

Community Behavioral Health and Mental Health Physcian Clinic* Medicaid Covered Services eff. 7/1/19

(Procedure Codes, Annual Limits, Payment Rates, Program Approval)

Note: MHPC may only bill for services marked with *

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	38.88	1 per admission to program	Cannot	All program Approval Types	Y		
A/C	H0001	Alcohol and/or Drug Assessment	1 Assessment	1 Assessment	210.86	1 assessment every 6 months	Can	Rehab	Y		
A/C	H0031*	Mental Health Intake Assessment	1 Assessment	1 Assessment	397.15			Clinic	Y		
A/C	H0031-HH*	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	456.72			Clinic	Y		
A/C	90791*	Psychiatric Assessment - Diag Eval	1 Assessment	1 Assessment	520.69		Can				
A/C	96136-HO*	Psychological Testing	30 minutes	1 Unit	61.51		Can	Clinic	Y		
A/C	96137-HO*	Psychological Testing	30 minutes	7 units	61.51		Can	Clinic	Y		
A/C	96130-HO*	Psychological Testing	60 minutes	1 unit	123.11		Can	Clinic			
A/C	96131-HO*	Psychological Testing	60 minutes	1 unit	123.11		Can	Clinic			
A/C	96136-HP*	Neuropsychological Testing	30 minutes	1 unit	72.27		Can	Clinic	Y		
A/C	96137-HP*	Neuropsychological Testing	30 minutes	1 unit	72.27		Can	Clinic	Y		
A/C	96132-HP*	Neuropsychological Testing	60 minutes	1 Unit	144.53		Can				
A/C	96133-HP*	Neuropsychological Testing	60 minutes	3 units	144.53		Can				
A/C	90832*	Psychotherapy, Individual	16-37 minutes	30 minutes	59.30	Limit for All Psychotherapy (Individual, Group, Family, Multi-FamilyGroup) Services <u>COMBINED</u> Any combination of psychotherapy services; 10 hours/SFY	Can	Clinic	Y		
A/C	90834*	Psychotherapy, Individual	38-52 minutes	60 minutes	88.95			Clinic	Y		
A/C	90837*	Psychotherapy, Individual	53-60	60 minutes	118.60			Clinic	Y		
A/C	90846*	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	124.75			Clinic	Y		
A/C	90846-U7*	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	62.38			Clinic	Y		
A/C	90847*	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	121.19			Clinic	Y		
A/C	90847-U7*	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	60.60			Clinic	Y		
A/C	90849*	Psychotherapy, Multi-family group	60 minutes	60 minutes	48.48			Clinic	Y		
A/C	90849-U7*	Psychotherapy, Multi-family group	30 minutes	30 minutes	24.23			Clinic	Y		
A/C	90853*	Psychotherapy, Group	60 minutes	60 minutes	47.44			Clinic	Y		
A/C	90853-U7*	Psychotherapy, Group	30 minutes	30 minutes	23.72			Clinic	Y		
A/C	H2010*	Comprehensive Medication Services	1 visit	1 visit	131.77			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	116.56			22 hours/SFY	Can	Clinic	Y
A/C	S9484-U6*	Short-term Crisis Intervention Service	15 minutes	15 minutes	29.14	Clinic	Y				
A/C	H2011	Short-term Crisis Stabilization Service	15 minutes	15 minutes	23.45	22 hours/SFY	Can	Rehab	Y		
A/C	T1016	Case Management	15 minutes	15 minutes	22.89	180 hours/SFY	Can	Rehab	Y		
C	H2019	Therapeutic BH Services - Individual	15 minutes	15 minutes	20.93	100 hours/SFY	Can	Rehab	N		
C	H0038	Peer Support Services - Individual	15 minutes	15 minutes	20.17			Rehab	N		

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C	H2019-HQ	Therapeutic BH Services - Group	15 minutes	15 minutes	8.37	140 hours /SFY	Can	Rehab	N
C	H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	15 minutes	20.93	180 hours/SFY	Can	Rehab	N
C	H2019-HS	Therapeutic BH Services - Family (w/o) patient present)	15 minutes	15 minutes	20.93			Rehab	N
C	H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	15 minutes	20.17			Rehab	N
C	H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	15 minutes	20.17			Rehab	N
A	H2015	Comprehensive Community Support Services - Individual	15 minutes	15 minutes	20.04			240 hours/SFY	Can
A	H0038	Peer Support Services - Individual	15 minutes	15 minutes	20.17	Rehab	N		
A	H2015-HQ	Comprehensive Community Support Services - Group	15 minutes	15 minutes	8.02	140 hours /SFY	Can	Rehab	Y
C	H2012	Day Treatment for Children (combined mental health & school district resources)	1 hour	1 hour	17.94	180 hours/SFY	Can	Day Treatment	N
A/C	H2017	Recipient Support Services	15 minutes	15 minutes	8.56	4 hours/day	Can	Rehab	N
A/C	H0046	Client Status Review	1 review	1 review	40.04	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	1 review	80.15	1 per admission to program	Cannot	Rehab or Detox or Residential Substance Use Tx	N
A/C	H0033	Oral Medication Administration, direct observation; on premises	1 day	N/A	63.50	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	73.65	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	19.05	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	32.11	no annual limit	N/A	Detox	N
A/C	H0010	Clinically Managed Detoxification	1 day	N/A	287.14	1 billable service per day; no annual limit	N/A	Detox	N
A/C	H0011	Medically Managed Detoxification	1 day	N/A	458.74	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	416.41	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	517.36	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	37.23	no annual limit	N/A	Clinic or Rehab	Y

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C	H0018	Daily Behavioral Rehabilitation Services	1 day all rehab services	N/A	232.43	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	190.81	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	260.34	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	407.23	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	49.79	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)