



**PENNSYLVANIA**

# **HealthChoices**

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES**

**HEALTHCHOICES EXAMINATION GUIDE**

**SUPPLEMENTAL GUIDANCE  
BEHAVIORAL HEALTH  
FINANCIAL SCHEDULES AND EXAMINATION REPORTS**

**DECEMBER 2025**

**DEPARTMENT OF HUMAN SERVICES  
HEALTHCHOICES EXAMINATION GUIDE  
SUPPLEMENTAL GUIDANCE  
BEHAVIORAL HEALTH**

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# ATTESTATION EXAMINATION REPORT AND FINANCIAL SCHEDULES

## Introduction and Overview

All reports submitted as part of the IPA's report package should be completed using the same guidelines applied throughout the reporting period (i.e. FRR, Contract Amendments, etc.). Each DHS financial schedule should contain information applicable to the contract year or year ending account balances as of the last day of the contract year, as appropriate. The financial schedules provide the framework for the independent examination and will be further utilized to present the nature and magnitude of all material adjustments required as a result of the contract examination. The OMHSAS will forward the confirmed schedules to the IPAs as the schedules to be examined. It is then the responsibility of the IPA to determine if these reports correspond to the reports provided by the contractor to be examined and to report any variances as an adjustment.

Various financial schedules require that adjustments result in the submission of revised schedules with detailed explanations included in the footnotes. Other financial schedules contain an adjustment column where the adjustments must be listed and an adjusted balance column to reflect their impact. These columns must be used; however, if no adjustments are required, a definitive statement to that effect should be included on the schedule in question. Adjustments specified in the schedules must be explained in sufficient detail in the footnotes. Adjustments should be determined based on materiality at the financial schedule level. A Summary of Unadjusted Differences should be maintained as part of the examination documentation.

**NOTE:** Medical or service expenses should not be reported via an allocation method, as in the case of some administrative expenses, but as actually incurred or expected to be incurred, by rating group and category of service. Medical or service expenses, for purposes of Reports #2, #3 and #9, should include only claims or service costs.

## ATTESTATION EXAMINATION REPORT AND FINANCIAL SCHEDULES (Continued)

**Report 1:** The AICPA maintains the suggested language for the Independent Accountant's Attestation Examination Report on the Financial Schedules specified in Table 1 of the Financial Management Section of the Examination Guide.

If a management letter has been issued as a result of the IPA's examination, copies of this letter must be submitted with, but not necessarily part of the report on the IPA's examination.

**NOTE:** Report #s 5, 10, 11, 14, 15, and 16 are not used and have been intentionally omitted.

**Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services**  
**Report #2 - Primary Contractor Summary of Transactions**  
**Report: Annual**

Statement as of: \_\_\_\_\_ (Reporting Date)  
 Primary Contractor: \_\_\_\_\_ (Primary Contractor Name)  
 Reported By: \_\_\_\_\_ (Reporting Entity)

Revenues/Expenses	TANF/MAGI - Child	TANF/MAGI - Adult	SSI and Healthy Horizons w/ Medicare	SSI and Healthy Horizons w/o Medicare - Child	SSI and Healthy Horizons w/o Medicare - Adult	HealthChoices Expansion - Newly Eligible		TOTAL
1) Beginning Balance							\$ -	\$ -
Revenue:							\$ -	\$ -
a) Capitation Revenue							\$ -	\$ -
b) Investment Revenue							\$ -	\$ -
c) Other (Identify)							\$ -	\$ -
2) Revenue Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Distributions:								
Distributions to Subcontractor:							\$ -	\$ -
a) Medical Services							\$ -	\$ -
b) Administration							\$ -	\$ -
c) Profit							\$ -	\$ -
d) Reinvestment							\$ -	\$ -
e) Other (Identify)							\$ -	\$ -
3) Total Distributions to Subcontractor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Distributions for:							\$ -	\$ -
4) Reserves							\$ -	\$ -
5) Reinvestment							\$ -	\$ -
6) Incentive/Risk Pools							\$ -	\$ -
7) Medical Expenses							\$ -	\$ -
8) Other (Identify)							\$ -	\$ -
Administrative Expenses:							\$ -	\$ -
a) Compensation							\$ -	\$ -
b) Interest Expense							\$ -	\$ -
c) Occupancy, Depreciation, & Amortization							\$ -	\$ -
d) MCO Assessment							\$ -	\$ -
e) Distributions to Management Corporation/ASO							\$ -	\$ -
f) Clinical Care/Medical Management							\$ -	\$ -
g) Other (Identify)							\$ -	\$ -
9) Administrative Expense Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10) Total Distributions (Lines 3 through 9)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Balance (Line 1 + Line 2 - Line 10)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Please refer to instructions for this report for guidelines on allocating expenses among the seven behavioral health rating groups.

**Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services**  
**Report #3 - Subcontractor Summary of Transactions**  
**Report: Annual**

Statement as of: 01/00/1900 (Reporting Date)  
 Primary Contractor: 0 (Primary Contractor Name)  
 Reported By: \_\_\_\_\_ (Reporting Entity)

Revenues/Expenses	TANF/MAGI - Child	TANF/MAGI - Adult	SSI and Healthy Horizons w/ Medicare	SSI and Healthy Horizons w/o Medicare - Child	SSI and Healthy Horizons w/o Medicare - Adult	HealthChoices Expansion - Newly Eligible		TOTAL
1) Beginning Balance							\$ -	\$ -
Revenue:								
a) Capitation Revenue							\$ -	\$ -
b) Investment Revenue							\$ -	\$ -
c) Other (Identify)							\$ -	\$ -
2) Revenue Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Distributions:								
Distributions for:								
a) Medical Services							\$ -	\$ -
b) Profit							\$ -	\$ -
c) Reinvestment							\$ -	\$ -
d) Other (Identify)							\$ -	\$ -
3) Total Distributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration Expenses:								
a) Compensation							\$ -	\$ -
b) Interest Expense							\$ -	\$ -
c) Occupancy, Depreciation, & Amortization							\$ -	\$ -
d) MCO Assessment							\$ -	\$ -
e) Clinical Care/Medical Management							\$ -	\$ -
f) Other (Identify)							\$ -	\$ -
4) Total Administration Expenses:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5) Other (Identify)							\$ -	\$ -
6) Incentive/Risk Pool(s)							\$ -	\$ -
7) Reinvestment							\$ -	\$ -
8) Total Distributions (Lines 3 through 7)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Balance (Line 1 + Line 2 - Line 8)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Please refer to instructions for this report for guidelines on allocating expenses among the seven behavioral health rating groups.



**Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services**  
**Report #6 - Claims Payable (RBUCs and IBNRs)**  
**Report: Monthly**

Statement as of: \_\_\_\_\_ (Reporting Date)  
 Primary Contractor: \_\_\_\_\_ (Primary Contractor Name)  
 Reported By: \_\_\_\_\_ (Reporting Entity)

Category of Service	-----Received But Unpaid Claims (RBUCs)-----					IBNR	TOTAL RBUCs & IBNRs
	1 - 30 Days	31 - 45 Days	46 - 90 Days	91 + Days	TOTAL RBUCs		
Inpatient Psychiatric					\$ -		\$ -
Inpatient D & A					\$ -		\$ -
Non-Hospital D & A					\$ -		\$ -
Outpatient Psych.					\$ -		\$ -
Outpatient D & A					\$ -		\$ -
B.H. Rehab. Services for Children & Adolescents					\$ -		\$ -
RTF - Accredited					\$ -		\$ -
RTF - Non-Accredited					\$ -		\$ -
Ancillary Support					\$ -		\$ -
Community Support					\$ -		\$ -
Other					\$ -		\$ -
<b>TOTAL CLAIMS PAYABLE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		-----Month In Which Service Was Provided-----													
	Month of Payment	Current	1st Prior	2nd Prior	3rd Prior	4th Prior	5th Prior	6th Prior	7th Prior	8th Prior	9th Prior	10th Prior	11th Prior	12th Prior	
1	Current	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
2	1st Prior		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
3	2nd Prior			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4	3rd Prior				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5	4th Prior					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
6	5th Prior						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
7	6th Prior							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8	7th Prior								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9	8th Prior									\$ -	\$ -	\$ -	\$ -	\$ -	
10	9th Prior										\$ -	\$ -	\$ -	\$ -	
11	10th Prior											\$ -	\$ -	\$ -	
12	11th Prior												\$ -	\$ -	
13	12th Prior													\$ -	
14	13th Prior														
15	14th Prior														
16	15th Prior														
17	16th Prior														
18	17th Prior														
19	18th Prior														
20	19th Prior														
21	20th Prior														
22	21st Prior														
23	22nd Prior														
24	23rd Prior														
25	24th Prior														
26	Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
27	Expense Reported	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
28	Remaining Liability	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

See instructions before completing schedule.  
 Complete a separate form for EACH of the eleven behavioral health major service groupings and one for the total of all services.

Statement as of: 01/00/1900 (Reporting Date)  
 Primary Contractor: 0 (Primary Contractor Name)  
 Reported By: 0 (Reporting Entity)

(1)	(2)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
-----Month In Which Service Was Provided-----														
	Month of Payment	13th Prior	14th Prior	15th Prior	16th Prior	17th Prior	18th Prior	19th Prior	20th Prior	21st Prior	22nd Prior	23rd Prior	24th and Prior	*TOTAL
1	Current	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2	1st Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	2nd Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	3rd Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	4th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	5th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	6th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	7th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	8th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	9th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11	10th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12	11th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13	12th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14	13th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	14th Prior		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16	15th Prior			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17	16th Prior				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18	17th Prior					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19	18th Prior						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20	19th Prior							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21	20th Prior								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22	21st Prior									\$ -	\$ -	\$ -	\$ -	\$ -
23	22nd Prior										\$ -	\$ -	\$ -	\$ -
24	23rd Prior											\$ -	\$ -	\$ -
25	24th Prior												\$ -	\$ -
26	Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27	Expense Reported	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	Remaining Liability	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services**  
**Report #9, Part A - Analysis of Revenues and Expenses**  
**Report: Annual**

Statement as of: \_\_\_\_\_ (Reporting Date)  
 Primary Contractor: Please Select Primary Contractor (Primary Contractor Name)  
 Reported By: \_\_\_\_\_ (Reporting Entity)

Revenues/Expenses	TANF/MAGI - Child	TANF/MAGI - Adult	SSI & Healthy Horizons w/ Medicare	SSI & Healthy Horizons w/o Medicare - Child	SSI & Healthy Horizons w/o Medicare - Adult	HealthChoices Expansion - Newly Eligible	TOTAL
<i>MEMBER MONTH EQUIVALENTS</i>							-
<b>REVENUES:</b>							
1. Capitation							\$ -
2. Investment Income							\$ -
3. Other (Specify)							\$ -
4. TOTAL REVENUES (Lines 1 through 3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>EXPENSES:</b>							
5. Inpatient Psychiatric:							
a) Freestanding Psych Facilities (22-64)							\$ -
b) Other							\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Inpatient D & A:							\$ -
7. Non-Hospital D & A:							
a) All Treatment							\$ -
b) Non-Accredited Room and Board (CISC)							\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Outpatient Psychiatric							\$ -
9. Outpatient D & A:							\$ -
10. IBHS							
a) All Treatment							\$ -
b) CRR Host Home Room and Board							\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. RTF - Accredited							\$ -
12. RTF - Non-Accredited							
a) Treatment							\$ -
b) Room and Board							\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Ancillary Support							\$ -
14. Community Support Services							
a) Crisis Intervention							\$ -
b) Other Treatment							\$ -

**Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services**  
**Report #9, Part A - Analysis of Revenues and Expenses**  
**Report: Annual**

Statement as of: \_\_\_\_\_ (Reporting Date)  
 Primary Contractor: Please Select Primary Contractor (Primary Contractor Name)  
 Reported By: \_\_\_\_\_ (Reporting Entity)

Revenues/Expenses	TANF/MAGI - Child	TANF/MAGI - Adult	SSI & Healthy Horizons w/ Medicare	SSI & Healthy Horizons w/o Medicare - Child	SSI & Healthy Horizons w/o Medicare - Adult	HealthChoices Expansion - Newly Eligible	TOTAL
<i>c) Placeholder (Reserved for future use)</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Other							
a) Stop-Loss Reinsurance Premiums							\$ -
b) Other Medical Services							\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL MEDICAL EXPENSES (Lines 5 through 15)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Administration:							
a) Compensation							\$ -
b) Interest Expense							\$ -
c) Occupancy, Depreciation, & Amortization							\$ -
d) MCO Assessment							\$ -
e) Distributions to Management Corporation/ASO/Subcontractor							\$ -
f) Clinical Care/Medical Management							\$ -
g) Other (Specify)							\$ -
TOTAL ADMINISTRATION	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. TOTAL EXPENSES (Lines 5 through 16)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. INCOME (LOSS) FROM OPERATIONS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

See instructions before completing this line item.

19. Non - Accredited Room & Board C & Y Secondary Funding Sources							\$ -
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**Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services**  
**Report #9, Part A - Analysis of Revenues and Expenses**  
**Report: Annual**

Statement as of: \_\_\_\_\_ (Reporting Date)  
 Primary Contractor: Please Select Primary Contractor (Primary Contractor Name)  
 Reported By: \_\_\_\_\_ (Reporting Entity)

Revenues/Expenses	TANF/MAGI - Child	TANF/MAGI - Adult	SSI & Healthy Horizons w/ Medicare	SSI & Healthy Horizons w/o Medicare - Child	SSI & Healthy Horizons w/o Medicare - Adult	HealthChoices Expansion - Newly Eligible	TOTAL
<i>MEMBER MONTH EQUIVALENTS</i>							-
<b>REVENUES:</b>							
1. Capitation							\$ -
2. Investment Income							\$ -
3. Other (Specify)							\$ -
4. TOTAL REVENUES (Lines 1 through 3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>EXPENSES:</b>							
5. Inpatient Psychiatric:							
a) Freestanding Psych Facilities (22-64)							\$ -
b) Other							\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Inpatient D & A:							\$ -
7. Non-Hospital D & A:							
a) All Treatment							\$ -
b) Non-Accredited Room and Board (CISC)							\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Outpatient Psychiatric							\$ -
9. Outpatient D & A:							\$ -
10. IBHS							
a) All Treatment							\$ -
b) CRR Host Home Room and Board							\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. RTF - Accredited							\$ -
12. RTF - Non-Accredited							
a) Treatment							\$ -
b) Room and Board							\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Ancillary Support							\$ -
14. Community Support Services							
a) Crisis Intervention							\$ -
b) Other Treatment							\$ -

**Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services**  
**Report #9, Part A - Analysis of Revenues and Expenses**  
**Report: Annual**

Statement as of: \_\_\_\_\_ (Reporting Date)  
 Primary Contractor: Please Select Primary Contractor (Primary Contractor Name)  
 Reported By: \_\_\_\_\_ (Reporting Entity)

Revenues/Expenses	TANF/MAGI - Child	TANF/MAGI - Adult	SSI & Healthy Horizons w/ Medicare	SSI & Healthy Horizons w/o Medicare - Child	SSI & Healthy Horizons w/o Medicare - Adult	HealthChoices Expansion - Newly Eligible	TOTAL
<i>c) Placeholder (Reserved for future use)</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Other							
a) Stop-Loss Reinsurance Premiums							\$ -
b) Other Medical Services							\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL MEDICAL EXPENSES (Lines 5 through 15)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Administration:							
a) Compensation							\$ -
b) Interest Expense							\$ -
c) Occupancy, Depreciation, & Amortization							\$ -
d) MCO Assessment							\$ -
e) Distributions to Management Corporation/ASO/Subcontractor							\$ -
f) Clinical Care/Medical Management							\$ -
g) Other (Specify)							\$ -
TOTAL ADMINISTRATION	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. TOTAL EXPENSES (Lines 5 through 16)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. INCOME (LOSS) FROM OPERATIONS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

See instructions before completing this line item.

19. Non - Accredited Room & Board C & Y Secondary Funding Sources							\$ -
--	--	--	--	--	--	--	------

## Behavioral Health Schedule - Report 12 Reinvestment Report

Statement as of: \_\_\_\_\_ (Reporting Date)  
 Primary Contractor: \_\_\_\_\_ (Primary Contractor Name)  
 Reported By: \_\_\_\_\_ (Reporting Entity)  
 For: \_\_\_\_\_ (Year of Reinvestment Funds)  
 Rating Group: \_\_\_\_\_ (Rating Group)

**NOTE: A separate Report 12 should be completed for All HealthChoices, Other and Totals**

Reinvestment Account Activity	Unduplicated Recipients	Current Period Units of Service Provided	Current Period \$ Amount	Year to Date \$ Amount	Contract to Date Units of Service Provided	Contract to Date \$ Amount	Budget Amount
1. Prior Period Balance							
2. Allocations/contributions							
3. Investment/interest income							
4. SUBTOTAL (Lines 2 and 3)							
5. TOTAL (Lines 1 and 4)							
Less: Approved distributions for Reinvestment Services (Identify)							
6. TOTAL							
7. Ending Balance (Line 5 minus Line 6)							

- Revised Report, see Adjustment List  
 Original Report without Adjustments

Statement as of \_\_\_\_\_ (Reporting Date)  
 Primary Contractor: \_\_\_\_\_ (Primary Contractor Name)  
 Reported By: \_\_\_\_\_ (Reporting Entity)

CBCM Initiative	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			Year to Date Total	Proposed Total Cost
	January	February	March	April	May	June	July	August	September	October	November	December		
1													\$ -	-
2													\$ -	-
3													\$ -	-
4													\$ -	-
5													\$ -	-
6													\$ -	-
7													\$ -	-
8													\$ -	-
9													\$ -	-
10													\$ -	-
11													\$ -	-
12													\$ -	-
13													\$ -	-
14													\$ -	-
15													\$ -	-
16													\$ -	-
17													\$ -	-
18													\$ -	-
19													\$ -	-
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40													\$ -	-
41													\$ -	-
42													\$ -	-
43													\$ -	-
44													\$ -	-
45													\$ -	-
46													\$ -	-
47													\$ -	-
48													\$ -	-
49													\$ -	-
50													\$ -	-
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

CBCM Expenditure Comments:

## **Behavioral Health Schedule - Report 13**

### **Balance Sheet/STATEMENT OF NETS ASSETS**

This report is also required for any Primary Contractor with a Risk and Contingency Fund who is not a private sector BH-MCO.

The purpose of the requirement for an examination of the Balance Sheet/Statement of Net Assets is to ensure the Commonwealth that as of the last day of the contract year under examination:

- the assets and liabilities of the Enterprise/Special Revenue Fund were in existence
- recorded transactions actually occurred during the contract year
- all transactions and accounts that should be presented are properly included
- the Counties had actual ownership of the assets as presented
- assets and liabilities were included at the appropriate amounts
- assets and liabilities are properly classified, described, and disclosed

This report should include all HealthChoices Behavioral Health contract assets and liabilities. (NOTE: IBNRs and RBUCs should be reported separately.) The Balance Sheet/Statements of Net Assets should be broken out, at a minimum, into current and non-current assets and liabilities. If any single balance sheet item classified under “Other” Current Asset/Liability or Non-Current Asset/Liability is > 5 percent (5%) of the total for that section, provide an itemized list and dollar amount for that item.

All cash assets **must** be broken down into sufficient detail to report the purpose of the cash accounts (i.e. risk and contingency amounts, reinvestment amounts, in particular, must be reported separately).

There is no standard format for this report. Confirmation that the report provided is the correct report to examine should be requested through the contact listed in the Questions/Comments section of the examination guide.

**NOTE:** The IPA must provide for an adjustment column where adjustments should be listed and balance column to reflect their impact. These columns must be used; however, if no adjustments are required, a definitive statement to that effect should be included. All adjustments should be explained in detail in a separate listing included with the Balance Sheet/Statements of Net Assets.

## Behavioral Health Schedule - Report 17 Contract Reserves Compliance Report

Statement as of: \_\_\_\_\_ (Reporting Date)  
 Primary Contractor: \_\_\_\_\_ (Primary Contractor Name)  
 Reported By: \_\_\_\_\_ (Reporting Entity)

SOURCE OF EQUITY REPORTED _____								
DHS Capitation Payments								
	Contract A *	Contract B *	Contract C *	Contract D *	Contract E *	TOTAL	Adjustment	Adjusted Balance
Capitation Payments for Applicable Period								
Required % of Capitation Payments								
Equity/Reserve Requirement								
Total Equity								
Amount Over/(Under) Equity Requirement								

\* Equity requirement to be calculated on all HealthChoices contracts for which the entity is responsible for meeting this requirement.

