

## BEHAVIORAL HEALTH BILLING GUIDE

### CONTENTS

Modifier Guide for Practitioners .....	2
Modifier Descriptions .....	3
Place of Service Guide .....	4
Coordination of Benefits .....	5
Office Evaluation and Management Codes .....	6
Home Visit Evaluation and Management Codes .....	8
Psychotherapy/Counseling .....	9
Psychiatric Diagnostic Evaluation .....	14
Electrocardiogram (EKG) .....	16
Psychological Testing .....	16
Alcohol and/or Substance Abuse Screening and Assessment .....	17
Nursing Services .....	18
Community Psychiatric Supportive Treatment (CPST) .....	20
Psychosocial Rehabilitation .....	21
Therapeutic Behavioral Services (TBS) .....	22
Case Management .....	24
SUD Peer Recovery .....	24
SUD Intensive outpatient .....	25
SUD Partial Hospitalization .....	25
Mental Health Therapeutic Behavior Services Group .....	26
Assertive Community Treatment (ACT) .....	27
Intensive Home Based Treatment (IHBT) .....	28
Drug Testing Collection .....	28
Detoxification .....	29
Drug Treatment Program .....	30
Respite Services .....	31

Ohio Medicaid-

<http://www.medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates/SchedulesandRates.aspx>

\*Please check your individual contract to determine if the code is reimbursable. Not all codes are reimbursable for all providers. For questions, please contact your Provider Relations representative.

\*This billing guide is based off ODM recommendations . For all questions related to coding and requirements please see:

<http://bh.medicaid.ohio.gov/manuals>

## MODIFIER GUIDE FOR PRACTITIONERS

Use the below modifiers only if the qualified health care professional does not bill under their own National Provider Identifier (NPI).

The below modifiers are for health care professionals that require **Direct Supervision** when billing CPT codes. The supervising practitioner does not have to be physically present in the room while these services are provided but must be present in the office suite to be immediately available and interruptible to provide assistance if necessary.

### When used with CPT codes:

U9 = Social Worker/Trainee  
UA = Marriage and Family Trainee  
U6 = Chemical Dependency Counselor Assistant  
U7 = Counselor/Trainee

The below modifiers are for health care professionals that require **General Supervision** when billing CPT codes. The supervising practitioner must be available by telephone to provide assistance and direction if needed.

### When used with CPT codes:

U1 = Psychology Assistant/Trainee  
U2 = Licensed Professional Counselor  
U3 = Licensed Professional Chemical Dependency Counselor II & III  
U4 = Licensed Social Worker  
U5 = Licensed Marriage Family Therapist

### When used with HCPCS codes:

U1 = Psychology Assistant/Trainee/Intern  
U6 = Chemical Dependency Counselor Assistant  
U7 = Counselor/Trainee  
U8 = Social Worker Assistant  
U9 = Social Worker/Trainee  
UA = Marriage and Family Trainee  
HM = Care Management Specialist - High School/Associate's  
HM = Peer Recovery Supporter - High School/Associate's  
HM = Qualified Mental Health Specialist - High School  
HM = Qualified Mental Health Specialist - Associate's  
UK = Qualified Mental Health Specialist - 3 Years of Experience  
HN = Qualified Mental Health Specialist - Bachelor's  
HN = Care Management Specialist - Bachelor's  
HN = Peer Recovery Supporter - Bachelor's  
HO = Qualified Mental Health Specialist - Master's  
HO = Care Management Specialist - Master's  
HO = Peer Recovery Supporter - Master's

## MODIFIER DESCRIPTIONS

**25** - When using a 25 modifier it has to be a Significant and Separate Identifiable Evaluation and Management Service by the same physician or other qualified health care professional on the same day of procedure or other service. It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual care associated with the other service that was performed. You can only attach the 25 modifier to codes 99201-999215, 99341-99350.

**52** - Is used when service is either reduced or eliminated at the discretion of the provider or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced.

**59** - Used under certain circumstances that it is necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session. When another already-established modifier is appropriate, it should be used rather than modifier 59. It should be used only if there is not a more descriptive modifier available, and the use of modifier 59 best explains the circumstances. This modifier is amended to the service, not the E&M code.

**AF** - Used to indicate a specialty physician performed the service. Physician delivering substance use disorder group counseling.

**AM** - Used to indicate services are performed by a physician team member (ACT).

**UC** - Used to indicate services performed by a CNP team member (ACT).

**GT** - Used when interactive audio and video telehealth is performed. This excludes telephone calls.

**HD** - Used to indicate service is part of a pregnant/parenting women's program.

**HI** - Used when the patient is part of an integrated mental health and mental retardation/developmental disabilities program/cognitive impairment.

**HK** - Used when part of a program that specializes in high risk populations/licensed practitioner providing mental health day treatment and TBS.

**HM** - Used to indicate when person performing services is less than a Bachelor's degree level.

**HN** - Used to indicate when person performing services is at a Bachelor's degree level.

**HO** - Used to indicate when person performing services is at a Master's degree level.

**HP** - Used to indicate when person performing services is at a Doctoral level.

**HQ** - Used when the provider sees a patient in a group setting.

**SA** - Physician assistant or certified nurse practitioner team member (ACT).

**TG** - Used when complex and high level of care is given to a patient.

**TV** - Used when the provider gets special rates for weekend and holiday care.

**KX** - Used when the provider sees a patient in crisis.

## PLACE OF SERVICE GUIDE

**02 - Telehealth** - Location where health services and health-related services are provided or received through a telecommunication system.

