

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	Allowed 1 per date of service. Allowed via telehealth (GT modifier) .

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Services and Approved Abbreviation	Procedure Code	Modifier	Provider Description	Unit / Encounter	Maximum Units
Individual Psychotherapy Face to face	90834			45-minute Encounter	Allowed 1 per date of service. Allowed via telehealth (GT modifier)
Individual Psychotherapy Face-To face	90837			60-minute Encounter	Allowed 1 per date of service. Allowed via telehealth (GT modifier).
Family Psychotherapy, client not present	90846			Encounter	Allowed 1 per date of service. Allowed via telehealth (GT modifier)
Family Psychotherapy, client present (Fm Tx)	90847			Encounter	Allowed 1 per date of service. Allowed via telehealth (GT modifier)
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. Allowed via telehealth with GT modifier.

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Services and Approved Abbreviation	Procedure Code	Modifier	Provider Description	Unit / Encounter	Maximum Units
Psychiatric Diagnostic Evaluation with medical (Adult)	90792	SA	APRN	Encounter	1 per every 6 months. Allowed via telehealth with GT modifier.
Psychiatric Diagnostic Evaluation with medical (Child)	90792	HA	MD	Encounter	1 per every 6 months. Allowed via telehealth with GT modifier.
Psychiatric Diagnostic Evaluation with medical (Child)	90792	HW	APRN	Encounter	1 per every 6 months. Allowed via telehealth with GT modifier
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
MH Service Plan Development (SPD)	H0032		MHP (non-physician)	15-minute unit	Allowed 2 units. Allowed via telehealth (GT modifier)

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Services and Approved Abbreviation	Procedure Code	Modifier	Provider Description	Unit / Encounter	Maximum Units
Nursing Services (NS)	T1002			15-minute unit	7
Medical Evaluation and Management for Established Patient	99213		MD	20-minute Encounter	1 per day. Allowed via telehealth with GT modifier.
Medical Evaluation and Management for Established Patient	99214		MD	30-minute Encounter	1 per day. Allowed via telehealth with GT modifier.
Medical Evaluation and Management for Established Patient	99215		MD	40-minute Encounter	1 per day. Allowed via telehealth with GT modifier.
Medical Evaluation and Management for Established Patient	99213	SA	APRN	20-minute Encounter	1 per day. Allowed via telehealth with GT modifier.
Medical Evaluation and Management for Established Patient	99214	SA	APRN	30-minute Encounter	1 per day. Allowed via telehealth with GT modifier.

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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	SA	APRN	40-minute Encounter	1 per day. Allowed via telehealth with GT modifier
Psychological Testing and Evaluation	96130			60-minute Encounter	1 per day
Psychological Testing and Evaluation-each additional hour	96131			60-minute unit	
Psychological or Neuropsychological Test Administration and Scoring	96136			30-minute encounter	1 per day
Psychological or Neuropsychological Test Administration and Scoring-each additional 30 minutes	96137			30-minute unit	
Peer Support Service	H0038			15 minutes	16 per day. Allowed via telehealth for individual sessions, for established patients only.

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Services and Approved Abbreviation	Procedure Code	Modifier	Provider Description	Unit / Encounter	Maximum Units
Psychological Rehabilitation Services (PRS)	H2017			15 minutes	24 per day
Family Support Services	S9482			15 minutes	32 per day
Behavioral Modification	H2014			15 minutes	32 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, Propy, DX Inj, Subcut/Intramuc

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