## NOTES TO THE FINANCIAL SCHEDULES

The following Notes to the Financial Schedules **must** be included. In those instances where any of the issues addressed in the following notes are non-existent or immaterial, the issue should be reported as such within the Notes to the Financial Schedules:

- Basis of accounting
- Organizational structure for the administration of contracts of programs  
(This should include all related organizations and economic dependencies)
- Description/basis of accruing health care costs
- Disclosure of significant business, management and provider contracts or arrangements
- Commitments and contingencies
- Information about restricted and reserve accounts
- Related party transactions
- Subsequent events
- Risks and uncertainties
- Information about reinsurance arrangements
- Estimation methodology used to determine the amount of IBNRs
- Methodologies used for allocation of all revenues and/or expenses attributed to various categories of aid
- Calculation of funds available for reinvestment from the year being examined, including any reinvestment sharing amount owed to the Department. See page 18 for example of the suggested format for the reinvestment calculation

• **Reinvestment Estimate (Suggested Format)**

	Current Year	1st Prior	2nd Prior
Capitation Revenue - Report #2			
Other Revenue			
<b>Total Revenue</b>	\$0	\$0	\$0

Claims Revenue:			
Medical Services Distribution/Claims Reserve			
Incentive Withhold			
Miscellaneous Claims Revenue			
<b>Total Claims Revenue</b>	\$0	\$0	\$0
Claims Expense:			
Claims Expense - Report #9			
Incentive accrued/paid			
Risk Corridor Recoupment			
Miscellaneous Claims Related Expense			
<b>Total Claims Expense</b>	\$0	\$0	\$0
<b>Surplus/(Deficit)</b>	\$0	\$0	\$0

Administrative Revenue			
County Interest Revenue			
Total County Revenue	\$0	\$0	\$0
County Administrative Expense (including MCO Assessment and Gross Receipts Tax)			
Administrative Distribution to Subcontractor			
Miscellaneous Expense/Reserve			
	\$0	\$0	\$0
Surplus/(Deficit)	\$0	\$0	\$0
Prior Year Adjustments made during Current Year		\$0	\$0
<b>Estimated Excess Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

The suggested format is only provided as an example. This example is not intended to specify a method of calculation for funds available for reinvestment. However, the calculation of funds available for reinvestment included in the notes to financial schedules should contain a level of detail similar to the example provided.

## COMPLIANCE ATTESTATION EXAMINATION REPORT

**NOTE: The AICPA maintains the suggested language for the Independent Accountant's Compliance Attestation Examination Report, with respect to Management's Assertions on Management Information System/Encounter Data Reporting, Health Service Delivery System/MCO/MCO Subcontractor/ASO Incentive Arrangements, Claims Processing, and Financial Management Compliance Requirements L (Contract Reserves Compliance), M, N and O.**

**NOTE 2: SEE GAGAS AND STATEMENTS ON STANDARDS FOR ATTESTATION ENGAGEMENTS. REPORT 17 SHOULD ACCOMPANY MANAGEMENT'S ASSERTIONS.**

**NOTE: THE FOLLOWING IS SUGGESTED LANGUAGE FOR MANAGEMENT’S REPORT ON COMPLIANCE AND SHOULD BE MODIFIED, AS CIRCUMSTANCES REQUIRE.**

## **Report of Management on Compliance**

We, as members of management of (County), are responsible for (a.) identifying applicable compliance requirements, (b.) establishing and maintaining internal controls over compliance and complying with the requirements specified in the Claims Processing, Management Information System/Encounter Data Reporting, Health Service Delivery System/MCO/MCO Subcontractor/ASO Incentive Arrangements, and Financial Management Compliance Requirements L (attached), M, N and O as specified in the HealthChoices Examination Guide (the Guide) issued by the Commonwealth of Pennsylvania, Department of Human Services (DHS) for the period (Month, Day, 20XX) to (Month, Day, 20XX), (c.) monitoring and evaluating compliance with these requirements, and (d.) specifying reports that satisfy contractual requirements. We have performed an evaluation of our compliance with the aforementioned requirements. Based on this evaluation, we assert that during the period ended (Month, Day, 20XX), the (County) (has/has not) complied in all material respects as described in the following:

### **1. Claims Processing**

#### ***Compliance Requirement A***

- The Contractor has a claims processing system and management information systems sufficient to support the provider payment and data reporting requirements specified in Part II-7, Section M, of the HealthChoices Program Standards and Requirements, except for the following:
  - a) Reason a (if applicable)
  - b) Reason b (if applicable)

#### ***Compliance Requirement B***

- The Contractor took all reasonable measures to identify legally liable third parties and treat verified Third Party Liability (TPL) as a resource of the Medicaid recipient except for the following:
  - a) Reason a (if applicable)
  - b) Reason b (if applicable)

#### ***Compliance Requirement C***

- The Contractor established written policies and procedures for the detection and prevention of fraud and abuse by providers, recipients, or the employees as described in Part II-5, Section I and Appendix F, of the HealthChoices Program Standards and Requirements, except for the following:
  - a) Reason a (if applicable)
  - b) Reason b (if applicable)

#### ***Compliance Requirement D***

- The Contractor maintained and complied with written policies and procedures for the prevention, detection and reporting of suspected fraud and abuse as described in Part II-5, Section I and Appendix F of the HealthChoices Program Standards and Requirements, except for the following:
  - a) Reason a (if applicable)

- b) Reason b (if applicable)

***Compliance Requirement E***

- The Contractor appropriately notify DHS', Bureau of Program Integrity of criminal convictions disclosed during credentialing and of any adverse action taken on a provider's application as described in Part II-5, Section I and Appendix F of the HealthChoices Program Standards and Requirements, except for the following:
  - a) Reason a (if applicable)
  - b) Reason b (if applicable)

***Compliance Requirement F***

- The Contractor has access for on-line inquiries and file transfers as specified in Appendix M and O of the HealthChoices Program Standard and Requirements, except for the following:
  - a) Reason a (if applicable)
  - b) Reason b (if applicable)
  
- The Contractor (does/does not) access the following DHS files as specified by the RFP and any relevant Departmental communications.
  - a) Client Information Systems/Eligibility Verification System
  - b) Procedure Code Reference File
  - c) Provider File
  - d) Third Party Liability File
  - e) Diagnosis File
  
- The Contractor (does/does not) receive and process, in house, the following files transmitted by DHS.
  - a) 834 Daily Enrollment/Disenrollment File
  - b) 834 Monthly Enrollment/Disenrollment File
  - c) MCO Payment Summary File (Monthly)
  - d) Procedure Code Extract File (Monthly)
  - e) Reference Diagnosis Code File (Monthly)
  - f) PRV 414/PRV 415 MA Provider File (Weekly/Monthly)
  - g) ARM568 Report File (Monthly)
  - h) 820 Capitation File (Monthly)
  - i) TPL File (Monthly)
  - j) RV 430 NPI Crosswalk
  - k) PRV 435 Special Indicator File
  - l) PRV 720 Provider Revalidation File

**2. Management Information Systems/Encounter Data Reporting**

***Compliance Requirement G***

- The Contractor maintained appropriate systems and mechanisms to obtain all necessary data from its health care providers to ensure its ability to comply with the encounter data reporting requirements as required by Appendices M and R of the HealthChoices Program Standards and Requirements, except for the following:
  - a) Reason a (if applicable)
  - b) Reason b (if applicable)

### ***Compliance Requirement H***

- An “encounter” records encounter data where no actual payment takes place. The Contractor (does/does not) submit a separate record or “encounter” each time a member has an encounter with a provider.

## **3. Health Service Delivery System/MCO/MCO Subcontractor/ASO Incentive Arrangements**

### ***Compliance Requirement I***

- All contractual arrangements, and contract amendments between the Contractors and their MCO/MCO Subcontractor/ASO define the financial incentive plan and any related objective benchmarks except for the following:
  - a) Reason a (if applicable)
  - b) Reason b (if applicable)

**If the above compliance requirement is not applicable, management should include a statement indicating the reason the specified requirement is not applicable.**

### ***Compliance Requirement J***

- The Contractor has control procedures in place to determine whether the MCO/MCO Subcontractor/ASO is eligible for an incentive payment, the amount of the payment, and the timing of the payment, except for the following:
  - a) Reason a (if applicable)
  - b) Reason b (if applicable)

**If the above compliance requirement is not applicable, management should include a statement indicating the reason the specified requirement is not applicable.**

## **4. Financial Management Compliance Reports**

### ***Compliance Requirement K***

- Each Contractor will provide a Report on the Examination of Financial Schedules. Along with the applicable financial schedules, this package should include a report of independent accountants on financial schedules #2, #3, #4, #6, #7, #9, #12 and #29. Additionally, any Primary Contractor who is not a private-sector BH-MCO with a Risk and Contingency Fund should include Report #13 in their reports. All report packages should include accompanying Notes to the Financial Schedules.

### ***Compliance Requirement L- Report 17 (Contract Reserves Compliance)***

- The Contractor (or MCO/MCO Subcontractor) (has/has not) met and maintained the equity and reserve requirements as specified in Part II-7, Sections A.4) and 5) of the HealthChoices Program Standards and Requirements.
- Report 17 is accurately compiled in accordance with the Financial Reporting Requirements.
  - All HealthChoices capitation revenues are included in the calculation for the reserve requirement in accordance with the FRR.
  - “Required % of Capitation Payments” for each Primary Contractor is accurate based on the applicable DHS/Primary Contractor Agreement.
  - Total Equity per Report #17 agrees with the Total Equity reported by the Primary Contractor on

the applicable Department of Insurance (DOI) annual/quarterly filing or annual audit.

- If there is a lack of compliance, a plan for fiscal improvement is in place and is being implemented.
- The Primary Contractor's has policies and procedures regarding monitoring MCO's equity in place and they are being performed in accordance with said policies and procedures.
- The financial condition of related parties will not impact the MCO as a going concern.

**5. Financial Management Compliance Requirements M - Accountability of Revenues and Expenses, N - Co-Mingling of Funds, and O – Parental Guaranty**

***Compliance Requirement M***

- The Contractor and their MCO/MCO Subcontractors (do/do not) have contract specific bank accounts for 1) HealthChoices capitation transactions, 2) reinvestment transactions, 3) restricted reserve funds (as applicable), and 4) risk and contingency funds. The Contractors and their MCO/MCO subcontractors (do/do not) have a process in place to record staff time spent on HealthChoices duties separate from non-HealthChoices duties and/or between HealthChoices contracts. The Contractors and their MCO/MCO subcontractors (do/do not) have procedures for accurately recording, tracking, monitoring and reporting HealthChoices revenues and expenses separately from any non-HealthChoices revenues and expenses and by County as stated in Part II-7, Sections A. 7 and A. 8 of the HealthChoices Program Standards and Requirements.
- The Contractor (has/has not) deposited Reinvestment Funds in a restricted account within 30 days of the OMHSAS written approval of the reinvestment plan(s).

***Compliance Requirement N***

- The Contractor (has/has not) maintained separate fiscal accountability for Medicaid funding under the HealthChoices waiver apart from mental health and substance abuse programs funded by State, County, and/or other Federal program monies.
- The Contractor (has/has not) used State and Federal funds allocated to the County's Mental Health and/or Drug and Alcohol programs pursuant to the 1966 MH/MR Act and the 1972 Drug and Alcohol Act to pay for in-plan services rendered to eligible HealthChoices recipients unless an exception was approved by DHS.

***Compliance Requirement O***

- The Contractor (has/has not) performed quarterly monitoring of the Parental Guaranty agreement in accordance with policies and procedures established for that purpose.
- The Contractor (has/has not) taken appropriate steps, as contained in the policies and procedures, to address issues of financial concern identified during the quarterly monitoring process.

**If the above compliance requirement is not applicable, management should include a statement indicating the reason the specified requirement is not applicable.**

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Date

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Signature

PROMISe™ Managed Care Payment System Table

Effective 10/1/23

Appendix B

Payment Cell	PROMISe™ Code	PH FRR Report #	PH Rate Cell	BH Rate Cell & Number	Description	Gen	Age Min/Max	Medicare Part A	Category of Assistance group	Program Status Code group	
01	EXC	N/A	N/A	N/A	Excluded from managed care payment process	B	All	N/A	02 ACX, B, E, EIX, MHX, MRX, PD, PG, PSF, PVN, SC, TD, TVN 00 All categories of assistance	00 All program status codes 12 04, 06, 07, 08, 09, 17, 21, 38, 39, 47, 48, 49, 53, 57, 58, 65, 67, 86, 93, 94, 99	
80	MG	Report 5C Under Age 1	Under Age 1	TANF/MAGI Child (1)	MAGI - < 2 mos	B	0 - 1 mo	N/A	76	MG	36 00, 18, 19, 23, 27, 71
81					MAGI - 2 mos -< 1		2 - 11 mos				
86		Report 5B TANF/MAGI Age 1 - 20	TANF/MAGI 1-20		MAGI - 1-18		1 - 18				
87				MAGI - 19-20	19 - 20						
88		Report 5A TANF/MAGI Age 21+	TANF/MAGI 21+	TANF/MAGI Adult (2)	MAGI - 21+		21+				
60	TNF	Report 5C Under Age 1	Under Age 1	TANF/MAGI Child (1)	TANF - < 2 mos	B	0 - 1 mo	N/A	04	C, U, PC, PCN, PCW, TC, TU	18 00, 02, 03, 22, 30, 31, 32, 33, 34, 35, 36, 37, 40, 72
61					TANF - 2 mos - < 1		2 - 11 mos				
62		Report 5B TANF/MAGI Age 1 - 20	TANF/MAGI 1-20		TANF 1-18		1 - 18				
67				TANF 19-20	19 - 20						
68		Report 5A TANF/MAGI Age 21+	TANF/MAGI 21+	TANF/MAGI Adult (2)	TANF 21+		21+				
70	BCC	Report 5D Disabled-BCC Ages 1+	Disabled-BCC Ages 1+	SSI & HH w/o Med A Adult (5)	Breast & Cervical Cancer Prevention & Treatment	B	All	N/A	10 PH	35 20	
74	SBP	N/A	N/A	SSI & HH w Med A (3)	SSI w Med A 21+	B	21+	Y	Combination 79/44 applicable to <b>BH-HC plans only</b> , when Community HealthChoices (CHC) plans provide the physical health plan services.		
75		N/A	N/A	SSI & HH w/o Med A Adult (5)	SSI w/o Med A 21+			N	79	SBP	44 80
30	HHW	Report 5C Under Age 1	Under Age 1	SSI & HH w Med A (3)	Healthy Horizons w Med A - 0 - <1	B	0 - 11 mo	Y	10	PH	04 00, 80, 95, 97
31		Report 5D Disabled-BCC Ages 1+	Disabled-BCC Ages 1+		Healthy Horizons w Med A - 1-64		1-64				
32					Healthy Horizons w Med A - 65+		65+				
40	HHN	Report 5C Under Age 1	Under Age 1	SSI & HH w/o Med A Child (4)	Healthy Horizons w/o Med A - 0 - <1	B	0 - 11 mo	N	10	PH	04 00, 80, 95, 97
76		Report 5D Disabled-BCC Ages 1+	Disabled-BCC Ages 1+		Healthy Horizons w/o Med A - 1-20		1 - 20				
77				SSI & HH w/o Med A Adult (5)	Healthy Horizons w/o Med A - 21-64		21 - 64				
42				Healthy Horizons w/o Med A - 65+	65+						

**PROMISE™ Managed Care Payment System Table**  
**Effective 10/1/2023**

Appendix B

Payment Cell	PROMISE™ Code	PH FRR Report #	PH Rate Cell	BH Rate Cell & Number	Description	Gen	Age Min/Max	Medicare Part A	Category of Assistance group	Program Status Code group			
33	SSW	Report 5C Under Age 1	Under Age 1	SSI & HH w Med A (3)	SSI w Med A - 0 - <1	B	0 - 11 mo	Y	Combination 12/20 applicable for payment cells 33, 34, 35, 43, 78, 79, 45. Combination 76/42 applicable for payment cells 79, 45.				
34		Report 5D Disabled-BCC Ages 1+	Disabled-BCC Ages 1+		SSI w Med A - 1-64		1 - 64		12	20	A, J, M, PA, PAN, PAW, PI, PJ, PJN, PJW, PM, PMN, PMW, PW, TA, TAN, TAW, TJ, TJN, TJW	00, 01, 02, 03, 22, 31, 32, 33, 34, 35, 36, 37, 44, 45, 46, 60, 62, 64, 66, 80, 81, 83, 84, 85	
35					SSI w Med A - 65+		65+						
43	SSN	Report 5C Under Age 1	Under Age 1	SSI & HH w/o Med A Child (4)	SSI w/o Med A - 0 - <1	B	0 - 11 mo	N	76	MG	42	90	
78		Report 5D Disabled-BCC Ages 1+	Disabled-BCC Ages 1+		SSI w/o Med A - 1-20		1 - 20						
79				SSI & HH w/o Med A Adult (5)	SSI w/o Med A - 21-64		21 - 64						
45					SSI w/o Med A - 65+		65+						
50	FGA	Report 5C Under Age 1	Under Age 1	SSI & HH w/o Med A Child (4)	Fed GA - 0 - <1	B	0 - 11 mo	N/A	07	D	02	05	
51		Report 5B TANF/MAGI Age 1 - 20	TANF/MAGI 1-20		Fed GA - 1-20		1 - 20						
58		Report 5A TANF/MAGI Age 21+	TANF/MAGI 21+	SSI & HH w/o Med A Adult (5)	Fed GA - 21 +		21 +						
18	NE	Report 5G Newly Eligible Age 19 - 44	Newly Eligible 19-44	TANF/MAGI Child (1)	Newly Eligible 0 - 20	N/A	0 - 20	76	MG	Combination 76/42 applicable for payment cells 18 and 19. Combination 76/41 applicable for payment cells 02, 03, 04, 05, 06, 07, 08, 09, 18, 19.		42	90
19					Newly Eligible 21 - 34					F	21 - 34		
02										M			
03				Newly Eligible 35 - 44	F		35 - 44						
04					M								
05				Newly Eligible 45 - 54	F		45 - 54						
06		M											
07		F											
08		Report 5F Newly Eligible Age 45+	Newly Eligible 45-64	HealthChoices Expansion - Newly Eligible (6)	Newly Eligible 45 - 54		55+						
09	M												

**NOTES:**

- Changes in the Table that have been made with this update are shown in red font.
- Gender for Payment Cell 70 changed to "B" for "Both" on 10-1-23.