**03 - School** - Location of service in which the primary purpose is education.

**11 - Office** - Location of service is in the physician office. Not in the hospital or community mental health center.

**12 - Home** - Location where the patient receives care in a private residence.

**14 - Group Home** - A residence where patients share living areas, receive supervision and services such as social services, behavioral services, custodial services and minimal services like medication administration.

**23 - Emergency Room** - A portion of the hospital where an emergency is diagnosed and treatment of an illness or injury is provided.

**51 - Inpatient Psychiatric Facility** - A facility that provides psychiatric services on a 24 hour basis for the diagnosis and treatment of mental illness.

**52 - Psychiatric Facility-Partial Hospitalization** - A facility that diagnoses and treats mental illness and provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs that can be outpatient visits to a hospital based or hospital affiliated facility.

**53 - Community Mental Health Center (CMHC)** - A facility that provides the following services

- Outpatient services
- Specialized outpatient services
  - Children
  - Elderly
  - Individuals who are chronically ill
  - Residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility
- 24-hour-a-day emergency care service
- Day treatment
- Other partial hospitalization services
- Psychosocial rehabilitation services
- Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission
- Consultation and education services

**55 - Residential Substance Abuse Treatment Facility** - A facility which provides treatment for alcohol and drug abuse to live in residents who do not require acute medical care. Services include:

- Group therapy
- Drugs and supplies

- Individual therapy
- Psychological testing
- Counseling
- Room and board
- Family counseling
- Laboratory testing

**56 - Psychiatric Residential Treatment Center** - A facility or distinct part of a facility for psychiatric care which provides total 24 hour therapeutically planned and professionally staffed group living and learning environment.

**57 - Non-Residential Substance Abuse Treatment Facility** - A location which provides treatment for alcohol and drug abuse on an ambulatory basis. Services include:

- Group therapy
- Drugs and supplies
- Individual therapy
- Psychological testing
- Counseling
- Laboratory testing
- Family counseling

**99 - Community** - May only be used when a more specific place of service is not available.

## COORDINATION OF BENEFITS

Ability for health partner to see if a member has additional coverage. CareSource provides Medicaid services and, therefore, is the payer of last resort. We try to maintain information as accurately as possible. However, we are reliant on numerous sources for this information, which is updated periodically. Therefore, some information may not always be fully reflected online. Please ask CareSource members for all health care insurance information at the time of service. Health partners should always verify a member's eligibility through our Provider Portal before rendering services. Coordination of Benefits (COB) information will only be displayed for members who have been active with CareSource within the last 24 months, and the presence of COB coverage does not imply eligibility.

## OFFICE EVALUATION AND MANAGEMENT CODES

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
99201	<b>New patient office visit</b> Office or other outpatient visit for the evaluation and management of a new patient. 10 minutes face to face with patient.	<ul style="list-style-type: none"> <li>• Problem-focused history</li> <li>• Problem-focused exam</li> <li>• Straightforward decision making</li> </ul>	Physicians, CNS, CNP, PA	GT
99202	<b>New patient office visit</b> Office or other outpatient visit for the evaluation and management of a new patient. 20 minutes face to face with patient.	<ul style="list-style-type: none"> <li>• Expanded problem-focused history</li> <li>• Expanded problem-focused exam</li> <li>• Straightforward decision making</li> </ul>	Physicians, CNS, CNP, PA	25, GT
99203	<b>New patient office visit</b> Office or other outpatient visit for the evaluation and management of a new patient. 30 minutes face to face with patient. Medical decision making is low-complexity.	<ul style="list-style-type: none"> <li>• Detailed history</li> <li>• Detailed examination</li> <li>• Medical decision making of low complexity</li> </ul>	Physicians, CNS, CNP, PA	25, GT
99204	<b>New patient office visit</b> Office or other outpatient visit for the evaluation and management of a new patient. 45 minutes face to face with patient.	<ul style="list-style-type: none"> <li>• Comprehensive history</li> <li>• Comprehensive examination</li> <li>• Medical decision making of moderate complexity</li> </ul>	Physicians, CNS, CNP, PA	25, GT
99205	<b>New patient office visit</b> Office or other outpatient visit for the evaluation and management of a new patient. 60 minutes face to face with patient.	<ul style="list-style-type: none"> <li>• Comprehensive history</li> <li>• Comprehensive examination</li> <li>• Medical decision making of high complexity</li> </ul>	Physicians, CNS, CNP, PA	25, GT
99211	<b>Office/outpatient visit with an established patient that may not require the presence of a physician</b> 5 minutes with face to face care.	<ul style="list-style-type: none"> <li>• Reason for visit</li> <li>• Medical decision making is usually very minimal</li> </ul>	Physicians, CNS, CNP, PA, RN, LNP	25, GT

