

**OHA Addictions and Mental Health Division
Medicaid Procedure Codes and Reimbursement Rates
For Mental Health Services Provided On or After 01/01/2013**

Code	Modifier(s))	Authorized Provider Type	Service Description	Payment Amount**	Service Criteria
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**Oregon Health Plan
Mental Health Covered Services**

Evaluation and Management (E/M) codes can be utilized by physicians and certain nurse practitioners, for mental health services, effective January 1, 2013. Providers using these codes will be reimbursed according to the Oregon Health Plan fee schedule found at: http://www.oregon.gov/oha/healthplan/data_pubs/feeschedule/2012/2012-09-dmap.xls

E/M codes for mental health include 99201-99255; 99281-99285; 99304-99337; 99341-99350.

Providers utilizing E/M codes may also bill mental health procedure codes listed in this fee schedule as listed in the Current Procedural Terminology (CPT) Code List and contained in this Addictions and Mental Division's Medicaid fee schedule.

90792 or appropriate E/M code		MD PMH-NP QMHP	Psychiatric diagnostic interview examination	\$140.94	The clinician interviews the patient in an initial diagnostic examination, which includes taking the patient's history and assessing his/her mental status, as well disposition. The psychiatrist may spend time communicating with family, friends, coworkers, or other sources as part of this examination and may even perform the diagnostic interview on the patient through other informative sources. Laboratory or other medical studies and their interpretation are also included.
90801 (deleted)					
90791		QMHP	MH Assessment, non-physician	\$95.43	Mental health assessment is provided by

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Modifier Definitions:

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Non-MD can also use H0031					someone other than a physician who is a trained staff member. The assessment identifies factors of mental illness, functional capacity, and gathers additional information used for the treatment of mental illness. Determination of a person's need for mental health services, based on the collection and evaluation of data obtained through interview and observation, of a person's mental history and presenting problem(s). The assessment concludes with documentation of a diagnosis and a written treatment plan supported by the assessment and interview data. If a person is not in need of mental health services, other disposition information, such as to whom the client was referred, shall be included in the client file.
90791 or 90792		MD PMH-NP QMHP	Interactive Psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication.	\$140.94	The clinician performs a psychiatric diagnostic examination on the patient using interactive methods of interviewing. This is most often the method used with individuals who are too young or incapable of developing expressive

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90802 (deleted)					communication skills, or individuals who have lost the ability. This type of diagnostic interview is often done with children. Toys, physical aids, and non-verbal interaction and interpretation skills are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills
90832 90804 (deleted)		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an office or outpatient facility, face to face, approximately 16-37 minutes with patient and/or family.	\$70.47	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.
E/M code		MD PMH-NP	Individual psychotherapy, insight oriented, with medical evaluation and	OHP Fee Schedule	The therapist provides individual psychotherapy in an office or outpatient facility

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90805 (deleted)			management services with 16-37 min psychotherapy		using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.
90834 90806 (deleted)		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an office or outpatient facility, face to face, approximately 38-52 minutes with patient and/or family.	\$98.11	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 38-52 minutes.

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E/M code 90807 (deleted)		MD PMH-NP	Individual therapy, insight oriented, with medical evaluation and management services with 38-52 min psychotherapy	OHP Fee Schedule	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 38-52 minutes.
90837 90808 (deleted)		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an office or outpatient facility, face to face, approximately 53 or more minutes with patient and/or family.	\$144.41	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is

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					performed face to face with the patient for 53 minutes or more.
E/M code 90809 (deleted)		MD PMH-NP	Individual therapy, insight oriented, with medical evaluation and management services, face to face, 53 or more min psychotherapy	\$162.07	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 53 or more minutes of psychotherapy.
90832 90810 (deleted)		QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 16-37 minutes with patient and /or family.	\$70.47	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids,

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					and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.
E/M code 90811 (deleted)		MD PMH-NP	Individual psychotherapy, interactive, with medical evaluation and management services, face to face approximately 16-37 min psychotherapy	OHP Fee Schedule	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.

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90834 90812 (deleted)		QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, face to face, approximately 38-52 minutes with patient and /or family.	\$98.11	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 38-52 minutes.
E/M code 90813 (deleted)		MD PMH-NP	Individual psychotherapy, interactive, with medical evaluation and management services, face to face with 38-52 min of psychotherapy.	OHP Fee Schedule	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is

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90837		QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, face to face, with approximately 53 minutes or more with patient and/or family.	\$144.11	often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 38-52 minutes.
90814 (deleted)					The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 53

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					minutes or more.
E/M code 90815 (deleted)		MD PMH-NP	Individual psychotherapy, interactive, with medical evaluation and management services, face to face with 53 min or more of psychotherapy	OHP Fee Schedule	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 53 minutes or more.
90832 90816 (deleted)		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an inpatient hospital, partial hospital or residential care setting, face to face, approximately 16-37 minutes with patient and/or	\$70.47	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques,

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			family.		reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.
E/M code 90817 (deleted)		MD PMH-NP	Individual therapy, facility-based, face to face, with medication management, with medical evaluation and management services 16-37 min psychotherapy	OHP Fee Schedule	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.
90834		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or	\$98.11	The therapist provides individual psychotherapy in an inpatient hospital, partial

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90818 (deleted)			supportive, in an inpatient hospital, partial hospital or residential care setting, face to face, approximately 38-52 minutes with patient and/or family.		hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 38-52 minutes.
E/M code 90819 (deleted)		MD PMH-NP	Individual therapy, facility-based, face to face, with medical evaluation and management services, face to face, 38-52 min psychotherapy	OHP Fee Schedule	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is

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90837 90821 (deleted)		QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an inpatient hospital, partial hospital or residential care setting, face to face, with approximately 53 minute or more with patient and/or family.	\$144.41	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 53 minutes or more.
E/M code 90822 (deleted)		MD PMH-NP	Individual therapy, facility-based, with medical evaluation and management services, face to face, with 53 min or more of psychotherapy	OHP Fee Schedule	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of

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90823 (deleted)					The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.