HealthChoices Behavioral Health Services Reporting Classification Chart - July 2025

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
<b>INPATIENT PSYCHIATRIC SERVICES</b>							
1	Inpatient Psychiatric Services	01 - Inpatient Facility	010 - Acute Care Hospital	Any*	<b>DRG's:</b> 424-432 <b>Revenue Codes:</b> 0114, 0124, 0134, 0154, 0204, 0760, 0761, 0762, 0769, 0900, 0901, 0902, 0903, 0904, 0909, 0910, 0911, 0914, 0915, 0916, 0917, 0918, 0919, 0920, 0929, 0949	01	01
2	Inpatient Psychiatric Services	01 - Inpatient Facility	011 - Private Psychiatric Hospital or 022 - Private Psychiatric Unit		<b>Revenue Codes:</b> Same as Line Item 1	01	01
3	Inpatient Psychiatric Services	01 - Inpatient Facility	018 - Extended Acute Psych Inpatient	Any*	<b>Revenue Codes:</b> Same as Line Item 1	01	01
<b>INPATIENT DRUG &amp; ALCOHOL WITHDRAWAL MANAGEMENT</b>							
4	Inpatient Drug & Alcohol Withdrawal Management	01 - Inpatient Facility	010 - Acute Care Hospital	Any*	<b>DRG's:</b> 433, 521, 522, 523 <b>Revenue Codes:</b> 0116, 0126, 0136, 0156, 0760, 0761, 0762, 0769, 0949	02	02
5	Inpatient Drug & Alcohol Withdrawal Management	01 - Inpatient Facility	019 - D&A Rehab Hosp or 441 - D&A Rehab Unit		<b>Revenue Codes:</b> 0116, 0126, 0136, 0156, 0760, 0761, 0762, 0769, 0949	02	02
<b>INPATIENT DRUG &amp; ALCOHOL REHABILITATION</b>							
6	Inpatient Drug & Alcohol Rehab	01 - Inpatient Facility	010 - Acute Care Hospital	Any*	<b>DRG's:</b> 433, 521, 522, 523 <b>Revenue Codes:</b> 0118, 0128, 0138, 0158, 0760, 0761, 0762, 0769, 0944, 0945, 0949	04	02
7	Inpatient Drug & Alcohol Rehab	01 - Inpatient Facility	019 - D&A Rehab Hosp or 441 - D&A Rehab Unit		<b>Revenue Codes:</b> 0118, 0128, 0138, 0158, 0760, 0761, 0762, 0769, 0944, 0945, 0949	04	02
<b>NON-HOSPITAL RESIDENTIAL, DETOXIFICATION &amp; REHABILITATION</b>							
8	Non-Hospital Residential, Detoxification Rehabilitation, Halfway House Services D&A Dependence/Addiction	11 - Mental Health / Substance Abuse	131 - D&A Halfway House	Any*	<b>Procedure Code:</b> H2034	05	03
			132 - D&A Medically Monitored Detox		<b>Procedure Code:</b> H0013, H0012, H0012/TG		
			185 - D&A Non-Hosp Residential Clinically Managed		<b>Procedure Code:</b> H2036		
			186 - D&A Non-Hosp Residential Medically Monitored		<b>Procedure Code:</b> H2036		
<b>PSYCHIATRIC OUTPATIENT SERVICES</b>							
9	Psychiatric Outpatient Clinic Services	08 - Clinic	110 - Psychiatric Outpatient	Any	<b>Procedure Codes:</b> See Pages 6 - 11 of Attach G (excluding H0034/HK, H2010/HK, 99407)	06	04
		01- Inpatient	183 - Hospital Based Med Clinic	Any	<b>Procedure Codes:</b> 90870, G0378, G0379, 90867, 90868, 90869, 96156/UB, 96158/UB, 96159/UB, 96167/UB, 96168/UB	06	04
43	Psychiatric Outpatient Mobile Services	08 - Clinic	074 - Mobile Mental Health Trtmt	Any	<b>Procedure Codes:</b> See Pages 2 - 3 of Attach G	06	04
10	Psychiatric Outpatient Services	11 - Mental Health / Substance Abuse	113 - Partial Psych Hosp Children or 114 - Partial Psych Hosp Adult	Any*	<b>Procedure Codes:</b> See Page 16 - 17 of Attach G (excluding H2010/HK, H0035/U6, H0035/U5/HB,	03	04

HealthChoices Behavioral Health Services Reporting Classification Chart - July 2025

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
					H0035/U5)		
11	Psychiatric Outpatient Clinic Services	08 - Clinic	080 - FQHC or 081 - RHC	Any*	<b>Procedure Code:</b> T1015/HE, T1015/HE/HQ, G1028, G2215, G2216	06	04
12	Psychiatric Outpatient Services	19 - Psychologist	190 - General Psychologist	Any*	<b>Procedure Codes:</b> See Pages 30 - 32 of Attach G (excluding 99407)	06	04
		31 - Physician	339 - Psychiatry	Any*	<b>Procedure Codes:</b> See Pages 21 - 29 of Attach G (excluding H2010/HK/U1 and 99407)	06	04
		31 - Physician	315 - Emergency Medicine 316 - Family Practice 322 - Internal Medicine 345 - Pediatrics	Any*	<b>Procedure Codes:</b> 99282, 99283, 99284, 99285 <b>Procedure Codes:</b> 96127, 96160, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99282, 99283, 99284, 99285, 99484, 99492, 99493, 99494	06	04
<b>RESIDENTIAL TREATMENT SERVICES FOR CHILDREN &amp; ADOLESCENTS - JCAHO</b>							
15	Residential Treatment Facilities (RTF) Children & Adolescents - JCAHO	01 - Inpatient	013 - RTF (JCAHO certified) Hospital	Any*	<b>Revenue Codes:</b> 0114, 0124, 0134, 0154, 0185,0204, 0900, 0901, 0902, 0903, 0904, 0909, 0910, 0911, 0914, 0915, 0916, 0917, 0918, 0919, 0920, 0929, 0949	08	07
<b>RESIDENTIAL SERVICES FOR CHILDREN &amp; ADOLESCENTS - NON-JCAHO</b>							
16	Residential Treatment Facilities (RTF) for Children & Adolescents Non-JCAHO	56 - RTF	560 - RTF (Non-JCAHO certified)	Any*	<b>Procedure Code:</b> H0019/SC	09	08
<b>OUTPATIENT DRUG &amp; ALCOHOL SERVICES</b>							
17	Outpatient Drug & Alcohol	08 - Clinic	184 - Outpatient D&A	Any*	<b>Procedure Codes:</b> See Pages 4 - 6 of Attach G (excluding 99407)	10	05
		08 - Clinic	084 - Methadone Maintenance	Any*	<b>Procedure Codes:</b> H0020/HG, H0020/UB, T1015/HG		
18	Outpatient Drug & Alcohol	08 - Clinic	080 - FQHC or 081 - RHC	Any*	<b>Procedure Code:</b> 99452, T1015/HF, T1015/HF/HQ, G1028, G2215, G2216		
48	Opioid Use Disorder Centers of Excellence	01 - Inpatient Facility	232 - Opioid COE		<b>Procedure Code:</b> G9012	10	05
		08 - Clinic					
		11 - Mental Health/ Substance Abuse					
48	Opioid Use Disorder Centers of Excellence continued	19 - Psychologist					
		21 - Case Manager					
		31 - Physician					
<b>ANCILLARY SERVICES</b>							
19	Laboratory Studies/Diagnostic Radiology Medical Diagnostic Ordered by BH Physicians	01 - Inpatient Facility	183 - Hospital Based Med Clinic	Any*	Refer to the MA Reference File for available CPT codes.	12	09
		28 - Laboratory	280 - Independent Laboratory				
20	Laboratory Studies/Diagnostic Radiology	31 - Physician	339 - Psychiatry	Any*	Refer to the MA Reference File for	12	09

HealthChoices Behavioral Health Services Reporting Classification Chart - July 2025

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
	Medical Diagnostic Ordered by BH Physicians				available CPT codes.		
21	Clozapine	01 - Inpatient Facility	010 - Acute Care Hospital	Any* w/special enroll	N/A	13	09
22	Clozapine Support Services	31 - Physician	339 - Psychiatry	Any*	Procedure Code: H2010//HK/U1	13	09
		08 - Clinic	110 - Psychiatric Outpatient		Procedure Codes: H0034/HK, H2010/HK		
		11 - Mental Health/	113 - Partial Psych Hosp Children or		Procedure Code: H2010/HK		
		Substance Abuse	114 - Partial Psych Hosp Adult		Procedure Code: H2010/HK		
<b>COMMUNITY SUPPORT SERVICES</b>							
23	Crisis Intervention	11 - Mental Health/ Substance Abuse	118 - MH Crisis Intervention	Any*	Procedure Codes: H0030, H2011, H2011/UB/HE, H2011/U9/HK, H2011/U7/HT, S9484, S9485	14	10
24	Family Based Services for Children & Adolescents	11 - Mental Health/ Substance Abuse	115 - Family Based MH	Any*	Procedure Codes: H0004/UB/HE, H0004/UB/HK, H0004/UB/HT, H0004/UB/UK, H0004/UB/HE/HK, T1016/UB, T1016/UB/HK, T1016/UB/HT, T1016/UB/UK	15	10
25	Targeted MH Case Management - Intensive Case Management	21 - Case Manager	222 - MH TCM, Intensive	Any*	Procedure Codes: T1017/UB T1017 UB/UC/HE, T1017/UB/HK, T1017/UB/HE/HK	16	10
27	Targeted MH Case Management - Blended Case Management	21 - Case Manager	222 - MH TCM, Intensive	Any*	Procedure Codes: T1017/UB/UC, T1017/UB/HK/UC, T1017UB/HE/HK/UC	16	10
28	Targeted MH Case Management - Resource Coordination	21 - Case Manager	221 - MH TCM, Resource Coordination	Any*	Procedure Codes: T1017/TF, T1017/TF/HK, T1017/TF/HE/HK,	16	10
44	Peer Support Services	11 - Mental Health/ Substance Abuse	076 - Peer Specialist	Any	Procedure Codes: H0038	19	10
<b>OTHER SERVICES (Defined ILOS Managed Care Only Services)</b>							
<b>Outpatient Psychiatric</b>							
29	Rehabilitative Services	11 - Mental Health/ Substance Abuse	123 - Psychiatric Rehab	Any*	Procedure Codes: H0036/HB, H2030	18	98
30	Mental Health General	11 - Mental Health/ Substance Abuse	110 - Psychiatric Outpatient	Any*	Procedure Code: H0031	90	98
31	Residential & Housing Support Service	11 - Mental Health/SA	110 - Psychiatric Outpatient	Any*	Procedure Codes: H0018/HE	90	98
<b>Community Support</b>							
33	Mental Health General	11 - Mental Health/ Substance Abuse	111 - Community Mental Health	Any*	Procedure Codes: H0039/HB, H0039/HE	91	98
<b>Outpatient Drug and Alcohol</b>							
34	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	184 - Outpatient D&A	Any*	Procedure Codes: H0001, H0022, H0022/HF	92	98
>>>>	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	184 - Outpatient D&A	Any*	Procedure Codes: H0038/HF, H0047/HA, H0047/HA/HT, H0047/HF, H0047/HF/HW, H0047/HT, H0047/HW	92 94	98
		21 - Case Manager	138 - D&A Targeted Case Mgmt	Any*	Procedure Codes: H0006, H0006/TF	20	98

HealthChoices Behavioral Health Services Reporting Classification Chart - July 2025

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
<b>Other Services</b>							
36 >>>>	Mental Health General	11 - Mental Health/ Substance Abuse	119 - MH - OMHSAS	Any*	Procedure Code: see pages 17 - 21 of Attach G excluding for H0046/U4 <b>and H0034/HE</b>	92	98
			119 - MH - OMHSAS	100729583 0012 100729583 0023 100729583 0024 100729583 0027	Procedure Code: H0046/U4	92	98
			110 - Psychiatric Outpatient	Any*	Procedure Code: H0037	92 94	98
<b>OTHER SERVICES (Defined Managed Care Service Bundles)</b>							
<b>Outpatient Psychiatric</b>							
52	Integrated Community Wellness Center	08 - Clinic	111 - Community Mental Health		Procedure Code: W0500	06	04
		11 - Mental Health/ Substance Abuse	119 - MH OMHSAS		Procedure Code: S9480	06	04
<b>Outpatient Drug and Alcohol</b>							
55	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	084 - Methadone Maintenance	Any*	Procedure Codes: H0020/HG, H0020/UB, T1015/HG	10	05
			129 - D&A Partial Hospitalization	Any*	Procedure Codes: H0012, H0012/TG, H0035/HF	10	05
35	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	128 - D&A Intensive Outpatient	Any*	Procedure Codes: H0012, H0012/TG, H0015	10	05
<b>Other Services</b>							
56 >>>>	Mental Health General	11 - Mental Health/ Substance Abuse	112 -OP Practitioner - MH	Any*	Procedure Code: 99446, 99447, 99448, 99449, 99451, 99452, H0004/HE	06	04
			<b>119 - MH - OMHSAS</b>	Any*	<b>H0034/HE</b>	<b>92 06</b>	<b>98 04</b>
57	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	127 - D&A OP	Any*	Procedure Code: H0004/HF	10	05
<b>OTHER SERVICES (MA Defined - Non-Behavioral Health)</b>							
38	Case Management Services	21 - Case Manager	212 - MA Case Management for under 21 years of age	Any*	Procedure Code: T1016/U8	93	10
<b>OTHER SERVICES (MA Defined - Behavioral Health)</b>							
39	Outpatient Behavioral Health	17 - Therapist	171 - Occupational Therapist		Procedure Code: 97150/GO	06	04
40	Tobacco Cessation	01 - Inpatient Facility	370 - Tobacco Cessation	Any* w/special enroll	Procedure Code: 99407	06	04
		05 - Home Health					

HealthChoices Behavioral Health Services Reporting Classification Chart - July 2025

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
		08 - Clinic					
		09 - CRNP					
		19 - Psychologist					
		27 - Dentist					
		31 - Physician					
		37 - Tobacco Cessation					
<b>OTHER SERVICES (MA Defined - Behavioral Health - Supplemental)</b>							
41	Ancillary Services	31 - Physician	339 - Psychiatry	Any*	Procedure Codes: 99242/UB	06	04
<b>OTHER SERVICES (Non-MA Behavioral Health)</b>							
42	Other - Outpatient	31 - Physician	339 - Psychiatry	Any*	CPT Code: 90792/HE	06	04
		19 - Psychologist	190 - General Psychologist	Any*	CPT Code: 90791/HE	06	04
		01 - Inpatient Facility	010 - Acute Care Hospital	Any*	CPT Codes: 90792/HE, 90832/HE 90834/HE, 90846/HE, 90847/HE, 90853/HE,	06	04
		01 - Inpatient Facility	011 - Private Psych Hosp or 022 - Private Psych Unit	Any*	CPT Codes: 90792/HE, 90832/HE, 90834/HE 90846/HE, 90847/HE, 90853/HE, 90870	06	04
42	Other - Outpatient continued	08 - Clinic	080 - FQHC or 081 - RHC	Any*	CPT Codes: 90792/HE, 90846/HE, 90847/HE, 90853/HE	06	04
		08 - Clinic	110 - Psychiatric Outpatient	Any*	CPT Codes: 99347/HE, 99348/HE, 99349/HE	06	04
		08 - Clinic	110 - Psychiatric Outpatient	Any* with OMHSAS approval for telehealth	CPT Codes: 99242, 99243, 99244, 99245, Q3014 - Submit encounters with POS 02 or 10	06	04
		08 - Clinic	184 - Outpatient D&A		Procedure Code: 99452	10	05
		09 - CRNP	103 - Family & Adult Psychiatric Mental Health	Any*	CPT Codes: 90792, 90832, 90834, 90837, 90846/UB/U1 90847/UB/U1, 90853/UB/U1, 90870, 90867, 90868, 90869, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99242, 99243, 99244, 99245, 99252, 99253, 99254, 99255, 99282, 99283, 99284, 99285, 99291, 99292, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99446, 99447, 99448, 99449, 99451, 99452, G0136, G2082/UD, G2083/UD, H2010/HK/U1	06	04
	11 - Mental Health/ Substance Abuse	113 - Partial Psych Hosp Child 114 - Partial Psych Hosp Adult		Procedure Codes: H0035/U6, H0035/U5/HB Procedure Code: H0035/U5	03	04	
<b>INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS)</b>							

HealthChoices Behavioral Health Services Reporting Classification Chart - July 2025

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
49	IBHS				<b>ICD 10 CM: any BH ICD-10 code other than intellectual disability codes <u>AND</u></b>	07	06
		11 - Mental Health/ Substance Abuse	590 - Individual IBHS		<b>Procedure Codes:</b> 90791, H0031/UB, H0031/U9, H0032/UB, H0032/U9, H2014/UB, H2019, H2019/U9, H2019/U6/HA, H2021, H2033		
			591 - Group IBHS		<b>Procedure Codes:</b> 90791, H0031/UB, H0031/U9, H2021/U6/HQ, H2021/U5/HQ, H2021/U4/HQ		
	11 - Mental Health/ Substance Abuse	592 - Applied Behavior Analysis - IBHS		<b>Procedure Codes:</b> H0031/UB, H0031/U9, 90791, 97151, 97151/U7, 97152, 97152/U8, 97153, 97153/U8, 97154, 97154/U5, 97154/U6, 97155, 97155/U7, 97156, 97156/U7, 97158, 97158/U5, 97158/U6			
50	IBHS for Children & Adolescent with ID				<b>ICD 10 CM: any intellectual disability code <u>AND</u></b>	17	06
		11 - Mental Health/ Substance Abuse	590 - Individual IBHS		<b>Procedure Codes:</b> 90791, H0031/UB, H0031/U9, H0032/UB, H0032/U9, H2014/UB, H2019, H2019/U9, H2019/U6/HA, H2021, H2033		
50	IBHS for Children & Adolescent with ID continued		591 - Group IBHS		<b>Procedure Codes:</b> 90791, H0031/UB, H0031/U9, H2021/U6/HQ, H2021/U5/HQ, H2021/U4/HQ		
			592 - Applied Behavior Analysis - IBHS		<b>Procedure Codes:</b> H0031/UB, H0031/U9, 90791, 97151, 97151/U7, 97152, 97152/U8, 97153, 97153/U8, 97154, 97154/U5, 97154/U6, 97155, 97155/U7, 97156, 97156/U7, 97158, 97158/U5, 97158/U6		
51	IBHS				<b>ICD-10-CM: R69 <u>AND</u></b>	07	06
		11 - Mental Health/ Substance Abuse	590 - Individual IBHS		Procedure Code: 90791		
<b>EPSDT</b>							
53	EPSDT	17 - Therapist	174 - Art Therapist		<b>Procedure Code:</b> H2032/UB	07	06
		17 - Therapist	175 - Music Therapist		<b>Procedure Code:</b> G0176/UB		
		19 - Psychologist	190 - General Psychologist		<b>Procedure Code:</b> 90791		
		52 - CRR	523 - Host Home/Children		<b>Procedure Code:</b> H0019		

Lines 2 and 3 - Code combinations listed in Lines 2 and 3 are allowed with either no DRG or any valid DRG other than 424 through 432.

Lines 5 and 7 - Code combinations listed in Lines 5 and 7 are allowed with either no DRG or any valid DRG other than 433, 521, 522, or 523.

Line 15 - Code combinations listed in Line 15 are allowed with either no DRG or any valid DRG

### Providers Enrolled With CDC (Co-occurring Disorder Competency) Special Indicator

Provider ID	Service Location	Provider	Effective Date
001620056	0001	Good Friends Inc	09/04/08
<del>100001584</del>	<del>0057</del>	<del>Path Inc - Drug and Alcohol Clinic - end-dated 11/01/2021</del>	<del>01/25/08</del>
100001996	0004	Penndel Mental Health Center	05/01/08
100228589	0012	Gaudenzia Harrisburg Outpatient Services	10/31/06
100715523	0047	West Philadelphia Community Mental Health Consortium	01/25/08
100715523	0061	West Philadelphia Community Mental Health Consortium	01/25/08
100715523	0084	Consortium - University City	01/25/08
100715523	0085	Consortium Inc - Family Preservation	01/25/08
100755761	0019	Penn Foundation Recovery Center	01/25/08
100772252	0012	Lenape Valley Foundation	01/02/08
100777929	0005	Eagleview Hospital	12/07/07

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
<b>CASE MANAGER - MA CASE MANAGEMENT FOR UNDER 21 YEARS OF AGE</b>								
21	212	T1016	U8		Case Management, each 15 minutes (CM)	15 min	11, 12, 21	38
<b>CASE MANAGER - MH TARGETED CASE MANAGEMENT, INTENSIVE</b>								
21	222	T1017	UB		Targeted Case Management, each 15 minutes (ICM - MH/MR Case Mgmt)	15 min	02, 10, 11, 12, 27, 99	25
21	222	T1017	UB	HK	Targeted Case Management, each 15 minutes (ICM - MH Svc During Psych Inpatient Admission)	15 min	02, 21	25
21	222	T1017	UB	HE; HK	Targeted Case Management, each 15 minutes (ICM - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	25
21	222	T1017	UB	UC	Targeted Case Management, each 15 minutes (BCM - MH ICM Svc)	15 min	02, 10, 11, 12, 27, 99	27
21	222	T1017	UB	HK; UC	Targeted Case Management, each 15 minutes (BCM - MH Svc During Psych Inpatient Admission)	15 min	02, 21	27
21	222	T1017	UB	HE; HK; UC	Targeted Case Management, each 15 minutes (BCM - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	27
<b>CASE MANAGER - MH TARGETED CASE MANAGEMENT, RESOURCE COORDINATION</b>								
21	221	T1017	TF		Targeted Case Management, each 15 minutes (RC- Resource Coordination)	15 min	02, 10, 11, 12, 27, 99	28
21	221	T1017	TF	HK	Targeted Case Management, each 15 minutes (RC - MH Svc During Psych Inpatient Admission)	15 min	02, 21	28
21	221	T1017	TF	HE; HK	Targeted Case Management, each 15 minutes (RC - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	28
<b>CLINIC - FAMILY PLANNING</b>								
08	370	99407		FP	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 22, 49	40
<b>CLINIC - FEDERALLY QUALIFIED HEALTH CENTER OR RURAL HEALTH CLINIC</b>								
08	080 or 081	99452			Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.	per procedure	50, 72	11 or 18
08	080 or 081	G1028			Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	12, 31, 32, 50, 72	11 or 18
08	080 or 081	G2215			Take-home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of nasal naloxone	12, 31, 32, 50, 72	11 or 18

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	080 or 081	G2216			Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of injectable naloxone	12, 31, 32, 50, 72	11 or 18
08	080 or 081	T1015		HE	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	02, 10, 12, 21, 27, 31, 32, 50, 72, 99	11
08	080 or 081	T1015		HF	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	02, 10, 27, 50, 72	18
08	080 or 081	T1015		HE, HQ	Clinic Visit/Encounter, All-inclusive (Behavioral Health Group Therapy)	visit	02, 10, 27, 50, 72	11
08	080 or 081	T1015		HF, HQ	Clinic Visit/Encounter, All-inclusive (Behavioral Health Group Therapy)	visit	02, 10, 27, 50, 72	18
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 12, 49, 99	40
<b>CLINIC - INDEPENDENT MEDICAL/SURGICAL CLINIC</b>								
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 49	40
<b>CLINIC - METHADONE MAINTENANCE</b>								
08	084	H0020	HG		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a license program (take-home))	One unit per day	57	17
08	084	H0020	UB		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	15 min	02, 10, 57	17
08	084	T1015	HG		Clinic Visit/Encounter, All-Inclusive (Methadone Maintenance Comprehensive Svcs - incl transportation)	visit	57	17
<b>CLINIC - MOBILE MENTAL HEALTH TREATMENT</b>								
08	074	90792			Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	15, 27, ##	43
08	074	90832			Psychotherapy, 30 minutes with patient	30 min	15, 27, ##	43
08	074	90834			Psychotherapy, 45 minutes with patient	45 min	15, 27, ##	43
08	074	90837			Psychotherapy, 60 minutes with patient	60 min	15, 27, ##	43
08	074	90846	UB		Family Psychotherapy (without the patient present)	15 min	15, 27, ##	43
08	074	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	15, 27, ##	43
08	074	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	15, 27	43
08	074	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	15, 27	43