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
99212	<b>Office/outpatient visit with an established patient</b> Must meet 2 of 3 components. 10 minutes with face to face care.	<ul style="list-style-type: none"> <li>• Problem-focused history</li> <li>• Problem-focused examination</li> <li>• Medical decision making straightforward</li> </ul>	Physicians, CNS, CNP, PA	25, GT
99213	<b>Office/outpatient visit with an established patient</b> 15 minutes with face to face care. Must meet 2 of 3 components.	<ul style="list-style-type: none"> <li>• Expanded problem-focused history</li> <li>• Expanded problem-focused examination</li> <li>• Medical decision making low complexity</li> </ul>	Physicians, CNS, CNP, PA	25, GT
99214	<b>Office/outpatient visit with an established patient</b> 25 minutes with face to face care. Must meet 2 of 3 components.	<ul style="list-style-type: none"> <li>• Detailed history</li> <li>• Detailed examination</li> <li>• Medical decision making moderate complexity</li> </ul>	Physicians, CNS, CNP, PA	25, GT
99215	<b>Office/ Outpatient visit with an established patient</b> Must meet 2 of 3 components. 40 minutes with face to face care.	<ul style="list-style-type: none"> <li>• Comprehensive history</li> <li>• Comprehensive examination</li> <li>• Medical decision making of high complexity</li> </ul>	Physicians, CNS, CNP, PA	25, GT
99354	Prolonged evaluation and management beyond the typical service time in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour.	<ul style="list-style-type: none"> <li>• Add on code</li> <li>• Can be billed with 99201-99215</li> <li>• When using these codes, "clock time" must be documented</li> </ul>	Physician, CNS, CNP, PA	
99355	Each additional 30 minutes after billing +99354.		Physician, CNS, CNP, PA	

## HOME VISIT EVALUATION AND MANAGEMENT CODES

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
99341	<b>Home visit for new patient</b> Home visit for the evaluation and management of a new patient, which requires all 3 key components. 20 minutes spent face to face with patient and/or family.	<ol style="list-style-type: none"> <li>1. A problem-focused history</li> <li>2. A problem-focused examination</li> <li>3. Medical decision straight forward</li> </ol>	Physician, CNS, CNP, PA	25
99342	<b>Home visit for new patient</b> Home visit for the evaluation and management of a new patient, which requires all 3 key components. 30 minutes spent face to face with patient and/or family.	<ol style="list-style-type: none"> <li>1. Expanded problem focused history</li> <li>2. Expanded problem focused examination</li> <li>3. Medical decision of low complexity</li> </ol>	Physician, CNS, CNP, PA	25
99343	<b>Home visit for new patient</b> Home visit for the evaluation and management of a new patient, which requires all 3 key components 45 minutes spent face to face with patient and/or family.	<ol style="list-style-type: none"> <li>1. Detailed history</li> <li>2. Detailed examination</li> <li>3. Medical decision of moderate complexity</li> </ol>	Physician, CNS, CNP, PA	25
99344	<b>Home visit for new patient</b> Home visit for the evaluation and management of a new patient, which requires all 3 key components 60 minutes spent face to face with patient and/or family.	<ol style="list-style-type: none"> <li>1. Comprehensive history</li> <li>2. Comprehensive examination</li> <li>3. Medical decision of moderate complexity</li> </ol>	Physician, CNS, CNP, PA	25
99345	<b>Home visit for new patient</b> Home visit for the evaluation and management of a new patient, which requires all 3 key components. 75 minutes spent face to face with patient and/or family. Patient is usually unstable or has developed a significant new problem requiring immediate physician attention.	<ol style="list-style-type: none"> <li>1. Comprehensive history</li> <li>2. Comprehensive examination</li> <li>3. Medical decision of high complexity</li> </ol>	Physician, CNS, CNP, PA	25
99347	<b>Home visit for established patient</b> 15 minutes face to face with patient and/or family. Must meet 2 of 3 components.	<ol style="list-style-type: none"> <li>1. Problem-focused interval history</li> <li>2. Problem-focused examination</li> <li>3. Medical decision straightforward</li> </ol>	Physician, CNS, CNP, PA	25



CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
99348	<b>Home visit for established patient</b> 25 minutes face to face with patient and/or family. Must meet 2 of 3 components.	<ol style="list-style-type: none"> <li>Expanded problem focused interval history</li> <li>Expanded problem focused examination</li> <li>Medical decision of low complexity</li> </ol>	Physician, CNS, CNP, PA	25
99349	<b>Home visit for established patient</b> 40 minutes face to face with patient and/or family. Must meet 2 of 3 components.	<ol style="list-style-type: none"> <li>Detailed interval history</li> <li>Detailed examination</li> <li>Medical decision of moderate complexity</li> </ol>	Physician, CNS, CNP, PA	25
99350	<b>Home visit for established patient</b> 60 minutes spent face to face with patient and/or family. Patient may be unstable or has developed a significant new problem requiring immediate physician attention. Requires all 3 components.	<ol style="list-style-type: none"> <li>Comprehensive interval history</li> <li>Comprehensive examination</li> <li>Medical decision of moderate to high complexity</li> </ol>	Physician, CNS, CNP, PA	25
+99354	Prolonged evaluation and management beyond the typical service time in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour.	<ul style="list-style-type: none"> <li>Add on code</li> <li>Can be billed with 99324-99350</li> <li>When using these codes "clock time" must be documented</li> </ul>	Physician, CNS, CNP, PA	
+99355	Each additional 30 minutes after billing +99354.		Physician, CNS, CNP, PA	

## PSYCHOTHERAPY/COUNSELING

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
90832	Psychotherapy 30 minutes face to face minutes with patient and/or family without E&M service.	Helping a patient with a mental illness or behavioral disturbance identify and alleviate any emotional disruptions, maladaptive behavioral patterns, and contributing or exacerbating factors	Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-Trainee,	U1, U2, U3, U4, U5, U6, U7, U9, UA, KX, GT

