

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 or encounter of service, modifiers, and the maximum amount of units billable per day.

Modifier Key

Modifier	Description
HA	Child/adolescent program
HF	Substance abuse program
HW	Child (Funded by Mental Health Agency)
GT	Via Interactive Audio and Video Telecommunications Systems
SA	Adult – APRN rendered to adult

Services and Approved Abbreviation	Procedure Code	Modifier	Provider Description	Unit / Encounter	Maximum Units
Behavioral Health Screening – Alcohol/Drug	H0002	HF		15 minute unit	2
Crisis Intervention Service (CI)	H2011			15 minute unit	20 units per day 80 units annually
Individual Psychotherapy Face to face	90832			30-minute Encounter	1 per date of service
Individual Psychotherapy Face to face	90834			45-minute Encounter	1 per date of service
Individual Psychotherapy Face-To face	90837			60-minute Encounter	1 per date of service
Family Psychotherapy, client not present	90846			Encounter	1 per date of service

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Services and Approved Abbreviation	Procedure Code	Modifier	Provider Description	Unit / Encounter	Maximum Units
Family Psychotherapy, client present (Fm Tx)	90847			Encounter	1 per date of service
Group Psychotherapy (Gp Tx)	90853			Encounter	2 per day max
Multiple Family Group Psychotherapy	90849			Encounter	1 per day
Psychiatric Diagnostic Evaluation with medical (Adult)	90792		MD	Encounter	1 per every 6 months
Psychiatric Diagnostic Evaluation with medical (Adult)	90792	SA	APRN	Encounter	1 per every 6 months
Psychiatric Diagnostic Evaluation with medical (Child)	90792	HA	MD	Encounter	1 per every 6 months
Psychiatric Diagnostic Evaluation with medical (Child)	90792	HW	APRN	Encounter	1 per every 6 months
Psychiatric Diagnostic Evaluation with medical via Telepsychiatry	90792	GT		Encounter	1 per every six months
MH Assessment by Non Physician	H0031			30 minute unit	8
Service Plan Development Interdisciplinary Team with Client	99366			Encounter	1 per day
Service Plan Development Interdisciplinary Team without Client	99367			Encounter	1 per day

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Services and Approved Abbreviation	Procedure Code	Modifier	Provider Description	Unit / Encounter	Maximum Units
MH Service Plan Development (SPD)	H0032		MHP (non-physician)	15 minute unit	2
Nursing Services (NS)	T1002			15 minute unit	7
Medical Evaluation and Management for Established Patient	99213		MD	15 minute Encounter	1 per day
Medical Evaluation and Management for Established Patient	99214		MD	25 minute Encounter	1 per day
Medical Evaluation and Management for Established Patient	99215		MD	40 minute Encounter	1 per day
Medical Evaluation and Management for Established Patient	99213	SA	APRN	15 minute Encounter	1 per day
Medical Evaluation and Management for Established Patient	99214	SA	APRN	25 minute Encounter	1 per day
Medical Evaluation and Management for Established Patient - Telepsychiatry	99215	SA	APRN	40 minute Encounter	1 per day
Medical Evaluation and Management for Established Patient- Telepsychiatry	99213	GT		15 minute Encounter	1 per day
Medical Evaluation and Management for Established Patient - Telepsychiatry	99214	GT		25 minute Encounter	1 per day

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Services and Approved Abbreviation	Procedure Code	Modifier	Provider Description	Unit / Encounter	Maximum Units
Medical Evaluation and Management for Established Patient - Telepsychiatry	99215	GT		40 minute Encounter	1 per day

Please refer to the CPT Manual for specific code requirements.

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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 2 mg
J1200	Diphenhydramine, up to 50 mg
J0515	Benztropine, per 1 mg
J1630	Haldol, up to 5 mg.
J1631	Haldol Decanoate per 50 mg.
J2426	Paliperidone Palmitrate, 1mg (invega Sustenna)
J2680	Prolixin Decanoate, Fluphenazine, up to 25 mg
J3230	Thorazine, Chlorpromazine, up to 50 mg
J3360	Valium, up to 5 mg
J3410	Vistaril, up to 25 mg
J2794	Risperidone, 0.5 mg
J0401	Aripiprazole, Extended Release, 1 mg
J3490	Unclassified Drug
96372	Therapeutic, Prophy, DX Inj, Subcut/Intramuc

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