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	074	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	15, 27	43
08	074	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	15, 27	43
08	074	96127			Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	15, 27, ##	43
08	074	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	15, 27	43
08	074	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	15, 27	43
08	074	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	15, 27	43
08	074	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	15, 27	43
08	074	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	15, 27	43
08	074	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	15, 27	43
08	074	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	15, 27, ##	43
08	074	99242	UB		Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	15, 27	43
08	074	H0034			Medication training and support, per 15 minutes (Medication Mgmt Visit)	visit	15, 27	43
08	074	H0034		HK	Medication training and support, per 15 minutes (Clozaril Monitor & Eval Visit)	visit	15, 27	43

Attach	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	074	H2010		HK	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	15, 27	43
<b>CLINIC - OUTPATIENT DRUG AND ALCOHOL</b>								
08	184	90792			Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	02, 10, 12, 57	17
08	184	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10, 12, 57	17
08	184	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10, 12, 57	17
08	184	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10, 12, 57	17
08	184	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10, 12, 57	17
08	184	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10, 57	17
08	184	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	57	17
08	184	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 12, 57	17
08	184	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 12, 57	17
08	184	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 12, 57	17
08	184	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10, 12, 57	17
08	184	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 12, 57	17
08	184	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10, 12, 57	17
08	184	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10, 12, 57	17
08	184	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10, 12, 57	17

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	184	99202			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	visit	02, 10, 12, 57	17
08	184	99203			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	visit	02, 10, 12, 57	17
08	184	99204			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	visit	02, 10, 12, 57	17
08	184	99204	U7		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. <b>(Comprehensive Medical Exam &amp; Eval)</b>	45 min	02, 10, 12, 57	17
08	184	99205			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	visit	02, 10, 12, 57	17
08	184	99211			Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	visit	02, 10, 12, 57	17
08	184	99212			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 10, 12, 57	17
08	184	99213			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 10, 12, 57	17
08	184	99214			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 10, 12, 57	17

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	184	99215			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 10, 12, 57	17
08	184	99215	U7		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. <b>(Comprehensive Medical Exam &amp; Eval)</b>	40 min	02, 10, 12, 57	17
08	184	99242	U7		Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. <b>(Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox)</b>	visit	57	17
08	184	G1028			Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	57	17
08	184	G2214			Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.	1st 30 min in a month	12, 57	17
08	184	G2215			Take-home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	57	17
08	184	G2216			Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of injectable naloxone	57	17
08	184	H0014	HG		Alcohol and/or drug services; ambulatory detoxification <b>(Opiate withdrawal management visit for admin &amp; eval of drugs for ambulatory opiate withdrawal management) (ASAM 1 WM)</b>	15 min	57	17
08	184	H0034			Medication training and support, per 15 minutes <b>(Medication Mgmt Visit)</b>	visit	02, 10, 57	17
08	184	T1015	UB		Clinic Visit/Encounter, All-Inclusive <b>(Drug Free Clinic Visit)</b>	visit	02, 10, 57	17
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 12, 57, 99	40
<b>CLINIC - PSYCHIATRIC OUTPATIENT</b>								

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	90792			Psychiatric diagnostic evaluation with medical services ( <b>Psychiatric Eval, Exam &amp; Eval of Patient</b> )	occurrence	02, 10, 49	9
08	110	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10, 49	9
08	110	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10, 49	9
08	110	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10, 49	9
08	110	90846	UB		Family Psychotherapy (without the patient present)	15 min	02, 10, 49	9
08	110	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10, 49	9
08	110	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	02, <b>10</b> , 49	9
08	110	90867			Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	per procedure	49	9
08	110	90868			Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management per session	per procedure	49	9
08	110	90869			Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	per procedure	49	9
08	110	90870			ECT Therapy (includes necessary monitoring)	1 treatment	49	9
08	110	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	49	9
08	110	95700			EEG continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	per procedure	49	9
08	110	95705			EEG without video, review of data, technical description by EEG technologist, 2-12 hours, unmonitored	per procedure	49	9
08	110	95706			EEG without video, review of data, technical description by EEG technologist, 2-12 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95707			EEG without video, review of data, technical description by EEG technologist, 2-12 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95708			EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, unmonitored	per procedure	49	9
08	110	95709			EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95710			EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95711			EEG with video, review of data, technical description by EEG technologist, 2-12 hours, unmonitored	per procedure	49	9

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	95712			EEG with video, review of data, technical description by EEG technologist, 2-12 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95713			EEG with video, review of data, technical description by EEG technologist, 2-12 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95714			EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, unmonitored	per procedure	49	9
08	110	95715			EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95716			EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95717			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording, without video	per procedure	49	9
08	110	95718			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording, with video	per procedure	49	9
08	110	95719			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period, without video	per procedure	49	9
08	110	95720			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period, with video	per procedure	49	9
08	110	95721			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 36 hours, up to 60 hours of EEG recording, without video	per procedure	49	9
08	110	95722			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 36 hours, up to 60 hours of EEG recording, with video	per procedure	49	9
08	110	95723			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 60 hours, up to 84 hours of EEG recording, without video	per procedure	49	9

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	95724			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 60 hours, up to 84 hours of EEG recording, with video	per procedure	49	9
08	110	95725			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 84 hours of EEG recording, without video	per procedure	49	9
08	110	95726			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 84 hours of EEG recording, with video	per procedure	49	9
08	110	95813			EEG, extended monitoring, 61-119 minutes	per procedure	49	9
08	110	95816			EEG including recording awake & drowsy	1 treatment	49	9
08	110	95819			EEG including recording awake & asleep	1 treatment	49	9
08	110	95822			EEG recording in coma or sleep only	1 treatment	49	9
08	110	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 49	9
08	110	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 49	9
08	110	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10, 49	9
08	110	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 49	9
08	110	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10, 49	9

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 49	9
08	110	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10, 49	9
08	110	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10, 49	9
08	110	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10, 49	9
08	110	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10, 49	9
08	110	99202			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	visit	02, 10, 49	9
08	110	99203			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	visit	02, 10, 49	9
08	110	99204			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	visit	02, 10, 49	9
08	110	99205			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	visit	02, 10, 49	9
08	110	99211			Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	visit	02, 10, 49	9
08	110	99212			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 10, 49	9

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	99213			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 10, 49	9
08	110	99214			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 10, 49	9
08	110	99215			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 10, 49	9
08	110	99242	UB		Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	49	9
08	110	99452			Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.	per procedure	49	9
08	110	G1028			Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	49	9
08	110	G2082		UD	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes <u>2 hours post administration observation.</u>	per visit	49	9
08	110	G2083		UD	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg of esketamine nasal self administration, includes <u>2 hours post administration observation.</u>	per visit	49	9
08	110	G2214			Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.	1st 30 min in a month	49	9

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	G2215			Take-home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	49	9
08	110	G2216			Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of injectable naloxone	49	9
08	110	H0034			Medication training and support, per 15 minutes ( <b>Medication Mgmt Visit</b> )	visit	02, 10, 49	9
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 49	40
<b>CLINIC - PSYCHIATRIC OUTPATIENT - CLOZAPINE</b>								
08	110	H0034		HK	Medication training and support, per 15 minutes ( <b>Clozaril Monitor &amp; Eval Visit</b> )	visit	02, 10, 49	22
08	110	H2010		HK	Comprehensive medication services, per 15 minutes ( <b>Clozapine Support Svc</b> )	15 min	02, 10, 49	22
<b>CRNP</b>								
09	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 11, 12, 27, 31, 32, 99	40
<b>DENTIST</b>								
27	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 11, 12, 31, 32, 99	40
<b>HOME HEALTH</b>								
05	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02,10, 12	40
<b>INPATIENT FACILITY - ACUTE CARE HOSPITAL</b>								
01	010	N/A			Inpatient Psych Svcs	N/A	N/A	1
01	010	N/A			Inpatient D&A Withdrawal Management	N/A	N/A	4
01	010	N/A			Inpatient D&A Rehab	N/A	N/A	6
01	010	N/A			Clozapine	N/A	N/A	21
01	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 22	40
<b>INPATIENT FACILITY - DRUG AND ALCOHOL REHABILITATION HOSPITAL/UNIT</b>								
01	019 or 441	N/A			Inpatient D&A Withdrawal Management	N/A	N/A	5
01	019 or 441	N/A			Inpatient D&A Rehab	N/A	N/A	7
01	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 22	40
<b>INPATIENT FACILITY - EXTENDED ACUTE PSYCHIATRIC CARE</b>								

Attach	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
01	018	N/A			Inpatient Psych Svcs	N/A	N/A	3
<b>INPATIENT FACILITY - HOSPITAL BASED MEDICAL CLINIC</b>								
01	183	Refer to the MA reference file			Studies Ordered by Behavioral Health Physicians	Refer to the MA reference file	Refer to the MA reference file	19
01	183	90870			ECT Therapy (includes necessary monitoring)	1 treatment	22	9
01	183	90867			Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	per procedure	22	9
01	183	90868			Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management per session	per procedure	22	9
01	183	90869			Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	per procedure	22	9
01	183	96156	UB		Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	per assessment or reassessment	02, 10, 22, 27	9
01	183	96158	UB		Health behavior intervention, individual, face-to-face; initial 30 minutes.	30 min	02, 10, 22, 27	9
01	183	96159	UB		Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	15 min	02, 10, 22, 27	9
01	183	96167	UB		Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes.	30 min	02, 10, 22, 27	9
01	183	96168	UB		Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service).	15 min	02, 10, 22, 27	9
01	183	G0378			Hospital observation service, per hour	1 unit	22	9
01	183	G0379			Direct admission of patient for hospital observation care	1 unit	22	9
<b>INPATIENT FACILITY - PRIVATE PSYCHIATRIC HOSPITAL/UNIT</b>								
01	011 or 022	N/A			Inpatient Psych Svcs	N/A	N/A	2
<b>INPATIENT FACILITY - RESIDENTIAL TREATMENT FACILITY - JCAHO</b>								
01	013	N/A			RTF for Children & Adolescent	N/A	N/A	15
<b>LABORATORY</b>								

Attach	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
28	280	Refer to the MA reference file			Laboratory Studies Ordered by Behavioral Health Physicians	Refer to the MA reference file	Refer to the MA reference file	19
<b>MENTAL HEALTH - CRISIS INTERVENTION</b>								
11	118	H0030			Behavioral health hotline service (Telephone Crisis)	15 min	02, 10, 11	23
11	118	H2011			Crisis intervention service, per 15 minutes (Walk-in Crisis)	15 min	02, 10, 11	23
11	118	H2011	UB	HE	Crisis intervention service, per 15 minutes (Mobile Crisis - Individual Delivered)	15 min	02, 10, 15, 27	23
11	118	H2011	U9	HK	Crisis intervention service, per 15 minutes (Medical Mobile Crisis - Team Delivered)	15 min	02, 10, 15, 27	23
11	118	H2011	U7	HT	Crisis intervention service, per 15 minutes (Mobile Crisis - Team Delivered)	15 min	02, 10, 15, 27	23
11	118	S9484			Crisis intervention mental health services, per hour (Crisis In-Home Support)	per hour	02, 10, 12, 99	23
11	118	S9485			Crisis intervention mental health services, per diem (Crisis Residential)	per diem	02, 10, 12	23
<b>MENTAL HEALTH - FAMILY BASED REHAB SERVICES</b>								
11	115	H0004	UB	HE	Behavioral health counseling and therapy, per 15 minutes (Team member w/ Consumer)	15 min	02, 10, 12, 27, 99, **	24
11	115	H0004	UB	HE; HK	Behavioral health counseling and therapy, per 15 minutes (MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32, **	24
11	115	H0004	UB	HK	Behavioral health counseling and therapy, per 15 minutes (MH Svc During Psych Inpatient Admission)	15 min	02, 21	24
11	115	H0004	UB	HT	Behavioral health counseling and therapy, per 15 minutes (Team w/ Consumer and/or Family)	15 min	02, 10, 12, 27, 99	24
11	115	H0004	UB	UK	Behavioral health counseling and therapy, per 15 minutes (Team Member w/ Family of Consumer)	15 min	02, 10, 12, 27, 99	24
11	115	T1016	UB		Case management, each 15 minutes (MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32, **	24
11	115	T1016	UB	HK	Case management, each 15 minutes (MH Svc During Psych Inpatient Admission)	15 min	02, 21, **	24
11	115	T1016	UB	HT	Case management, each 15 minutes (Team w/ Collateral and/or Other Agencies)	15 min	02, 10, 12, 27, 99	24
11	115	T1016	UB	UK	Case management, each 15 minutes (Team Member w/ Collateral and/or Other Agencies)	15 min	02, 10, 12, 27, 99	24
<b>MENTAL HEALTH - INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS)</b>								
11	590, 591, 592	90791			Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	02, 10, 11, 12, 27, 99	49, 50, 51

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	592	97151			Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan <b>(Behavior Consultation - ABA)</b>	15 min	02, 10, 03, 11, 12, 27, 99	49, 50
11	592	97151	U7		Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan <b>(Behavior Analytic / Behavior Consultation by BCBA)</b>	15 min	02, 10, 03, 11, 12, 27, 99	49, 50
11	592	97152			Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes <b>(Behavior Health Technician - ABA)</b>	15 min	03, 11, 12, 27, 99	49, 50
11	592	97152	U8		Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes <b>(Assistant Behavior Consultation - ABA)</b>	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
11	592	97153			Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes <b>(Behavior Health Technician - ABA)</b>	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
11	592	97153	U8		Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes <b>(Assistant Behavior Consultation - ABA)</b>	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
11	592	97154	U6		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes <b>(2 to 3 group members)</b>	15 min	02, 03, 11, 27, 99	49, 50
11	592	97154	U5		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes <b>(4 to 6 group members)</b>	15 min	02, 03, 11, 27, 99	49, 50

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	592	97154			Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (7 to 12 group members)	15 min	02, 03, 11, 27, 99	49, 50
11	592	97155			Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Consultation - ABA)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
11	592	97155	U7		Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
11	592	97156			Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Behavior Consultation - ABA)	15 min	02, 10, 11, 12, 27, 99	49, 50
11	592	97156	U7		Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 10, 11, 12, 27, 99	49, 50
11	592	97158	U6		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (2 to 3 group members)	15 min	02, 03, 11, 27, 99	49, 50
11	592	97158	U5		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (4 to 6 group members)	15 min	02, 03, 11, 27, 99	49, 50
11	592	97158			Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (7 to 12 group members)	15 min	02, 03, 11, 27, 99	49, 50
11	590, 591, 592	H0031	U9		Mental health assessment by non-physician (Licensed Practitioner)	30 min	02, 10, 11, 12, 27, 99	49, 50
11	590, 591, 592	H0031	UB		Mental health assessment by non-physician (Other Licensed Practitioner)	30 min	02, 10, 11, 12, 27, 99	49, 50
11	590	H0032	U9		Mental health service plan development by non-physician (Behavior Consultation - Licensed Practitioner)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
11	590	H0032	UB		Mental health service plan development by non-physician (Behavior Consultation - Unlicensed Practitioner)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
11	590	H2014	UB		Skills training and development, per 15 minutes (Onsite Supervision)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	590	H2019			Therapeutic behavioral services, per 15 minutes (Mobile Therapy - Unlicensed Practitioner)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
11	590	H2019	U9		Therapeutic behavioral services, per 15 minutes (Mobile Therapy - Licensed Practitioner)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
11	590	H2019	U6	HA	Therapeutic behavioral services, per 15 minutes (Functional Family Therapy)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
11	590	H2021			Community-based wrap-around services, per 15 minutes (Behavioral Health Technician)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	591	H2021	U6	HQ	Community-based wrap-around services, per 15 minutes (Group Service - 2 to 8 group members)	15 min	02, 03, 11, 27, 99	49, 50
11	591	H2021	U5	HQ	Community-based wrap-around services, per 15 minutes (Group Service - 9 to 12 group members)	15 min	02, 03, 11, 27, 99	49, 50
11	591	H2021	U4	HQ	Community-based wrap-around services, per 15 minutes (Group Service - 13 to 20 group members)	15 min	02, 03, 11, 27, 99	49, 50
11	590	H2033			Multisystemic therapy for juveniles, per 15 minutes	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
<b>MENTAL HEALTH - PARTIAL PSYCH HOSPITALIZATION</b>								
11	114	H0035	U7		Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Adult)	1 hour	02, 10, 52	10
11	114	H0035	UB	HA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Child or Licensed Adult Psych Partial Hosp Program - Child 0-20 years of age, services beyond 270 hours)	1 hour	02, 10, 52	10
11	114	H0035	U7	U2	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Adult)	1 hour	02, 10, 52	10
11	113	H0035		U2; UA	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Child age 0-14)	1 hour	02, 10, 52	10
11	113	H0035	U7	HB; UA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Adult)	1 hour	02, 10, 52	10
11	113	H0035	UB	UA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Child or Licensed Child Psych Partial Hosp Program - Child 15 thru 20 years of age or Licensed Child Psych Partial Hosp Program - Child 0-14 years of age, services beyond 720 hours or Licensed Child Psych Partial Hosp Program - Child 15-20 years of age, services beyond 720 hours)	1 hour	02, 10, 52	10
11	113	H0035	U6		Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Program serving ages 0-14) BH-MCO use only	15 min	02, 10, 52	42
11	113	H0035	U5	HB	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Program serving ages 15-120) BH-MCO use only	15 min	02, 10, 52	42
11	114	H0035	U5		Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Program serving any age) BH-MCO use only	15 min	02, 10, 52	42

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	113, 114	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 12, 52	10
11	113, 114	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 12, 52	10
11	113, 114	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 12, 52	10
11	113, 114	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10, 12, 52	10
11	113, 114	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 12, 52	10
11	113, 114	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10, 12, 52	10
11	113, 114	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10, 12, 52	10
11	113, 114	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10, 12, 52	10
<b>MENTAL HEALTH - PARTIAL PSYCH HOSPITALIZATION - CLOZAPINE SUPPORT</b>								
11	113 or 114	H2010		HK	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10, 52	22
<b>MENTAL HEALTH - PEER SPECIALIST</b>								
11	076	H0038			Self help/peer services, per 15 minutes	15 min	02, 10, 11, 12, 21, 23, 27, 31, 32, 49, 52, 99	44
<b>MENTAL HEALTH / SUBSTANCE ABUSE - SUPPLEMENTAL</b>								
11	112	99446			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.	per procedure	11	56

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	112	99447			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review.	per procedure	11	56
11	112	99448			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review.	per procedure	11	56
11	112	99449			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.	per procedure	11	56
11	112	99451			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative time.	per procedure	11	56
11	112	99452			Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.	per procedure	11	56
11	184	H0001			Alcohol and/or drug assessment (D&A Level of Care Assessment)	15 min	02, 10, 99	34
11	112	H0004		HE	Behavioral health counseling and therapy, per 15 minutes (MH Outpatient Practitioner)	15 min	02, 10, 23, 27, 31, 32, 99	56
11	127	H0004		HF	Behavioral health counseling and therapy, per 15 minutes (D&A Outpatient Practitioner)	15 min	02, 10, 99	57
21	138	H0006			Alcohol and/or drug services; case management (D&A ICM)	15 min	02, 10, 27, 99	34
21	138	H0006		TF	Alcohol and/or drug services; case management (D&A RC)	15 min	02, 10, 27, 99	34
11	128, 129, 132	H0012			Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) (Low intensive) (ASAM 2 WM)	per hour	57, 99	35, 55, or 8
11	128, 129, 132	H0012	TG		Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) (High intensive) (ASAM 2 WM)	per hour	57, 99	35, 55, or 8
11	132	H0013			Alcohol and/or drug services; acute detoxification (residential addiction program outpatient) (ASAM 3.7 WM)	per diem	99	8