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
			PSY A/I/T, CDC-A, C-T	
90834	Psychotherapy 45 minutes face to face minutes with patient and/or family without E&M service.		Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	U1, U2, U3, U4, U5, U6, U7, U9, UA, GT
90837	Psychotherapy 60 minutes or more face to face minutes with patient and/or family without E&M service.		Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	U1, U2, U3, U4, U5, U6, U7, U9, UA, GT
+90833	Psychotherapy 30 minutes face to face minutes with patient and/or family <b>WITH</b> E&M service.	Add on with codes 99201-99255 99341-99350	Physician, CNS, CNP, PA	GT
+90836	Psychotherapy 45 minutes face to face minutes with patient and/or family <b>WITH</b> E&M service.	Add on with codes 99201-99255 99341-99350	Physician, CNS, CNP, PA	GT
+90838	Psychotherapy 60 minutes or more face to face minutes with patient and/or family <b>WITH</b> E&M service.	Add on with codes 99201-99255 99341-99350	Physician, CNS, CNP, PA	GT
+99354	Prolonged evaluation and management beyond the typical service time in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour.	Add on code with 90837. When using this code, "clock time" must be documented.	LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-	U1, U2, U3, U4, U5, U6, U7, U9, UA, 59, GT

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
			Trainee, PSY A/I/T, CDC-A, C-T	
+99355	Each additional 30 minutes after billing +99354.	Add on code with 90837, 99354 When using these codes "clock time" must be documented.	LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	U1, U2, U3, U4, U5, U6, U7, U9, UA, 59, GT
90839	Psychotherapy for crisis 30-74 minutes face to face with patient and/or family. Patient has a life-threatening or highly complex psychiatric crisis.	Includes history, mental status examination, mobilization of resources and implementation treatment.	Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	U1, U2, U3, U4, U5, U6, U7, U9, UA
+90840	Each additional 30 minutes of crisis psychotherapy.	Add on code with 90839	Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	U1, U2, U3, U4, U5, U6, U7, U9, UA
90846	<b>Family psychotherapy WITHOUT</b> the patient present. Therapist provides 50 minutes of family psychotherapy.	Patient is not present for this visit.	Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II	U1, U2, U3, U4, U5, U6, U7, U9, UA, GT

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
			Social Worker Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	
90847	<b>Family psychotherapy</b> (conjoint psychotherapy) <b>WITH</b> the patient present. Therapist provides 50 minutes of family psychotherapy.	Patient must be present.	Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	U1, U2, U3, U4, U5, U6, U7, U9, UA, GT
90849	<b>Multiple-Family Group Psychotherapy</b> The therapist provides multiple family group psychotherapy by meeting with several patients' families together.	This code is reported once for each family group present.	Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	U1, U2, U3, U4, U5, U6, U7, U9, UA, GT
90853	<b>Group Psychotherapy</b> Group of several patients in one session.	This code should be used for group psychotherapy with other patients, and not members of the patients' families. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient may	Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	U1, U2, U3, U4, U5, U6, U7, U9, UA, GT

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
		be discussed within the group setting.		
H0004	<b>Individual Counseling</b> Behavioral health counseling and therapy per 15 minutes.	Behavioral health counseling and therapy provides individual counseling by a clinician for a patient in a private setting.	LSW, LMFT, LPC	U2, U4, U5, KX, HQ  KX - Not allowed if HQ modifier used
H0004	<b>Individual Counseling</b> Behavioral health counseling and therapy per 15 minutes.	Behavioral health counseling and therapy provides individual counseling by a clinician for a patient in a private setting. Use until June 30, 2018. For individual counseling services provided after July 1, 2018, these practitioners will use CPT for individual psychotherapy.	LSW, LMFT, LPC, LCDC III, LCDC II	U2, U3, U4, U5, KX, GT
H0004	<b>Individual Counseling</b> Behavioral health counseling and therapy per 15 minutes.	Behavioral health counseling and therapy provides individual counseling by a clinician for a patient in a private setting.	PSY A/I/T, SW-T, MFT-T, CDC-A, C-T	U1, U6, U7, U9, UA
H0005	<b>Group Counseling</b> Alcohol and/or drug group counseling by a clinician provides the patient support in a group setting (two or more individuals) in abstaining from substance abuse and assisting the patient with sobriety maintenance.	Group counseling focuses on cognitive or behavioral approaches that typically address triggers and relapse prevention, self-evaluation, the process of recovery, and issues pertaining to changes in lifestyle. Group sizes and treatment plans may vary according to the needs of the individual.	PSY A/I/T, SW-T, MFT-T, CDC-A, CT-T	U1, U6, U7, U9, UA, GT
H0005	<b>Group Counseling</b> Alcohol and/or drug group counseling	Group counseling focuses on cognitive or	CNS, CNP, PA, Psychologist,	HK, U2, U4, U5, U3, GT

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
	by a clinician provides the patient support in a group setting (two or more individuals) in abstaining from substance abuse and assisting the patient with sobriety maintenance.	behavioral approaches that typically address triggers and relapse prevention, self-evaluation, the process of recovery, and issues pertaining to changes in lifestyle. Group sizes and treatment plans may vary according to the needs of the individual.	LISW, LIMFT, LPCC, LICDC, LSW, LMFT, LPC, LICDC, LPC, LCDC II, LCDC III	
H0005	<b>Group Counseling</b> Alcohol and/or drug group counseling by a clinician provides the patient support in a group setting (two or more individuals) in abstaining from substance abuse and assisting the patient with sobriety maintenance.	Group counseling focuses on cognitive or behavioral approaches that typically address triggers and relapse prevention, self-evaluation, the process of recovery, and issues pertaining to changes in lifestyle. Group sizes and treatment plans may vary according to the needs of the individual.	Physician	AF, GT

## PSYCHIATRIC DIAGNOSTIC EVALUATION

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
90791	A psychiatric diagnostic evaluation is performed, which includes the assessment of the patient's psychosocial history, current mental status, review, and ordering of diagnostic studies, followed by appropriate treatment recommendations.	Interviews and communication with family members or other sources are included in this code. Cannot be billed with an E&M Code also.	Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Worker Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	U1, U2, U3, U4, U5, U6, U7, U9, UA, GT