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E/M code 90824 (deleted)		MD PMH-NP	Individual therapy, interactive, facility-based, with medical evaluation and management services, face to face, with 16-37 min psychotherapy	OHP Fee Schedule	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.
90834 90826 (deleted)		QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential	\$98.11	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive

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E/M code 90827 (deleted)		MD PMH-NP	Individual therapy, interactive, facility-based, with medical evaluation and management services, face to face, 38-52 min psychotherapy	OHP Fee Schedule	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable

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					of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 38-52 minutes.
90837 90828 (deleted)		QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, face to face, with approximately 53 minutes or more with patient and/or family.	\$144.11	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 53 minutes or more.
E/M code		MD PMH-NP	Individual therapy, interactive, facility-based, with medical evaluation and	OHP Fee Schedule	The therapist provides interactive psychiatric services in an inpatient hospital, partial

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90829 (deleted)			management services, face to face, with 53 min or more psychotherapy		hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 53 minutes or more.
90833		MD PMH-NP	16-37 minutes psychotherapy add-on code	\$70.47	To be used in conjunction with appropriate E/M code
90836		MD PMH-NP	38-52 minutes psychotherapy add-on code	\$98.11	To be used in conjunction with appropriate E/M code
90838		MD	53 minutes or more psychotherapy	\$144.41	To be used with appropriate E/M code

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		PMH-NP	add-on code		
90839		MD PMH-NP QMHP	Psychotherapy for crisis(first 30-74 minutes)	\$155.01	Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.
90840		MD PMH-NP QMHP	Psychotherapy for crisis(each additional 30 minutes)	\$70.47	Used in conjunction with 90839
90846 _T		QMHP	Family Psychotherapy (without the patient present)	\$92.69	The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family without the patient present. The family is part of the patient evaluation and treatment process. Family dynamics as they

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					relate to the patient's mental status and behavior are a main focus of the sessions. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.
90847		QMHP	Family Psychotherapy (with the patient present)	\$115.49	The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family jointly with the patient. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members. Reviewing records, communicating with other providers, observing and interpreting patterns of behavior and communication between the patient and family members, and decision making regarding treatment, including

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					medication management or any physical exam related to the medication, is included.
90849		QMHP	Multi-family group psychotherapy	\$37.38	The therapist provides multiple family group psychotherapy by meeting with several patients' families together. This is usually done in cases involving similar issues and often in settings of group homes, drug treatment facilities, or hospital rehabilitation centers. The session may focus on the issues of the patient's hospitalization or substance abuse problems. Attention is also give to the impact the patient's condition has on the family. This code is reported once for each family group present.
90853		QMHP	Group psychotherapy (other than of a multiple-family group)	\$35.13	The psychiatric treatment provider conducts psychotherapy for a group of several patients in one session. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient maybe discussed within the group setting. Processes that help

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					patients move toward emotional healing and modification of thought and behavior are use, such as facilitating improved interpersonal exchanges, group support and reminiscing. The group may be composed of patients with separate and distinct maladaptive disorders or persons sharing some facet of a disorder. This code should be used for group psychotherapy involving patients other than the patient's families.
90857		QMHP	Interactive group psychotherapy	\$40.36	The therapist provides interactive group psychotherapy, usually to patients who are too young, or incapable, of engaging with the clinician through expressive language communication skills, or individuals who have lost that ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to help the patient and clinician work through the issues being treated. Reviewing patient records, including medication and lab tests,

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					making observations and assessments and interpreting reactions and interactions within the group, arranging group and individual follow-up services, and record dictation are included.
E/M code 90862 (deleted)		MD PMH-NP	Pharmacologic Management, including prescription, use, and review of medications with no more than minimal medical psychotherapy.	OHP Fee Schedule	MD or Psychiatric Mental Health Nurse Practitioner
90870		MD	Electroconvulsive therapy (includes necessary monitoring)	\$103.49	Technical and professional component is included in this payment amount.
90785		MD PMH-NP QMHP	Interactive complexity code.	\$10.00	To be used in conjunction with any psychiatric diagnostic evaluations or psychotherapy codes
90882 _T		QMHP	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	\$62.94	The clinician uses this code to report work done with agencies, employers, or institutions on a psychiatric patient's behalf in order to achieve environmental changes and interventions for managing the patient's medical condition.

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90887 T		QMHP	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.	\$65.96	The clinician interprets the results of a patient's psychiatric a medical examinations and procedures, as well as other pertinent recorded data, and spends time explaining the patient's condition to family members and other responsible parties involved with the patient's care and well-being. Advice is also given as to how family members can best assist the patient.
96101		QMHP who is a psychologist or psychology intern supervised by a licensed psychologist	Psychological Testing(includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach WAIS)per hour of the psychologist's or physician's time both face to face time administering tests to the patient and time interpreting these test results and preparing the report) with interpretation and report, per hour	\$91.19	Includes situations when more time is needed to assimilate other clinical data sources including tests administered by a technician or computer and previously reported.
98966		QMHP	Telephone assessment and	\$9.41	Telephone assessment and management

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			management service provided by a qualified nonphysician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment:5-10 minutes of medical discussion.		service provided by a qualified non-physician healthcare professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment. 5-10 minutes of medical discussion.
98967		QMHP	Same as 98966 for 11-20 minutes of medical discussion	\$18.82	Telephone assessment and management service provided by a qualified non-physician healthcare professional to an established patient, parent, or guardian not originating from provided within a related assessment and management service the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment. 11-20 minutes of medical discussion.
98968		QMHP	Same as 98966 for 21-30 minutes of	\$28.23	Telephone assessment and management

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			medical discussion		service provided by a qualified non-physician healthcare professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment. 21-30 minutes of medical discussion.
98969		QMHP	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network. No time limit specified	\$9.41	Online assessment and management service provided by a qualified non-physician health care professional to an established patient, guardian, or healthcare provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network.
G0176		QMHP QMHA	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and	\$18.11	Activities engaging a patient in music, dance, art creations, or any type of plan, not as recreation but as therapeutic processes for the

