



**Encounter  
Data  
Manual**

**January 2022**

BEHAVIORAL HEALTH PROCEDURE CODES		
Code	Description	Coding Specifications
90785	Interactive complexity code	<p>Code 90785 is an add-on code for interactive complexity to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832, 90834, 90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838), and group psychotherapy (90853). Interactive complexity should never be reported with psychotherapy crisis (90839-90840) or an evaluation and management service that was provided without psychotherapy (90833, 90836, 90838).</p> <p>Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Typical patients are those who have third parties, such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care.</p> <p>These factors are typically present with patients who:</p> <ul style="list-style-type: none"> <li>• Have other individuals legally responsible for their care, such as minors or adults with guardians, or</li> <li>• Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or</li> <li>• Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.</li> </ul> <p>Psychiatric procedures may be reported “with interactive complexity” when at least one of the following is present:</p> <ul style="list-style-type: none"> <li>• The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.</li> <li>• Caregiver emotions or behavior that interferes with the caregivers understanding and ability to assist in the implementation of the treatment plan.</li> <li>• Evidence or disclosure of a sentinel event and mandated report to third-party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.</li> <li>• Use of play equipment, other physical devices, interpreter, or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified healthcare professional and patient who: <ul style="list-style-type: none"> <li>○ Is not fluent in the same language as the physician or other qualified healthcare professional, or</li> <li>○ Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician or other qualified healthcare professional if he/she were to use typical language for communication.</li> </ul> </li> </ul>

		<p>When provided in conjunction with the psychotherapy services (90832-90838), the amount of time spent by a physician or other qualified healthcare professional providing interactive complexity services should be reflected in the timed service code for psychotherapy (90832, 90834, 90837) or the psychotherapy add-on code performed with an evaluation and management service (90833, 90836, 90838) and must relate to the psychotherapy service only.</p> <p>Interactive complexity is not a factor for evaluation and management services selection (99201-99255, 99281-99285, 99304-99337, 99341-99350), except as it directly affects key components as defined in the Evaluation and Management Services Guidelines (i.e., history, examination, and medical decision making).</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Per service</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP</li> </ul>
90791	Psychiatric diagnostic evaluation	<p>A psychiatric diagnostic evaluation is the assessment of the patient's psychosocial history, current mental status, review and ordering of diagnostic studies followed by appropriate treatment recommendations. Interviews and communication with family members or other sources is included in these codes.</p> <p>Codes 90791, 90792 may be reported multiple times when performed during separate encounters. These codes should not be reported on the same date of service as an evaluation and management service or a psychotherapy service, including psychotherapy for crisis.</p> <p>The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction with the diagnostic psychiatric evaluation code 90791, 90792.</p> <p>Do not report 90791-90792 in conjunction with psychotherapy provided at crisis (90839- 90840) or evaluation and management (E/M) services (99201-99205, 99211-99215).</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One diagnostic evaluation = 1 unit of 90791</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
90792	Psychiatric diagnostic evaluation with medical services	<p>A psychiatric diagnostic evaluation is the assessment of the patient's psychosocial history, current mental status, review and ordering of diagnostic studies followed by appropriate treatment recommendations. In code 90792, additional medical services such as physical examination and prescription of medications are provided in addition to the diagnostic evaluation. Interviews and communication with family members or other sources is included in these codes.</p> <p>Codes 90791, 90792 may be reported multiple times when performed during separate encounters. These codes should not be reported on the same date of service as an evaluation and management service or a psychotherapy service, including psychotherapy for crisis.</p> <p>The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric</p>

