

DRAFT

**Guide To
Procedure Codes
for
Specialty Mental Health Services**

Effective July 1, 2023



**Lisa Wong, PsyD., Director
Los Angeles County Department of Mental Health**

**Debbie Innes-Gomberg, Ph.D., Deputy Director
Quality, Outcomes, and Training Division
Compiled by: Quality Assurance Unit**

INTRODUCTION

This Guide, prepared by DMH, lists and defines the compliant codes that DMH believes reflects the services it provides throughout its system, whether by directly-operated, contracted organizational providers, or individual/group network providers. This analysis does not, however, absolve Providers, whether individuals or agencies from their responsibility to be familiar with nationally compliant codes and to inform and dialogue with DMH should they believe differences exist.

Brief History

Since the inception of the DMH's first computer system in 1982, DMH directly-operated and contract staff have reported services using Activity Codes. These Activity Codes were then translated into the types of mental health services for which DMH could be reimbursed through a variety of funding sources. On April 14, 2003, health care providers throughout the Country implemented the HIPAA Privacy rules. This brought many changes to DMH's way of managing Protected Health Information (PHI), but did not impact the reporting/claiming codes. On October 16, 2003, all health care providers throughout the USA are required to implement the HIPAA Transaction and Codes Sets rules or be able to demonstrate good faith efforts to that end. These rules require that providers of health care services anywhere in the USA must use nationally recognized Procedure Codes to claim services. On July 1, 2023, the State Department of Health Care Services (DHCS) implemented Payment Reform under Cal-AIM which fully aligns the State with other healthcare delivery systems and complies with CMS requirements for all State Medicaid programs to adopt CPT codes where appropriate. In addition, it will improve reporting and support data-decision making by disaggregating data on Specialty Mental Health Services (SMHS).

HIPAA Objectives and Compliant Coding Systems

One of the objectives of HIPAA is to enable providers of health care throughout the country to be able to be conversant with each other about the services they were providing through the use of a single coding system that would include any service provided. In passing HIPAA, Legislators were also convinced that a single national coding system would simplify the claims work of insurers of health. Two nationally recognized coding systems were approved for use: the Current Procedural Terminology (CPT) codes and the Level II Health Care Procedure Coding System (HCPCS). The CPT codes are five digit numeric codes, such as 90791 and the HCPCS are a letter followed by four numbers, such as H2012.

Definitions found in this Guide are from the following resources: CPT code definitions come from the CPT Codes Manual; HCPCS codes are almost exclusively simply code titles absent definition so these definitions were established either exclusively or in combination from one of these sources – 1) Title 9 California Code of Regulations, Chapter 11, Specialty Mental Health Services, 2) State Department of Health Care Services (DHCS) Letters and Informational Notices, or 3) DHCS State Plan Amendments.

STRUCTURE OF GUIDE

Activity: Title of the procedure code which defines the activity the practitioner provided.

Base Code: The primary code used to describe the activity/service to which add-on codes may be added.

Method of Delivery: Identifies the allowable ways in which the practitioner may conduct the activity. Any required modifiers are listed in parenthesis

✓ In person ✓ Telephone ✓ Telehealth

Service Contact: Identifies the allowable person or persons for whom the practitioner may claim their time of contact. The Service Contact in most cases shall be the client but may also be other significant supports such as family members. For plan development, service contacts should have had direct client contact except for consultations in which case the consultant does not have to have direct client contact.

✓ Client ✓ Significant Support Person ✓ Mental Health/Health Professional (Consultant)

Allowable Discipline(s): Identifies the disciplines permitted to use the procedure code as well as the applicable taxonomies associated with that discipline. Refer to Discipline/Categories/Taxonomies Section for additional information about allowable disciplines.

Place of Service: Identifies the allowable place of service. Some codes, like Evaluation & Management codes, are determined by the place of service.

Minimum and Maximum Duration: Identifies the minimum and maximum duration allowable for the procedure code. While exact minutes are no longer required/claimed, the number of minutes determines either the selection of the code or the number of units for the claim so practitioners must make a reasonable determination of the duration of the direct care. **If the code does not have a specific time range, all codes must pass the midpoint of the duration to bill** (e.g. 1 unit of a 15 minute duration may be billed at 8 minutes, 2 units at 23 minutes, etc.).

Max Units: Identifies the maximum units allowed on the claim.

Extend Duration Code & Unit Breakdown: For procedure codes that have a duration/unit limit, identifies add-on codes that may be utilized to prolong the duration of the base code.

Allowable Add Ons: Additional codes that may be added to a base code to supplement the primary service.

- ① Sign Language/Interpretation (T1013)
- ② Interactive Complexity (90853)
- ③ Caregiver Assessment (96161)
- ④ Interpretation/Explanation of Results (90887)

Practitioner Second Service Requiring Modifier (per Day): Identifies codes that require an override modifier if provided by a practitioner on the same day for the same client.

Practitioner Specific Lockouts (per Day): Identifies codes that cannot be used by a practitioner on the same day for the same client.

Other Items:

1. Except for those services funded entirely by CGF or Mental Health Services Act (MHSA), there are no codes that identify payer information, such as PATH. Payer information will be maintained by funding plan/funding source.
2. Separate claims must be submitted for each practitioner involved in a service.
3. A separate claim must be submitted for each client involved in a group. The units claimed should be the same for all clients in the group using the total duration of direct care for the group. The same code shall also be used on each claim. Providers no longer need to divide the units by the number of clients in the group.
4. For Evaluation & Management (E&M) codes that utilize the terms "new patient" and "established patient", a new client is a client that has not received E&M services from an MD/NP within the same Legal Entity (i.e., providers with the same clinical record) within the past three years. Conversely, an established client is a client that has received E&M services from an MD/NP within the same Legal Entity within the past three years.
5. Some services/codes require prior authorization or concurrent review. Codes that require pre-authorization are indicated in the header for the section. Also refer to the Organizational Provider's Manual for information on prior authorization/concurrent review.

ABBREVIATIONS

CGF – County General Funds

CPT – Current Procedural Terminology; codes established by the American Medical Association to uniquely identify services for reporting and claiming purposes.

DMH – Los Angeles County Department of Mental Health or Department; also known as the Local Mental Health Plan (LMHP)

ECM – Enhanced Care Management

ECT – Electroconvulsive Therapy

E&M - Evaluation and Management

FFPSA - Family First Prevention Services Act Aftercare services

HCPCS – Health Care Procedure Coding System

IMD – Institutions for Mental Disease

IBHIS – Integrated Behavioral Health Information System

LMHP – Local Mental Health Plan (in Los Angeles County, the Department of Mental Health)

MSS - Medication Support Service

PHI – Protected Health Information

QI - Qualified Individual services

SFC – Service Function Code

STP – Special Treatment Patch

STRTP - Short-Term Residential Therapeutic Program

TCM – Targeted Case Management

DIRECT CARE

Per the DHCS Billing Manual: "DHCS policy will only consider the time it takes to provide direct services associated with that code as part of time. Direct patient care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a patient visit. If the service code billed is a patient care code, direct patient care means time spent with the patient for the purpose of providing healthcare. If the service code billed is a medical consultation code then direct patient care includes time spent with the consultant/members of the beneficiary's care team."

Based on the above definition by DHCS direct care is not the same as "face-to-face" service. It is a group of activities defined by DHCS that emphasizes time spent directly providing care to the client as well as additional activities working directly with significant support persons. Please be aware that consultation cannot occur between two or more professionals when the expectation is that the consultor should know the information by professional training. Supervision time remains non-billable.

DHCS has transitioned away from billing by minute. Under Cal-AIM Payment Reform, billing is by the code, unit and practitioner discipline. The reimbursed rate for these activities now includes activities that were formally reimbursed by minute. Certain activities that were previously billable (e.g. documentation) are now accounted for in the overall reimbursement rate.

Direct Care (time goes into duration determination):

- ① Time with client
- ② Time with significant support persons if the purpose of their participation is to focus on the treatment of the client
- ③ Time with consultant
- ④ Time with client's care team

Non Direct Care (time does NOT go into duration determination):

- ① Travel time
- ② Chart review time
- ③ Documentation time
- ④ Administrative time (general team meetings, utilization review, quality assurance activities)

If there are multiple encounters for the same service for the same client by the same practitioner on the same day, only one note is required to be written and one claim shall be submitted incorporating the total duration of direct care for all encounters in that day.

DISCIPLINE/TAXONOMY

Rendering Providers/Practitioners may only provide services consistent with their education/licensure (scope of practice), length of experience and/or job description. All disciplines must minimally have a high school diploma or equivalent. The discipline controls what procedure codes the practitioner can utilize while the category (specific subsets of the discipline) is what is entered into the Network Adequacy: Provider & Practitioner Administration (NAPPA) application. DHCS/Medi-Cal has provided instruction on which taxonomies may and may not be used by disciplines.

Guide Abbreviation	NAPPA Category Description	License # Required	Discipline Description	Taxonomy Description	Requirements/Additional Information
ACSW	Associate Clinical Social Worker	Yes	Associate Clinical Social Worker	104100000X - Social Worker	The service performed by a pre-licensed professional should be reported with modifier HL
				1041C0700X - Social Worker, Clinical	
				1041S0200X - Social Worker, School	
LCSW	Licensed Clinical Social Worker	Yes	Social Worker	104100000X - Social Worker	
				1041C0700X - Social Worker, Clinical	
				1041S0200X - Social Worker, School	
AMFT	Associate Marriage and Family Therapist	Yes	Associate Marriage and Family Therapist	106H00000X - Marriage and Family Therapist	The service performed by a pre-licensed professional should be reported with modifier HL
LMFT	Licensed Marriage and Family Therapist	Yes	Marriage and Family Therapist	106H00000X - Marriage and Family Therapist	
APCC	Associate Professional Clinical Counselor	Yes	Associate Professional Clinical Counselor	101YP2500X - Counselor, Professional	The service performed by a pre-licensed professional should be reported with modifier HL
LPCC	Licensed Professional Clinical Counselor	Yes	Licensed Professional Clinical Counselor	101YP2500X - Counselor, Professional	
Licensed Psychologist	Licensed Psychologist PhD	Yes	Psychologist	103T00000X - Psychologist	
				103TA0400X - Psychologist, Addiction (Substance Use Disorder)	
				103TA0700X - Psychologist, Adult Development & Aging	
				103TC0700X - Psychologist, Clinical	
				103TC2200X - Psychologist, Clinical Child & Adolescent	
				103TB0200X - Psychologist, Cognitive & Behavioral	
				103TC1900X - Psychologist, Counseling	
				103TP2701X - Psychologist, Group Psychotherapy	
	Licensed Psychologist PsyD	Yes	Psychologist	103T00000X - Psychologist	
				103TA0400X - Psychologist, Addiction (Substance Use Disorder)	
				103TA0700X - Psychologist, Adult Development & Aging	
				103TC0700X - Psychologist, Clinical	
				103TC2200X - Psychologist, Clinical Child & Adolescent	
				103TB0200X - Psychologist, Cognitive & Behavioral	
				103TC1900X - Psychologist, Counseling	
				103TP2701X - Psychologist, Group Psychotherapy	