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			treatment of patient's disabling mental health problems, per session (45 minutes or more)		care and treatment of a patient with disabling mental health problems, is reported with G0176 for every session of 45 minutes or more.
G0177		QMHP QMHA	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	\$18.17	Use G0177 for training and educational services related to the care and treatment of a patient with disabling mental health problems for every session of 45 minutes or more.
H0004 _T		QMHP	Behavioral health counseling/therapy, per 15 min	\$23.86	This code reports provision of behavioral health counseling and therapy services. Behavioral health counseling and therapy provides individual counseling by a clinician for a patient in a private setting and is billed in 15-minute increments. Individual counseling or therapy in the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment plan. The intended outcome is the management, reduction or resolution of the identified problems.
H0031		QMHP	MH Assessment, non-physician	\$95.43	Mental health assessment is provided by

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					someone other than a physician who is a trained staff member. The assessment identifies factors of mental illness, functional capacity, and gathers additional information used for the treatment of mental illness. Determination of a person's need for mental health services, based on the collection and evaluation of data obtained through interview and observation, of a person's mental history and presenting problem(s). The assessment concludes with documentation of a diagnosis and a written treatment plan supported by the assessment and interview data. If a person is not in need of mental health services, other disposition information, such as to whom the client was referred, shall be included in the client file.
H0032		QMHP QMHA	Mental health service plan development by non-physician	\$95.43	A mental health service plan is developed for treating a patient, including modifying goals, assessing progress, planning transitions, and addressing other needs. This service is provided by someone other than a physician,

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					who is a clinical, professional or other specialist. Activities to develop, evaluate, or modify a client's mental health services plan. This would include the statement of treatment or service goals, of clinical interventions designed to achieve those goals, and an evaluation of progress toward those goals. This activity may be repeated periodically and the plan may be modified.
H0034	T	QMHP QMHA	Medication Training and Support, per 15 min	\$16.88	Medication training and support is an educational service to assist the patient, family, or other caretaker in the proper management of prescribed medication regimens, drug interactions, and side effects. This code is reported per 15 minutes. Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.
H0036		QMHP QMHA	Community psychiatric supportive treatment, face to face, per 15 min	\$8.44	Structured developmental or rehabilitative programs designed to improve or remediate a person's basic functioning in daily living and community living. Programs shall include a

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					mixture of individual, group, and activity therapy components and shall include therapeutic treatment oriented toward development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.
H0037		N/A	Community Psychiatric Supportive Treatment Program, per diem.	\$144.47	Services provided by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children with a primary Axis 1 DSM diagnosis and their families. The program must provide a range of professional expertise and individualized treatment services, including psychiatric services, family treatment and other therapeutic activities integrated with an accredited education program. Services must provide at least four hours/day in preschool - fifth grade and five hours/day in sixth - twelfth grade programs for a minimum of 230 days per year.

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H0039 _T		QMHP QMHA	Assertive community treatment, face to face, per 15 min	\$26.20	A multidisciplinary, team based approach, providing proactive, focused, sustained care and treatment targeted at a defined group of consumers. Services are aimed at maintaining the individual's contact with services, reducing the extent of hospital admissions and seeking improvement with social functioning and quality of life. Services are most appropriate for individuals with severe and persistent mental illness and the greatest level of functional impairment. Use of this code requires authorization from AMH.
H2010 _T		QMHP/RN	Comprehensive medication services, per 15 min	\$23.86	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.
H2012		N/A	Behavioral Health Day Treatment, per hour	\$31.05	Day treatment for behavior health focuses on maintaining and improving functional abilities for the individual. Clients may participate in activities in a therapeutic and social environment several times per week for several hours per day to improve personal

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					skills. This code is reported per hour of daytime behavioral health treatment. Children’s psychiatric day treatment services as defined in H0037, except provided on an hourly basis when an enrolled client’s absence or transition precludes client’s receipt of the minimum number of per diem hours required for H0037. Services must be included in the client’s treatment plan, and documented in the client’s clinical record. Provided by a Qualified Mental Health Professional or Qualified Mental Health Associate.
H2013		Facility Level Only	Psychiatric health facility service, per diem	\$410.50	A psychiatric health facility is specifically licensed as such and is differentiated from a hospital with an inpatient psychiatric ward, psychiatric hospital, or crisis residential services. This facility provides services in an acute non-hospital inpatient setting. and includes appropriate care in psychiatry, clinical psychology, social work, rehabilitation, drug administration, and other basic needs, per diem. Services provided in an intensively

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					staffed 24-hour non-hospital facility under a physician approved treatment plan for which treatment includes an appropriate mix and intensity of assessment, medication management, individual and group therapies and skills development to reduce or eliminate the acute symptoms of the disorder and restore the client's ability to function in a home or the community to the best possible level.
H2014 _T		QMHP QMHA	Skills training and development, per 15 min	\$16.88	Skills training and development provides the patient with necessary abilities that will enable the individual to live independently and manage his/her illness and treatment. Training focuses on skills for daily living and community integration for patients with functional limitations due to psychiatric disorders, per 15 minutes.