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
90792	A psychiatric diagnostic evaluation is performed, which includes the assessment of the patient's psychosocial history, current mental status, review, and ordering of diagnostic studies, followed by appropriate treatment recommendations.	Physical examination and prescription of medications are provided in an addition to the evaluation. Interviews and communication with family members or other sources are included in this code. Cannot be billed with an E&M code.	Physician, CNS, CNP, PA	GT
90785	Interactive complexity - This code is reported in addition to the code for a primary psychiatric service. It is reported when the patient being treated has certain factors that increase the complexity of treatment rendered.	Use with codes 90832, 90834, 90837 and 90853 Factors are limited to manage disruptive communication that complicates the delivery of treatment; complications involving the implementation of a treatment plan due to caregiver behavioral or emotional interference; evidence of a sentinel event with subsequent disclosure to a third party and discussion and/or reporting to the patient(s); or use of play equipment or translator to enable communication when a barrier exists.	Psychologist, LISW, LIMFT, LPCC, LICDC, LIC SCHOOL PSYCH, LPC, LSW, LMFT, LCDC III, LCDC II, Social Work Trainee, MFT-Trainee, PSY A/I/T, CDC-A, C-T	U1, U2, U3, U4, U5, U6, U7, U9, UA
90785	Interactive complexity - When charged with an E&M code and psychotherapy.	Use with 90791, 90792, 90832, 90834, 90837, 90833, 90836, 90838, 99201-92215, 99341-99350, 90853	Physician, CNS, CNP, PA	

## ELECTROCARDIOGRAM (EKG)

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
93000	12 lead EKG including interpretation and report.	This code includes the technical and professional components.	Physician, CNS, CNP, PA	
93005	12 Lead EKG. Tracing only no report interpretation.	This code is for the technical component only.	Physician, CNS, CNP, PA	
93010	Interpretation and report of a 12 lead EKG.	This code is for the professional component only.	Physician, CNS, CNP, PA	

## PSYCHOLOGICAL TESTING

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
96101	Psychological testing per hour of the psychologist or physician's time, both face to face time administering tests and time interpreting the test results and preparing the report.	Tests included are MMPI, Rorschach, WAIS	Physician, Psychologist, PA, CNS, CNP, LISW, LIMFT, LPCC, LIC-SCHOOL PSYCH, LPC, LSW, LMFT, PSY A/I/T, Social Work Trainee, Marriage Family Trainee, C-T	U2, U4, U5, U1, U7, UA, U9, GT
96111	Developmental testing that the physician or other health care professional perform. This code applies to testing for developmental disorders and includes the interpretation and report on the findings.	Measures cognitive, motor, social, language, adaptive, and/or cognitive abilities using provider standardized tests (meeting industry standards) via written, oral, or combined format testing.	Physician, Psychologist, CNS, CNP, LISW, LIMFT, LPCC, LIC-SCHOOL PSYCH, LPC, LSW, LMFT, PSY A/I/T, Social Work Trainee, Marriage Family Trainee, C-T	U2, U4, U5, U1, U7, UA, U9, GT
96116	Neurobehavioral status exam per hour includes both face to face time with the patient and time interpreting test results and report preparation.	Clinical assessment of thinking, reasoning and judgment, acquired knowledge, attention, language, memory,	Physician, Psychologist, CNS, CNP, PA, PSY A/I/T	U1, GT



		planning, problem solving, and visual spatial abilities.		
96118	Neuropsychological testing per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.	Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test	Physician, Psychologist, CNS, CNP, PA, PSY A/I/T	U1, GT

## ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING AND ASSESSMENT

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
G0396	Alcohol and substance abuse structured assessment and intervention 15 to 30 minutes (SBIRT).	Examples: AUDIT, DAST, SBIRT If billed with a E&M code must be modified	Physician, Psychologist, PA, RN, LPN, CNS, CNP, LISW, LIMFT, LPCC, LIC-SCHOOL PSYCH, LPC, LSW, LMFT, PSY A/I/T, SW-T, MFT-T, CT-T	U1, U2, U4, U5, U7, U9, UA
G0397	Alcohol and substance abuse structured assessment and intervention greater than 30 minutes (SBIRT).		Physician, Psychologist, PA, RN, LPN, CNS, CNP, LISW, LIMFT, LPCC, LIC-SCHOOL PSYCH, LPC, LSW, LMFT, PSY A/I/T, SW-T, MFT-T, CT-T	U1, U2, U4, U5, U7, U9, UA
H0001	Alcohol and drug assessment - Protocols vary, but an assessment is systematic and thorough and addresses all aspects of a patient's encounters with alcohol and/or drugs.	Detailed family, social and legal history, Quantity and frequency of alcohol and/or drug use, Physical manifestations associated with alcohol or drug use or abuse may be noted if present, such as depression,	PSY A/I/T, Social Work Trainee, MFT-T, CT-T, CDC-A	U1, U7, U9, UA, U6, GT

		mania, anxiety Questionnaires and tests may be used as components of the assessment. A report is generally issued that characterizes the patient's contact with alcohol and/or drugs as casual, dependent, abusive, addictive.		
--	--	---	--	--