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	128*	H0015			Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education ( <b>Intensive Outpatient D&amp;A Clinic</b> ) ( <b>ASAM 2.1</b> )	15 min	02, 10, 99	35
11	110	H0018		HE	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem ( <b>Adult Residential Treatment Facility</b> )	per diem	99	31
11	084	H0020	HG		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a license program ( <b>take-home</b> ))	One unit per day	57, 99	55
11	084	H0020	UB		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	15 min	02, 10, 57, 99	55
11	184	H0022			Alcohol and/or drug intervention service (planned facilitation) ( <b>D&amp;A - Intervention</b> )	30 min	02, 10, 99	34
11	184	H0022		HF	Alcohol and/or drug intervention service (planned facilitation) ( <b>Warm Handoff [WHO]</b> )	30 min	99	34
11	110	H0031			Mental health assessment, by non-physician ( <b>MH Diagnostic Assessment</b> )	15 min	02, 10, 31, 32, 99	30
11	119	H0034		HE	Medication training and support, per 15 minutes ( <b>Mobile Medication Management</b> )	15 min	02, 10, 27, 99	56
11	129	H0035		HF	Mental health partial hospitalization, treatment, less than 24 hours ( <b>ASAM 2.5</b> )	15 min	02, 10, 11, 22, 99	55
11	123	H0036		HB	Community psychiatric supportive treatment, face to face, per 15 minutes ( <b>Psych Rehab - Site Based or Mobile</b> )	15 min	02, 10, 15, 27, 31, 32, 99	29
11	110	H0037			Community psychiatric supportive treatment program, per diem ( <b>Adult Outpatient Services in an Alternative Setting</b> )	per diem	02, 10, 99	36
11	119	H0038		HE	Self help/peer services, per 15 minutes ( <b>Community Autism Peer Specialist</b> )	15 min	02, 10, 27, 99	36
11	184	H0038		HF	Self help/peer services, per 15 minutes ( <b>D&amp;A Certified Recovery Specialist</b> )	15 min	02, 10, 11, 12, 21, 23, 27, 31, 32, 49, 99	34
11	111	H0039		HB	Assertive community treatment, face to face, per 15 minutes ( <b>Community Treatment Teams</b> )	15 min	02, 10, 23, 27, 31, 32, 99	33
11	111	H0039		HE	Assertive community treatment, face to face, per 15 minutes ( <b>ACT</b> )	15 min	02, 10, 23, 27, 31, 32, 99	33
11	119	H0046	TF	HT	Mental health services, not otherwise specified ( <b>Behavioral Health Nursing Home [NH] Team</b> )	15 min	02, 10, 31, 32, 99	36
11	119	H0046	TG		Mental health services, not otherwise specified ( <b>Comprehensive Dialectical Behavioral Therapy</b> )	15 min	02, 10, 27, 99	36
11	119	H0046	U4		Mental health services, not otherwise specified ( <b>Project Transition</b> )	15 min	02, 10, 99	36
11	119	H0046		H9	Mental health services, not otherwise specified ( <b>Forensic Mental Health</b> )	15 min	02, 10, 27, 99	36

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	119	H0046		HA; HE	Mental health services, not otherwise specified (Family Focused Solution Based)	15 min	02, 10, 27, 99	36
11	119	H0046		HA; HT	Mental health services, not otherwise specified (Behavioral Health Bridge [BHB])	15 min	99	36
11	119	H0046		HB	Mental health services, not otherwise specified (Behavioral Health Home Plus)	15 min	02, 10, 27, 99	36
11	119	H0046		HB; HA	Mental health services, not otherwise specified (Transition Program)	15 min	02, 10, 27, 99	36
11	119	H0046		HB; HE	Mental health services, not otherwise specified (Mobile Hoarding Intervention and Therapy)	15 min	02, 10, 99	36
11	119	H0046		HD	Mental health services, not otherwise specified (Mobile Family Therapy Program)	15 min	02, 10, 27, 99	36
11	119	H0046		HE	Mental health services, not otherwise specified (Behavioral Health Home)	15 min	02, 10, 27, 31, 32, 99	36
11	119	H0046		HE; HF	Mental health services, not otherwise specified (Home-Based Family Recovery)	15 min	02, 10, 27, 99	36
11	119	H0046		HE; HI	Mental health services, not otherwise specified (Integrated Care)	15 min	02, 10, 27, 31, 32, 99	36
11	119	H0046		HE; HK	Mental health services, not otherwise specified (Community Outreach and Recovery Essentials [CORE])	15 min	02, 10, 27, 99	36
11	119	H0046		HE; HT	Mental health services, not otherwise specified (Enhanced Community-Based Intensive Treatment [ECBIT])	15 min	02, 10, 27, 99	36
11	119	H0046		HE; UK	Self help/peer services, per 15 minutes (Family Peer Support [FPS] Services)	15 min	02, 10, 27, 99	36
11	119	H0046		HH; HT	Mental health services, not otherwise specified (Integrated Dual Disorder Treatment [IDDT])	15 min	02, 10, 27, 99	36
11	119	H0046		HI	Mental health services, not otherwise specified (Dual Diagnosis Transition Team [DDTT])	15 min	02, 10, 27, 31, 32, 99	36
11	119	H0046		HI; U1	Mental health services, not otherwise specified (Mobile Mental Health and Intellectual Disabilities)	15 min	02, 10, 27, 99	36
11	119	H0046		HK; HT	Mental health services, not otherwise specified (Healing Hurt People - Trauma Response Program)	15 min	02, 10, 27, 99	36
11	119	H0046		HK; U1	Mental health services, not otherwise specified (Nurse Navigator)	15 min	02, 10, 27, 31, 32, 99	36
11	119	H0046		HT	Mental health services, not otherwise specified (Integrated Behavioral Health in Long-Term Care)	15 min	31, 32	36
11	119	H0046		HT; HW	Mental health services, not otherwise specified (Clinical Wellness Recovery Team)	15 min	02, 10, 27, 99	36
11	119	H0046		HT; U1	Mental health services, not otherwise specified (Transition Age Youth Mobile Mental Health Team)	15 min	02, 10, 27, 99	36
11	119	H0046		TD	Mental health services, not otherwise specified (Mobile Psych Nurse)	15 min	02, 10, 27, 99	36

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	119	H0046		U1	Mental health services, not otherwise specified ( <i>Intensive Case Conference</i> )	15 min	02, 10, 27, 99	36
11	184	H0047		HA	Alcohol and/or other drug abuse services, not otherwise specified ( <i>D&amp;A Outpatient Treatment in an Alternative Setting</i> )	15 min	02, 10, 03, 99	34
11	184	H0047		HA; HT	Alcohol and/or other drug abuse svcs, not otherwise specified ( <i>Mobile D&amp;A Family Therapy</i> )	15 min	02, 10, 27, 99	34
11	184	H0047		HF	Alcohol and/or other drug abuse svcs, not otherwise specified ( <i>Mobile Engagement Services</i> )	15 min	02, 10, 27, 99	34
11	184	H0047		HF; HW	Alcohol and/or other drug abuse svcs, not otherwise specified ( <i>D&amp;A Engagement Center</i> )	15 min	02, 10, 99	34
11	184	H0047		HT	Alcohol and/or other drug abuse svcs, not otherwise specified ( <i>Community Based Drug and Alcohol Therapist</i> )	15 min	02, 10, 27, 99	34
11	184	H0047		HW	Alcohol and/or other drug abuse svcs, not otherwise specified ( <i>D&amp;A Case Coordination</i> )	15 min	02, 10, 27, 99	34
11	119	H2019		HE	Therapeutic behavioral services, per 15 minutes ( <i>Multidimensional Family Therapy [MDFT]</i> ) effective 01/01/2025	15 min	99	36
11	123	H2030			Mental health clubhouse services, per 15 minutes ( <i>Psych Rehab - Clubhouse</i> )	15 min	02, 10, 99	29
11	131	H2034			Alcohol and/or drug abuse halfway house services, per diem ( <i>ASAM 3.1</i> )	per diem	99	8
11	185	H2036			Alcohol and/or other drug treatment program, per diem ( <i>ASAM 3.5</i> )	per diem	99	8
11	186	H2036			Alcohol and/or other drug treatment program, per diem ( <i>ASAM 3.7</i> )	per diem	99	8
11	119	H2040			Coordinated special care, team based, for first episode psychosis, per month	monthly	02, 10, 27, 99	36
11	119	H2041			Coordinated special care, team based, for first episode psychosis, per encounter	encounter	02, 10, 27, 99	36
11	119	S9480			Intensive outpatient psychiatric services ( <i>Mental health intensive outpatient program</i> ) effective 01/01/2025	15 min	99	52
11	084	T1015	HG		Clinic Visit/Encounter, All-Inclusive ( <i>Methadone Maintenance Comprehensive Svcs - incl transportation</i> )	visit	57, 99	55
11	110	T2048			Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) with room and board, per diem ( <i>Adult Residential Treatment Facility with Room &amp; Board</i> )	per diem	99	31
11	119	H2011		HB	Crisis intervention service, per 15 minutes ( <i>Adult Diversion and Stabilization</i> )	15 min	02, 10, 27, 99	36
08	111	W0500			Integrated Community Wellness Center	monthly	02, 10, 49	52
<b>OPIOID USE DISORDER CENTERS OF EXCELLENCE</b>								
01	232	G9012			Other specified case management service not elsewhere classified	per month	02, 11, 12, 22, 23, 27, 99	48
08	232	G9012			Other specified case management service not elsewhere classified	per month	02, 11, 12, 27, 49, 50, 57, 58, 72, 99	48

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	232	G9012			Other specified case management service not elsewhere classified	per month	02, 11, 12, 27, 52, 99	48
19	232	G9012			Other specified case management service not elsewhere classified	per month	02, 11, 12, 27, 99	48
21 or 31	232	G9012			Other specified case management service not elsewhere classified	per month	02, 11, 12, 27, 31, 32, 99	48
<b>PHYSICIAN</b>								
31	339	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10, 11, 27	12
31	339	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10, 11, 27	12
31	339	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10, 11, 27	12
31	339	90846	UB	U1	Family Psychotherapy (without the patient present)	15 min	02, 10, 11, 27	12
31	339	90847	UB	U1	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10, 11, 27	12
31	339	90853	UB	U1	Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10, 11, 27	12
31	339	90867			Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	per procedure	11, 21, 24, 99	12
31	339	90868			Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management per session	per procedure	11, 21, 24, 99	12
31	339	90869			Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	per procedure	11, 21, 24, 99	12
31	339	90870			ECT Therapy (includes necessary monitoring) (POS 99 - Special Treatment Room)	1 treatment	11, 21, 99	12
31	339	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	11, 21, 27	12
31	339	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 11, 21, 27	12
31	339	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 11, 21, 27	12
31	316, 322, 339, 345	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10, 11, 12, 27	12

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 11, 21, 27	12
31	339	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10, 11, 21, 27	12
31	339	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 11, 21, 27	12
31	339	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10, 11, 21, 27	12
31	339	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10, 11, 21, 27	12
31	339	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10, 11, 21, 27	12
31	316, 322, 339, 345	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10, 11, 12, 27	12
31	316, 322, 339, 345	99202			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	visit	02, 10, 11, 27	12
31	316, 322, 339, 345	99203			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	visit	02, 10, 11, 27	12
31	316, 322, 339, 345	99204			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	visit	02, 10, 11, 27	12
31	316, 322, 339, 345	99205			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	visit	02, 10, 11, 27	12

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	316, 322, 339, 345	99211			Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	visit	02, 10, 11, 27	12
31	316, 322, 339, 345	99212			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 10, 11, 27	12
31	316, 322, 339, 345	99213			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 10, 11, 27	12
31	316, 322, 339, 345	99214			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 10, 11, 27	12
31	316, 322, 339, 345	99215			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 10, 11, 27	12
31	339	99221			Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	visit	02, 21, 22	12
31	339	99222			Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	visit	02, 21, 22	12
31	339	99223			Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	visit	02, 21, 22	12

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99231			Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	visit	02, 21, 22	12
31	339	99232			Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	visit	02, 21, 22	12
31	339	99233			Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	visit	02, 21, 22	12
31	339	99234			Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	1 unit	02, 21, 22	12
31	339	99235			Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	1 unit	02, 21, 22	12
31	339	99236			Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	1 unit	02, 21, 22	12
31	339	99238			Hospital inpatient or observation discharge day management, 30 minutes or less on the date of the encounter	Visit	02, 21, 22	12
31	339	99239			Hospital inpatient or observation discharge day management, more than 30 minutes on the date of the encounter	visit	02, 21, 22	12
31	339	99242			Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	visit	02, 10, 11, 12, 23, 24, 27, 31, 32, 65	12

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99243			Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	visit	02, 10, 11, 12, 23, 24, 27, 31, 32, 65	12
31	339	99244			Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	visit	02, 10, 11, 12, 23, 24, 27, 31, 32, 65	12
31	339	99245			Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	visit	02, 10, 11, 12, 23, 24, 27, 31, 32, 65	12
31	339	99252			Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	visit	02, 21, 22	12
31	339	99253			Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	visit	02, 21, 22	12
31	339	99254			Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	visit	02, 21, 22	12
31	339	99255			Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.	visit	02, 21, 22	12
31	315, 316, 322, 339, 345	99282			Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	visit	02, 23	12
31	315, 316, 322, 339, 345	99283			Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making	visit	02, 23	12
31	315, 316, 322, 339, 345	99284			Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	visit	02, 23	12
31	315, 316, 322, 339, 345	99285			Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making	visit	02, 23	12

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99291			Critical care, evaluation and management	1 hour	21, 23	12
31	339	99292			Critical care, evaluation and management, each additional 30 minutes	30 min	21, 23	12
31	339	99304			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
31	339	99305			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
31	339	99306			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
31	339	99307			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
31	339	99308			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
31	339	99309			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
31	339	99310			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	visit	02, 10, 31, 32	12

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99341			Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	visit	12, 27	12
31	339	99342			Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	visit	12, 27	12
31	339	99344			Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	visit	12, 27	12
31	339	99345			Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	visit	12, 27	12
31	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 11, 12, 27, 31, 32, 99, **	40
31	339	99446			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.	per procedure	11	12
31	339	99447			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review.	per procedure	11	12
31	339	99448			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review.	per procedure	11	12
31	339	99449			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.	per procedure	11	12

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99451			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative time.	per procedure	11	12
31	339	99452			Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.	per procedure	11	12
31	316, 322, 339, 345	99484			Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	per procedure	02, 10, 11, 12, 27	12
31	316, 322, 339, 345	99492			Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	per procedure	11, 12, 27	12

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	316, 322, 339, 345	99493			Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidenced-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	per procedure	11, 12, 27	12
31	316, 322, 339, 345	99494			Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional (List separately in addition to code for primary procedure)	per procedure	11, 12, 27	12
31	339	G0136			Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	per assessment	02, 10, 11, 12, 27	12
31	339	G1028			Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	11, 27	12
31	339	G2082		UD	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes <u>2 hours post administration observation.</u>	per visit	11	12
31	339	G2083		UD	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg of esketamine nasal self administration, includes <u>2 hours post administration observation.</u>	per visit	11	12

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	G2214			Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.	1st 30 min in a month	11, 12, 27	12
31	339	G2215			Take-home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of nasal naloxone	11, 27	12
31	339	G2216			Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of injectable naloxone	11, 27	12
31	339	Refer to the MA reference file			Studies Ordered by a Behavioral Health Physician Refer to Line 20 of the BHSRCC	Refer to the MA reference file	Refer to the MA reference file	20
<b>PHYSICIAN/CLOZAPINE SUPPORT</b>								
31	339	H2010		HK: U1	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10, 11, 12, 27	22
<b>PHYSICIAN BH - SUPPLEMENTAL</b>								
31	339	99242	UB		Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	11	41
<b>PSYCHOLOGIST</b>								
19	190	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10, 11, 27	12
19	190	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10, 11, 27	12
19	190	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10, 11, 27	12
19	190	90846	UB		Family Psychotherapy (without the patient present)	15 min	02, 10, 11, 27	12
19	190	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10, 11, 27	12
19	190	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10, 11, 27	12
19	190	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	11, 27	12

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
19	190	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 11, 12, 21, 27, 99	12
19	190	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 11, 12, 21, 27, 99	12
19	190	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10, 11, 27	12
19	190	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 11, 12, 21, 27, 99	12
19	190	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10, 11, 12, 21, 27, 99	12
19	190	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 11, 12, 21, 27, 99	12
19	190	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10, 11, 12, 21, 27, 99	12
19	190	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10, 11, 12, 21, 27, 99	12
19	190	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10, 11, 12, 21, 27, 99	12
19	190	96156	UB		Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	per assessment or reassessme nt	02, 10, 11, 27	12
19	190	96158	UB		Health behavior intervention, individual, face-to-face; initial 30 minutes.	30 min	02, 10, 11, 27	12
19	190	96159	UB		Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	15 min	02, 10, 11, 27	12
19	190	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10, 11, 27	12

Attac h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
19	190	96167	UB		Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes.	30 min	02, 10, 11, 27	12
19	190	96168	UB		Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service).	15 min	02, 10, 11, 27	12
19	190	99446			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.	per procedure	11	12
19	190	99447			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review.	per procedure	11	12
19	190	99448			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review.	per procedure	11	12
19	190	99449			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.	per procedure	11	12
19	190	99451			Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative time.	per procedure	11	12
19	190	G0136			Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	per assessment	02, 10, 11, 27	12
19	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	11, 12, 27, 31, 32, 99	40
<b>THERAPIST</b>								
17	171	97150		GO	Therapeutic procedure(s), group (2 or more individuals) (Collage Program)	15 min	02, 10, 11	39
<b>TOBACCO CESSATION</b>								
37	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 11, 12, 31, 32, 99	40

Attach h	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
<b>EPSDT SERVICES</b>								
19	190	90791			Psychiatric diagnostic evaluation ( <b>Psychological Evaluation</b> )	30 min	02, 10, 11, 12, 21, 27, 99	53
17	175	G0176	UB		Activity therapy, such as music, dance, art, or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) ( <b>use for Music Therapy</b> )	1 hour	02, 10, 11	53
52	523	H0019			Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem ( <b>Host Home</b> )	per diem	12	53
56	560	H0019		SC	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem ( <b>RTF - Non-JCAHO - No R&amp;B</b> )	per diem	56	16
17	174	H2032	UB		Activity therapy, per 15 minutes ( <b>use for Art Therapy</b> )	15 min	02, 10, 11	53

The national code definitions listed above are not verbatim for all entries. Please refer to the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) Manuals for the full national definitions

With the issuance of MA Bulletin OMHSAS-22-02, titled, "Revised Guidelines for the Delivery of Behavioral Health Services Through Telehealth" effective July 1, 2022, place of service 10 has been added to Attachment G throughout. Effective July 1, 2022, when services are provided by "telephone only" modifier FQ should be added to the encounter along with using POS 02 or 10. Lines to include modifier FQ were not added to Attachment G. Modifier 95 was end-date June 30, 2022.