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H2023 _T		QMHP QMHA	Supported employment, per 15 min	\$16.88	Supported employment services are available to individuals with serious mental illness. Employment specialists assist in obtaining and maintaining employment in the community and in continuing treatment for the client to ensure rehabilitation and productive employment. Report H2023 for 15-minute increments. Services to promote rehabilitation and return to productive employment. Programs use a team approach to engage and retain clients in treatment and provide the supports necessary to ensure success at the workplace. Use of this code requires authorization from AMH.
H2032		QMHP QMHA	Activity therapy, per 15 min	\$8.44	Activity therapy such as music, dance, creative art, or any type of plan, not for recreation, but

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					related to the care and treatment of the patient's disabling mental health problems is reported for services per 15 minutes.
H2033		QMHP	Multi-systemic therapy for juveniles, per 15 min	\$23.86	Multi-systemic therapy uses the strengths found in key environment settings of juveniles to promote and maintain positive behavioral changes. These services focus on individual, family, and extra-familial (such as peer, school, and neighborhood) influences reported in 15 minute increments. Intensive, time-limited, home-based services delivered by appropriately licensed MST programs, consisting of individualized, comprehensive, integrated system interventions and empirically validated treatment approaches targeting multiple systems involved with a client, including peer, family, school, neighborhood, indigenous support network, and formal agency systems. MST is designed to promote behavior change in youth that have evidenced serious juvenile justice system involvement.
T1013		Qualified	Sign language/oral interpreter service,	\$8.21	Sign language/oral interpreter services

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		Interpreter, not immediate family member	per 15 min		<p>necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Such interpreters shall be linguistically appropriate and be capable of communicating in English and the primary language of the individual and be able to translate clinical information effectively.</p> <p>Reimbursement for interpreter services is only allowed when provided in conjunction with another service such as assessment, individual/family therapy, or group therapy, etc. Whenever feasible, individuals should receive services from staff, which are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service.</p>
T1016 _T		QMHP QMHA	Case management, per 15 min	\$21.69	Services provided for coordinating the access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing

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					assistance in obtaining entitlements based on mental or emotional disability.
T1023 _T		QMHP QMHA	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	\$67.32	Screening or evaluation of the mental health service needs of clients for consideration of admission to inpatient hospital psychiatric programs, partial psychiatric hospital programs, residential treatment, or outpatient treatment services. This service differs from a mental health assessment in that the activity may require not only the evaluation of a client's treatment needs, but also an evaluation of available treatment options.

**OREGON HEALTH PLAN
 Covered Mental Health Services**

**MANAGED CARE
 ENCOUNTER ONLY CODES**

H0002 _T		As determined	Behavioral health screening to determine eligibility for admission to	***	Behavioral health screening is done to determine a patient's eligibility for admission to
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		by MHO/CCO	treatment program		a treatment program. Patients are screened for mental health conditions as well as substance use disorders and are medically assessed to ensure appropriate treatment is given. Determination of a person's immediate treatment needs to establish a provisional diagnosis for the purpose of facilitating access to an appropriate provider for full assessment and treatment.
H0023 _T		As determined by MHO/CCO	Behavioral Health Outreach (planned approach to reach a targeted population)	***	Behavioral health outreach is a service targeting specific, at-risk individuals in a given population who are in need of assistance with mental health issues. This may include mobile teams that contact at-risk individuals in the home, centers in which individuals can drop-in and obtain information regarding mental health treatment or social services, or other various methods of contact that are not represented by a more specific code.
H0033		As determined by	Oral Medication Administration, direct observation	***	Patients are assisted or observed by professional medical staff during the administration of oral medication. This is often

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		MHO/CCO			used in the administration of drugs such as methadone when it must be established that the patient has received the medication.
H0035		As determined by MHO/CCO	Mental Health Partial Hospitalization, less than 24 hours	***	Partial hospitalization for mental health services is a treatment period of less than 24 hours care in which the patient is assisted with issues related to the individual's reintegration into society. This code is not considered an inpatient service. Distinct, organized ambulatory treatment, which is prescribed, supervised and reviewed by a physician and provided in a properly licensed facility by qualified mental health professionals within their scope of licensure or certification. Services must be reasonable and necessary for diagnosis and active treatment of a condition and must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include diagnostic services; individual and group therapy; occupational therapy; individualized activity

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					therapies that are not primarily recreational or diversionary; administration of medications; administration or biologicals that are not self-administered; family counseling for treatment of the client's condition; and patient education and training.
H0038 _T		As determined by MHO/CCO	Self-help/peer services, per 15 min	***	Services provided by peers (mental health consumers) include a wide range of supports, services, and advocacy that contribute to a client's ability to engage in ongoing treatment. These services may include but are not limited to: self-help support groups, drop-in centers, outreach services, education and advocacy.
H0045		As determined by MHO/CCO	Respite care services, not in the home, per diem	***	Respite care services provided outside the home give assistance to clients in place of primary care givers on a temporary per diem basis so the patient may be maintained at the current level of care required when the primary care givers are temporarily absent.
H2011 _T		As	Crisis intervention services, per 15		Mental health crisis intervention provides

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		determined by MHO/CCO	min	***	immediate support for an individual in personal crisis with outpatient status. The aim of this service is to stabilize the individual during a psychiatric emergency and is billed in 15-minute increments.
H2021	T	As determined by MHO/CCO	Community based wraparound services, per 15 min	***	Wrap-around community services are provided for a short period of time for seriously emotionally disabled youth. These services are provided for children/adolescents with a rate classification level (RCL) placement higher than 12. These codes include support and training for family members as an integral part of services provided. Code H2021 is per 15-minute increments and H2022 is for services per diem. Individualized, community-based clinical interventions, delivered as an alternative or addition to traditional services that are as likely or more likely to effectively treat a client's mental health condition. Services may include informal supports and resources and are provided to a client and

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					family members in order to promote, maintain or restore successful community living. Services are delivered as the result of a collaborative planning process and are provided in a manner or place different from the traditional manner or place of service delivery.
H2022	T	As determined by MHO/CCO	Community based wraparound services, per diem	***	Wrap-around community services are provided for a short period of time for seriously emotionally disabled youth. These services are provided for children/adolescents with a rate classification level (RCL) placement higher than 12. These codes include support and training for family members as an integral part of services provided. Code H2021 is per 15-minute increments and H2022 is for services per diem. Individualized, community-based clinical interventions, delivered as an alternative or addition to traditional services that are as likely or more likely to effectively treat a client's mental health condition. Services may include informal supports and