## NURSING SERVICES

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
T1002	SUD Nursing Services - RN Office ASAM Level 1 or 2.	Services provided by RN are recorded in 15-minute increments.	RN	KX
T1002	SUD Nursing Services - RN Home and Community ASAM Level 1 or 2.		RN	KX
T1002	SUD Nursing Services - RN Office, Group ASAM Level 1 or 2.		RN	HQ
H2019	Mental Health Nursing Services RN Office. ASAM Level 1 or 2.		RN	
H2019	Mental Health Nursing Services - RN Home and Community. ASAM Level 1 or 2.		RN	
H2019	Mental Health Nursing Services - RN Office, Group. ASAM Level 1 or 2.		RN	HQ
H2019	Mental Health Nursing Services - Delivered to patients in crisis - RN Office. ASAM Level 1 or 2.		RN	KX
H2019	Mental Health Nursing Services- Delivered to patients in crisis - RN Home and Community. ASAM Level 1 or 2.		RN	KX

T1003	SUD Nursing Services - LPN Office. ASAM Level 1 or 2.	Services provided by RN are recorded in 15- minute increments.	LPN	
T1003	SUD Nursing Services - LPN Home and Community. ASAM Level 1 or 2.	Services provided by RN are recorded in 15- minute increments.	LPN	
H2017	Mental Health Nursing Services - LPN Office. ASAM Level 1 or 2.		LPN	
H2017	Mental Health Nursing Services - LPN Home and Community. ASAM Level 1 or 2.		LPN	

## COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT (CPST)

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H0036	Community Psychiatric Supportive Treatment, face-to-face, per 15 minutes.	These programs may include advocacy, family education, helping in the development of activities of daily living, and managing basic needs to assist with achieving independence.	Physician, CNS, CNP, PA, Psychologist, LISW, LIMFT, LPCC, Lic School Psychologist, LPC, LSW, LMFT, PSY A/I/T, SW-T, MFT-T, CT-T, SW-A, High School QMH Specialist, Associate QMH Specialist, QMH Specialist 3 years, Bachelors QMH Specialist, Master's QMH Specialist	U1, U2, U4, U5, U7, U8, U9, UA, HM, UK, HN, HO, GT
H0036	Community Psychiatric Supportive Treatment, face-to-face, per 15 minutes - group.		Physician, CNS, CNP, PA, Psychologist, LISW, LIMFT, LPCC, Lic School Psychologist, LPC, LSW, LMFT, PSY A/I/T, SW-T, MFT-T, CT-T, SW-A, High School QMH Specialist, Associate QMH Specialist, QMH Specialist 3 years, Bachelors QMH Specialist, Master's QMH Specialist	HQ, U1, U2, U4, U5, U7, U8, U9, UA, HM, UK, HN, HO, GT

## PSYCHOSOCIAL REHABILITATION

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H2017	Psychosocial Rehabilitation Office - services per 15 minutes face to face intervention. Services are intended to help individuals to compensate for or to eliminate functional deficits and environmental and interpersonal barriers associated with their mental illness.	The goal of the program is to help individuals achieve the fullest possible integration as an active and productive member of their family and community with the least possible ongoing professional intervention.	PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, High School QMH Specialist, Associate QMH Specialist	U1, U9, U8, UA, U7, HM,
H2017	Psychosocial Rehabilitation Home/Community - services per 15 minutes face to face intervention. Services are intended to help individuals to compensate for or to eliminate functional deficits and environmental and interpersonal barriers associated with their mental illness.		SW-T, SW-A, MFT-T, CT-T, High School QMH Specialist, Associate QMH Specialist	U9, U8, UA, U7, HM
H2017	Mental Health Crisis by Unlicensed Practitioner - Psychosocial Rehabilitation Office - services per 15 minutes face to face intervention. Services are intended to help individuals to compensate for or to eliminate functional deficits and environmental and interpersonal barriers associated with their mental illness.		PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, High School QMH Specialist, Associate QMH Specialist	KX, U1, U9, U8, UA, U7, HM
H2017	Mental Health Crisis by Unlicensed Practitioner - Psychosocial Rehabilitation Home / Community - services per 15 minutes face to face intervention. Services are intended to help individuals to compensate for or to eliminate functional deficits and environmental and interpersonal barriers associated with their mental illness.		SW-T, SW-A, MFT-T, CT-T, High School QMH Specialist, Associate QMH Specialist	KX, U9, U8, UA, U7, HM

## THERAPUTIC BEHAVIORAL SERVICES (TBS)

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H2019	Therapeutic Behavioral Services, per 15 minutes - Bachelor's Office - Therapeutic behavioral services are treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.	Behavioral therapy is usually action-based, using techniques of classical conditioning and operant conditioning. The behavior itself is the problem and the goal is to minimize or eliminate the problem.	SW-T, SW-A, MFT-T, CT-T, QMHS Plus 3 Years, Bachelor's QMH Specialist	U9, U8, UA, U7, UK, HN
H2019	Mental Health Crisis by Unlicensed Practitioner - Therapeutic behavioral services, per 15 minutes - Bachelor's Office - Therapeutic behavioral services are treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.		SW-T, SW-A, MFT-T, CT-T, QMHS Plus 3 Years, Bachelor's QMH Specialist	KX, U9, U8, UA, U7, UK, HN
H2019	Therapeutic Behavioral Services, per 15 minutes - Master's Office- Therapeutic behavioral services are treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.		PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, Master's QMH Specialist	U1, U9, U8, UA, U7, HO
H2019	Mental Health Crisis by Unlicensed Practitioner - Therapeutic behavioral services, per 15 minutes - Master's Office - Therapeutic behavioral services are treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.		PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, Master's QMH Specialist	KX, U1, U9, U8, UA, U7, HO
H2019	Therapeutic Behavioral Services, per 15 minutes - Bachelor's Home/Community - Therapeutic		SW-T, SW-A, MFT-T, CT-T, QMHS Plus 3	U9, U8, UA, U7, UK, HN

