

**SECTION 4**  
**PROCEDURE CODES**

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## SECTION 4 PROCEDURE CODES

### 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.

Services and Approved Abbreviation	Procedure Code	Unit / Encounter	Maximum Units/Day
Behavioral Health Screening – Alcohol/Drug	H0002 HF	15 minutes	2
Crisis Intervention Service (CI)	H2011	15 minutes	20
Individual Psychotherapy Face to face	90832	20-30-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 or more- minute Encounter	1 per date of service
Family Psychotherapy, client not present	90846	Encounter	1 per date of service
Family Psychotherapy, client present (Fm Tx)	90847	Encounter	
Group Psychotherapy (Gp Tx)	90853	Encounter	2 per day max
Multiple Family Group Psychotherapy	90849	Encounter	1 per day
Psychiatric Diagnostic Evaluation with medical (formally PMA) - MD	90792 No modifier for an adult Use HA modifier for child	Encounter	1 per every 6 months
Psychiatric Diagnostic Evaluation with medical – Advanced Practice Registered Nurse (formally PMA-- APRN)	90792 SA 90792 for child use HW	Encounter	1 per every six months
Psychiatric Diagnostic Evaluation with medical (formally PMA) via Telepsychiatry (use modifier)	90792 GT Modifier	Encounter	1 per every six months

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Services and Approved Abbreviation	Procedure Code	Unit / Encounter	Maximum Units/Day
MH Assessment by Non Physician (Assmt) Assessment - MHP (Assess.)	H0031	30 minutes	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
MH Service Plan Development by Non Physician (SPD)	H0032	15 minutes	2
Nursing Services (NS)	T1002	15 minutes	7
Medical Evaluation and Management for Established Patient - MD	99213	15 minutes= Encounter	1 per day
Medical Evaluation and Management for Established Patient - MD	99214	25 minutes= Encounter	1 per day
Medical Evaluation and Management for Established Patient - MD	99215	40 minutes = Encounter	1 per day
Medical Evaluation and Management for Established Patient - APRN	99213 SA Modifier	15 minutes= Encounter	1 per day
Medical Evaluation and Management for Established Patient- APRN	99214 SA Modifier	25 minutes= Encounter	1 per day
Medical Evaluation and Management for Established Patient- APRN	99215 SA Modifier	40 minutes= Encounter	1 per day
Medical Evaluation and Management for Established Patient- Telepsychiatry	99213 GT Modifier	15 minutes= Encounter	1 per day
Medical Evaluation and Management for Established Patient - Telepsychiatry	99214 GT Modifier	25 minute= Encounter	1 per day

\* GT modifier must be used when rendering Telepsychiatry services

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### **MEDICAID BILLABLE SERVICES**

**Modifier Index:**

SA – Nurse

GT – Via Interactive Audio and Telecommunications Systems

HF– Substance abuse program

Medical Evaluation and Management for Established Patient – Telepsychiatry 99215 40 minute Encounter GT modifier

Please refer to the CPT Manual for specific code requirements.

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**MEDICAID BILLABLE SERVICES**

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## SECTION 4 PROCEDURE CODES

### 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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