DISCIPLINE/TAXONOMY

Guide Abbreviation	NAPPA Category Description	License # Required	Discipline Description	Taxonomy Description	Requirements/Additional Information
Waivered Psychologist	Waivered Psychologist PhD	No	Psychologist	103T00000X - Psychologist	<p>> A Waiver is required for persons employed or under contract to provide SMHS as a post-doctorate psychologist candidate gaining experience required for licensure.</p> <p>>The service performed by a pre-licensed professional should be reported with modifier HL</p>
				103TA0400X - Psychologist, Addiction (Substance Use Disorder)	
				103TA0700X - Psychologist, Adult Development & Aging	
				103TC0700X - Psychologist, Clinical	
				103TC2200X - Psychologist, Clinical Child & Adolescent	
				103TB0200X - Psychologist, Cognitive & Behavioral	
				103TC1900X - Psychologist, Counseling	
	103TP2701X - Psychologist, Group Psychotherapy				
	Waivered Psychologist PsyD	No	Psychologist	103T00000X - Psychologist	
				103TA0400X - Psychologist, Addiction (Substance Use Disorder)	
				103TA0700X - Psychologist, Adult Development & Aging	
				103TC0700X - Psychologist, Clinical	
				103TC2200X - Psychologist, Clinical Child & Adolescent	
				103TB0200X - Psychologist, Cognitive & Behavioral	
103TC1900X - Psychologist, Counseling					
103TP2701X - Psychologist, Group Psychotherapy					
MD/DO	Licensed Physician, DO & Licensed Physician, MD	Yes	Medical Doctor/Doctor of Osteopathy	2080P0006X - Behavioral Pediatrics 208D00000X - Physician, General Practice	<p>> Completed a psychiatry residency program; or</p> <p>> Be a physician in another qualified specialty that has written approval from LACDMH. Approval is site specific.</p>
	Licensed Pschiatrist, DO & Licensed Psychiatrist, MD	Yes	Medical Doctor/Doctor of Osteopathy	2084P0802X - Physician, Addiction Psychiatry	
				2084P0804X - Physician, Child & Adolescent Psychiatry	
				2084F0202X - Physician, Forensic Psychiatry	
				2084P0805X - Physician, Geriatric Psychiatry	
				2084P0800X - Physician, Psychiatry	
	MD/DO Resident	Licensed Resident Physician	Yes	Fellow/Resident	
Unlicensed Resident Physician		No	2084P0802X - Physician, Addiction Psychiatry		
			2084F0202X - Physician, Forensic Psychiatry		
			2084P0805X - Physician, Geriatric Psychiatry		
			2084P0800X - Physician, Psychiatry		
			2084P0800X - Physician, Psychiatry		
NP	Nurse Practitioner (Psych Mental Health)	Yes	Nurse Practitioner (Psych Mental Health)	363L00000X - Nurse Practitioner	
				363LC1500X - Nurse Practitioner, Community Health	
				363LP0808X - Nurse Practitioner, Psychiatric/ Mental Health	

DISCIPLINE/TAXONOMY

Guide Abbreviation	NAPPA Category Description	License # Required	Discipline Description	Taxonomy Description	Requirements/Additional Information
Unlicensed NP	Nurse Practitioner (Psych Mental Health)	No	Unlicensed NP	363L00000X - Nurse Practitioner 363LC1500X - Nurse Practitioner, Community Health 363LP0808X - Nurse Practitioner, Psychiatric/ Mental Health	The service performed by a pre-licensed professional should be reported with modifier HL
CNS	Clinical Nurse Specialist	Yes	CNS (Psych Mental Health)	364S00000X - Clinical Nurse Specialist 364SP0809X - Clinical Nurse Specialist Psychiatric/Mental Health Adult 364SP0807X - Clinical Nurse Specialist Psychiatric/Mental Health Child & Adolescent 364SP0810X - Clinical Nurse Specialist Psychiatric/Mental Health Child & Family 364SP0811X - Clinical Nurse Specialist Psychiatric/Mental Health Chronically III 364SP0812X - Clinical Nurse Specialist Psychiatric/Mental Health Community 364SP0813X - Clinical Nurse Specialist Psychiatric/Mental Health Geropsychiatric 364SC1501X - Clinical Nurse Specialist, Community Health/Public Health 364SP0808X - Clinical Nurse Specialist, Psychiatric/Mental Health	
Unlicensed CNS	Unlicensed Clinical Nurse Specialist	No	Unlicensed CNS	364S00000X - Clinical Nurse Specialist 364SP0809X - Clinical Nurse Specialist Psychiatric/Mental Health Adult 364SP0807X - Clinical Nurse Specialist Psychiatric/Mental Health Child & Adolescent 364SP0810X - Clinical Nurse Specialist Psychiatric/Mental Health Child & Family 364SP0811X - Clinical Nurse Specialist Psychiatric/Mental Health Chronically III 364SP0812X - Clinical Nurse Specialist Psychiatric/Mental Health Community 364SP0813X - Clinical Nurse Specialist Psychiatric/Mental Health Geropsychiatric 364SC1501X - Clinical Nurse Specialist, Community Health/Public Health 364SP0808X - Clinical Nurse Specialist, Psychiatric/Mental Health	The service performed by a pre-licensed professional should be reported with modifier HL
RN	Registered Nurse	Yes	RN	163W00000X - Registered Nurse 163WA0400X - Registered Nurse, Addiction (Substance Use Disorder) 163WC1500X - Registered Nurse, Community Health 163WP0807X - Registered Nurse, Psychiatric/Mental Health Child & Adolescent 163WP0808X - Registered Nurse, Psychiatric/ Mental Health 163WP0809X - Registered Nurse, Psychiatric/Mental Health Adult	

DISCIPLINE/TAXONOMY

Guide Abbreviation	NAPPA Category Description	License # Required	Discipline Description	Taxonomy Description	Requirements/Additional Information
PA	Physician Assistant	Yes	Physician Assistant	363A00000X - Physician Assistant	>Must be licensed. >Scope of practice is limited to that of the supervising physician. >Supervising physician must be in accord with above requirements for MD/DO and limited to no more than four PAs. >The Delegation of Services Agreement between the PA and the supervising physician defines what tasks and procedures a physician is delegating to the PA.
			Physician Assistant	363AM0700X - Medical Physician Assistant	
Pharm	Advanced Practice Pharmacist	Yes	Advanced Practice Pharmacist	1835P0018X - Pharmacist Clinician/Clinical Pharmacy Specialist	
Pharm	Pharmacist	Yes	Pharmacist/Pharmacist Assistant	183500000X - Pharmacist	
				1835P2201X - Pharmacist, Ambulatory Care	
				1835C0205 - Pharmacist, Critical Care	
				1835G0000X - Pharmacist, General Practice	
				1835G0303X - Pharmacist, Geriatric	
				1835N0905X - Pharmacist, Nuclear	
				1835N1003X - Pharmacist, Nutrition Support	
				1835X0200X - Pharmacist, Oncology	
				1835P0200X - Pharmacist, Pediatrics	
				1835P1200X - Pharmacist, Pharmacotherapy	
1835P1300X - Pharmacist, Psychiatric					
LVN	Licensed Vocational Nurse	Yes	LVN	164X00000X - Licensed Vocational Nurse	
LPT	Licensed Psych Tech	Yes	LPT	167G00000X - Licensed Psychiatric Technician	
OT	Occupational Therapists	Yes	OT	225X00000X - Occupational Therapist	
				225XM0800X - Occupational Therapist, Mental Health	
MHRS	Mental Health Rehabilitation Specialist	No	Mental Health Rehab Specialist	171M00000X - Case Manager/Care Coordinator	Must have a BA degree and four years experience in a mental health setting (physical restoration, social adjustment, or vocational adjustment). Up to two years of graduate education may be substituted for years of experience on a year-for-year basis; Up to two years of post-AA clinical experience may be substituted for educational experience.
				225600000X - Dance Therapist	
				225A00000X - Music Therapist	
				225800000X - Recreation Therapist	
				225400000X - Rehabilitation Practitioner	
				221700000X - Art Therapist	
390200000X - Student in an Organized Health Care Education/Training Program					

DISCIPLINE/TAXONOMY

Guide Abbreviation	NAPPA Category Description	License # Required	Discipline Description	Taxonomy Description	Requirements/Additional Information
OQP	Other Mental Health Worker	No	Other Qualified Provider	172V00000X - Community Health Worker	
Peer Specialist Certified	Certified Peer	No	Peer Specialist Certified	175T00000X - Peer Specialist	Must be certified as a Medi-Cal Peer Support Specialist
AdvPracPharm Student	Student Advanced Practice Pharmacist	No	Student Advanced Practice Pharmacist	390200000X - Student in an Organized Health Care Education/Training Program	For students who are pre-licensed and not yet registered with their professional licensing boards, counties may be categorized in Mental Health Rehabilitation Specialist, Other Qualified Professional, or Certified Peer Specialist as appropriate based on the student's education, training and experience.
CNS Student	Student Clinical Nurse Specialist	No	Student Clinical Nurse Specialist		
LVN Student	Student LVN	No	Student LVN		
MFT Student	Marriage and Family Therapist Trainee (Student)	No	Student MFT		
NP Student	Student Nurse Practitioner (Psych Mental Health)	No	Student NP		
OT Student	Student OT	No	Student OT		
Other Student	Other Student	No	Other Student		
PA Student	Student Physician Assistant	No	Student Physician Assistant		
PCC Student	Professional Clinical Counselor Trainee (Student)	No	Student PCC		
Pharm Student	Student Pharmacist	No	Student Pharmacist		
PT Student	Student Psych Tech	No	Student Psych Tech		
Psychology Student	Student/Intern Psychologist	No	Student Psychologist		
RN Student	Student Nurse	No	Student RN		
Social Work Student	Social Work Intern (Student)	No	Student MSW		

MODIFIERS

Up to four modifiers may be utilized on a service. If the number of modifiers to describe the service exceeds four, the Telehealth/Telephone modifiers (GT/SC/95/93) should be eliminated. Modifiers are not utilized on Add-On codes unless otherwise indicated.