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					resources and are provided to a client and family members in order to promote, maintain or restore successful community living. Services are delivered as the result of a collaborative planning process and are provided in a manner or place different from the traditional manner or place of service delivery.
H2027	T	As determined by MHO/CCO	Psycho-educational service, per 15 min	***	Activities to provide information and education to clients, families, and significant others regarding mental disorders and their treatment. This activity acknowledges the importance of involving significant others who may be essential in assisting a client to maintain treatment and to recover.
S5151		As determined by MHO/CCO	Unskilled respite care, not hospice, per diem	***	Services provided in a properly licensed 24-hour facility by non-medical professionals within their scopes of licensure or certification. Services must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include assessment,

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					supervision, structure and support, and case coordination.
S9125		As determined by MHO/CCO	Respite care services, in the home, per diem	***	Services provided in home to either a family or individual client, including services such as respite, aides, recreation, homemaker, behavior monitor, tutor or mentor, provided by agency staff under agency supervision. Agency supervision shall include training, supervision in adhering to the client treatment plan, and emergency back-up support. Travel time is factored into the rate and may not be billed under a separate code. Family support services are particularly appropriate when there are severe behavioral problems, which increase risk.
S9453		As determined by MHO/CCO	Smoking cessation classes, nonphysician provider, per session	***	Although such supports are not part of the mental health benefit package, mental health organizations (MHOs) that elect to provide these services may report them using psychiatric rehabilitation codes which pair with mental health diagnoses. If MHOs choose to provide tobacco cessation supports, they

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					should report these services using 99407 for individual counseling and S9453 for classes.
S9480		As determined by MHO/CCO	Intensive outpatient psychiatric services, per diem	***	Intensive Outpatient Psychiatric services focus on maintaining and improving functional abilities for the individual. Assessment and Evaluation and Crisis outpatient codes may be billed on the same day; however no other outpatient services may be billed on the same day. Facility-based codes may also be billed on the same day. Clients participate in activities a minimum of 4 hours per day.
S9484 _T		As determined by MHO/CCO	Crisis Intervention Mental Health Services, per hour	***	Mental Health crisis intervention provides immediate support for an individual in personal crisis with outpatient status. The aim of this service is to stabilize the individual during a psychiatric emergency; per hour.
T1005		As determined by MHO/CCO	Respite care services, up to 15 min	***	Services provided in home or community to either a family or individual client, including services such as respite, aides, recreation, homemaker, behavior monitor, tutor or mentor, provided by agency staff under agency

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					supervision. Agency supervision shall include training, supervision in adhering to the client treatment plan, and emergency back-up support. Travel time is factored into the rate and may not be billed under a separate code. Family support services are particularly appropriate when there are severe behavioral problems, which increase risk.
96150		As determined by MHO/CCO	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological mentoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	***	Managed Care Organizations may authorize employees of organization holding certificates or letters of approval from AMH and a Medicaid vendor number to deliver these services (i.e.; not delivering services as an independent practitioner)
96151		As determined by MHO/CCO	Re-assessment	***	Managed Care Organizations may authorize employees of organization holding certificates or letters of approval from AMH and a Medicaid vendor number to deliver these services (i.e.; not delivering services as an independent practitioner)

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96152		As determined by MHO/CCO	Health and behavior intervention, each 15 minutes	***	Managed Care Organizations may authorize employees of organization holding certificates or letters of approval from AMH and a Medicaid vendor number to deliver these services (i.e.; not delivering services as an independent practitioner)
96153		As determined by MHO/CCO	Group (2 or more patients)	***	Managed Care Organizations may authorize employees of organization holding certificates or letters of approval from AMH and a Medicaid vendor number to deliver these services (i.e.; not delivering services as an independent practitioner)
96154		As determined by MHO/CCO	Family (with the patient present)	***	Managed Care Organizations may authorize employees of organization holding certificates or letters of approval from AMH and a Medicaid vendor number to deliver these services (i.e.; not delivering services as an independent practitioner)
99407		As determined by	Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes	***	Although such supports are not part of the mental health benefit package, mental health organizations (MHOs) that elect to provide

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		MHO/CCO			these services may report them using psychiatric rehabilitation codes which pair with mental health diagnoses. If MHOs choose to provide tobacco cessation supports, they should report these services using 99407 for individual counseling and S9453 for classes.
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PSYCHIATRIC RESIDENTIAL TREATMENT SERVICES

H0017		Facility Level Only	Behavioral health, residential (hospital residential treatment program), without room and board, per diem	\$364.39	Residential treatment on a per diem basis for behavior health issues in a hospital residential treatment program is designed to provide a 24-hour group living situation in which the patient receives treatment under the care of a physician. This code does not include daily room and board. Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility with an organized program of theoretically based individual, group and family
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					therapies, psychosocial skills development, medication management, psychiatric services and consultation to remediate significant impairments in functioning that are the result of a principal mental or emotional disorder.
H0019		Facility Level Only	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 PRTS	\$304.06 - \$312.41	Long-term residential treatment is typically more than 30 days. This code applies to a residential treatment program for behavioral health issues that are neither medical, nor acute in nature. This code is per diem, not including daily room and board. Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility. The program must provide a range of professional expertise and treatment services that ensures appropriate and active treatment of a current DSM Axis I diagnosis. Services must be expected to improve or maintain the child's functional level.
H0037		Facility Level Only	Community psychiatric supportive treatment program, per diem	\$144.47	Services provided by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children

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					with a primary Axis 1 DSM diagnosis and their families. The program must provide a range of professional expertise and individualized treatment services, including psychiatric services, family treatment and other therapeutic activities integrated with an accredited education program. Services must provide at least four hours/day in preschool - fifth grade and five hours/day in sixth - twelfth grade programs for a minimum of 230 days per year.
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**NON-OHP MEDICAID
 EXTENDED CARE SERVICES**

Use of the following codes requires authorization by AMH

Providers may not bill a procedure code both with and without an HK modifier on the same day

90832	HK HW	QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an office or outpatient facility, face to face, approximately 16-	\$66.53	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education,
90804					

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(deleted)			37 minutes with patient and/or family. Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.		behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.
E/M code 90805 (deleted)	HK HW	MD PMH-NP	Individual psychotherapy, insight oriented, with medical evaluation and management services with 16-37 min psychotherapy Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	OHP Fee Schedule	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.
90834	HK HW	QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or	\$99.73	The therapist provides individual psychotherapy in an office or outpatient facility