**\*\* BHMCO may report encounters with place of service 23 - Emergency Room - Hospital**

**## MMHT providers can perform the services in the emergency department but need to report encounters using POS 15**

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
90791			11	590, 591, 592	Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	02, 10, 11, 12, 27, 99	49, 50, 51
90791			19	190	Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	02, 10, 11, 12, 21, 27, 99	53
90792			08	074	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	15, 27, ##	43
90792			08	184	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	02, 10, 12, 57	17
90792			08	110	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	02, 10, 49	9
90832			08	074	Psychotherapy, 30 minutes with patient	30 min	15, 27, ##	43
90832			08	184	Psychotherapy, 30 minutes with patient	30 min	02, 10, 12, 57	17
90832			08	110	Psychotherapy, 30 minutes with patient	30 min	02, 10, 49	9
90832			31	339	Psychotherapy, 30 minutes with patient	30 min	02, 10, 11, 27	12
90832			19	190	Psychotherapy, 30 minutes with patient	30 min	02, 10, 11, 27	12
90834			08	074	Psychotherapy, 45 minutes with patient	45 min	15, 27, ##	43
90834			08	184	Psychotherapy, 45 minutes with patient	45 min	02, 10, 12, 57	17
90834			08	110	Psychotherapy, 45 minutes with patient	45 min	02, 10, 49	9
90834			31	339	Psychotherapy, 45 minutes with patient	45 min	02, 10, 11, 27	12
90834			19	190	Psychotherapy, 45 minutes with patient	45 min	02, 10, 11, 27	12
90837			08	074	Psychotherapy, 60 minutes with patient	60 min	15, 27, ##	43
90837			08	184	Psychotherapy, 60 minutes with patient	60 min	02, 10, 12, 57	17
90837			08	110	Psychotherapy, 60 minutes with patient	60 min	02, 10, 49	9
90837			31	339	Psychotherapy, 60 minutes with patient	60 min	02, 10, 11, 27	12
90837			19	190	Psychotherapy, 60 minutes with patient	60 min	02, 10, 11, 27	12
90846	UB	U1	31	339	Family Psychotherapy (without the patient present)	15 min	02, 10, 11, 27	12
90846	UB		08	074	Family Psychotherapy (without the patient present)	15 min	15, 27, ##	43
90846	UB		08	110	Family Psychotherapy (without the patient present)	15 min	02, 10, 49	9
90846	UB		19	190	Family Psychotherapy (without the patient present)	15 min	02, 10, 11, 27	12
90847	UB	U1	31	339	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10, 11, 27	12
90847	UB		08	074	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	15, 27, ##	43
90847	UB		08	184	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10, 12, 57	17
90847	UB		08	110	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10, 49	9
90847	UB		19	190	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10, 11, 27	12
90853	UB	U1	31	339	Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10, 11, 27	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
90853	UB		08	074	Group Psychotherapy (other than of a multiple-family group)	15 min	15, 27	43
90853	UB		08	184	Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10, 57	17
90853	UB		08	110	Group Psychotherapy (other than of a multiple-family group)	15 min	02, <del>10</del> , 49	9
90853	UB		19	190	Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10, 11, 27	12
90867			08	110	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	per procedure	49	9
90867			01	183	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	per procedure	22	9
90867			31	339	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	per procedure	11, 21, 24, 99	12
90868			08	110	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management per session	per procedure	49	9
90868			01	183	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management per session	per procedure	22	9
90868			31	339	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management per session	per procedure	11, 21, 24, 99	12
90869			08	110	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	per procedure	49	9
90869			01	183	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	per procedure	22	9
90869			31	339	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	per procedure	11, 21, 24, 99	12
90870			08	110	ECT Therapy (includes necessary monitoring)	1 treatment	49	9
90870			01	183	ECT Therapy (includes necessary monitoring)	1 treatment	22	9
90870			31	339	ECT Therapy (includes necessary monitoring) (POS 99 - Special Treatment Room)	1 treatment	11, 21, 99	12
90875			08	074	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	15, 27	43
90875			08	184	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	57	17
90875			08	110	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	49	9

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
90875			31	339	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	11, 21, 27	12
90875			19	190	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	11, 27	12
95700			08	110	EEG continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	per procedure	49	9
95705			08	110	EEG without video, review of data, technical description by EEG technologist, 2-12 hours, unmonitored	per procedure	49	9
95706			08	110	EEG without video, review of data, technical description by EEG technologist, 2-12 hours, with intermittent monitoring and maintenance	per procedure	49	9
95707			08	110	EEG without video, review of data, technical description by EEG technologist, 2-12 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
95708			08	110	EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, unmonitored	per procedure	49	9
95709			08	110	EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with intermittent monitoring and maintenance	per procedure	49	9
95710			08	110	EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
95711			08	110	EEG with video, review of data, technical description by EEG technologist, 2-12 hours, unmonitored	per procedure	49	9
95712			08	110	EEG with video, review of data, technical description by EEG technologist, 2-12 hours, with intermittent monitoring and maintenance	per procedure	49	9
95713			08	110	EEG with video, review of data, technical description by EEG technologist, 2-12 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
95714			08	110	EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, unmonitored	per procedure	49	9
95715			08	110	EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with intermittent monitoring and maintenance	per procedure	49	9
95716			08	110	EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
95717			08	110	EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording, without video	per procedure	49	9

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
95718			08	110	EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording, with video	per procedure	49	9
95719			08	110	EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period, without video	per procedure	49	9
95720			08	110	EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period, with video	per procedure	49	9
95721			08	110	EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 36 hours, up to 60 hours of EEG recording, without video	per procedure	49	9
95722			08	110	EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 36 hours, up to 60 hours of EEG recording, with video	per procedure	49	9
95723			08	110	EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 60 hours, up to 84 hours of EEG recording, without video	per procedure	49	9
95724			08	110	EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 60 hours, up to 84 hours of EEG recording, with video	per procedure	49	9
95725			08	110	EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 84 hours of EEG recording, without video	per procedure	49	9
95726			08	110	EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 84 hours of EEG recording, with video	per procedure	49	9
95813			08	110	EEG, extended monitoring, 61-119 minutes	per procedure	49	9
95816			08	110	EEG including recording awake & drowsy	1 treatment	49	9
95819			08	110	EEG including recording awake & asleep	1 treatment	49	9

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
95822			08	110	EEG recording in coma or sleep only	1 treatment	49	9
96116			08	074	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	15, 27	43
96116			08	184	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 12, 57	17
96116			08	110	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 49	9
96116			11	113, 114	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 12, 52	10
96116			31	339	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 11, 21, 27	12
96116			19	190	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 11, 12, 21, 27, 99	12
96121			08	074	each additional hour (List separately in addition to code for primary procedure 96116)	hour	15, 27	43
96121			08	184	each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 12, 57	17
96121			08	110	each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 49	9
96121			11	113, 114	each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 12, 52	10

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96121			31	339	each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 11, 21, 27	12
96121			19	190	each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 11, 12, 21, 27, 99	12
96127			08	074	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	15, 27, ##	43
96127			08	110	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10, 49	9
96127			31	316, 322, 339, 345	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10, 11, 12, 27	12
96127			19	190	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10, 11, 27	12
96130			08	074	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	15, 27	43
96130			08	184	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 12, 57	17
96130			08	110	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 49	9
96130			11	113, 114	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 12, 52	10
96130			31	339	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 11, 21, 27	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96130			19	190	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 11, 12, 21, 27, 99	12
96131			08	074	each additional hour (List separately in addition to code for primary procedure 96130)	hour	15, 27	43
96131			08	184	each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10, 12, 57	17
96131			08	110	each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10, 49	9
96131			11	113, 114	each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10, 12, 52	10
96131			31	339	each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10, 11, 21, 27	12
96131			19	190	each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10, 11, 12, 21, 27, 99	12
96132			08	074	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	15, 27	43
96132			08	184	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 12, 57	17
96132			08	110	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 49	9
96132			11	113, 114	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 12, 52	10

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96132			31	339	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 11, 21, 27	12
96132			19	190	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10, 11, 12, 21, 27, 99	12
96133			08	074	each additional hour (List separately in addition to code for primary procedure 96132)	hour	15, 27	43
96133			08	184	each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10, 12, 57	17
96133			08	110	each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10, 49	9
96133			11	113, 114	each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10, 12, 52	10
96133			31	339	each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10, 11, 21, 27	12
96133			19	190	each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10, 11, 12, 21, 27, 99	12
96136			08	074	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	15, 27	43
96136			08	184	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10, 12, 57	17
96136			08	110	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10, 49	9
96136			11	113, 114	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10, 12, 52	10
96136			31	339	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10, 11, 21, 27	12
96136			19	190	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10, 11, 12, 21, 27, 99	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96137			08	074	each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	15, 27	43
96137			08	184	each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10, 12, 57	17
96137			08	110	each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10, 49	9
96137			11	113, 114	each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10, 12, 52	10
96137			31	339	each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10, 11, 21, 27	12
96137			19	190	each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10, 11, 12, 21, 27, 99	12
96156	UB		01	183	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) Effective 09/09/2024	per assessment or reassessment	02, 10, 22, 27	9
96156	UB		19	190	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) Effective 09/09/2024	per assessment or reassessment	02, 10, 11, 27	12
96158	UB		01	183	Health behavior intervention, individual, face-to-face; initial 30 minutes. Effective 09/09/2024	30 min	02, 10, 22, 27	9
96158	UB		19	190	Health behavior intervention, individual, face-to-face; initial 30 minutes. Effective 09/09/2024	30 min	02, 10, 11, 27	12
96159	UB		01	183	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) Effective 09/09/2024	15 min	02, 10, 22, 27	9
96159	UB		19	190	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) Effective 09/09/2024	15 min	02, 10, 11, 27	12
96160			08	074	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	15, 27, ##	43
96160			08	110	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10, 49	9
96160			31	316, 322, 339, 345	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10, 11, 12, 27	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96160			19	190	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10, 11, 27	12
96167	UB		01	183	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes. Effective 09/09/2024	30 min	02, 10, 22, 27	9
96167	UB		19	190	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes. Effective 09/09/2024	30 min	02, 10, 11, 27	12
96168	UB		01	183	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service). Effective 09/09/2024	15 min	02, 10, 22, 27	9
96168	UB		19	190	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service). Effective 09/09/2024	15 min	02, 10, 11, 27	12
97150		GO	17	171	Therapeutic procedure(s), group (2 or more individuals) (Collage Program)	15 min	02, 10, 11	39
97151	U7		11	592	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 10, 03, 11, 12, 27, 99	49, 50
97151			11	592	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Consultation - ABA)	15 min	02, 10, 03, 11, 12, 27, 99	49, 50
97152	U8		11	592	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes (Assistant Behavior Consultation - ABA)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
97152			11	592	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes (Behavior Health Technician - ABA)	15 min	03, 11, 12, 27, 99	49, 50
97153	U8		11	592	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (Assistant Behavior Consultation - ABA)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
97153			11	592	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (Behavior Health Technician - ABA)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
97154	U5		11	592	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (4 to 6 group members)	15 min	02, 03, 11, 27, 99	49, 50
97154	U6		11	592	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (2 to 3 group members)	15 min	02, 03, 11, 27, 99	49, 50
97154			11	592	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (7 to 12 group members)	15 min	02, 03, 11, 27, 99	49, 50
97155	U7		11	592	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
97155			11	592	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Consultation - ABA)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
97156	U7		11	592	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 10, 11, 12, 27, 99	49, 50
97156			11	592	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Behavior Consultation - ABA)	15 min	02, 10, 11, 12, 27, 99	49, 50
97158	U5		11	592	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (4 to 6 group members)	15 min	02, 03, 11, 27, 99	49, 50
97158	U6		11	592	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (2 to 3 group members)	15 min	02, 03, 11, 27, 99	49, 50
97158			11	592	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (7 to 12 group members)	15 min	02, 03, 11, 27, 99	49, 50

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99202			08	184	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	visit	02, 10, 12, 57	17
99202			08	110	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	visit	02, 10, 49	9
99202			31	316, 322, 339, 345	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	visit	02, 10, 11, 27	12
99203			08	184	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	visit	02, 10, 12, 57	17
99203			08	110	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	visit	02, 10, 49	9
99203			31	316, 322, 339, 345	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	visit	02, 10, 11, 27	12
99204	U7		08	184	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. <b>(Comprehensive Medical Exam &amp; Eval)</b>	45 min	02, 10, 12, 57	17
99204			08	184	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	visit	02, 10, 12, 57	17
99204			08	110	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	visit	02, 10, 49	9
99204			31	316, 322, 339, 345	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	visit	02, 10, 11, 27	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99205			08	184	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	visit	02, 10, 12, 57	17
99205			08	110	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	visit	02, 10, 49	9
99205			31	316, 322, 339, 345	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	visit	02, 10, 11, 27	12
99211			08	184	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	visit	02, 10, 12, 57	17
99211			08	110	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	visit	02, 10, 49	9
99211			31	316, 322, 339, 345	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	visit	02, 10, 11, 27	12
99212			08	184	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 10, 12, 57	17
99212			08	110	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 10, 49	9
99212			31	316, 322, 339, 345	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 10, 11, 27	12
99213			08	184	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 10, 12, 57	17

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99213			08	110	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 10, 49	9
99213			31	316, 322, 339, 345	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 10, 11, 27	12
99214			08	184	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 10, 12, 57	17
99214			08	110	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 10, 49	9
99214			31	316, 322, 339, 345	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 10, 11, 27	12
99215	U7		08	184	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. <b>(Comprehensive Medical Exam &amp; Eval)</b>	40 min	02, 10, 12, 57	17
99215			08	184	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 10, 12, 57	17
99215			08	110	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 10, 49	9

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99215			31	316, 322, 339, 345	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 10, 11, 27	12
99221			31	339	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	visit	02, 21, 22	12
99222			31	339	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	visit	02, 21, 22	12
99223			31	339	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	visit	02, 21, 22	12
99231			31	339	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	visit	02, 21, 22	12
99232			31	339	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	visit	02, 21, 22	12
99233			31	339	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	visit	02, 21, 22	12
99234			31	339	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	1 unit	02, 21, 22	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99235			31	339	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	1 unit	02, 21, 22	12
99236			31	339	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	1 unit	02, 21, 22	12
99238			31	339	Hospital inpatient or observation discharge day management, 30 minutes or less on the date of the encounter	Visit	02, 21, 22	12
99239			31	339	Hospital inpatient or observation discharge day management, more than 30 minutes on the date of the encounter	visit	02, 21, 22	12
99242	U7		08	184	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. (Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox)	visit	57	17
99242	UB		08	074	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	15, 27	43
99242	UB		08	110	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	49	9
99242	UB		31	339	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	11	41
99242			31	339	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	visit	02, 10, 11, 12, 23, 24, 27, 31, 32, 65	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99243			31	339	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	visit	02, 10, 11, 12, 23, 24, 27, 31, 32, 65	12
99244			31	339	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	visit	02, 10, 11, 12, 23, 24, 27, 31, 32, 65	12
99245			31	339	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	visit	02, 10, 11, 12, 23, 24, 27, 31, 32, 65	12
99252			31	339	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	visit	02, 21, 22	12
99253			31	339	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	visit	02, 21, 22	12
99254			31	339	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	visit	02, 21, 22	12
99255			31	339	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.	visit	02, 21, 22	12
99282			31	315, 316, 322, 339, 345	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	visit	02, 23	12
99283			31	315, 316, 322, 339, 345	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making	visit	02, 23	12
99284			31	315, 316, 322, 339, 345	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	visit	02, 23	12
99285			31	315, 316, 322, 339, 345	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making	visit	02, 23	12
99291			31	339	Critical care, evaluation and management	1 hour	21, 23	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99292			31	339	Critical care, evaluation and management, each additional 30 minutes	30 min	21, 23	12
99304			31	339	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
99305			31	339	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
99306			31	339	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
99307			31	339	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
99308			31	339	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
99309			31	339	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
99310			31	339	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	visit	02, 10, 31, 32	12
99341			31	339	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	visit	12, 27	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99342			31	339	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	visit	12, 27	12
99344			31	339	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	visit	12, 27	12
99345			31	339	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	visit	12, 27	12
99407		FP	08	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 22, 49	40
99407			08	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 12, 49, 99	40
99407			08	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 49	40
99407			08	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 12, 57, 99	40
99407			08	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 49	40
99407			09	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 11, 12, 27, 31, 32, 99	40
99407			27	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 11, 12, 31, 32, 99	40
99407			05	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02,10, 12	40
99407			01	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 22	40
99407			01	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 22	40
99407			31	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 11, 12, 27, 31, 32, 99, **	40
99407			19	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	11, 12, 27, 31, 32, 99	40
99407			37	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 10, 11, 12, 31, 32, 99	40

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99446			11	112	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.	per procedure	11	56
99446			31	339	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.	per procedure	11	12
99446			19	190	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.	per procedure	11	12
99447			11	112	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review.	per procedure	11	56
99447			31	339	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review.	per procedure	11	12
99447			19	190	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review.	per procedure	11	12
99448			11	112	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review.	per procedure	11	56
99448			31	339	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review.	per procedure	11	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99448			19	190	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review.	per procedure	11	12
99449			11	112	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.	per procedure	11	56
99449			31	339	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.	per procedure	11	12
99449			19	190	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.	per procedure	11	12
99451			11	112	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative time.	per procedure	11	56
99451			31	339	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative time.	per procedure	11	12
99451			19	190	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative time.	per procedure	11	12
99452			08	080 or 081	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.	per procedure	50, 72	11 or 18
<b>99452</b>			<b>08</b>	<b>110</b>	<b>Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes. Effective 09/09/2024</b>	<b>per procedure</b>	<b>49</b>	<b>9</b>

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99452			11	112	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.	per procedure	11	56
99452			31	339	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.	per procedure	11	12
99484			31	316, 322, 339, 345	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	per procedure	02, 10, 11, 12, 27	12
99492			31	316, 322, 339, 345	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	per procedure	11, 12, 27	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99493			31	316, 322, 339, 345	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidenced-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	per procedure	11, 12, 27	12
99494			31	316, 322, 339, 345	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional (List separately in addition to code for primary procedure)	per procedure	11, 12, 27	12
G0136			31	339	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	per assessment	02, 10, 11, 12, 27	12
G0136			19	190	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	per assessment	02, 10, 11, 27	12
G0176	UB		17	175	Activity therapy, such as music, dance, art, or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) <b>(use for Music Therapy)</b>	1 hour	02, 10, 11	53
G0378			01	183	Hospital observation service, per hour	1 unit	22	9
G0379			01	183	Direct admission of patient for hospital observation care	1 unit	22	9
G1028			08	080 or 081	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	12, 31, 32, 50, 72	11 or 18
G1028			08	184	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	57	17

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
G1028			08	110	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	49	9
G1028			31	339	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	11, 27	12
G2082		UD	08	110	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes <u>2 hours post administration observation.</u>	per visit	49	9
G2082		UD	31	339	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes <u>2 hours post administration observation.</u>	per visit	11	12
G2083		UD	08	110	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg of esketamine nasal self administration, includes <u>2 hours post administration observation.</u>	per visit	49	9
G2083		UD	31	339	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg of esketamine nasal self administration, includes <u>2 hours post administration observation.</u>	per visit	11	12
G2214			08	184	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.	1st 30 min in a month	12, 57	17
G2214			08	110	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.	1st 30 min in a month	49	9
G2214			31	339	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.	1st 30 min in a month	11, 12, 27	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
G2215			08	080 or 081	Take-home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of nasal naloxone	12, 31, 32, 50, 72	11 or 18
G2215			08	184	Take-home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	57	17
G2215			08	110	Take-home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of nasal naloxone	49	9
G2215			31	339	Take-home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of nasal naloxone	11, 27	12
G2216			08	080 or 081	Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of injectable naloxone	12, 31, 32, 50, 72	11 or 18
G2216			08	184	Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of injectable naloxone	57	17
G2216			08	110	Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	per supply of injectable naloxone	49	9
G2216			31	339	Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of injectable naloxone	11, 27	12
G9012			01	232	Other specified case management service not elsewhere classified	per month	02, 11, 12, 22, 23, 27, 99	48
G9012			08	232	Other specified case management service not elsewhere classified	per month	02, 11, 12, 27, 49, 50, 57, 58, 72, 99	48
G9012			11	232	Other specified case management service not elsewhere classified	per month	02, 11, 12, 27, 52, 99	48
G9012			19	232	Other specified case management service not elsewhere classified	per month	02, 11, 12, 27, 99	48

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
G9012			21 or 31	232	Other specified case management service not elsewhere classified	per month	02, 11, 12, 27, 31, 32, 99	48
H0001			11	184	Alcohol and/or drug assessment (D&A Level of Care Assessment)	15 min	02, 10, 99	34
H0004	UB	HE	11	115	Behavioral health counseling and therapy, per 15 minutes (Team member w/ Consumer)	15 min	02, 10, 12, 27, 99, **	24
H0004	UB	HE; HK	11	115	Behavioral health counseling and therapy, per 15 minutes (MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32, **	24
H0004	UB	HK	11	115	Behavioral health counseling and therapy, per 15 minutes (MH Svc During Psych Inpatient Admission)	15 min	02, 21	24
H0004	UB	HT	11	115	Behavioral health counseling and therapy, per 15 minutes (Team w/ Consumer and/or Family)	15 min	02, 10, 12, 27, 99	24
H0004	UB	UK	11	115	Behavioral health counseling and therapy, per 15 minutes (Team Member w/ Family of Consumer)	15 min	02, 10, 12, 27, 99	24
H0004		HE	11	112	Behavioral health counseling and therapy, per 15 minutes (MH Outpatient Practitioner)	15 min	02, 10, 23, 27, 31, 32, 99	56
H0004		HF	11	127	Behavioral health counseling and therapy, per 15 minutes (D&A Outpatient Practitioner)	15 min	02, 10, 99	57
H0006		TF	21	138	Alcohol and/or drug services; case management (D&A RC)	15 min	02, 10, 27, 99	34
H0006			21	138	Alcohol and/or drug services; case management (D&A ICM)	15 min	02, 10, 27, 99	34
H0012	TG		11	128, 129, 132	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) (High intensive) (ASAM 2 WM)	per hour	57, 99	35, 55, or 8
H0012			11	128, 129, 132	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) (Low intensive) (ASAM 2 WM)	per hour	57, 99	35, 55, or 8
H0013			11	132	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient) (ASAM 3.7 WM)	per diem	99	8
H0014	HG		08	184	Alcohol and/or drug services; ambulatory detoxification (Opiate withdrawal management visit for admin & eval of drugs for ambulatory opiate withdrawal management) (ASAM 1 WM)	15 min	57	17
H0015			11	128*	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education (Intensive Outpatient D&A Clinic) (ASAM 2.1)	15 min	02, 10, 99	35
H0018		HE	11	110	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem (Adult Residential Treatment Facility)	per diem	99	31
H0019		SC	56	560	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem (RTF - Non-JCAHO - No R&B)	per diem	56	16

