tx	N

Community Behavioral Health
 Medicaid Covered Services
 (Procedure Codes, Annual Limits, Payment Rates, Program Approval)
 Effective December 1, 2011
 REVISED with 2013 CPT Codes

Adult or Child A=Adult C=Child	Procedure Code/ Modifier	Service Description	Duration	Service Limit & Service Authorization Unit of Measure	Unit Payment	Limits- per State Fiscal Year (SFY) unless otherwise indicated	Can or Cannot be extended with Service Authorization	Department Program Approval Category	Telemed Y/N
A/C	H0033	Oral Medication Administration, direct observation; on premises	1 day	N/A	20.00	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	30.00	1 billable service per day; no annual limit	Cannot	Rehab or Detox or Residential Substance Use Tx	N
A/C	H0020	Methadone Administration and/or service	administration episode	N/A	12.50	as prescribed by a physician	N/A	Rehab or Detox or Residential Substance Use Tx	N
A/C	H0014	Ambulatory Detoxification	15 minutes	N/A	23.00	no annual limit	N/A	Detox	N
A/C	H0010	Clinically Managed Detoxification	1 day	N/A	250.00	1 billable service per day; no annual limit	N/A	Detox	N
A/C	H0011	Medically Managed Detoxification	1 day	N/A	300.00	1 billable service per day; no annual limit	N/A	Detox	N
A/C	H0002	Medical Evaluation for Recipient NOT Receiving Methadone Treatment	1 evaluation	N/A	300.00	1 per admission to program	Cannot	Rehab or Detox or Residential Substance Use Tx	N
A/C	H0002-HF	Medical Evaluation for Recipient Receiving Methadone Treatment	1 evaluation	N/A	397.71	1 per admission to program	Cannot	Rehab or Detox or Residential Substance Use Tx	N
A/C	99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	N/A	43.80	no annual limit	N/A	Clinic or Rehab	Y
C	H0018	Daily Behavioral Rehabilitation Services	1 day all rehab services	N/A	171.00	1 billable service per day; no annual limit	N/A	Rehab	N
A/C	H0047	Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	1 day	N/A	200.00	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	225.00	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	250.00	1 billable service per day; no annual limit	N/A	Residential Substance Use Tx	N
A/C	Q3014	Facilitation of Telemedicine	1 case presentation	N/A	62.43	N/A	N/A	Clinic or Rehab	N/A

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)