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90806 (deleted)			<p>supportive, in an office or outpatient facility, face to face, approximately 38-52 minutes with patient and/or family.</p> <p>Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.</p>		using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 38-52 minutes.
E/M code 90807 (deleted)	HK HW	MD PMH-NP	<p>Individual therapy, insight oriented, with medical evaluation and management services with 38-52 min psychotherapy.</p> <p>Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved</p>	OHP Fee Schedule	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is

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			by AMH.		performed face to face with the patient for 38-52 minutes.
90837 90808 (deleted)	HK HW	QMHP	Individual psychotherapy, insight oriented, behavior modifying and /or supportive, in an office or outpatient facility, face to face, approximately 53 or more minutes with patient and/or family. Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$166.31	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 53 minutes or more.
E/M code 90809 (deleted)	HK HW	MD PMH-NP	Individual therapy, insight oriented, with medical evaluation and management services, face to face, 53 or more min psychotherapy.	OHP Fee Schedule	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques,

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			Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.		reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 53 or more minutes of psychotherapy.
90832 90810 (deleted)	HK HW	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 16-37 minutes with patient and /or family. Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$66.53	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.

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E/M code 90811 (deleted)	HK HW	MD PMH-NP	Individual psychotherapy, interactive, with medical evaluation and management services, face to face approximately 16-37 min psychotherapy. Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	OHP Fee Schedule	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 16-37 minutes.
90834 90812 (deleted)	HK HW	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, face to face,	\$99.73	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have

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			<p>approximately 38-52 minutes with patient and /or family.</p> <p>Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.</p>		lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 38-52 minutes.
E/M code 90813 (deleted)	HK HW	MD PMH-NP	<p>Individual psychotherapy, interactive, with medical evaluation and management services, face to face with 38-52 min of psychotherapy.</p> <p>Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.</p>	OHP Fee Schedule	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable

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					of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 38-52 minutes.
90837 90814 (deleted)	HK HW	QMHP	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, face to face, with approximately 53 minutes or more with patient and/or family. Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$166.31	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 53 minutes or more.
E/M code	HK	MD	Individual psychotherapy, interactive,	OHP Fee	The therapist provides interactive psychiatric

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90815 (deleted)	HW	PMH-NP	with medical evaluation and management services, face to face with 53 min or more of psychotherapy. Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	Schedule	services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 53 minutes or more.
90846 T	HK HW	QMHP	Family Therapy (without patient present) Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the	\$90.14	The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family without the patient present. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions.

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			HCBS 1915 (i) plan must be approved by AMH.		Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.
90847	HK HW	QMHP	Family Therapy (with patient present) Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$135.20	The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family jointly with the patient. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members. Reviewing records, communicating with other providers, observing and interpreting patterns of behavior and communication between the patient and family members, and decision making regarding treatment, including medication management or any physical exam related to the medication, is included.

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90849	HK HW	QMHP	Multiple-family group psychotherapy Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$45.09	The therapist provides multiple family group psychotherapy by meeting with several patients' families together. This is usually done in cases involving similar issues and often in settings of group homes, drug treatment facilities, or hospital rehabilitation centers. The session may focus on the issues of the patient's hospitalization or substance abuse problems. Attention is also give to the impact the patient's condition has on the family. This code is reported once for each family group present.
90853	HK HW	QMHP	Group psychotherapy (other than of a multiple-family group) Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$45.09	The psychiatric treatment provider conducts psychotherapy for a group of several patients in one session. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient maybe discussed within the group setting. Processes that help patients move toward emotional healing and modification of thought and behavior are use,

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					such as facilitating improved interpersonal exchanges, group support and reminiscing. The group may be composed of patients with separate and distinct maladaptive disorders or persons sharing some facet of a disorder. This code should be used for group psychotherapy involving patients other than the patient's families.
E/M code 90862 (old)	HK HW	MD PMH-NP	Pharmacologic Management, including prescription, use, and review of medications with no more than minimal medical psychotherapy. Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	OHP Fee Schedule	MD or Psychiatric Mental Health Nurse Practitioner
90882 _T	HK	QMHP	Environmental intervention for medical	\$90.14	The clinician uses this code to report work

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	HW		<p>management purposes on a psychiatric patient's behalf with agencies, employers, or institutions</p> <p>Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.</p>		done with agencies, employers, or institutions on a psychiatric patient's behalf in order to achieve environmental changes and interventions for managing the patient's medical condition.
90887 _T	HK HW	QMHP	<p>Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.</p> <p>Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the</p>	\$90.14	The clinician interprets the results of a patient's psychiatric and medical examinations and procedures, as well as other pertinent recorded data, and spends time explaining the patient's condition to family members and other responsible parties involved with the patient's care and well-being. Advice is also given as to how family members can best assist the patient.

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			HCBS 1915 (i) plan must be approved by AMH.		
G0176	HK HW	QMHP QMHA	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) Modifier HW is used, along with HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$17.17	Activities engaging a patient in music, dance, art creations, or any type of plan, not as recreation but as therapeutic processes for the care and treatment of a patient with disabling mental health problems, is reported with G0176 fro every session of 45 minutes or more.
G0177	HK HW	QMHP QMHA	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) Modifier HW is used, along with	\$17.17	Use G0177 for training and educational services related to the care and treatment of a patient with disabling mental health problems for every session of 45 minutes or more.

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			modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.		
H0004 T	HK HW	QMHP	Behavioral Health counseling/therapy, 15 min Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$22.47	This code reports provision of behavioral health counseling and therapy services. Behavioral health counseling and therapy provides individual counseling by a clinician for a patient in a private setting and is billed in 15-minute increments. Individual counseling or therapy in the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment plan. The intended outcome is the management, reduction or resolution of the identified problems.
H0031	HK HW	QMHP	MH Assessment, non-physician Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the	\$90.14	Mental health assessment is provided by someone other than a physician who is a trained staff member. The assessment identifies factors of mental illness, functional capacity, and gathers additional information used for the treatment of mental illness.