Modifier Definition		When to Use
Telehealth/Telephone		
93	Telephone (Audio Only)	If using this modifier, indicate that the service was provided in Place of Service 02 or 10. Only applies to CPT Codes.
95	Telehealth (Audio & Visual)	If using this modifier, indicate that the service was provided in Place of Service 02 or 10. Only applies to CPT Codes.
SC	Telephone (Audio Only)	If using this modifier, indicate that the service was provided in Place of Service 02 or 10. Only applies to HCPCS Codes.
GT	Telehealth (Audio & Visual)	If using this modifier, indicate that the service was provided in Place of Service 02 or 10. Only applies to HCPCS Codes.
Residents/Waived (Registered/Waivered)		
GC	Resident	Services provided by residents under the direction of a teaching physician
HL	Registered/Waived	Services provided by individuals who are currently registered with the applicable Board or have a waiver from DHCS and are under the direct supervision of licensed practitioners.
Group		
HQ	Group service	Used to indicate the service was a group service for H2017& H0034 and add-on modifier G2212 for 90849 & 90853
Programs		
HK	IHBS/ICC	Use this modifier to indicate that an IHBS or ICC service was provided.
HV	FFPSA	Services provided by the Qualified Individual (QI) and aftercare services (for six months after discharge from an STRTP).
HX	Non Billable to Medi-Cal	Used for indigent services as well as services that cannot be billed to Medi-Cal such as when a Medi-Cal Lockout exists but some other payer will pay for the service (e.g., MHSA will fully reimburse for services when a client is in jail or when a client is in a psychiatric inpatient facility)
Residential/Day Services		
HA	Child/adolescent program	Use this modifier when billing for Children's Crisis Residential Program (CCRP) services or psychiatric inpatient: administrative day under 21.
HB	Adult program, non-geriatric	Use this modifier when billing for crisis residential treatment services provided to adults from 21 through 64 years of age
HC	Adult program, geriatric	Use this modifier when billing for crisis residential treatment services provided to adults 65 years of age.
HE	Mental health program	Use this modifier when billing for 24-hour and day services. Do not use this modifier when claiming for outpatient services.
TG	Complex/high tech level of care	Use this modifier when billing for day treatment intensive and crisis stabilization.

MODIFIERS

Duplicate & Lockout Override

The service always takes precedence. Good clinical service should always determine what service or services are provided to a client within a given day. However, there are specific rules around which codes may be claimed on a given day for reimbursement by DHCS.

Practitioner Specific Lockouts: Lockouts are codes that cannot be billed together by the same practitioner on the same day. Sometimes lockouts can be overridden with an appropriate modifier.

Duplicates:

A claim for an outpatient service is considered a duplicate if all the following data elements are the same as another service approved in history:

- The beneficiary's CIN
- Rendering provider NPI
- Procedure code(s)/modifier(s)
- Date of service

A claim for an inpatient, 24- Hour, or day service is considered a duplicate if all the following data elements are the same for another already approved service:

- The beneficiary's client Index Number (CIN)
- The County submitting the claim
- The facility location's NPI
- Date of services
- Procedure Code
- Units of service
- The billed amount

Modifier	Definition	When to Use
act the rep	Separate encounter, same practitioner	TBD
XP	Separate practitioner	TBD
XU	Separate service, same practitioner	TBD
27	Separate E&M encounters	TBD
59	Distinct Procedural Service	TBD
76	Repeat Procedure	TBD
77	Repeat Crisis Stabilization	TBD

ADD-ON CODES

Description	Add-On Code	Definition	Rules
Interactive Complexity	90785	<p>Interactive complexity may be reported with psychiatric procedures when at least one of the following communication difficulties is present:</p> <ol style="list-style-type: none"> 1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care. 2. Caregiver emotions/behavior that interfere with implementation of the treatment plan. 3. Evidence/disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants. 4. Use of play equipment, physical devices, interpreter or translator to overcome significant language barriers. 	<ol style="list-style-type: none"> 1. This supplemental add-on code should occur along with another service, such as assessment, therapy, E&M, etc. 2. This code must be submitted on the same claim as the primary service. 3. Only one unit of interactive complexity is allowed per service. 4. It is reimbursed at a single flat rate per service. 5. It may not be used with other supplemental add-on codes, such as 90887 and T1013.
Interpretation /Explanation of Results	90887	<p>This add-on code may be reported when the treatment of the patient may require explanations to the family, employers or other involved persons for their support in the therapy process. This may include reporting of examinations, procedures, and other accumulated data.</p>	<ol style="list-style-type: none"> 1. This supplemental add-on code should occur along with another service, such as therapy and E&M. 2. This code must be submitted on the same claim as the primary service. 3. Only one unit of interpretation/explanation of results is allowed per service. 4. It may not be used with other supplemental add-on codes, such as 90785 and T1013.
Sign Language /Interpretation	T1013	<p>This add-on code may be reported when the treatment of the patient requires the use of an Interpreter. It may not be used when a practitioner provide the service in the preferred language of the client (e.g. Spanish)</p>	<ol style="list-style-type: none"> 1. This supplemental add-on code should occur along with another service, such as assessment, therapy, Rehab, E&M, etc. 2. This code must be submitted on the same claim as the primary service. 3. Claims for interpretation should not exceed the claims for the primary service. For example, if a provider submits a claim that includes psychotherapy for 60 minutes and 5 units of sign language or oral interpretation, DHCS will deny T1013 because the maximum allowed in that instance is 60 minutes of interpretation or 4 units.
Caregiver Assessment	96161	<p>This add-on code may be reported for use of a standardized instrument to screen for health risks in the caregiver for the benefit of the patient. Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.</p>	<ol style="list-style-type: none"> 1. This code must be submitted on the same claim as the primary service. 2. Only one unit of caregiver assessment is allowed per service. 3. This code may only be used once per year.

PLACE of SERVICE/LOCATION

Most Commonly Used Locations

Code	Place of Service	Place of Service Description
2	Telehealth Provided Other than in Patient's Home	Location where service and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. This includes telephone services.
3	School	A facility whose primary purpose is education.
4	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g. emergency shelters, individual or family shelters).
10	Telehealth Provided in Patient's Home	Location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication. This includes telephone services.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g. medication administration).
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care services above the level of custodial care to other than mentally disabled individuals.
33	Custodial Care Facility	A facility that provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis by or under the supervision of a physician.
99	Other Place of Service	Other place of service not identified above.

PLACE of SERVICE/LOCATION

Other allowable locations. Consult Quality Assurance prior to use.

Code	Place of Service	Place of Service Description
1	Pharmacy	A facility where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients
5	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
6	Indian Health Service Provider-Based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
7	Tribal 638 Free-Standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members who do not require hospitalization.
8	Tribal 638 Provider-Based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
9	Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State, or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
15	Mobile Unit	A facility/unit that moves from place to place equipped to provide preventive screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy, or independent clinic, and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.
18	Place of Employment-Worksite	A location, not described by any other Place of Service code, owned and operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual.
19	Off Campus—Outpatient Hospital	A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
22	On-Campus Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

PLACE of SERVICE/LOCATION

24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Also refers to certain former U.S. Public Health Services facilities now designed as Uniformed Service Treatment Facilities.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance - Air or Water	An air or water vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
52	Psychiatric Facility – Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services are who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals with intellectual disabilities but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professional staffed group living and learning environment.

PLACE of SERVICE/LOCATION

57	Non-Residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
58	Non-Residential Opioid Treatment Facility	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT)
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia or influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetic services
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the direction of a physician.
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.

ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Psychiatric Diagnostic Interview <i>Comprehensive psychosocial mental health assessment for diagnostic purposes</i> 90791	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7 Unit=113-127m 8 Unit=128-142m 9 Unit=143-157m 10 Unit=158-172m 11 Unit=173-187m 12 Unit=188-202m 14 Unit=203-217m	Interactive Complexity (90875) Sign Language/ Interpretation (T1013)	90792 90832-90834 90836-90838 90847 90849 90853 90865 90880 96112 96113 96116 96121	90839-90840* 90867-90870* 90885* 90887* 96127* 96161* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99366-99368** 99441-99443** 99451** 99605-99606**
Psychiatric Diagnostic Interview with Medical Services <i>Comprehensive psychosocial mental health assessment with in-depth evaluation of medical issues</i> 90792	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7 Unit=113-127m 8 Unit=128-142m 9 Unit=143-157m 10 Unit=158-172m 11 Unit=173-187m 12 Unit=188-202m 14 Unit=203-217m	Interactive Complexity (90875) Sign Language/ Interpretation (T1013)	90791 90832-90834 90836-90838 90847 90849 90853 90865 90880 96112 96113 96116 96121	90839-90840* 90867-90870* 90885* 90887* 96127* 96161* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99366-99368** 99441-99443** 99451** 99605-99606**

ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Mental Health Assessment by Non-Physician, 15 Minutes <i>Used by students for the Psychiatric Diagnostic Interview or other assessment purposes</i> H0031	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	Psychology Student Social Work Student MFT Student Professional Clinical Counselor Student	All except Prison/Correctional Facility (09)	8	1,440	96	1 Unit =8-22m 2 Unit =23-37m 3 Unit =38-52m 4 Unit =53-67m 5 Unit =68-82m 6 Unit =83-97m 7 Unit =98-112m 8 Unit=113-127m 9 Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m	Caregiver Assessment (96161) Sign Language/Interpretation (T1013)	None	None
Nursing Assessment/Evaluation, 15 Minutes <i>Used by nurses when gathering assessment information</i> T1001	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	NP CNS RN LVN Psychiatric Technician	All except Prison/Correctional Facility (09)	8	1,440	96	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8 Unit=113-127m 9 Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m	Caregiver Assessment (96161) Sign Language/Interpretation (T1013)	None	None
Comprehensive Multidisciplinary Evaluation, 15 Minutes <i>Typically used by non diagnosing disciplines, non nursing disciplines when evaluating the client</i> H2000	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines	All except Prison/Correctional Facility (09)	8	1,440	96	Same as Above	Caregiver Assessment (96161) Sign Language/Interpretation (T1013)	None	None

ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Telephone Assessment and Management Service, 5-10 Minutes <i>Check in over the phone to get current status of client and assess symptoms/behaviors/status</i> 98966	Client Significant Support Person	Telephone (93)	PA Licensed Psychologist Waivered Psychologist (HL) LCSW ACSW (HL) LMFT AMFT (HL) LPCC APCC (HL)	Telehealth Other than Client's Home (02) Telehealth in Client's Home (10)	5	10	1	N/A	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	98967 98968 99484	N/A
Telephone Assessment and Management Service, 11-20 Minutes <i>Check in over the phone to get current status of client and assess symptoms/behaviors/status</i> 98967	Client Significant Support Person	Telephone (93)	PA Licensed Psychologist Waivered Psychologist (HL) LCSW ACSW (HL) LMFT AMFT (HL) LPCC APCC (HL)	Telehealth Other than Client's Home (02) Telehealth in Client's Home (10)	11	20	1	N/A	Sign Language/ Interpretation (T1013) Caregiver Assessment (96161)	98966 98967 99484	N/A
Telephone Assessment and Management Service, 21-30 Minutes <i>Check in over the phone to get current status of client and assess symptoms/behaviors/status</i> 98968	Client Significant Support Person	Telephone (93)	PA Licensed Psychologist Waivered Psychologist (HL) LCSW ACSW (HL) LMFT AMFT (HL) LPCC APCC (HL)	Telehealth Other than Client's Home (02) Telehealth in Client's Home (10)	21	37	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 38-52m 2 Unit = 53-67m 3 Unit = 68-82m 4 Unit = 83-97m 5 Unit = 98-112m 6 Unit= 113-127m	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	98966 98967 99484	None

ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 minutes <i>Not for planning/ preparation purposes</i> 90885	NA	Records Only	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered (HL) Psychologist LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m	None	90791 90792 90839-90840	None
Screening											
Brief Emotional/Behavioral Assessment, 15 Minutes <i>Used for screening tools (e.g. CANS/NET, depression inventory, attention-deficit/hyperactivity disorder scale)</i> 96127	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL) RN	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m	Interpretation /Explanation of Results (90887) Sign Language/Interpretation (T1013)	90791-90792 90832-90834 90836-90840 90845, 90847 90849, 90853 90865, 90867-90870 90880, 96105 96112-96113 96116, 96121 96125 96130-96133 96136-96139 99217-99223 99231-99236 99251-99255 99304-99310 99366-99368 99441-99443 99451, 99484	96146* 96161*

ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Developmental Screening, 15 min <i>Standardized developmental screening tool</i> 96110	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP, CNS,PA Licensed Psychologist Waivered Psychologist (HL) LCSW, LMFT, LPCC ACSW, AMFT, APCC (HL) RN	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7 Unit=113-127m	Interpretation/Explanation of Results (90887) Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	96105 96116 96121 96130 96131-96133 96136-96139 96161	96125* 96146*
Neurobehavioral Status Exam <i>Standardized exam</i> 96116	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP, CNS,PA Licensed Psychologist Waivered Psychologist (HL) LCSW, LMFT, LPCC ACSW, AMFT, APCC (HL) RN	All except Prison/Correctional Facility (09)	31	90	1	96121 (each additional hour, up to 22 units) 1 Unit = 91-150m 2 Unit = 151-210m 3 Unit = 211-270m 4 Unit = 271-330m 5 Unit = 331-390m 6 Unit = 391-450m	Interpretation /Explanation of Results (90887) Sign Language/Interpretation (T1013)	90791, 90792 90832-90834 90836-90840 90845, 90847 90849, 90853 90865, 90880 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96110* 96112* 96125* 96127* 96146* 96161*
Other Assessment Codes											
Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Day, 35-44 Minutes 99234	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Off-Campus Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	35	44	1	N/A	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99235-99236 99451	96116*, 96125* 96127*, 96130* 96132*, 96136* 96138*, 96146* 96365*, 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99217-99223** 99231-99233** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**

ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Day, 45-53 Minutes 99235	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Off-Campus Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	45	53	1	N/A	Sign Language/Interpretation (T1013) Caregiver Assessment (96161)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99236 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99217-99223** 99231-99234** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**
Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Day, 54-60 Minutes 99236	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Off-Campus Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	54	67	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 68-82m 2 Unit = 83-97m 3 Unit = 98-112m 4 Unit = 113-127m	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99217-99223** 99231-99235** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**

PSYCHOLOGICAL TESTING

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Assessment of Aphasia, first hour <i>Assessment of expressive and receptive speech and language, e.g., Boston Diagnostic Aphasia Examination</i> <i>Face-to-Face administration; interpretation</i> 96105	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	31	67	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 68-82m 2 Unit = 83-97m 3 Unit = 98-112m 4 Unit = 113-127m 5 Unit=128-142m 6 Unit=143-157m 7 Unit=158-172m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	None	96110* 96125* 96127* 96146* 96161*
Developmental Testing, First Hour <i>Assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments</i> <i>Face-to-face administration; interpretation</i> 96112	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	31	75	1	96113 (each additional 30 min, up to 44 units) 1 Unit = 76-105m 2 Unit = 106-135m 3 Unit = 136-165m 4 Unit = 166-195m 5 Unit = 196-225m 6 Unit = 226-285m 7 Unit = 286-315m 8 Unit = 316-345m	Interpretation/ Explanation of Results (90887) Sign Language /Interpretation (T1013)	96116 96121	90791-90792* 90832-90834* 90836-90839* 90845*, 90847* 90849*, 90853* 90865*, 90870* 90880*, 96125* 96127* 96130-96131* 96146*, 96161* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**

PSYCHOLOGICAL TESTING

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Standardized Cognitive Performance Testing, First Hour <i>(e.g., Ross Information Processing Assessment) Face-to-face administration; interpretation</i> 96125	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	31	67	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 68-82m 2 Unit = 83-97m 3 Unit = 98-112m 4Unit = 113-127m 5Unit=128-142m 6Unit=143-157m 7Unit=158-172m 8Unit = 173-187m 9Unit = 188-202m 10Unit = 203-217m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	96105, 96110 96112-96113 96116, 96121 96130-96133 96136-96139 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96127* 96146* 96161*
Psychological Testing Evaluation, First Hour <i>Integration, interpretation, clinical decision-making, and interactive feedback</i> 96130	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	31	90	1	96131 (each additional hour, up to 22 units) 1 Unit = 91-150m 2 Unit = 151-210m 3 Unit = 211-270m 4 Unit = 271-330m 5 Unit = 331-390m 6 Unit = 391-450m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	96112 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96110* 96113* 96125* 96127* 96161* 96146*
Neuropsychological Testing Evaluation, First Hour <i>Integration, interpretation, clinical decision-making, and interactive feedback</i> 96132	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	31	90	1	96133 (each additional hour, up to 22 units) 1 Unit = 91-150m 2 Unit = 151-210m 3 Unit = 211-270m 4 Unit = 271-330m 5 Unit = 331-390m 6 Unit = 391-450m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96110* 96125* 96127* 96146* 96161*

PSYCHOLOGICAL TESTING

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Psychological or Neuropsychological Test Administration, First 30 Minutes <i>Face-to-face administration and scoring</i> 96136	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	16	45	1	96137 (each additional 30 min, up to 45 units) 1 Unit = 46-75m 2 Unit = 76-105m 3 Unit = 106-135m 4 Unit = 136-165m 5 Unit = 166-195m 4 Unit = 196-225m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96110* 96125* 96127* 96138* 96146* 96161*
Psychological or Neuropsychological Test Administration by Technician, First 30 Minutes 96138	Client	In Person Telehealth (95)	PT	All except Prison/Correctional Facility (09)	16	45	1	96139 (each additional 30 min, up to 45 units) 1 Unit = 46-75m 2 Unit = 76-105m 3 Unit = 106-135m 4 Unit = 136-165m 5 Unit = 166-195m 4 Unit = 196-225m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	96136-96137 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96110* 96113* 96125* 96127* 96146* 96161*
Psychological or Neuropsychological Test Administration (Auto), 15 Minutes 96146	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 23-37m 2 Unit = 38-52m 3 Unit = 53-67m 4 Unit = 68-82m 5 Unit = 83-97m 6 Unit = 98-112m 7Unit= 113-127m	Interpretation /Explanation of Results (90887)	96105 96110 96112-96113 96116 96121 96125 96127 96130-96133 96136-96139 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96161*

PSYCHOLOGICAL TESTING

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Mental Health Assessment by Non-Physician, 15 Minutes <i>Used by students in Psychology for Psychological Testing</i> H0031	Client	In Person Telephone (SC) Telehealth (GT)	Student Psychologists	All except Prison/Correctional Facility (09)	8	1,440	96	1 Unit =8-22m 2 Unit =23-37m 3 Unit =38-52m 4 Unit =53-67m 5 Unit =68-82m 6 Unit =83-97m 7 Unit =98-112m 8 Unit=113-127m 9 Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m	Caregiver Assessment (96161) Sign Language /Interpretation (T1013)	None	None

PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Psychotherapy, 30 Minutes with Patient 90832	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	16	37	1	N/A	Interactive Complexity (90785) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90833-90834 90836-90840 90845 90847 90849 90853 90865 90870 90880 96112-96113	90867-90869* 96116*, 96127* 96161* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99366-99368** 99441-99443** 99451** 99605-99606**
Psychotherapy, 45 Minutes with Patient 90834	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	38	52	1	N/A	Interactive Complexity (90785) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90836-90840 90845 90847 90849 90853 90865 90870 90880 96112-96113	90832-90833* 90867-90869* 96116* 96127* 96161* 99202-99205** 99212-99215**
Psychotherapy, 60 Minutes with Patient 90837	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	53	67	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 68-82m 2 Unit = 83-97m 3 Unit = 98-112m 4 Unit = 113-127m 5 Unit=128-142m 6 Unit=143-157m 7 Unit=158-172m 8 Unit=173-187m 9 Unit=188-202m 10Unit=203-217m	Interactive Complexity (90785) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90838-90840 90845 90847 90849 90853 90865 90870 90880 96112-96113	90832-90834* 90836* 90867-90869* 96116*, 96127* 96161* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337**

PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes 90847	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	26	57	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 58-72m 2 Unit = 73-87m 3 Unit =88-102m 4 Unit = 103-117m 5 Unit=118-132m 6 Unit=133-147m 7 Unit=148-162m	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90839-90840 90867-90869 90880 96112-96113	90832-90834* 90836-90838* 90865*, 90870* 96116*, 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606*
Multi-Family Group Psychotherapy, 15 Minutes 90849	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212HQ (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7 Unit=113-127m 8Unit=128-142m 9Unit=143-157m 10Unit=158-172m	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90839-90840 90853 90867-90869 90880 96112-96113	90832-90834* 90836-90838* 90865*, 90870* 96116*, 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**

PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Group Psychotherapy, 15 Minutes 90853	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212HQ (1 unit for each additional 15 min, up to 14 units) Unit Breakdown: Same as Above	Interactive Complexity (90785) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90839-90840 90867-90869 90880	90832-90834* 90836-90838* 90849* 90865* 90870* 96116* 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**
Hypnotherapy 90880	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	TBD	TBD	1	G2212 (1 unit for each additional 15 min, up to 14)	Sign Language /Interpretation (T1013)	90791 90792 90832-90834 90836-90840 90845 90847 90849 90853 90867-90870 96112-96113	90865* 96116* 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**
Psychoanalysis, 15 Minutes 90845	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7 Unit =113-127m 8Unit=128-142m 9Unit=143-157m 10Unit=158-172m	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90832-90834 90836-90840 90865 90867-90870 90880 96112-96113	96116* 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**

PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Psychosocial Rehabilitation, per 15 Minutes <i>Used when students provide psychotherapy under the direction of a licensed staff</i> H2017	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	Psychology Student Social Work Student MFT Student Professional Clinical Counselor Student	All except Prison/Correctional Facility (09)	8	1,440	96	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8 Unit=113-127m 9 Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m 15 Unit=218-232m 16 Unit=233-247m 17Unit=248-262m 18Unit=263-277m 19Unit=278-292m 20Unit=293-307m	Sign Language /Interpretation (T1013)	None	None

REHABILITATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Psychosocial Rehabilitation, per 15 Minutes H2017	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines	All except Prison/Correctional Facility (09)	8	1,440	96	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8Unit=113-127m 9Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m 15 Unit=218-232m 16 Unit=233-247m 17Unit=248-262m 18Unit=263-277m 19Unit=278-292m 20Unit=293-307m	Sign Language/Interpretation (T1013)	None	None
Community-Based Wrap-Around Services, per 15 Minutes <i>Used only by Wraparound programs instead of H2017</i> H2021	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines	All except Prison/Correctional Facility (09)	8	1,440	96	Same as Above	Sign Language/Interpretation (T1013)	None	None
Group Rehabilitation, per 15 Minutes H2017HQ	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines	All except Prison/Correctional Facility (09)	8	1,440	96	Same as Above	Sign Language/Interpretation (T1013)	None	None

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Psychiatric Diagnostic Interview Comprehensive psychosocial mental health assessment for diagnostic purposes 90791HK	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7 Unit=113-127m 8 Unit=128-142m 9 Unit=143-157m 10 Unit=158-172m 11 Unit=173-187m 12 Unit=188-202m 14 Unit=203-217m	Interactive Complexity (90875) Sign Language/ Interpretation (T1013)	90792 90832-90834 90836-90838 90847 90849 90853 90865 90880 96112 96113 96116 96121	90839-90840* 90867-90870* 90885* 90887* 96127* 96161* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99366-99368** 99441-99443** 99451** 99605-99606**
Psychiatric Diagnostic Interview with Medical Services Comprehensive psychosocial mental health assessment with in-depth evaluation of medical issues 90792HK	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7 Unit=113-127m 8 Unit=128-142m 9 Unit=143-157m 10 Unit=158-172m 11 Unit=173-187m 12 Unit=188-202m 14 Unit=203-217m	Interactive Complexity (90875) Sign Language/Interpretation (T1013)	90791 90832-90834 90836-90838 90847 90849 90853 90865 90880 96112 96113 96116 96121	90839-90840* 90867-90870* 90885* 90887* 96127* 96161* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99366-99368** 99441-99443** 99451** 99605-99606**

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Mental Health Assessment by Non-Physician, 15 Minutes Used by students for the Psychiatric Diagnostic Interview or other assessment purposes H0031HK	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	Psychology Student Social Work Student MFT Student Professional Clinical Counselor Student	All except Prison/Correctional Facility (09)	8	1,440	96	1 Unit =8-22m 2 Unit =23-37m 3 Unit =38-52m 4 Unit =53-67m 5 Unit =68-82m 6 Unit =83-97m 7 Unit =98-112m 8 Unit=113-127m 9 Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m	Caregiver Assessment (96161) Sign Language/Interpretation (T1013)	None	None
Nursing Assessment/Evaluation, 15 Minutes Used by nurses when gathering assessment information T1001HK	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	NP CNS RN LVN Psychiatric Technician	All except Prison/Correctional Facility (09)	8	1,440	96	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8 Unit=113-127m 9 Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m	Caregiver Assessment (96161) Sign Language/Interpretation (T1013)	None	None
Comprehensive Multidisciplinary Evaluation, 15 Minutes Typically used by non diagnosing disciplines, non nursing disciplines when evaluating the client H2000HK	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines	All except Prison/Correctional Facility (09)	8	1,440	96	Same as Above	Caregiver Assessment (96161) Sign Language/Interpretation (T1013)	None	None

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Telephone Assessment and Management Service, 5-10 Minutes Check in over the phone to get current status of client and assess symptoms/behaviors/status 98966HK	Client Significant Support Person	Telephone (93)	PA Licensed Psychologist Waivered Psychologist (HL) LCSW ACSW (HL) LMFT AMFT (HL) LPCC APCC (HL)	Telehealth Other than Client's Home (02) Telehealth in Client's Home (10)	5	10	1	N/A	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	98967 98968 99484	N/A
Telephone Assessment and Management Service, 11-20 Minutes Check in over the phone to get current status of client and assess symptoms/behaviors/status 98967HK	Client Significant Support Person	Telephone (93)	PA Licensed Psychologist Waivered Psychologist (HL) LCSW ACSW (HL) LMFT AMFT (HL) LPCC APCC (HL)	Telehealth Other than Client's Home (02) Telehealth in Client's Home (10)	11	20	1	N/A	Sign Language/ Interpretation (T1013) Caregiver Assessment (96161)	98966 98967 99484	N/A
Telephone Assessment and Management Service, 21-30 Minutes Check in over the phone to get current status of client and assess symptoms/behaviors/status 98968HK	Client Significant Support Person	Telephone (93)	PA Licensed Psychologist Waivered Psychologist (HL) LCSW ACSW (HL) LMFT AMFT (HL) LPCC APCC (HL)	Telehealth Other than Client's Home (02) Telehealth in Client's Home (10)	21	37	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 38-52m 2 Unit = 53-67m 3 Unit = 68-82m 4 Unit = 83-97m 5 Unit = 98-112m 6 Unit= 113-127m	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	98966 98967 99484	None

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 minutes Not for planning/ preparation purposes 90885HK	NA	Records Only	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered (HL) Psychologist LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m	None	90791 90792 90839-90840	None
Screening											
Brief Emotional/Behavioral Assessment, 15 Minutes Used for screening tools (e.g. CANS/NET, depression inventory, attention-deficit/hyperactivity disorder scale) 96127HK	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL) RN	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m	Interpretation /Explanation of Results (90887) Sign Language/Interpretation (T1013)	90791-90792 90832-90834 90836-90840 90845, 90847 90849, 90853 90865, 90867-90870 90880, 96105 96112-96113 96116, 96121 96125 96130-96133 96136-96139 99217-99223 99231-99236 99251-99255 99304-99310 99366-99368 99441-99443 99451, 99484	96146* 96161*

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Developmental Screening, 15 min Standardized developmental screening tool 96110HK	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP, CNS,PA Licensed Psychologist Waivered Psychologist (HL) LCSW, LMFT, LPCC ACSW, AMFT, APCC (HL) RN	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7 Unit=113-127m	Interpretation/Explanation of Results (90887) Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	96105 96116 96121 96130 96131-96133 96136-96139 96161	96125* 96146*
Neurobehavioral Status Exam Standardized exam 96116HK	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP, CNS,PA Licensed Psychologist Waivered Psychologist (HL) LCSW, LMFT, LPCC ACSW, AMFT, APCC (HL) RN	All except Prison/Correctional Facility (09)	31	90	1	96121 (each additional hour, up to 22 units) 1 Unit = 91-150m 2 Unit = 151-210m 3 Unit = 211-270m 4 Unit = 271-330m 5 Unit = 331-390m 6 Unit = 391-450m	Interpretation /Explanation of Results (90887) Sign Language/Interpretation (T1013)	90791, 90792 90832-90834 90836-90840 90845, 90847 90849, 90853 90865, 90880 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96110* 96112* 96125* 96127* 96146* 96161*
Other Assessment Codes											
Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Day, 35-44 Minutes 99234HK	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Off-Campus Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	35	44	1	N/A	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99235-99236 99451	96110*, 96125* 96127*, 96130* 96132*, 96136* 96138*, 96146* 96365*, 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99217-99223** 99231-99233** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605, 99606**

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Day, 45-53 Minutes 99235HK	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Off-Campus Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	45	53	1	N/A	Sign Language/Interpretation (T1013) Caregiver Assessment (96161)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99236 99451	96116*, 96125* 96127*, 96130* 96132*, 96136* 96138*, 96146* 96365*, 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99217-99223** 99231-99234** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**
Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Day, 54-60 Minutes 99236HK	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Off-Campus Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	54	67	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 68-82m 2 Unit = 83-97m 3 Unit = 98-112m 4 Unit = 113-127m	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99451	96116* 96125* 96127*, 96130* 96132*, 96136* 96138*, 96146* 96365*, 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99217-99223** 99231-99235** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**
Psychological Testing Codes											
Assessment of Aphasia, first hour <i>Assessment of expressive and receptive speech and language, e.g., Boston Diagnostic Aphasia Examination Face-to-Face administration; interpretation</i> 96105HK	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	31	67	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 68-82m 2 Unit = 83-97m 3 Unit = 98-112m 4 Unit = 113-127m 5 Unit=128-142m 6 Unit=143-157m 7 Unit=158-172m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	None	96110* 96125* 96127* 96146* 96161*

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Developmental Testing, First Hour <i>Assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments</i> <i>Face-to-face administration; interpretation</i> 96112HK	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	31	75	1	96113 (each additional 30 min, up to 44 units) 1 Unit = 76-105m 2 Unit = 106-135m 3 Unit = 136-165m 4 Unit = 166-195m 5 Unit = 196-225m 6 Unit = 226-285m 7 Unit = 286-315m 8 Unit = 316-345m	Interpretation/ Explanation of Results (90887) Sign Language /Interpretation (T1013)	96116 96121	90791-90792* 90832-90834* 90836-90839* 90845*, 90847* 90849*, 90853* 90865*, 90870* 90880*, 96125* 96127* 96130-96131* 96146*, 96161* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**
Standardized Cognitive Performance Testing, First Hour <i>(e.g., Ross Information Processing Assessment)</i> Face-to-face administration; interpretation 96125HK	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	31	67	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 68-82m 2 Unit = 83-97m 3 Unit = 98-112m 4Unit = 113-127m 5Unit=128-142m 6Unit=143-157m 7Unit=158-172m 8Unit = 173-187m 9Unit = 188-202m 10Unit = 203-217m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	96105, 96110 96112-96113 96116, 96121 96130-96133 96136-96139 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96127* 96146* 96161*
Psychological Testing Evaluation, First Hour <i>Integration, interpretation, clinical decision-making, and interactive feedback</i> 96130HK	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	31	90	1	96131 (each additional hour, up to 22 units) 1 Unit = 91-150m 2 Unit = 151-210m 3 Unit = 211-270m 4 Unit = 271-330m 5 Unit = 331-390m 6 Unit = 391-450m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	96112 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96110* 96113* 96125* 96127* 96161* 96146*

