

SECTION 4
PROCEDURE CODES

TABLE OF CONTENTS

PROCEDURE CODES	1
UNITS OF SERVICE.....	1
PROCEDURE CODES.....	1

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UNITS OF SERVICE

LIP providers must receive prior approval for therapy services from the current Quality Improvement Organization (QIO). Services are billed using frequency limits, procedure codes, and modifier combinations. Each separate service has its own length of time and is billed in units or as an encounter/visit, depending on the service. Services billed must meet the medical necessity guidelines for adults and children as specified in Section 2 of this manual.

PROCEDURE CODES

Modifier Key	
Modifier	Description
AH	Clinical Psychologist (Licensed)
HO	Master's Degree Level (Licensed)
GT	Via interactive audio/video telecommunications

Service	QIO PA Required	Procedure Code	Unit of Service/Maximum Billable Units	Modifier	Rates
Behavioral Health Screening*	No	H0002	15 minutes/ 2 units per day	AH, HO	\$17.41 \$11.92
Crisis Management	No	H2011	15 minutes/ 16 units per day 80 units annually	AH, HO	\$29.70 \$20.35
Psychiatric Diagnostic Evaluation without Medical— Initial Comprehensive Assessment*	No	90791	Encounter 1 - per 6 months	AH, HO, GT	\$235.86 \$161.55
Diagnostic Assessment — Follow-up Comprehensive Assessment	No	H0031	12 Encounters per year	AH, HO	\$117.94 \$80.78
Child and Adolescent Level of Care Utilization System (CALOCUS-CASII) *	No	H2000	1 Encounter per 6 months	AH, HO	\$224.63 \$153.94

SECTION 4 PROCEDURE CODES

PROCEDURE CODES

Service	QIO PA Required	Procedure Code	Unit of Service/Maximum Billable Units	Modifier	Rates
Psychological Testing/ Evaluation	Yes	96130	60 Minutes/ 10 units per week/ 20 units per year	AH, HO	\$84.10
Group Psychotherapy	Yes	90853	Encounter/ 8 per month	AH, HO	\$25.52 \$17.48
Individual Psychotherapy Face to Face	Yes	90832	Encounter (Psychotherapy, 30 minutes)/1 per date of service Maximum of 6 per month in any combination of 90832, 90834, and 90837.	AH, HO, GT	\$57.15 \$39.14
Individual Psychotherapy Face to Face	Yes	90834	Encounter (Psychotherapy, 45 minutes)/1 per date of service Maximum of 6 per month in any combination of 90832, 90834, and 90837.	AH, HO, GT	\$114.30 \$78.29
Individual Psychotherapy Face to Face	Yes	90837	Encounter (Psychotherapy, 60 minutes)/1 per date of service Maximum of 6 per month in any combination of 90832, 90834, and 90837.	AH, HO, GT	\$171.45 \$117.43
Family Psychotherapy w/o Client	Yes	90846	Encounter (Family Psychotherapy, 50 minutes)/4 per month	AH, HO, GT	\$163.99 \$112.32
Family Psychotherapy w/ Client	Yes	90847	Encounter (Family Psychotherapy including patient, 50 minutes)/4 per month	AH, HO, GT	\$163.99 \$112.32

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Service	QIO PA Required	Procedure Code	Unit of Service/Maximum Billable Units	Modifier	Rates
Service Plan Development (interdisciplinary team) w/ Client**	No	99366	Encounter - 1 per day 6 per 12 rolling months	No Modifier	\$39.54
Service Plan Development (interdisciplinary team) w/o Client**	No	99367	Encounter - 1 per day 6 per 12 rolling months	No Modifier	\$39.54

*BHS code H0002 cannot be billed on the same date of service as 90791 & H2000.

**SPD codes 99366 and 99367 cannot be billed on the same date of service.

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PROCEDURE CODES

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