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			HCBS 1915 (i) plan must be approved by AMH.		Determination of a person's need for mental health services, based on the collection and evaluation of data obtained through interview and observation, of a person's mental history and presenting problem(s). The assessment concludes with documentation of a diagnosis and a written treatment plan supported by the assessment and interview data. If a person is not in need of mental health services, other disposition information, such as to whom the client was referred, shall be included in the client file.
H0034 _T	HK HW	QMHP QMHA	Medication Training/Support, per 15 min Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$22.47	Medication training and support is an educational service to assist the patient, family, or other caretaker in the proper management of prescribed medication regimens, drug interactions, and side effects. This code is reported per 15 minutes. Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.
H0036	HK	QMHP	Community psychiatric supportive	\$7.97	Structured developmental or rehabilitative

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	HW	QMHA	treatment, face to face, per 15 min Modifier HW is used, along with HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.		programs designed to improve or remediate a person's basic functioning in daily living and community living. Programs shall include a mixture of individual, group, and activity therapy components and shall include therapeutic treatment oriented toward development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.
H0046	HK HW	As determined by MHO / CCO	Community habilitation / personal care services 60 minutes. Modifier HW is used, along with HK, only when an individual has been approved for the HCBS 1915 (i) plan.	\$27.50	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be accomplished independently. Personal care and habilitation services are identified through an annual assessment and prescribed through a treatment plan. Personal care and Habilitation services rendered in a non licensed community setting are prior authorized through a Prior

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					Authorization by the Addictions and Mental Health Division of OHA.
H2010 _T	HK HW	QMHP	Comprehensive medication services, per 15 min Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$23.75	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.
H2013	HK HW	Facility Level Only	Psychiatric health facility service, per diem Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	Provider Specific Rate based on individual service needs	Services provided in an intensively staffed 24-hour non-hospital facility under a physician approved treatment plan to a client who is 18 years old, be currently approved for long term psychiatric care and referred by ECMU for which treatment includes an appropriate mix and intensity of assessment, medication management, individual and group therapies and skills development to reduce or eliminate

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					the acute symptoms of the disorder and restore the client's ability to function in a home or the community to the best possible level. (PAITS program)
H2014	HK HW	QMHP QMHA	Skills training and development, per 15 min Modifier HW is used, along with modifier HK, only when an individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$16.88	Skills training and development provides the patient with necessary abilities that will enable the individual to live independently and manage his/her illness and treatment. Training focuses on skills for daily living and community integration for patients with functional limitations due to psychiatric disorders, per 15 minutes.
H0039 _T	HK HW	QMHP QMHA	Assertive community treatment, face to face, per 15 min This code can only be used with the HK and HW modifier when the individual has been approved for the HCBS 1915 (i) plan.	\$26.20	A multidisciplinary, team based approach, providing proactive, focused, sustained care and treatment targeted at a defined group of consumers. Services are aimed at maintaining the individual's contact with services, reducing the extent of hospital admissions and seeking improvement with social functioning and quality of life. Services are most appropriate for individuals with severe and persistent

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					mental illness and the greatest level of functional impairment. Use of this code requires authorization from AMH.
H2023 _T	HK HW	QMHP QMHA	Supported employment, per 15 min This code can only be used with the HK and HW modifier when the individual has been approved for the HCBS 1915(i) plan.	\$16.88	Supported employment services are available to individuals with serious mental illness. Employment specialists assist in obtaining and maintaining employment in the community and in continuing treatment for the client to ensure rehabilitation and productive employment. Report H2023 for 15-minute increments. Services to promote rehabilitation and return to productive employment. Programs use a team approach to engage and retain clients in treatment and provide the supports necessary to ensure success at the workplace. Use of this code requires authorization from AMH.
H0038 _T	HK HW	Peer Support Specialist	Self-help/peer services, per 15 min This code can only be used with the HK and HW modifier when the	\$15.00	Services provided by peers (mental health consumers) include a wide range of supports, services, and advocacy that contribute to a client's ability to engage in ongoing treatment. These services may include but are not limited

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			individual has been approved for the HCBS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.		to: self-help support groups, drop-in centers, outreach services, education and advocacy. Persons performing this activity have HW experience in treatment and recovery.
H2016	HK HW	Facility Level Only	Comprehensive community support services, per diem Modifier HW is used, along with HK, only when an individual has been approved for the HCMS 1915 (i) plan	Varies: based on individual needs	
H2018	HK	Facility Level Only	Psychosocial Rehabilitation Services, per diem	\$99.77	Structured rehabilitative services and 24/7 crisis services delivered to individuals residing in specified residential treatment facilities. Service needs are identified in the assessment, prescribed in the individual treatment plan and include an appropriate mix and intensity of assessment, medication management, individual, and group and activity therapy components. Services are oriented toward reducing symptoms, promoting community integration and transitioning the individual to a more integrated setting.

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H2032	HK HW	QMHP QMHA	Activity Therapy (15 min) Modifier HW is used, along with HK, only when an individual has been approved for the HCMS 1915 (i) plan	\$8.44	Activity therapy such as music, dance, creative art, or any type of plan, not for recreation, but related to the care and treatment of the patient's disabling mental health problems is reported for services per 15 minutes.
S5141	HK HW		Personal Care Services, Adult Foster Home, per month Modifier HW is used, along with HK, only when an individual has been approved for the HCMS 1915 (i) plan	Rate based on individual service need	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be completed independently. Personal care services are identified through an annual Personal Care Assessment and prescribed through a Personal Care Plan. Personal care services rendered in an adult foster home are prior authorized through a Plan of Care authorization by the Addictions and Mental Health Division of DHS.

