

SECTION 4
PROCEDURE CODES

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MEDICAID BILLABLE SERVICES

The following table includes Community Mental Health program services typically billed to Medicaid, their abbreviations, the procedure code for the service, the time per unit of service, modifiers, and the maximum amount of units billable per day.

Services and Approved Abbreviation	Procedure Code	Unit Time	Maximum Units/Day
Behavioral Health Screening – Alcohol/Drug	H0002 HF	15 minutes	2
Crisis Intervention Service (CI)	H2011	15 minutes	20
Family Therapy, client not present	90846	30 minutes	6
Family Therapy, client present (Fm Tx)	90847	30 minutes	6
Group Therapy (Gp Tx)	90853	30 minutes	8
Individual Therapy (Ind Tx)	90804	30 minutes	6
MH Assessment by Non Physician (Assmt) Assessment - MHP (Assess.)	H0031	30 minutes	8
MH Service Plan Development by Non Physician (SPD)	H0032	15 minutes	2
Nursing Services (NS)	T1002	15 minutes	7
Psychiatric Medical Assessment (PMA)	90801	15 minutes	6
Psychiatric Medical Assessment-Advanced Practice Registered Nurse (PMA-APRN)	90801 TD	15 minutes	6
Psychiatric Medical Assessment – Telepsychiatry (PMA-T)	90801 GT	15 minutes	6

* GT modifier must be used when rendering Telepsychiatry services

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MEDICAID BILLABLE SERVICES

Place of Service Codes Index:

03 – School
11 – Doctor's Office
12 – Patient's Home

21 – Inpatient Hospital
22 – Outpatient Hospital
23 – Emergency Room

51 – Inpatient Psychiatric Facility
53 – Community Mental Health Center
99 – Other Unlisted Facility (use only
when no other code exists)

Modifier Index:

TD – Nurse
GT – Via Interactive Audio and Telecommunications Systems
HF– Substance abuse program

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REIMBURSABLE MEDICAID CODES FOR INJECTIONS

The following table lists reimbursable Medicaid codes for injections approved for use in the Community Mental Health Services program and their reimbursement dosages.

REIMBURSABLE MEDICAID CODES FOR INJECTIONS	
J2060	Ativan, to 4 mg
J1200	Diphenhydramine, up to 50 mg
J0515	Benztropine, up to 1 mg
J1630	Haldol, up to 5 mg.
J1631	Haldol Decanoate to 50 mg. IM.
J1990	Librium, up to 100 mg.
J2680	Prolixin Decanoate, Fluphenazine, up to 25 mg
J3230	Torazine, Chlorpromazine, up to 50 mg
J3310	Perphenazine, up to 5 mg
J3360	Valium, up to 5 mg
J3410	Vistaril, up to 25 mg
J2794	Risperidone, 0.5 mg
J3486	Ziprasidone Mesylate, 10 mg
96372	Therapeutic, Propy, DX Inj, Subcut/Intramuc

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REIMBURSABLE MEDICAID CODES FOR INJECTION

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