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H0019			52	523	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem <b>(Host Home)</b>	per diem	12	53
H0020	HG		08	084	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a license program <b>(take-home)</b> )	One unit per day	57	17
H0020	HG		11	084	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a license program <b>(take-home)</b> )	One unit per day	57, 99	55
H0020	UB		08	084	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	15 min	02, 10, 57	17
H0020	UB		11	084	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	15 min	02, 10, 57, 99	55
H0022			11	184	Alcohol and/or drug intervention service (planned facilitation) <b>(D&amp;A - Intervention)</b>	30 min	02, 10, 99	34
H0022			11	184	Alcohol and/or drug intervention service (planned facilitation) <b>(Warm Handoff [WHO])</b>	30 min	99	34
H0030			11	118	Behavioral health hotline service <b>(Telephone Crisis)</b>	15 min	02, 10, 11	23
H0031	U9		11	590, 591, 592	Mental health assessment by non-physician <b>(Licensed Practitioner)</b>	30 min	02, 10, 11, 12, 27, 99	49, 50
H0031	UB		11	590, 591, 592	Mental health assessment by non-physician <b>(Other Licensed Practitioner)</b>	30 min	02, 10, 11, 12, 27, 99	49, 50
H0031			11	110	Mental health assessment, by non-physician <b>(MH Diagnostic Assessment)</b>	15 min	02, 10, 31, 32, 99	30
H0032	U9		11	590	Mental health service plan development by non-physician <b>(Behavior Consultation - Licensed Practitioner)</b>	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
H0032	UB		11	590	Mental health service plan development by non-physician <b>(Behavior Consultation - Unlicensed Practitioner)</b>	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
H0034		HE	11	119	Medication training and support, per 15 minutes <b>(Mobile Medication Management)</b>	15 min	02, 10, 27, 99	36
H0034		HK	08	074	Medication training and support, per 15 minutes <b>(Clozaril Monitor &amp; Eval Visit)</b>	visit	15, 27	43
H0034		HK	08	110	Medication training and support, per 15 minutes <b>(Clozaril Monitor &amp; Eval Visit)</b>	visit	02, 10, 49	22
H0034			08	074	Medication training and support, per 15 minutes <b>(Medication Mgmt Visit)</b>	visit	15, 27	43
H0034			08	184	Medication training and support, per 15 minutes <b>(Medication Mgmt Visit)</b>	visit	02, 10, 57	17
H0034			08	110	Medication training and support, per 15 minutes <b>(Medication Mgmt Visit)</b>	visit	02, 10, 49	9
H0035	U5	HB	11	113	Mental health partial hospitalization, treatment, less than 24 hrs <b>(Licensed Child Program serving ages 15-120) BH-MCO use only</b>	15 min	02, 10, 52	42
H0035	U5		11	114	Mental health partial hospitalization, treatment, less than 24 hrs <b>(Licensed Adult Program serving any age) BH-MCO use only</b>	15 min	02, 10, 52	42
H0035	U6		11	113	Mental health partial hospitalization, treatment, less than 24 hrs <b>(Licensed Child Program serving ages 0-14) BH-MCO use only</b>	15 min	02, 10, 52	42
H0035	U7	HB; UA	11	113	Mental health partial hospitalization, treatment, less than 24 hrs <b>(Licensed Child Psych Partial Program - Adult)</b>	1 hour	02, 10, 52	10

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H0035	U7	U2	11	114	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Adult)	1 hour	02, 10, 52	10
H0035	U7		11	114	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Adult)	1 hour	02, 10, 52	10
H0035	UB	HA	11	114	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Child or Licensed Adult Psych Partial Hosp Program - Child 0-20 years of age, services beyond 270 hours)	1 hour	02, 10, 52	10
H0035	UB	UA	11	113	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Child or Licensed Child Psych Partial Hosp Program - Child 15 thru 20 years of age or Licensed Child Psych Partial Hosp Program - Child 0-14 years of age, services beyond 720 hours or Licensed Child Psych Partial Hosp Program - Child 15-20 years of age, services beyond 720 hours)	1 hour	02, 10, 52	10
H0035		HF	11	129	Mental health partial hospitalization, treatment, less than 24 hours (ASAM 2.5)	15 min	02, 10, 11, 22, 99	55
H0035		U2; UA	11	113	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Child age 0-14)	1 hour	02, 10, 52	10
H0036		HB	11	123	Community psychiatric supportive treatment, face to face, per 15 minutes (Psych Rehab - Site Based or Mobile)	15 min	02, 10, 15, 27, 31, 32, 99	29
H0037			11	110	Community psychiatric supportive treatment program, per diem (Adult Outpatient Services in an Alternative Setting)	per diem	02, 10, 99	36
H0038		HE	11	119	Self help/peer services, per 15 minutes (Community Autism Peer Specialist)	15 min	02, 10, 27, 99	36
H0038		HF	11	184	Self help/peer services, per 15 minutes (D&A Certified Recovery Specialist)	15 min	02, 10, 11, 12, 21, 23, 27, 31, 32, 49, 99	37
H0038			11	076	Self help/peer services, per 15 minutes	15 min	02, 10, 11, 12, 21, 23, 27, 31, 32, 49, 52, 99	44
H0039		HB	11	111	Assertive community treatment, face to face, per 15 minutes (Community Treatment Teams)	15 min	02, 10, 23, 27, 31, 32, 99	33
H0039		HE	11	111	Assertive community treatment, face to face, per 15 minutes (ACT)	15 min	02, 10, 23, 27, 31, 32, 99	33
H0046	TF	HT	11	119	Mental health services, not otherwise specified (Behavioral Health Nursing Home [NH] Team)	15 min	02, 10, 31, 32, 99	36
H0046	TG		11	119	Mental health services, not otherwise specified (Comprehensive Dialectical Behavioral Therapy)	15 min	02, 10, 27, 99	36
H0046	U4		11	119	Mental health services, not otherwise specified (Project Transition)	15 min	02, 10, 99	36
H0046		H9	11	119	Mental health services, not otherwise specified (Forensic Mental Health)	15 min	02, 10, 27, 99	36
H0046		HA; HE	11	119	Mental health services, not otherwise specified (Family Focused Solution Based)	15 min	02, 10, 27, 99	36

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H0046		HA; HT	11	119	Mental health services, not otherwise specified (Behavioral Health Bridge [BHB])	15 min	99	36
H0046		HB	11	119	Mental health services, not otherwise specified (Behavioral Health Home Plus)	15 min	02, 10, 27, 99	36
H0046		HB; HA	11	119	Mental health services, not otherwise specified (Transition Program)	15 min	02, 10, 27, 99	36
H0046		HB; HE	11	119	Mental health services, not otherwise specified (Mobile Hoarding Intervention and Therapy)	15 min	02, 10, 99	36
H0046		HD	11	119	Mental health services, not otherwise specified (Mobile Family Therapy Program)	15 min	02, 10, 27, 99	36
H0046		HE	11	119	Mental health services, not otherwise specified (Behavioral Health Home)	15 min	02, 10, 27, 31, 32, 99	36
H0046		HE; HF	11	119	Mental health services, not otherwise specified (Home-Based Family Recovery)	15 min	02, 10, 27, 99	36
H0046		HE; HI	11	119	Mental health services, not otherwise specified (Integrated Care)	15 min	02, 10, 27, 31, 32, 99	36
H0046		HE; HK	11	119	Mental health services, not otherwise specified (Community Outreach and Recovery Essentials [CORE])	15 min	02, 10, 27, 99	36
H0046		HE; HT	11	119	Mental health services, not otherwise specified (Enhanced Community-Based Intensive Treatment [ECBIT])	15 min	02, 10, 27, 99	36
H0046		HE; UK	11	119	Self help/peer services, per 15 minutes (Family Peer Support [FPS] Services)	15 min	02, 10, 27, 99	36
H0046		HH; HT	11	119	Mental health services, not otherwise specified (Integrated Dual Disorder Treatment [IDDT])	15 min	02, 10, 27, 99	36
H0046		HI	11	119	Mental health services, not otherwise specified (Dual Diagnosis Transition Team [DDTT])	15 min	02, 10, 27, 31, 32, 99	36
H0046		HI; U1	11	119	Mental health services, not otherwise specified (Mobile Mental Health and Intellectual Disabilities)	15 min	02, 10, 27, 99	36
H0046		HK; HT	11	119	Mental health services, not otherwise specified (Healing Hurt People - Trauma Response Program)	15 min	02, 10, 27, 99	36
H0046		HK; U1	11	119	Mental health services, not otherwise specified (Nurse Navigator)	15 min	02, 10, 27, 31, 32, 99	36
H0046		HT	11	119	Mental health services, not otherwise specified (Integrated Behavioral Health in Long-Term Care)	15 min	31, 32	36
H0046		HT; HW	11	119	Mental health services, not otherwise specified (Clinical Wellness Recovery Team)	15 min	02, 10, 27, 99	36
H0046		HT; U1	11	119	Mental health services, not otherwise specified (Transition Age Youth Mobile Mental Health Team)	15 min	02, 10, 27, 99	36
H0046		TD	11	119	Mental health services, not otherwise specified (Mobile Psych Nurse)	15 min	02, 10, 27, 99	36
H0046		U1	11	119	Mental health services, not otherwise specified (Intensive Case Conference)	15 min	02, 10, 27, 99	36
H0047		HA	11	184	Alcohol and/or other drug abuse services, not otherwise specified (D&A Outpatient Treatment in an Alternative Setting)	15 min	02, 10, 03, 99	37

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H0047		HA; HT	11	184	Alcohol and/or other drug abuse svcs, not otherwise specified (Mobile D&A Family Therapy)	15 min	02, 10, 27, 99	37
H0047		HF	11	184	Alcohol and/or other drug abuse svcs, not otherwise specified (Mobile Engagement Services)	15 min	02, 10, 27, 99	37
H0047		HF; HW	11	184	Alcohol and/or other drug abuse svcs, not otherwise specified (D&A Engagement Center)	15 min	02, 10, 99	37
H0047		HT	11	184	Alcohol and/or other drug abuse svcs, not otherwise specified (Community Based Drug and Alcohol Therapist)	15 min	02, 10, 27, 99	37
H0047		HW	11	184	Alcohol and/or other drug abuse svcs, not otherwise specified (D&A Case Coordination)	15 min	02, 10, 27, 99	37
H2010		HK	08	074	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	15, 27	43
H2010		HK	08	110	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10, 49	22
H2010		HK	11	113 or 114	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10, 52	22
H2010		HK: U1	31	339	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10, 11, 12, 27	22
H2011	U7	HT	11	118	Crisis intervention service, per 15 minutes (Mobile Crisis - Team Delivered)	15 min	02, 10, 15, 27	23
H2011	U9	HK	11	118	Crisis intervention service, per 15 minutes (Medical Mobile Crisis - Team Delivered)	15 min	02, 10, 15, 27	23
H2011	UB	HE	11	118	Crisis intervention service, per 15 minutes (Mobile Crisis - Individual Delivered)	15 min	02, 10, 15, 27	23
H2011		HB	11	119	Crisis intervention service, per 15 minutes (Adult Diversion and Stabilization)	15 min	02, 10, 27, 99	36
H2011			11	118	Crisis intervention service, per 15 minutes (Walk-in Crisis)	15 min	02, 10, 11	23
H2014	UB		11	590	Skills training and development, per 15 minutes (Onsite Supervision)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
H2019	U6	HA	11	590	Therapeutic behavioral services, per 15 minutes (Functional Family Therapy)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
H2019	U9		11	590	Therapeutic behavioral services, per 15 minutes (Mobile Therapy - Licensed Practitioner)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
H2019		HE	11	119	Therapeutic behavioral services, per 15 minutes (Multidimensional Family Therapy [MDFT])	15 min	99	36
H2019			11	590	Therapeutic behavioral services, per 15 minutes (Mobile Therapy - Unlicensed Practitioner)	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
H2021	U4	HQ	11	591	Community-based wrap-around services, per 15 minutes (Group Service - 13 to 20 group members)	15 min	02, 03, 11, 27, 99	49, 50
H2021	U5	HQ	11	591	Community-based wrap-around services, per 15 minutes (Group Service - 9 to 12 group members)	15 min	02, 03, 11, 27, 99	49, 50
H2021	U6	HQ	11	591	Community-based wrap-around services, per 15 minutes (Group Service - 2 to 8 group members)	15 min	02, 03, 11, 27, 99	49, 50

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H2021			11	590	Community-based wrap-around services, per 15 minutes (Behavioral Health Technician)	15 min	02, 03, 10, 11, 12, 99	49, 50
H2030			11	123	Mental health clubhouse services, per 15 minutes (Psych Rehab - Clubhouse)	15 min	02, 10, 99	29
H2032	UB		17	174	Activity therapy, per 15 minutes (use for Art Therapy)	15 min	02, 10, 11	53
H2033			11	590	Multisystemic therapy for juveniles, per 15 minutes	15 min	02, 03, 10, 11, 12, 27, 99	49, 50
H2034			11	131	Alcohol and/or drug abuse halfway house services, per diem (ASAM 3.1)	per diem	99	8
H2036			11	185	Alcohol and/or other drug treatment program, per diem (ASAM 3.5)	per diem	99	8
H2036			11	186	Alcohol and/or other drug treatment program, per diem (ASAM 3.7)	per diem	99	8
H2040			11	119	Coordinated special care, team based, for first episode psychosis, per month	monthly	02, 10, 27, 99	36
H2041			11	119	Coordinated special care, team based, for first episode psychosis, per encounter	encounter	02, 10, 27, 99	36
Refer to the MA reference file			31	339	Studies Ordered by a Behavioral Health Physician Refer to Line 20 of the BHSRCC	Refer to the MA reference file	Refer to the MA reference file	20
S9480			11	119	Intensive outpatient psychiatric services (Mental health intensive outpatient program)	15 min	99	52
S9484			11	118	Crisis intervention mental health services, per hour (Crisis In-Home Support)	per hour	02, 10, 12, 99	23
S9485			11	118	Crisis intervention mental health services, per diem (Crisis Residential)	per diem	02, 10, 12	23
T1015	HG		08	084	Clinic Visit/Encounter, All-Inclusive (Methadone Maintenance Comprehensive Svcs - incl transportation)	visit	57	17
T1015	HG		11	084	Clinic Visit/Encounter, All-Inclusive (Methadone Maintenance Comprehensive Svcs - incl transportation)	visit	57, 99	55
T1015	UB		08	184	Clinic Visit/Encounter, All-Inclusive (Drug Free Clinic Visit)	visit	02, 10, 57	17
T1015		HE	08	080 or 081	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	02, 10, 12, 21, 27, 31, 32, 50, 72, 99	11
T1015		HE, HQ	08	080 or 081	Clinic Visit/Encounter, All-inclusive (Behavioral Health Group Therapy)	visit	02, 10, 27, 50, 72	11
T1015		HF	08	080 or 081	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	02, 10, 27, 50, 72	18
T1015		HF, HQ	08	080 or 081	Clinic Visit/Encounter, All-inclusive (Behavioral Health Group Therapy)	visit	02, 10, 27, 50, 72	18
T1016	U8		21	212	Case Management, each 15 minutes (CM)	15 min	11, 12, 21	38
T1016	UB	HK	11	115	Case management, each 15 minutes (MH Svc During Psych Inpatient Admission)	15 min	02, 21, **	24
T1016	UB	HT	11	115	Case management, each 15 minutes (Team w/ Collateral and/or Other Agencies)	15 min	02, 10, 12, 27, 99	24
T1016	UB	UK	11	115	Case management, each 15 minutes (Team Member w/ Collateral and/or Other Agencies)	15 min	02, 10, 12, 27, 99	24

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
T1016	UB		11	115	Case management, each 15 minutes (MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32, **	24
T1017	TF	HE; HK	21	221	Targeted Case Management, each 15 minutes (RC - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	28
T1017	TF	HK	21	221	Targeted Case Management, each 15 minutes (RC - MH Svc During Psych Inpatient Admission)	15 min	02, 21	28
T1017	TF		21	221	Targeted Case Management, each 15 minutes (RC- Resource Coordination)	15 min	02, 10, 11, 12, 27, 99	28
T1017	UB	HE; HK	21	222	Targeted Case Management, each 15 minutes (ICM - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	25
T1017	UB	HE; HK; UC	21	222	Targeted Case Management, each 15 minutes (BCM - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	27
T1017	UB	HK	21	222	Targeted Case Management, each 15 minutes (ICM - MH Svc During Psych Inpatient Admission)	15 min	02, 21	25
T1017	UB	HK; UC	21	222	Targeted Case Management, each 15 minutes (BCM - MH Svc During Psych Inpatient Admission)	15 min	02, 21	27
T1017	UB	UC	21	222	Targeted Case Management, each 15 minutes (BCM - MH ICM Svc)	15 min	02, 10, 11, 12, 27, 99	27
T1017	UB		21	222	Targeted Case Management, each 15 minutes (ICM - MH/MR Case Mgmt)	15 min	02, 10, 11, 12, 27, 99	25
T2048			11	110	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) with room and board, per diem (Adult Residential Treatment Facility with Room & Board)	per diem	99	31
W0500			08	111	Integrated Community Wellness Center	monthly	02, 10, 49	52

The national code definitions listed above are not verbatim for all entries. Please refer to the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) Manuals for the full national definitions

With the issuance of MA Bulletin OMHSAS-22-02, titled, "Revised Guidelines for the Delivery of Behavioral Health Services Through Telehealth" effective July 1, 2022, place of service 10 has been added to Attachment G throughout. Effective July 1, 2022, when services are provided by "telephone only" modifier FQ should be added to the encounter along with using POS 02 or 10. Lines to include modifier FQ were not added to Attachment G. Modifier 95 was end-date June 30, 2022.

Not Payable in FFS

**\*\* BHMCO may report encounters with place of service 23 - Emergency Room - Hospital**

**## MMHT providers can perform the services in the emergency department but need to report encounters using POS 15**

Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description
01	Inpatient Facility	010	Acute Care Hospital
		011	Private Psych Hosp
		013	RTF (JCAHO Certified) Hospital
		018	Extended Acute Psych Inpatient Unit
		019	D&A Rehab Hosp
		022	Private Psych Unit
		183	Hospital Based Medical Clinic
		232	Opioid Center of Excellence
		370	Tobacco Cessation
		441	D&A Rehab Unit
05	Home Health	370	Tobacco Cessation
07	Capitation	072	MCO - BH
08	Clinic	074	Mobile Mental Health Treatment
		080	Federally Qualified Health Center
		081	Rural Health Clinic
		084	Methadone Maintenance
		110	Psychiatric Outpatient
		111	Community MH (Integrated Community Wellness Ctr)
		184	Outpatient D&A
		232	Opioid Center of Excellence
		370	Tobacco Cessation
		09	CRNP
370	Tobacco Cessation		
11	Mental Health/Substance Abuse	076	Peer Specialist
		084	Methadone Maintenance
		110	Psychiatric Outpatient
		111	Community Mental Health
		112	Outpatient Practitioner - MH - This provider specialty is for LSW, LCSW, LPC, and LMFT to enroll
		113	Partial Psych Hosp - Children
		114	Partial Psych Hosp - Adult
		115	Family Based Mental Health
		118	Mental Health Crisis Intervention
		119	MH - OMHSAS
		123	Psychiatric Rehabilitation
		127	D&A Outpatient
		128	D&A Intensive Outpatient
		129	D&A Partial Hospitalization
		131	D&A Halfway House
		132	D&A Medically Monitored Detox
		184	Outpatient D&A
		185	D&A Non-Hosp Residential Clinically Managed
186	D&A Non-Hosp Residential Medically Monitored		
11	Mental Health/Substance Abuse continued	232	Opioid Center of Excellence
		590	Individual IBHS
		591	Group IBHS
17	Therapist	592	Applied Behavior Analysis IBHS
		171	Occupational Therapist
		174	Art Therapist
		175	Music Therapist

19	Psychologist	190	General Psychologist
		232	Opioid Center of Excellence
		370	Tobacco Cessation
21	Case Manager	138	D&A Targeted Case Management
		212	MA Case Management for under 21 years of age
		221	MH TCM - Resource Coordination
		222	MH TCM - Intensive
		232	Opioid Center of Excellence
27	Dentist	370	Tobacco Cessation
28	Laboratory	280	Independent Laboratory
31	Physician	232	Opioid Center of Excellence
		315	Emergency Medicine
		316	Family Practice
		322	Internal Medicine
		339	Psychiatry
		345	Pediatrics
370	Tobacco Cessation		
37	Tobacco Cessation	370	Tobacco Cessation
52	Community Residential Rehab	523	Host Home/Children
56	Residential Treatment Facility	560	RTF (Non-JCAHO certified)
<b>Highlights are not behavioral health provider type/provider specialty but encounters are permitted to be submitted as defined throughout this document</b>			