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T1020	HK HW	Facility Based	<p>Personal Care Services, in a Residential Treatment Home, per Diem.</p> <p>This code used with the modifier HK alone, replaces S5140. This code will be phased-in as existing Plan of Care authorizations expire.</p> <p>Modifier HW is used, along with HK, only when an individual has been approved for the HCMS 1915 (i) plan.</p>	Facility Based Rate	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be accomplished independently. Personal care services are identified through an annual Personal Care Assessment and prescribed through a Personal Care plan. Personal care services rendered in a Residential Treatment Home or Facility are prior authorized through a Plan of Care authorization by the Addictions and Mental Health Division of DHS.
T1020	HK HE HW	Facility Based	<p>Personal Care Services, in a Residential Treatment Facility, per diem.</p> <p>This code used with the modifiers HK and HE, replaces T2048 used with modifier HK. This code will be phased-in as existing Plan of Care authorizations expire.</p>	Facility Rate Based on Individual Service Needs	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be accomplished independently. Personal care services are identified through an annual Personal Care Assessment and prescribed through a Personal Care plan. Personal care services rendered in a Residential Treatment Home or Facility are prior authorized through a Plan of

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			Modifier HW is used, along with HK, only when an individual has been approved for the HCMS 1915 (i) plan		Care authorization by the Addictions and Mental Health Division of DHS.
T1020	HK TG HW	Facility Based	<p>Personal Care Services, in a Secured Residential Treatment Facility, per diem.</p> <p>This code when used with modifiers HK and TG, replaces T2048 used with modifiers HK and TG. This code will be phased-in as existing Plan of Care authorizations expire.</p>	Facility Rate Based on Individual Service Needs	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be accomplished independently. Personal care services are identified through an annual Personal Care Assessment and prescribed through a Personal Care plan. Personal care services rendered in a Residential Treatment Home or Facility are prior authorized through a Plan of Care authorization by the Addictions and Mental Health Division of DHS.
T1019	HK HW	Facility Based	<p>Personal care, in a residential treatment program, per 15 minute units.</p> <p>Modifier HW is used, along with HK, only when an individual has been</p>	Facility Based Rates	Services that provide individuals with a range of assistance to accomplish tasks that, without a chronic condition, would be accomplished independently. Personal care services are identified through an annual Personal Care Assessment and prescribed through a

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			approved for the HCMS 1915 (i) plan.		Personal Care plan. Personal care services rendered in a Residential Treatment Home or Facility are prior authorized through a Plan of Care authorization by the Addictions and Mental Health Division of DHS.
T1013	HK HW	Qualified Interpreter, not immediate family member	Sign language/oral interpreter service, per 15 min Modifier HW is used, along with HK, only when an individual has been approved for the HCMS 1915 (i) plan. All services under the HCBS 1915 (i) plan must be approved by AMH.	\$8.16	Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Such interpreters shall be linguistically appropriate and be capable of communicating in English and the primary language of the individual and be able to translate clinical information effectively. Reimbursement for interpreter services is only allowed when provided in conjunction with another service such as assessment, individual/family therapy, or group therapy, etc. Whenever feasible, individuals should receive services from staff, which are able to provide

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					sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service.
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NON-OHP MEDICAID SERVICES

Use of the following codes requires authorization by AMH

H0017	TN	Facility Based	Behavioral health, residential (hospital residential treatment program), without room and board, per diem	\$126.13	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility. An organized program of theoretically based individual, group and family therapies, Psychosocial skills, development, medication management, psychiatric services and consultation provided within a structured residential setting to remediate significant impairments in functioning that are the result of a principal mental or emotional disorder.
H0019	TN	Facility	Behavioral health, long term	\$126.13	Services provided by appropriately licensed

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		Based	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		24-hour child and adolescent psychiatric residential treatment facilities. The program must provide a range of professional expertise and treatment services that ensures appropriate and active treatment of a current DSM Axis I diagnosis. Services must be expected to improve or maintain the child's functional level.
S5146		Facility Based	Foster Care, therapeutic, child, monthly rate at a minimum of 40 hours	\$2538.63	Rehabilitation services provided in the child's foster home. Delivered on an individualized basis and designed to promote skill development. This service requires the use of treatment foster care in coordination with other mental health interventions to reduce symptoms associated with the child's mental or emotional disorder and to provide a structured, therapeutic environment. The service is intended to reduce the need for future services, increase the child's potential to remain in the community, restore the child's best possible functional level, and to allow the child to be maintained in the least restrictive

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					setting.
T2010		Facility Based	Preadmission screening and resident review (PASSR) Level I identification screening, per screen	\$176.86	The screening of clients in nursing facilities (NF) to determine if a resident requires a PASRR Level II mental health evaluation. This review involves an analysis of data regarding symptoms of mental illness and results in a decision to deny or perform a PASRR Level II mental health Evaluation. Notification of this decision will be sent to the NF and AMH. Reviews may be repeated one time within 12 months to adjust treatment recommendations or arrange for mental health treatment.
T2011		Facility Based	Preadmission screening and resident review (PASSR) Level II evaluation, per evaluation	\$619.00	The determination of a person's need for specialized services as defined by OBRA 1987 legislation. It involves the collection and evaluation of data pertinent to the person's Psychosocial functioning, medical and cognitive status, and history of psychiatric treatment and medication needs. The assessment will result in a completed PASRR evaluation form on file at the Addictions and

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					Mental Health Division (AMH) and in the client's chart. Limited to one evaluation per 12-month period.

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PLACE OF SERVICE CODES

03	School		34	Hospice
04	Homeless Shelter		51	Inpatient Psychiatric Facility
11	Office		52	Psychiatric Hospital Partial Hospitalization
12	Home		53	Community Mental Health Center
15	Mobile Unit		54	Intermediate Care Facility/Mentally Retarded
20	Urgent Care Facility		55	Residential Substance Abuse Treatment Center
21	Inpatient Hospital		56	Psychiatric Residential Treatment Center
22	Outpatient Hospital		61	Comprehensive Inpatient Rehabilitation Center
23	Emergency Room-Hospital		62	Comprehensive Outpatient Rehabilitation Center
31	Skilled Nursing Facility		71	State or Local Public Health Center
32	Nursing Facility		99	Other Place of Service
33	Custodial Care Facility			

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