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
	Behavioral Services are treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.		Years, Bachelor's QMH Specialist	
H2019	Mental Health Crisis by Unlicensed Practitioner - Therapeutic behavioral services, per 15 minutes - Bachelor's Home/Community - Therapeutic behavioral services are treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.		SW-T, SW-A, MFT-T, CT-T, QMHS Plus 3 Years, Bachelor's QMH Specialist	KX, U9, U8, UA, U7, UK, HN
H2019	Therapeutic Behavioral Services, per 15 minutes- Master's Home/Community- Therapeutic behavioral services are treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.		PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, Master's QMH Specialist	U1, U9, U8, UA, U7, HO
H2019	Mental Health Crisis by Unlicensed Practitioner - Therapeutic behavioral services, per 15 minutes - Master's Home/Community - Therapeutic behavioral services are treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.		PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, Master's QMH Specialist	KX, U1, U9, U8, UA, U7, HO
H2019	Therapeutic Behavioral Services, per 15 minutes - Bachelor's Office Group- Therapeutic behavioral services are treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.		SW-T, SW-A, MFT-T, CT-T, QMHS Plus 3 Years, Bachelor's QMH Specialist	U9, U8, UA, U7, UK, HN, HQ

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H2019	Therapeutic Behavioral Services, per 15 minutes - Master's Office Group- Therapeutic behavioral services are treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.		PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, Master's QMH Specialist	U1, U9, U8, UA, U7, HO, HQ

## CASE MANAGEMENT

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H0006	Alcohol and/or Drug Services; case management - ASAM Level 1 or 2 Unlicensed Practitioner.	The case manager assesses the needs of the patient, assists in developing plans to benefit the patient, as well as implementation of the plans, and reviews and evaluates the patient's status.	Physician, CNS, CNP, PA, Psychologist, LISW, LIMFT, LPCC, LICDC, Lic School Psychologist, LPC, LSW, LMFT, LCDC II, LCDC III, PSY A/I/T, SW-T, SW-A, MFT-T, CDC-A, CT-T, Care Management Specialist-High School/Associate/Bachelor's/Master's	U2, U4, U5, U3, U1, U9, U8, UA, U6, U7, HM, HN, HO, GT

## SUD PEER RECOVERY

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H0038	SUD Peer Recovery Support - Self-help/peer services per 15 minutes.	Self-help/peer services are specialized therapeutic interactions that are performed by individuals who are current or past recipients of behavioral	Peer Recovery Support	HM, HN, HO



		health services. These individuals are trained and certified to provide support and assistance to individuals in their recovery and integration into the community.		
H0038	SUD Peer Recovery Support Group - Self-help/peer services per 15 minutes.		Peer Recovery Support	HQ, HM, HN, HO

## SUD INTENSIVE OUTPATIENT

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H0015	Alcohol and/or Drug Services: Intensive Outpatient - Unlicensed Practitioner - ASAM level 2.1.	Program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan, including assessment, counseling; crisis intervention, and activity therapies or education.	PSY A/I/T, SW-T, MFT-T, CDC-A, CT-T	U1, U9, UA, U6, U7
H0015	Alcohol and/or Drug Services: Intensive Outpatient - Licensed Practitioner - ASAM level 2.1.		Physician, CNS, CNP, PA, Psychologist, LISW, LIMFT, LPCC, LICDC, LPC, LSW, LMFT, LCDC II, LCDC III	HK, U2, U4, U5, U3,

## SUD PARTIAL HOSPITALIZATION

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H0015	Alcohol and/or Drug Services: Partial Hospitalization - Unlicensed Practitioner – ASAM level 2.5.	Program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan,	PSY A/I/T, SW-T, MFT-T, CDC-A, CT-T	U1, U9, UA, U6, U7, TG

		including assessment, counseling; crisis intervention, and activity therapies or education.		
H0015	Alcohol and/or Drug Services: Partial Hospitalization- Licensed Practitioner – ASAM level 2.5.		Physician, CNS, CNP, PA, Psychologist, LISW, LIMFT, LPCC, LICDC, Licensed School Psychologist, LPC, LSW, LMFT, LCDC II, LCDC III,	HK, U2, U4, U5, U3, TG

## MENTAL HEALTH THERAPEUTIC BEHAVIOR SERVICES GROUP

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H2012	Mental Health Therapeutic Behavior Services Group per hour - Unlicensed QMHS plus 3 years.	Day treatment for behavior health focuses on maintaining and improving functional abilities for the individual. Clients may participate in activities in a therapeutic and social environment several times per week for several hours per day to improve personal skills.	QMHS plus 3 years	UK, HQ
H2012	Mental Health Therapeutic Behavior Services Group per hour - Unlicensed Bachelor's.		PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, Bachelor's QMH Specialist	HN, HQ, U1, U9, U8, UA, U7
H2012	Mental Health Therapeutic Behavior Services Group per hour - Unlicensed Master's.		PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, Master's QMH Specialist	HO, HQ, U1, U9, U8, UA, U7
H2012	Mental Health Therapeutic Behavior Services Group per hour - Licensed.		Psychologist, LISW, LIMFT, LPCC, Lic School	HK, HQ, U2, U4, U5