Modifiers	Modifier Descriptions	Modifiers	Modifier Descriptions
FQ	A telehealth service was furnished using real-time audio-only communication technology	SC	Medically necessary service or supply
		TF	Intermediate level of care
		TD	RN
GO	OP Occupational Therapy Service	TG	Complex/high tech level of care
HA	Child/adolescent program	TJ	Program group, child and/or adolescent
HB	Adult program, non geriatric	TT	Individualized service provided to more than one patient in same setting
HD	Pregnant/parenting women's program		
HE	Mental health program	UA	Licensed children's program
HF	Substance abuse program	UB	Medicaid Pricing Modifier
HG	Opioid addiction treatment program	UC	Pilot program
HH	Integrated mental health/substance abuse program	UD	Medicaid Level of Care
		UK	Services provided on behalf of the client to someone other than the client (collateral relationship)
HI	Integrated mental health and intellectual disability/developmental disabilities program		
HK	Specialized mental health programs for high-risk populations	U2	Medicare/TPL contractual disallowance
		U4	Medicaid Pricing Modifier
HO	Masters degree level	U5	Medicaid Pricing Modifier
HP	Doctoral level	U6	Medicaid Pricing Modifier
HQ	Group setting	U7	Medicaid Pricing Modifier
HT	Multi-disciplinary team	U8	Medicaid Pricing Modifier
HW	Funded by state mental health agency	U9	Medicaid Pricing Modifier
H9	Court-ordered		
Pricing Modifiers			

POS	Place of Service Description	POS	Place of Service Description
02	Telehealth Provided Other than in Patient's Home	31	Skilled Nursing Facility
		32	Nursing Facility
03	School	49	Independent Clinic
10	Telehealth Provided in Patient's Home	50	Federally Qualified Health Ctr
11	Office	52	Psychiatric Facility - Partial Hospitalization
12	Home	54	ICF/IID
15	Mobile Unit	56	Psychiatric Residential Treatment Center
19	Off Campus - Outpatient Hospital	57	Non-Residential Substance Abuse Treatment Facility
20	Urgent Care Facility	58	Non-Residential Opioid Treatment Facility
21	Inpatient Hospital	65	End-Stage Renal Disease Treatment Facility
22	On Campus - Outpatient Hospital	72	Rural Health Clinic
23	Emergency Room - Hospital	81	Independent Laboratory
24	Ambulatory Surgical Center	99	Other Place of Service
27	Outreach Site/Street		

## BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK PHILADELPHIA COUNTY

Report #	Line #	Line Title	Should Agree With:	Report #	Line #	Line Title	Rating Group	In Total?	Special Comments
<b>REPORT #2 - PRIMARY CONTRACTOR SUMMARY OF TRANSACTIONS</b>									
2	1	Beginning Balance					Y	Y	Should be \$0 for the 1st quarter of each contract year; the Beginning Balance for the 2nd and subsequent quarters should be the Ending Balance of the previous quarter.
2	3)	Total Distributions to Subcontractor		3	2a)	Capitation Revenue	Y	Y	
2	3a)	Distributions to Subcontractor - Medical Services		3	3a)	Distributions at Subcontractor Level - Medical Services	Y	Y	Philadelphia reimburses Community Behavioral Health on a cash basis.
				&					
	9A	Total of 5) through 15)				Total Medical Expenses	Y	Y	
2	3b)	Distributions to Subcontractor - Administration		3	4)	Subcontractor Total Administration Expenses	Y	Y	Philadelphia reimburses Community Behavioral Health on a cash basis.
<b>REPORT #3 - SUBCONTRACTOR SUMMARY OF TRANSACTIONS</b>									
3	1	Beginning Balance					Y	Y	Should be \$0 for the 1st quarter of each contract year; the Beginning Balance for the 2nd and subsequent quarters should be the Ending Balance of the previous quarter.
3	3a)	Distributions at Subcontractor Level - Medical Services		9A	Total of 5) through 15)	Total Medical Expenses	Y	Y	
<b>REPORT #6 - CLAIMS PAYABLE</b>									
6		Total RBUCs-[45-90 Days + 91+ Days]		8C		Total \$ Amount of Claims			
<b>REPORT #7 - LAG REPORT</b>									
7	27	Expense Reported in Current +1st Prior + 2nd Prior Columns		9A	5) through 15)	Subtotal for each Major Service Grouping		Y	Expense reported for the month/quarter on Report #7 - Other should agree with Report #9A, Line 15b) Other Medical Services.

## BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK PHILADELPHIA COUNTY

Report #	Line #	Line Title	Should Agree With:			Rating Group	In Total?	Special Comments
			Report #	Line #	Line Title			
<b>REPORT #9 - ANALYSIS OF REVENUES &amp; EXPENSES</b>								
9A		Member Month Equivalents	1		Member Month Equivalents for the Quarter	Y	Y	The sum of Member Month Equivalents for the quarter on Report #1 should agree with Report #9A by Rating Group.
			9B		Member Month Equivalents- Current Period	N/A	Y	Total only.
9B		Member Month Equivalents - Year-to-Date	1		Member Month Equivalents - Year-to-Date	N/A	Y	Total only.
9A	1	Capitation	2	2a)	Capitation Revenue	Y	Y	
9A	2	Investment Income	2 & 3	2b)	Investment Revenue	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
9A	3	Other Income	2	2c)	Other Revenue	Y	Y	Total on Report #9A should agree with sum of amounts reported on Report #2.
9A	16a)	Administration - Compensation	2	9a)	Primary Contractor Administrative Expenses - Compensation	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4a)	Subcontractor Administrative Expenses - Compensation			
9A	16b)	Administration - Interest Expense	2	9b)	Primary Contractor Administrative Expenses - Interest	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4b)	Subcontractor Administrative Expenses - Interest			
9A	16c)	Administration - Occupancy, Depreciation, & Amortization	2	9c)	Primary Contractor Administrative Expenses - Occ., Depr., & Amort.	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4c)	Subcontractor Administrative Expenses - Occ., Depr., & Amort.			
9A	16d)	Administration - GRT	2	9d)	Primary Contractor Administrative Expenses - GRT	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4d)	Subcontractor Administrative Expenses - GRT			
9A	16f)	Administration - Clinical Care/Medical Management	2	9f)	Primary Contractor Administrative Expenses - Clinical Care/Medical Mgmt	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4e)	Subcontractor Administrative Expenses - Clinical Care/Medical Mgmt			
9A	16g)	Administration - Other	2	9g)	Primary Contractor Administrative Expenses - Other	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4f)	Subcontractor Administrative Expenses - Other			
9A	16	Total Administration	2	9)	Primary Contractor Administrative Expense Total	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4)	Subcontractor Total Administration Expenses			
9A	All	All Total Column \$ Amounts	9B	All	All Current Quarter \$ Amounts	N/A	Y	Totals only.

**BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK**  
**SOUTHWEST: Beaver, Fayette, Southwest Behavioral Health Management**  
**LEHIGH CAPITAL: Capital Area Behavioral Health Collaborative**  
**NC County Option: Tuscarora Managed Care Alliance, Bedford/Somerset, Northwest Behavioral Health Partnership, Blair**

Report #	Line #	Line Title	Should Agree With:			Rating Group	In Total?	Special Comments
			Report #	Line #	Line Title			
<b>REPORT #2 - PRIMARY CONTRACTOR SUMMARY OF TRANSACTIONS</b>								
2	1	Beginning Balance				Y	Y	Should be \$0 for the 1st quarter of each contract year; the Beginning Balance for the 2nd and subsequent quarters should be the Ending Balance of the previous quarter.
2	7	Distributions for Medical Expenses	9A	Total of 5) through 15)	Total Medical Expenses	Y	Y	
2	9e)	Administration - Distributions to Management Corporation/ASO						Should be the ASO fee specified in the ASO Agreement plus/minus any incentive/sanction.
<b>REPORT #3 - SUBCONTRACTOR SUMMARY OF TRANSACTIONS</b>								
								This report not required for these counties.
<b>REPORT #6 - CLAIMS PAYABLE</b>								
6		Total RBUCs	8B		\$ Amount of Claims not Adjudicated			
6		Total RBUCs-[46-90 Days + 91+ Days]	8C		Total \$ Amount of Claims			
<b>REPORT #7 - LAG REPORT</b>								
7	27	Expense Reported in Current Column (monthly reporting) or Current +1st Prior + 2nd Prior Columns (quarterly reporting)	9A	5) through 15)	Subtotal for each Major Service Grouping		Y	Expense reported for the month/quarter on Report #7 - Other should agree with Report #9A, Line 15b) Other Medical Services.

**BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK**  
**SOUTHWEST: Beaver, Fayette, Greene, Southwest Behavioral Health Management**  
**LEHIGH CAPITAL: Capital Area Behavioral Health Collaborative**  
**NC County Option: Tuscarora Managed Care Alliance, Bedford/Somerset, Northwest Behavioral Health Partnership, Blair**

REPORT #9 - ANALYSIS OF REVENUES & EXPENSES

9A		Member Month Equivalents	1		Member Month Equivalents for the Month/Quarter	Y	Y	The sum of Member Month Equivalents for the month/quarter on Report #1 should agree with Report #9A by Rating Group.
9B		Member Month Equivalents - Current Period				N/A	Y	Total only.
9B		Member Month Equivalents - Year-to-Date	1		Member Month Equivalents - Year-to-Date	N/A	Y	Total only.
9A	1	Capitation	2	2a)	Capitation Revenue	Y	Y	
9A	2	Investment Income	2	2b)	Investment Revenue	Y	Y	
9A	3	Other Income	2	2c)	Other Revenue	Y	Y	
9A	16a)	Administration - Compensation	2	9a)	Primary Contractor Administrative Expenses - Compensation	Y	Y	
9A	16b)	Administration - Interest Expense	2	9b)	Primary Contractor Administrative Expenses - Interest	Y	Y	
9A	16c)	Administration - Occupancy, Depreciation, & Amortization	2	9c)	Primary Contractor Administrative Expenses - Occ., Depr., & Amort.	Y	Y	
9A	16d)	Administration - GRT	2	9d)	Primary Contractor Administrative Expenses - GRT	Y	Y	
9A	16e)	Administration - Distributions to Management Corporation/ASO	2	9e)	Primary Contractor Administrative Expenses - Dist. to Mgmt. Corp./ASO	Y	Y	N/A to Beaver or Fayette Counties. For these Counties, the sum of Report #9A, Lines 16e) and 16f) should agree with the sum of Report #2, Lines 9e) and 9f).
9A	16f)	Administration - Clinical Care/Medical Management	2	9f)	Primary Contractor Administrative Expenses - Clinical Care/Medical Mgmt	Y	Y	N/A to Beaver or Fayette Counties. For these Counties, the sum of Report #9A, Lines 16e) and 16f) should agree with the sum of Report #2, Lines 9e) and 9f).
9A	16g)	Administration - Other	2	9g)	Primary Contractor Administrative Expenses - Other	Y	Y	
9A	16	Total Administration	2	9)	Primary Contractor Administrative Expense Total	Y	Y	
9A	All	All Total Column \$ Amounts	9B	All	All Current Quarter \$ Amounts	N/A	Y	Totals only.

**BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK**  
**Adams/York Joinder Board, Allegheny, Behavioral Health Alliance of Rural PA, Berks, Bucks, Lehigh,**  
**Northampton, Montgomery, NBHCC, Lycoming/Clinton, Carbon/Monroe/Pike, Erie**

Report #	Line #	Line Title	Should Agree With:			Rating Group	In Total?	Special Comments
			Report #	Line #	Line Title			
<b>REPORT #2 - PRIMARY CONTRACTOR SUMMARY OF TRANSACTIONS</b>								
2	1	Beginning Balance				Y	Y	Should be \$0 for the 1st quarter of each contract year; the Beginning Balance for the 2nd and subsequent quarters should be the Ending Balance of the previous quarter.
2	3a)	Distributions To Subcontractor - Medical Services				Y	Y	Will be the actual \$ amount paid to Subcontractor each month for medical claims expenses.
2	3b)	Distributions to Subcontractor - Administration				Y	Y	Should be % or PMPM specified for administrative expenses in the subcontract.
2	4	Reserves	3	3a)	Distributions at Subcontractor Level - Medical Services less			Reserves on Report #2 should agree with the Subcontractor's Distribution for Medical Services on Report #3 less the County's Distribution to Subcontractor for Medical Services on Report #2.
			2	3a)	Distributions to Subcontractor - Medical Services			
<b>REPORT #3 - SUBCONTRACTOR SUMMARY OF TRANSACTIONS</b>								
3	1	Beginning Balance				Y	Y	Should be \$0 for the 1st quarter of the contract year; the Beginning Balance for the 2nd and subsequent quarters should be the Ending Balance of the previous quarter.
3	2a)	Capitation Revenue	2	3b)	Distributions to Subcontractor - Administration	Y	Y	Capitation Revenue on Report #3 should agree with the sum of the Administration Distribution to Subcontractor and Subcontractor Distribution for Medical Services. Actual Medical Expenses are used up to the Contract % rate for medical expenses.
			3	3a)	Distributions at Subcontractor Level - Medical Services			
3	3a)	Distributions at Subcontractor Level - Medical Services	9A	Total of 5) through 15)	Total Medical Expenses	Y	Y	N/A to Lehigh, Northampton, BHSSBC or Erie Counties. For these Counties, the sum of Report #2, Line 7) and Report #3, Line 3a) should agree with Report #9, Total of 5) through 15).
<b>REPORT #6 - CLAIMS PAYABLE</b>								
6		Total RBUCs	8B		\$ Amount of Claims not Adjudicated			
6		Total RBUCs-[46-90 Days + 91+ Days]	8C		Total \$ Amount of Claims			
<b>REPORT #7 - LAG REPORT</b>								
7	27	Expense Reported in Current Column (monthly reporting) or Current +1st Prior + 2nd Prior Columns (quarterly reporting)	9A	5) through 15)	Subtotal for each Major Service Grouping		Y	Expense reported for the month/quarter on Report #7 - Other should agree with Report #9A, Line 15b) Other Medical Services.

**BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK**  
**Adams/York Joinder Board, Allegheny, Behavioral Health Alliance of Rural PA, Berks, Bucks, Lehigh,**  
**Northampton, Montgomery, NBHCC, Lycoming/Clinton, Carbon/Monroe/Pike, Erie**

Report #	Line #	Line Title	Should Agree With:			Rating Group	In Total?	Special Comments
			Report #	Line #	Line Title			
<b>REPORT #9 - ANALYSIS OF REVENUES &amp; EXPENSES</b>								
9A		Member Months Equivalent	1		Member Month Equivalents for the Month/Quarter	Y	Y	The sum of Member Month Equivalents for the quarter on Report #1 should agree with Report #9A by Rating Group.
			9B		Member Month Equivalents- Current Period	N/A	Y	Total only.
9B		Member Month Equivalents - Year-to-Date	1		Member Month Equivalents - Year-to-Date	N/A	Y	Total only.
9A	1	Capitation	2	2a)	Capitation Revenue	Y	Y	
9A	2	Investment Income	2 & 3	2b)	Investment Revenue	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
9A	16a)	Administration - Compensation	2	9a)	Primary Contractor Administrative Expenses - Compensation	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4a)	Subcontractor Administrative Expenses - Compensation			
9A	16b)	Administration - Interest Expense	2	9b)	Primary Contractor Administrative Expenses - Interest	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4b)	Subcontractor Administrative Expenses - Interest			
9A	16c)	Administration - Occupancy, Depreciation, & Amortization	2	9c)	Primary Contractor Administrative Expenses - Occ., Depr., & Amort.	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4c)	Subcontractor Administrative Expenses - Occ., Depr., & Amort.			
9A	16d)	Administration - GRT	2	9d)	Primary Contractor Administrative Expenses - GRT	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4d)	Subcontractor Administrative Expenses - GRT			
9A	16e)	Administration - Distributions to Management Corporation/ASO	2	9e)	Primary Contractor Administrative Expenses - Dist. to Mgmt. Corp./ASO	Y	Y	Should be \$0
9A	16f)	Administration - Clinical Care/Medical Management	2	9f)	Primary Contractor Administrative Expenses - Clinical Care/Medical Mgmt	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4e)	Subcontractor Administrative Expenses - Clinical Care/Medical Mgmt			
9A	16g)	Administration - Other	2	9g)	Primary Contractor Administrative Expenses - Other	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4f)	Subcontractor Administrative Expenses - Other			
9A	16	Total Administration	2	9)	Primary Contractor Administrative Expense Total	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4)	Subcontractor Total Administration Expenses			
9A	All	All Total Column \$ Amounts	9B	All	All Current Quarter \$ Amounts	N/A	Y	Totals only.

## BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK Delaware, Chester, Cambria

Report #	Line #	Line Title	Should Agree With:			Rating Group	In Total?	Special Comments
			Report #	Line #	Line Title			
<b>REPORT #2 - PRIMARY CONTRACTOR SUMMARY OF TRANSACTIONS</b>								
2	1	Beginning Balance				Y	Y	Should be \$0 for the 1st quarter of each contract year; the Beginning Balance for the 2nd and subsequent quarters should be the Ending Balance of the previous quarter.
2	3a)	Distributions To Subcontractor - Medical Services				Y	Y	Should be % specified for medical expenses in the subcontract. DE: All remaining Revenue not distributed for Admin or Incentive
2	3b)	Distributions to Subcontractor - Administration				Y	Y	Should be % or a PMPM specified for administrative expenses in the subcontract
<b>REPORT #3 - SUBCONTRACTOR SUMMARY OF TRANSACTIONS</b>								
3	1	Beginning Balance				Y	Y	Should be \$0 for the 1st quarter of the contract year; the Beginning Balance for the 2nd and subsequent quarters should be the Ending Balance of the previous quarter.
3	2a)	Capitation Revenue	2	3)	Total Distribution to Subcontractor less	Y	Y	Capitation Revenue on Report #3 should equal the Total Distribution to Subcontractor less Other Distribution to Subcontractor on Report #2(which would appear on Report #3, Line 2c, Other Revenue).
			2	3e)	Other Distribution to Subcontractor			
3	3a)	Distributions at Subcontractor Level - Medical Services	9A	Total of 5) through 15)	Total Medical Expenses	Y	Y	Actual Medical Expenses reported by Subcontractor
<b>REPORT #6 - CLAIMS PAYABLE</b>								
6		Total RBUCs	8B		\$ Amount of Claims not Adjudicated			
6		Total RBUCs-[46-90 Days + 91+ Days]	8C		Total \$ Amount of Claims			
<b>REPORT #7 - LAG REPORT</b>								
7	27	Expense Reported in Current Column (monthly reporting) or Current +1st Prior + 2nd Prior Columns (quarterly reporting)	9A	5) through 15)	Subtotal for each Major Service Grouping		Y	Expense reported for the month/quarter on Report #7 - Other should agree with Report #9A, Line 15b) Other Medical Services.

## BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK

### Delaware, Chester, Cambria

Report #	Line #	Line Title	Should Agree With:			Rating Group	In Total?	Special Comments
			Report #	Line #	Line Title			
<b>REPORT #9 - ANALYSIS OF REVENUES &amp; EXPENSES</b>								
9A		Member Months Equivalent	1		Member Month Equivalents for the Month/Quarter	Y	Y	The sum of Member Month Equivalents for the quarter on Report #1 should agree with Report #9A by Rating Group.
			9B		Member Month Equivalents- Current Period	N/A	Y	Total only.
9B		Member Month Equivalents - Year-to-Date	1		Member Month Equivalents - Year-to-Date	N/A	Y	Total only.
9A	1	Capitation	2	2a)	Capitation Revenue	Y	Y	
9A	2	Investment Income	2 & 3	2b)	Investment Revenue	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
9A	16a)	Administration - Compensation	2	9a)	Primary Contractor Administrative Expenses - Compensation	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4a)	Subcontractor Administrative Expenses - Compensation			
9A	16b)	Administration - Interest Expense	2	9b)	Primary Contractor Administrative Expenses - Interest	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4b)	Subcontractor Administrative Expenses - Interest			
9A	16c)	Administration - Occupancy, Depreciation, & Amortization	2	9c)	Primary Contractor Administrative Expenses - Occ., Depr., & Amort.	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4c)	Subcontractor Administrative Expenses - Occ., Depr., & Amort.			
9A	16d)	Administration - GRT	2	9d)	Primary Contractor Administrative Expenses - GRT	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4d)	Subcontractor Administrative Expenses - GRT			
9A	16e)	Administration - Distributions to Management Corporation/ASO	2	9e)	Primary Contractor Administrative Expenses - Dist. to Mgmt. Corp./ASO	Y	Y	
9A	16f)	Administration - Clinical Care/Medical Management	2	9f)	Primary Contractor Administrative Expenses - Clinical Care/Medical Mgmt	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4e)	Subcontractor Administrative Expenses - Clinical Care/Medical Mgmt			
9A	16g)	Administration - Other	2	9g)	Primary Contractor Administrative Expenses - Other	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4f)	Subcontractor Administrative Expenses - Other			
9A	16	Total Administration	2	9)	Primary Contractor Administrative Expense Total	Y	Y	Total on Report #9A should agree with sum of amounts reported individually on Report #2 and Report #3.
			3	4)	Subcontractor Total Administration Expenses			
9A	All	All Total Column \$ Amounts	9B	All	All Current Quarter \$ Amounts	N/A	Y	Totals only.