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Neuropsychological Testing Evaluation, First Hour <i>Integration, interpretation, clinical decision-making, and interactive feedback</i> 96132HK	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	31	90	1	96133 (each additional hour, up to 22 units) 1 Unit = 91-150m 2 Unit = 151-210m 3 Unit = 211-270m 4 Unit = 271-330m 5 Unit = 331-390m 6 Unit = 391-450m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96110* 96125* 96127* 96146* 96161*
Psychological or Neuropsychological Test Administration, First 30 Minutes <i>Face-to-face administration and scoring</i> 96136HK	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	16	45	1	96137 (each additional 30 min, up to 45 units) 1 Unit = 46-75m 2 Unit = 76-105m 3 Unit = 106-135m 4 Unit = 136-165m 5 Unit = 166-195m 6 Unit = 196-225m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96110* 96125* 96127* 96138* 96146* 96161*
Psychological or Neuropsychological Test Administration by Technician, First 30 Minutes 96138HK	Client	In Person Telehealth (95)	PT	All except Prison/Correctional Facility (09)	16	45	1	96139 (each additional 30 min, up to 45 units) 1 Unit = 46-75m 2 Unit = 76-105m 3 Unit = 106-135m 4 Unit = 136-165m 5 Unit = 166-195m 6 Unit = 196-225m	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	96136-96137 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96110* 96113* 96125* 96127* 96146* 96161*

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Psychological or Neuropsychological Test Administration (Auto), 15 Minutes 96146HK	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 23-37m 2 Unit = 38-52m 3 Unit = 53-67m 4 Unit = 68-82m 5 Unit = 83-97m 6 Unit = 98-112m 7Unit= 113-127m	Interpretation /Explanation of Results (90887)	96105 96110 96112-96113 96116 96121 96125 96127 96130-96133 96136-96139 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	96161*
Mental Health Assessment by Non-Physician, 15 Minutes <i>Used by students in Psychology for Psychological Testing</i> H0031HK	Client	In Person Telephone (SC) Telehealth (GT)	Student Psychologists	All except Prison/Correctional Facility (09)	8	1,440	96	1 Unit =8-22m 2 Unit =23-37m 3 Unit =38-52m 4 Unit =53-67m 5 Unit =68-82m 6 Unit =83-97m 7 Unit =98-112m 8 Unit=113-127m 9 Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m	Caregiver Assessment (96161) Sign Language /Interpretation (T1013)	None	None

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Psychotherapy Codes											
Psychotherapy, 30 Minutes with Patient 90832HK	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	16	37	1	N/A	Interactive Complexity (90785) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90833-90834 90836-90840 90845 90847 90849 90853 90865 90870 90880 96112-96113	90867-90869* 96116* 96127* 96161* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99366-99368** 99441-99443** 99451** 99605-99606**
Psychotherapy, 45 Minutes with Patient 90834HK	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	38	52	1	N/A	Interactive Complexity (90785) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90836-90840 90845 90847 90849 90853 90865 90870 90880 96112-96113	90832-90833* 90867-90869* 96116* 96127* 96161* 99202-99205** 99212-99215**

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Psychotherapy, 60 Minutes with Patient 90837HK	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	53	67	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 68-82m 2 Unit = 83-97m 3 Unit = 98-112m 4 Unit = 113-127m 5 Unit=128-142m 6 Unit=143-157m 7 Unit=158-172m 8 Unit=173-187m 9 Unit=188-202m 10Unit=203-217m	Interactive Complexity (90785) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90838-90840 90845 90847 90849 90853 90865 90870 90880 96112-96113	90832-90834* 90836* 90867-90869* 96116* 96127* 96161* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337**
Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes 90847HK	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	26	57	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 58-72m 2 Unit = 73-87m 3 Unit =88-102m 4 Unit = 103-117m 5 Unit=118-132m 6 Unit=133-147m 7 Unit=148-162m	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90839-90840 90867-90869 90880 96112-96113	90832-90834* 90836-90838* 90865* 90870* 96116* 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606*

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Multi-Family Group Psychotherapy, 15 Minutes 90849HK	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212HQ (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7 Unit=113-127m 8Unit=128-142m 9Unit=143-157m 10Unit=158-172m 11Unit=173-187m 12Unit=188-202m 13Unit=203-217m	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90839-90840 90853 90867-90869 90880 96112-96113	90832-90834* 90836-90838* 90865* 90870* 96116* 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**
Group Psychotherapy, 15 Minutes 90853HK	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212HQ (1 unit for each additional 15 min, up to 14 units) Unit Breakdown: Same as Above	Interactive Complexity (90785) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90839-90840 90867-90869 90880	90832-90834* 90836-90838* 90849* 90865* 90870* 96116* 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Hypnotherapy 90880HK	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	TBD	TBD	1	G2212 (1 unit for each additional 15 min, up to 14)	Sign Language /Interpretation (T1013)	90791 90792 90832-90834 90836-90840 90845 90847 90849 90853 90867-90870 96112-96113	90865* 96116* 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**
Psychoanalysis, 15 Minutes 90845HK	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except Prison/Correctional Facility (09)	8	22	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7 Unit=113-127m 8Unit=128-142m 9Unit=143-157m 10Unit=158-172m 11Unit=173-187m 12Unit=188-202m 13Unit=203-217m	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90832-90834 90836-90840 90865 90867-90870 90880 96112-96113	96116* 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**

INTENSIVE HOME BASED SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Rehabilitation Codes											
Psychosocial Rehabilitation, per 15 Minutes H2017HK	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines	All except Prison/Correctional Facility (09)	8	1,440	96	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8Unit=113-127m 9Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m 15 Unit=218-232m 16 Unit=233-247m 17Unit=248-262m 18Unit=263-277m 19Unit=278-292m 20Unit=293-307m	Sign Language /Interpretation (T1013)	None	None
Community-Based Wrap-Around Services, per 15 Minutes <i>Used only by Wraparound programs instead of H2017</i> H2021HK	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines	All except Prison/Correctional Facility (09)	8	1,440	96	Same as Above	Sign Language /Interpretation (T1013)	None	None
Group Rehabilitation, per 15 Minutes H2017HKHQ	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines	All except Prison/Correctional Facility (09)	8	1,440	96	Same as Above	Sign Language /Interpretation (T1013)	None	None

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Office or Other Outpatient Visit of New Patient, 15-29 Minutes 99202	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	15	29	1	N/A	Psychotherapy (30 Min) Max 1 unit (90853) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96369 96372-96374 96377 99203-99205 99218-99220 99234-99236 99304-99306	96116* 96125* 96130* 96132* 96136* 96138* 96146* 99212-99215** 99605-99606**
Office or Other Outpatient Visit of a New patient, 30-44 Minutes 99203	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	30	44	1	N/A	Psychotherapy (30 Min) Max 1 unit (90853) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96369 96372-96374 96377 99204-99205 99218-99220 99234-99236 99304-99306	96116* 96125* 96130* 96132* 96136* 96138* 96146* 99202** 99212-99215** 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Office or Other Outpatient Visit of a New Patient, 45-59 Minutes 99204	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	45	59	1	N/A	Psychotherapy (30 Min) Max 1 unit (90853) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96369 96372-96374 96377 99205 99218-99220 99234-99236 99304-99306	96116* 96125* 96130* 96132* 96136* 96138* 96146* 99202-99203** 99212-99215** 99605-99606**
Office or Other Outpatient Visit of a New Patient, 60-74 Minutes 99205	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	60	81	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 82-96m 2 Unit = 97-111m 3 Unit =112-126m 4 Unit = 127-141m 5 Unit=142-156m	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96369 96372-96374 96377 99218-99220 99234-99236 99304-99306	96116* 96125* 96130* 96132* 96136* 96138* 96146* 99202-99204** 99212-99215** 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes 99212	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	10	19	1	N/A	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96369 96372-96374 96377 99202-99205 99213-99215 99218-99220 99234-99236 99304-99306	96116* 96125* 96130* 96132* 96136* 96138* 96146* 99605-99606**
Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes 99213	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	20	29	1	N/A	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90880 96112-96113 99304-99306	96116* 96125* 96130* 96132* 96136* 96138* 96146* 99212** 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes 99214	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	30	39	1	N/A	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language/Interpretation (T1013) Interpretation/Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96369 96372-96374 96377 99202-99205 99215 99218-99220 99234-99236 99304-99306	96116* 96125* 96130* 96132* 96136* 96138* 96146* 99212-99213** 99605-99606**
Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes 99215	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	40	61	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 62-76m 2 Unit = 77-91m 3 Unit = 92-106m 4 Unit = 107-121m 5 Unit = 122-136m	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language/Interpretation (T1013) Interpretation/Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96369 96372-96374 96377 99202-99205 99218-99220 99234-99236 99304-99306	96116* 96125* 96130* 96132* 96136* 96138* 96146* 99212-99214** 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Telephone Evaluation and Management Service, 5-10 Minutes 99441	Client Significant Support Person	Telephone (93)	MD/DO MD/DO Resident (GC) NP CNS PA	Telehealth Other than Client's Home (02) Telehealth in Client's Home (10)	5	10	1	N/A	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	90791 90792 90832-90834 90836-90838 99442 99443 99484	96127*
Telephone Evaluation and Management Service, 11-20 Minutes 99442	Client Significant Support Person	Telephone (93)	MD/DO MD/DO Resident (GC) NP CNS PA	Telehealth Other than Client's Home (02) Telehealth in Client's Home (10)	11	20	1	N/A	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	90791 90792 90832-90834 90836-90838 99441 99443 99484	96127*
Telephone Evaluation and Management Service, 21-30 Minutes 99443	Client Significant Support Person	Telephone (93)	MD/DO MD/DO Resident (GC) NP CNS PA	Telehealth Other than Client's Home (02) Telehealth in Client's Home (10)	21	37	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 38-52m 2 Unit = 53-67m 3 Unit = 68-82m 4 Unit = 83-97m	Sign Language /Interpretation (T1013) Caregiver Assessment (96161)	90791 90792 90832-90834 90836-90838 99441 99442 99484	96127*
Evaluation & Management in the Client's Home or Field											
Home Visit of a New Patient, 15-25 Minutes 99341	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34)	15	25	1	N/A	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99218-99220 99234-99236 99304-99306 99342-99345 99451	96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Home Visit of a New Patient, 26-35 Minutes 99342	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34)	26	35	1	N/A	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99218-99220 99234-99236 99304-99306 99343-99345 99451	96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96377* 99341** 99605-99606**
Home Visit of a New Patient, 36-50 Minutes 99343	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34)	36	50	1	N/A	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99218-99220 99234-99236 99304-99306 99344-99345 99451	96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96377* 99341-99342** 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Home Visit of a New Patient, 51-65 Minutes 99344	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34)	51	65	1	N/A	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99218-99220 99234-99236 99304-99306 99345 99451	96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99341-99343**
Home Visit of a New Patient, 66-80 Minutes 99345	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34)	66	87	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 88-102m 2 Unit = 103-117m 3 Unit =118-132m 4 Unit = 133-147m 5 Unit=148-162m	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99218-99220 99234-99236 99304-99306 99451	96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99341-99344** 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Home Visit of a Established Patient, 10-20 Minutes 99347	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34)	10	20	1	N/A	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99218-99220 99234-99236 99304-99306 99348-99350 99451	96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99605-99606**
Home Visit of a Established Patient, 21-35 Minutes 99348	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34)	21	35	1	N/A	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99218-99220 99234-99236 99304-99306 99349-99350 99451	96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99347** 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Home Visit of a Established Patient, 36-50 Minutes 99349	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34)	36	50	1	N/A	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99218-99220 99234-99236 99304-99306 99350 99451	96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99347-99348** 99605-99606**
Home Visit of a Established Patient, 51-70 Minutes 99350	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34)	51	77	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 78-92m 2 Unit = 93-107m 3 Unit = 108-122m 4 Unit = 123-137m 5 Unit = 138-152m	Psychotherapy (30 Min) Max 1 unit (90833) Psychotherapy (45 Min) Max 1 unit (90836) Psychotherapy (60 Min) Max 1 unit (90838) Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99218-99220 99234-99236 99304-99306 99451	96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99347-99349** 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16-29 Minutes 99304	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32)	16	29	1	N/A	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90865 90867-90869 90880 96112-96113 99221-99223 99305-99306 99451	96116*, 96125* 96127*, 96130* 96132*, 96136* 96138*, 96146* 96365*, 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99218-99220** 99231-99233** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes 99305	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32)	30	39	1	N/A	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90865 90867-90869 90880 96112-96113 99221-99223 99306 99451	96116*, 96125* 96127*, 96130* 96132*, 96136* 96138*, 96146* 96365*, 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99218-99220** 99231-99233** 99304** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40-60 Minutes 99306	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32)	40	67	1	G2212 (1 unit for each additional 15 min, up to 13) 1 Unit = 68-82m 2 Unit = 83-97m 3 Unit = 98-112m 4 Unit = 113-127m 5 Unit=128-142m 6 Unit=143-157m 7 Unit=158-172m	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90865 90867-90869 90880 96112-96113 99221-99223 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99218-99220** 99231-99233** 99304-99305** 99307-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 1-12 Minutes 99307	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32)	1	12	1	N/A	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96367 96369 96372-96375 99218-99223 99234-99236 99304-99306 99308-99310 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 13-19 Minutes 99308	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32)	13	19	1	N/A	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96367 96369 96372-96375 99218-99223 99234-99236 99304-99306 99309-99310 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99307** 99605-99606**
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 20-29 Minutes 99309	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32)	20	29	1	N/A	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96367 96369 96372-96375 99218-99223 99234-99236 99304-99306 99310 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99307-99308** 99605-99606**

EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes 99310	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32)	30	47	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 48-62m 2 Unit = 63-77m 3 Unit = 78-92m 4 Unit = 93-107m 5 Unit=108-122m	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96367 96369 96372-96375 99218-99223 99234-99236 99304-99306 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99307-99309** 99605-99606**

EVALUATION AND MANAGEMENT HOSPITAL

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
<p>Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of low severity. 20-39 minutes</p> <p>99221</p>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	20	39	1	N/A	N/A	90791-90792 90832 90834 90837 90845 90865 90880 99222-99223 99234-99236 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99217-99220** 99231-99233** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**
<p>Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of moderate severity. 40-59 mins</p> <p>99222</p>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	40	59	1	N/A	N/A	90791 90792 90832 90834 90837 90845 90865 90880 99223 99234 99235 99236 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96372-96374* 96377* 99202-99205** 99212-99215** 99217-99220** 99221** 99231-99233** 99304-99310** 99324-99327** 99341-99345** 99347-99350** 99605-99606** 99605** 99606**

EVALUATION AND MANAGEMENT HOSPITAL

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
<p>Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of moderate severity. 60-79 mins</p> <p>99223</p>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	60	86	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 87-101m 2 Unit = 102-116m 3 Unit =117-131m 4 Unit = 132-146m	N/A	90791-90792 90832 90834 90837 90845 90865 90880 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99202-99205** 99212-99215** 99217-99222** 99231-99233** 99234-99236 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**
<p>Subsequent Hospital Care, per Day, for the Evaluation and Management of a Patient. Usually, Patient is Stable, Recovering or Improving, 6-19 Minutes</p> <p>99231</p>	Client Significant Support Person	In Person	MD/DO/Resident (GC) NP CNS PA	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	6	19	1	N/A	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96367 96369 96372-96375 96377* 99221-99223 99232-99236 99304-99306 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99605-99606*

EVALUATION AND MANAGEMENT HOSPITAL

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Subsequent Hospital Care, per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or has Developed a Minor Complication, 20-29 Minutes 99232	Client Significant Support Person	In Person	MD/DO/Resident (GC) NP CNS PA	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	20	29	1	N/A	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 99221-99223 96365 96367 96369 96372-96375 99233-99236 99304-99306 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99231** 99605-99606**
Subsequent Hospital Care, per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Unstable or has Developed a Significant New Problem, 30-40 Minutes 99233	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	30	47	1	G2212 (1 unit for each additional 15 min, up to 14 units) 1 Unit = 48-62m 2 Unit =63-77m 3 Unit =78-92m 4 Unit = 93-107m	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96365 96367 96369 96372-96375 96377* 99221-99223 99232-99236 99304-99306 99451	96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99231-99232** 99605-99606*

EVALUATION AND MANAGEMENT HOSPITAL

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 35-44 Minutes 99252	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Inpatient Hospital (21) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	35	44	1	N/A	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90867-90870 99241-99245 99251 99253-99255 99451	96127*
Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 45-59 Minutes 99253	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Inpatient Hospital (21) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	45	59	1	N/A	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90867-90870 99241-99245 99251-99252 99254-99255 99451	96127*
Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 60-79 Minutes 99254	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Inpatient Hospital (21) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	60	79	1	N/A	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90867-90870 99241-99245 99251-99253 99255 99451	96127*

EVALUATION AND MANAGEMENT HOSPITAL

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For more information, refer to the Organizational Provider's Manual.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min	Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity,, 80 Minutes and over 99255	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Inpatient Hospital (21) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	80	TBD	1	TBD	Interactive Complexity (90875) Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832 90834 90837 90867-90870 99241-99245 99251-99254 99451	96127*

NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to Face with New Patient with Assessment and Intervention, 15 Minutes 99605	Client Significant Support Person	In Person Telehealth (95)	Advanced Practice Pharm	All except Prison/Correctional Facility (09)	8	22	1	99607 (1 unit for each additional 15 min, up to 15 units) 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791, 90792 90832-90834 90836-90840 90845, 90847 90849, 90853 90865, 90870 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350 99484	99606**
Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to-Face with Established Patient with Assessment and Intervention, 15 Minutes 99606	Client Significant Support Person	In Person Telehealth (95)	Advanced Practice Pharm	All except Prison/Correctional Facility (09)	8	22	1	99607 (1 unit for each additional 15 min, up to 15 units) Unit Breakdown: Same as Above	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791, 90792 90832-90834 90836-90840 90845, 90847 90849, 90853 90865, 90870 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350 99484, 99605	None

NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Medication Training and Support, per 15 Minutes <i>Medication education related to mental health meds prescribed by psychiatrist, the instruction of the use, risks, and benefits of and alternatives for medication</i> H0034	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	MD/DO MD/DO Resident (GC) NP CNS PA RN LVN Psych Tech Students of above disciplines	All except Prison/Correctional Facility (09)	8	240	16	N/A Unit Breakdown: Same as Above	Sign Language /Interpretation (T1013)	None	None
Group Medication H0034HQ	Client	In Person Telephone (SC) Telehealth (GT)	MD/DO MD/DO Resident (GC) NP CNS PA RN LVN Psych Tech Students of above disciplines	All except Prison/Correctional Facility (09)	8	240	16	N/A Unit Breakdown: Same as Above	Sign Language /Interpretation (T1013)	None	None

NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
TMS & ECT											
Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Delivery and Management 90867	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Pharmacy (01) School (03) Homeless Shelter (04) Indian Health Service Free-Standing Facility (05) Indian Health Service Provider-Based Facility (06) Tribal 638 Free-Standing Facility (07) Tribal 638 Provider-Based Facility (08) Office (11) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15)	NA	NA	1	NA	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832-90834 90836-90840 99451	90845* 90847* 90849* 90853* 90865* 90870* 90880* 96127* 96366-96368* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**
Subsequent Delivery and Management of TMS, per Session 90868	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Pharmacy (01) School (03) Homeless Shelter (04) Indian Health Service Free-Standing Facility (05) Indian Health Service Provider-Based Facility (06) Tribal 638 Free-Standing Facility (07) Tribal 638 Provider-Based Facility (08) Office (11) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15)	NA	NA	1	NA	Sign Language /Interpretation (T1013)	90791 90792 90832-90834 90836-90840 99451	90845* 90847* 90849* 90853* 90865* 90870* 90880* 96127* 96366-96368* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**

NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
TMS Treatment Subsequent Motor Threshold ReDetermination with Delivery and Management 90869	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	Pharmacy (01) School (03) Homeless Shelter (04) Indian Health Service Free-Standing Facility (05) Indian Health Service Provider-Based Facility (06) Tribal 638 Free-Standing Facility (07) Tribal 638 Provider-Based Facility (08) Office (11) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15)	NA	NA	1	NA	Sign Language/Interpretation (T1013)	90791 90792 90832-90834 90836-90840 99451	90845* 90847* 90849* 90853* 90865* 90870* 90880* 96127* 96366-96368* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99241-99245** 99251-99255** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**
Electroconvulsive Therapy (Includes Necessary Monitoring) 90870	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	All except Telehealth (02, 10), Prison (09),	NA	NA	1	NA	Sign Language /Interpretation (T1013)	90791 90792 90839-90840 90847 90849 90853 90867-90869 96112-96113 99451	90832-90834* 90836-90838* 90845* 90865* 90880* 96127* 96365-96368* 96372* 96374-96377* 99241-99245** 99251-99255** 99605-99606**

NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Infusions & Injections											
Oral Medication Administration, Direct Observation, 15 Minutes H0033	Client	In Person	All Disciplines	All except Prison/Correctional Facility (09)	8	240	16	N/A 1 Unit =23-37m 2 Unit =38-52m 3 Unit =53-67m 4 Unit =68-82m 5 Unit =83-97m 6 Unit =98-112m 7Unit=113-127m 8Unit=128-142m 9Unit=143-157m	Sign Language /Interpretation (T1013)	None	None
Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. <i>Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.</i> 96372	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA RN	All except Telehealth (02, 10), Prison (09),	1	15	1	TBD	Sign Language /Interpretation (T1013)	90870 96365 96369 96374	99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**

NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Therapeutic, Prophylactic, or Diagnostic Injection; IntraArterial, 15 Minutes 96373	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA RN	All except Telehealth (02, 10), Prison (09),	1	15	1	TBD	Sign Language /Interpretation (T1013)	None	99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**
Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes 96374	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA RN	All except Telehealth (02, 10), Prison (09),	1	15	1	96375 (Additional Sequential Push New Drug, 15 min)	Sign Language /Interpretation (T1013)	90870 96365	96372* 96377* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**
Application of Onbody Injector for Timed Subcutaneous Injection, 15 Minutes 96377	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA RN	All except Telehealth (02, 10), Prison (09),	1	15	1	TBD	Sign Language /Interpretation (T1013)	90870 96365 96369 96374 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	99202-99205** 99212-99215** 99241-99245**

NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes 96365	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA RN	All except Telehealth (02, 10), Prison (09),	1	60	1	96366 (30-60 Min, up to 4 Units) 96367 (Sequential Infusion 1-60 Min After) 96368 (Concurrent Infusion, 15 Min)	96366, 96367 Sign Language/Interpretation (T1013)	90870	96372* 96374* 96377* 99202-99205** 99212-99215**99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**
Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 15-60 Minutes 96369	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA RN	All except Telehealth (02, 10), Prison (09),	15	60	1	96370 (Additional 30-60 Min) 96371 (Additional pump, 15 min)	Sign Language /Interpretation (T1013)	None	96372* 96377* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**
Narcosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes 90865	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA	All except Telehealth (02, 10), Prison (09),	8	22	1	TBD	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90791 90792 90832-90834 90836-90840 90845 90847 90849 90853 90867-90870 90880 96112-96113	96116* 96127* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350** 99605-99606**

CRISIS INTERVENTION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)	
Base Code											
Psychotherapy for Crisis, First 30-74 Minute 90839	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL)	All except: Prison/Correctional Facility (09), Telehealth Provided Other than in Patients Home (02) and Telehealth Provided in Patient's Home (10)	30	89	1	90840 (each additional 30 min, max of 13) 1 Unit = 90-119m 2 Unit =120-149m 3 Unit =150-179m 4 Unit =180-209m 5 Unit =210-239m 6 Unit =240-269m 7 Unit =270-299m 8Unit=300-329m 9Unit=330-359m	Sign Language /Interpretation (T1013) Interpretation /Explanation of Results (90887)	90785 90791-90792 90832-90834 90836-90838 90845 90847 90849 90853 90865 90880 96112-96113	90867-90870* 90885* 90887* 96116* 96127* 99605-99606**
Crisis Intervention Service, per 15 Minutes H2011	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines	All except Prison/Correctional Facility (09)	8	480	32	N/A 1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8Unit=113-127m 9Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m 15 Unit=218-232m 16 Unit=233-247m 17Unit=248-262m 18Unit=263-277m 19Unit=278-292m 20Unit=293-307m	Sign Language /Interpretation (T1013)	None	None

PLAN DEVELOPMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Mental Health Service Plan Developed by Non-Physician, 15 Minutes H0032	Client Significant Support Person(s) Mental Health/Health Professional (Consultant)	In Person Telephone (SC) Telehealth (GT)	All except MD/DO	All except Prison/Correctional Facility (09)	8	1,440	96	N/A 1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m	Sign Language /Interpretation (T1013)	None	None
Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by NonPhysician. Face-to-face with Patient and/or Family. 30 Minutes or More. <i>Must include 3 or more participants. Participants must have direct client care.</i> 99366	Client Significant Support Person(s)	In Person Telephone (93) Telehealth (95)	NP Pharmacist CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL) RN	All except Prison/Correctional Facility (09)	30	N/A	1	N/A	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	90791 90792 90832-90834 90836-90838 99451 99484	96127*

PLAN DEVELOPMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by NonPhysician. Patient and/or Family Not Present. 30 Minutes or More 99368	Mental Health/Health Professional (Consultant)	In Person Telephone (93) Telehealth (95)	NP Pharmacist CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL) RN	All except Prison/Correctional Facility (09)	30	N/A	1	N/A	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	90791 90792 90832-90834 90836-90838 99484	96127*
Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes <i>May only be claimed once per month for the same practitioner</i> 99484	Mental Health/Health Professional (Consultant)	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP Pharmacist CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASCW (HL) LMFT AMFT (HL) LPCC APCC (HL) RN LVN Psych Tech	All except Prison/Correctional Facility (09)	20	N/A	1	N/A	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	None	96127* 98966-98968* 99366-99368** 99441-99443** 99605-99607**

PLAN DEVELOPMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More <i>Must include 3 or more participants. Participants must have direct client care.</i> 99367	Mental Health/Health Professional (Consultant)	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC)	All except Prison/Correctional Facility (09)	30	N/A	1	N/A	Interpretation /Explanation of Results (90887) Sign Language /Interpretation (T1013)	90791 90792 90832-90834 90836-90838 99484	96127*

TARGETED CASE MANAGEMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Targeted Case Management, Each 15 Minutes T1017	<p style="color: red;">Client Significant Support Person</p>	Telephone (SC)	All disciplines	All except Prison/Correctional Facility (09)	1	1,440	96	N/A 1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8Unit=113-127m 9Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m 15 Unit=218-232m 16 Unit=233-247m 17Unit=248-262m 18Unit=263-277m 19Unit=278-292m 20Unit=293-307m	Sign Language /Interpretation (T1013)	None	None

INTENSIVE CARE COORDINATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Targeted Case Management, Each 15 Minutes T1017HK	Client Significant Support Person	Telephone (SC)	All disciplines	All except Prison/Correctional Facility (09)	1	1,440	96	N/A 1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8Unit=113-127m 9Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m 15 Unit=218-232m 16 Unit=233-247m 17Unit=248-262m 18Unit=263-277m 19Unit=278-292m 20Unit=293-307m	Sign Language /Interpretation (T1013)	None	None
Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes <i>Does not require having had direct client care</i> 99451HK	Mental Health/Health Professional (Consultant)	TBD	MD/DO MD/DO Resident (GC)	Telehealth Other than Client's Home (02) Telehealth in Client's Home (10)	5	15	1	TBD	None	90791-90792 90832-90834 90836-90838 90867-90870 99217-99223 99231-99236 99241-99245 99251-99255 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350 99366	96127*

PEER SUPPORT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.
For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior) H0025	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	Certified Peer	All except Prison/Correctional Facility (09)	8	1,440	96	N/A 1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8Unit=113-127m 9Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m 15 Unit=218-232m 16 Unit=233-247m 17Unit=248-262m 18Unit=263-277m 19Unit=278-292m 20Unit=293-307m	TBD	None	None
Self-help/peer services per 15 minutes H0038	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	Certified Peer	All except Prison/Correctional Facility (09)	8	1,440	96	Same as Above	TBD	None	None
Group Peer Support H0025	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	Certified Peer	All except Prison/Correctional Facility (09)	8	1,440	96	Same as Above	TBD	None	None

THERAPEUTIC BEHAVIORAL SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.

Requires Pre-Authorization

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code											
Therapeutic Behavioral Services per 15 Minute H2019	Client	In Person Telephone (SC) Telehealth (GT)	All Disciplines	All except Prison/Correctional Facility (09)	1	1,440	96	N/A	Sign Language /Interpretation (T1013)	None	None

DAY SERVICES

Services are recorded in the clinical record and reported in IBHIS/on claims in Units.
For additional information, refer to the Organizational Provider's Manual Chapter 3

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Crisis Stabilization: Emergency Room S9484HETG	Client	In Person	Bundled service not claimed by individual staff	Emergency Room (23)	1	20	20	None	TBD	None	None
Crisis Stabilization: Urgent Care S9484HETG	Client	In Person	Bundled service not claimed by individual staff	Urgent Care Facility (20)	1	20	20	None	TBD	None	None
Day Treatment Intensive: Half Day H2012HETG	Client	In Person	Bundled service not claimed by individual staff	TBD	3	4	TBD	None	TBD	None	None
Day Treatment Intensive: Full Day H2012HETG	Client	In Person	Bundled service not claimed by individual staff	TBD	TBD	TBD	TBD	None	TBD	None	None
Day Rehabilitation: Half Day H2012HE	Client	In Person	Bundled service not claimed by individual staff	TBD	3	TBD	TBD	None	TBD	None	None
Day Rehabilitation: Full Day H2012HE	Client	In Person	Bundled service not claimed by individual staff	TBD	TBD	TBD	TBD	None	TBD	None	None

RESIDENTIAL

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
------------------------------------	-------------------------	-------------------------------	-----------------------	------------------	---------	---------	-----------	---------------------------------------	-------------------	--	--

COMING SOON

INPATIENT SERVICES

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min	Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
------------------------------------	-------------------------	-------------------------------	-----------------------	------------------	-----	-----	-----------	---------------------------------------	-------------------	--	--

COMING SOON

ENHANCED CARE MANAGEMENT

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
------------------------------------	-------------------------	-------------------------------	-----------------------	------------------	---------	---------	-----------	---------------------------------------	-------------------	--	--

COMING SOON

COMMUNITY OUTREACH SERVICES

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
------------------------------------	-------------------------	-------------------------------	-----------------------	------------------	---------	---------	-----------	---------------------------------------	-------------------	--	--

COMING SOON

NEVER BILLABLE

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
------------------------------------	-------------------------	-------------------------------	-----------------------	------------------	---------	---------	-----------	---------------------------------------	-------------------	--	--

COMING SOON