			Psychologist, LPC, LSW, LMFT	
H2020	Mental Health Therapeutic Behavior Services Group Per Diem - Unlicensed QMHS plus 3 years.		QMHS plus 3 years	UK
H2020	Mental Health Therapeutic Behavior Services Group Per Diem - Unlicensed Bachelor's.		PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, Bachelor's QMH Specialist	HN, U1, U9, U8, UA, U7
H2020	Mental Health Therapeutic Behavior Services Group Per Diem - Unlicensed Master's.		PSY A/I/T, SW-T, SW-A, MFT-T, CT-T, Master's QMH Specialist	HO, U1, U9, U8, UA, U7
H2020	Mental Health Therapeutic Behavior Services Group Per Diem – Licensed.		Psychologist, LISW, LIMFT, LPCC, Lic School Psychologist, LPC, LSW, LMFT	HK, U2, U4, U5

## ASSERTIVE COMMUNITY TREATMENT (ACT)

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H0040	Assertive Community Treatment program, per diem.	Goal is to reduce the extent of hospital admissions, to improve the individual's quality of life, and to function in social situations by providing focused, proactive treatments. These services are most appropriate for individuals with severe and persistent mental illness and the greatest level of functional impairment.	Physician	AM
H0040	Assertive Community Treatment program, per diem.		CNS, CNP, PA	SA, UC
H0040	Assertive Community Treatment program, per diem.		Licensed Practitioner; MH practitioner with a Master's degree	HO
H0040	Assertive Community Treatment program, per diem.		Licensed Practitioner; MH	HN

			practitioner with a Bachelor's degree	
H0040	Assertive Community Treatment program, per diem.		Peer Recovery Support	HM

## INTENSIVE HOME BASED TREATMENT (IHBT)

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H2015	Intensive Home Based Treatment - Per 15 minutes.	Services assist individuals in achieving their recovery and rehabilitation goals. The program aims to reduce psychiatric and addiction symptoms and to assist in developing community living skills. The services may include coordination of services, support during a crisis, development of system monitoring and management skills, monitoring medications, and help in developing independent living skills.	Psychologist, LISW, LIMFT, LPCC, LPC, LSW, LMFT	U2, U4, U5

## DRUG TESTING COLLECTION

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H0048	Alcohol and/or other Drug Testing: collection, handling and point of service testing, specimens other than blood.	Collection of specimens for alcohol/drug analysis is dependent on the type of biological sample obtained. Samples typically include urine or hair. This code represents the collection and	Physician, CNS, CNP, PA, RN, LPN, Psychologist, LISW, LIMFT, LPCC, LICDC, Lic School Psychologist, LPC, LSW, LMFT, LCDC II, LCDC III, PSY A/I/T, SW-T, SW-A,	U2, U4, U5, U3, U1, U9, U8, UA, U6, U7, HM, HN, HO

		handling of specimens other than blood samples. The handling of specimens requires a chain of custody from the point of collection throughout the analysis process to ensure the integrity of the specimen. Any point of service testing also included in this code.	MFT-T, CDC-A, C-T, CM Specialist High School/Associate's/ Bachelor's/Master's	
--	--	--	---	--

## DETOXIFICATION

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H0010	Alcohol and/or Drug Services; subacute detoxification (residential addiction program inpatient) ASAM Level 3.2.	Code is not for room and board. Services Only Acute detoxification services are those in which the patient is medically managed and stabilized on an inpatient hospitalization basis for severe withdrawal syndrome associated with the withdrawal from alcohol/drugs.	Bill under NPI of rendering practitioner overseeing treatment	
H0011	Alcohol and/or Drug Services; subacute detoxification (residential addiction program inpatient) ASAM Level 3.7.		Bill under NPI of rendering practitioner overseeing treatment	
H0012	Alcohol and/or Drug Services; subacute detoxification (residential addiction program outpatient) ASAM Level 2/ 23 hours.		Physician, CNS, CNP, PA	
H0014	Alcohol and/or Drug Services; ambulatory detoxification. ASAM Level 2 unlicensed practitioner.		RN, LPN	

## DRUG TREATMENT PROGRAM

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
H2034	Alcohol and/or Drug Abuse Halfway House Services, per diem, ASAM Level 3.1.	Halfway house services for alcohol and chemical dependency provide a transitional living environment. These services are structured to promote sobriety and independent living and to assist with continued treatment. Patients are free to work or attend classes during the day and return to the facility at night.	Bill under NPI of rendering practitioner overseeing treatment	
H2036	Alcohol and/or other Drug Treatment Program, per diem, ASAM Level 3.3, Cognitive Impairment.	Outpatient services for alcohol and chemical dependency are structured to promote sobriety and independent living and to assist with continued treatment.	Bill under NPI of rendering practitioner overseeing treatment	HI
H2036	Alcohol and/or other Drug Treatment Program, per diem, ASAM Level 3.5.		Bill under NPI of rendering practitioner overseeing treatment	
H2036	Alcohol and/or other Drug Treatment Program, per diem, ASAM Level 3.7.		Bill under NPI of rendering practitioner overseeing treatment	TG

## RESPITE SERVICES

CPT CODE	DESCRIPTION	CRITERIA	ELIGIBLE PROVIDERS	ALLOWABLE MODIFIERS
S5151	Respite care, not hospice: per diem	Care is intended to help the patient remain living in a home environment by relieving the patient's unpaid caregiver. Typically, the "home environment" includes the home of a friend, foster home or a licensed group home, but not a nursing home, hospital or adult day care setting. Respite care does not refer to care provided by the patient's parent, spouse, or unpaid primary care giver. Unskilled		
S5150	Respite care, not hospice: per 15 minutes			

OH-SP-0071