		<p>procedure. These services should be reported with add-on code 90785 used in conjunction with the diagnostic psychiatric evaluation code 90791, 90792.</p> <p>Do not report 90791-90792 in conjunction with psychotherapy provided at crisis (90839- 90840) or evaluation and management (E/M) services (99201-99205, 99211-99215).</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One diagnostic interview = 1 unit of 90792</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP</li> </ul>
90832	Psychotherapy, 30 minutes with patient and/or family member	<p>Psychotherapy is the treatment of mental illness and behavioral disturbances in which the physician or other qualified healthcare professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.</p> <p>The psychotherapy service codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of family member(s) or others in the treatment process.</p> <p>In reporting, choose the code closest to the actual time (i.e., 16-37 minutes for 90832 and 90833, 38-52 minutes for 90834 and 90836, and 53 or more minutes for 90837 and 90838). Do not report psychotherapy of less than 16 minutes' duration.</p> <p>Psychotherapy provided to a patient in a crisis state is reported with codes 90839 and 90840 and cannot be reported in addition to the psychotherapy codes 90832-90838.</p> <p>Code 90785 is an add-on code to report interactive complexity services when provided in conjunction with the psychotherapy codes 90832-90838. The amount of time spent by a physician or other qualified healthcare professional providing interactive complexity services should be reflected in the timed service code for psychotherapy (90832, 90834, 90837) or the psychotherapy add-on code performed with an evaluation and management service (90833, 90836, 90838).</p> <p>Some psychiatric patients receive a medical evaluation and management (E/M) service on the same day as a psychotherapy service by the same physician or other qualified healthcare professional. To report both E/M and psychotherapy, the two services must be significant and separately identifiable. These services are reported by using codes specific for psychotherapy when performed with evaluation and management services (90833, 90836, and 90838) as add-on codes to the evaluation and management service.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Rounding applies: 16-37 minutes of psychotherapy = 90832.</li> <li>• If duration of psychotherapy exceeds 37 minutes, use 90834 (38-52 minutes) or 90837 (53 or more minutes).</li> <li>• For psychotherapy with a duration of less than 16 minutes, see H0004.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
90833	Psychotherapy, 30 minutes with patient and/or family member	<p>Psychotherapy is the treatment of mental illness and behavioral disturbances in which the physician or other qualified healthcare professional, through definitive therapeutic communication, attempts to alleviate the emotional</p>

	<p>when performed with an E/M service</p>	<p>disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.</p> <p>Some psychiatric patients receive a medical evaluation and management (E/M) service on the same day as a psychotherapy service by the same physician or other qualified healthcare professional. To report both E/M and psychotherapy, the two services must be significant and separately identifiable. These services are reported by using code specific for psychotherapy when performed with evaluation and management services (90833, 90836, and 90838) as add-on codes to the evaluation and management service.</p> <p>Medical symptoms and disorders inform treatment choices of psychotherapeutic interventions, and data from therapeutic communication are used to evaluate the presence, type, and severity of medical symptoms and disorders. For the purposes of reporting, the medical and psychotherapeutic components of the service may be separately identified as follows:</p> <ul style="list-style-type: none"> <li>• The type and level of E/M service is selected first based upon the key components of history, examination, and medical decision-making.</li> <li>• Time associated with activities used to meet criteria for the E/M service is not included in the time used for reporting the psychotherapy service (i.e., time spent on history, examination and medical decision making when used for the E/M service is not psychotherapy time).</li> <li>• A separate diagnosis is not required for the reporting of E/M and psychotherapy on the same date of service.</li> </ul> <p>Use 90833 in conjunction with 99201-99255, 99304-99337, and 99341-99350. List separately in addition to the code for primary procedure.</p> <p>Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, and 90838 when psychotherapy includes interactive complexity services.</p> <p>In reporting, choose the code closest to the actual time (i.e., 16-37 minutes for 90832 and 90833, 38-52 minutes for 90834 and 90836, and 53 or more minutes for 90837 and 90838). Do not report psychotherapy of less than 16 minutes' duration.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Rounding applies: 16-37 minutes of psychotherapy with E/M service = 1 unit of 90833.</li> <li>• If duration of psychotherapy exceeds 37 minutes, use 90836 (38-52 minutes) or 90838 (53 or more minutes).</li> <li>• Do not report psychotherapy performed with an E/M service if the duration of the psychotherapy is less than 16 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP</li> </ul>
90834	<p>Psychotherapy, 45 minutes with patient and/or family member</p>	<p>The clinician provides approximately 45 minutes of psychotherapy to the patient and/or family member.</p> <p>Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, and 90838 when psychotherapy includes interactive complexity services.</p> <p>See 90832 (above) for more information on CPT coding of psychotherapy with patient and/or family member.</p> <p>Units of Service:</p>

		<ul style="list-style-type: none"> <li>• Rounding applies: 38-52 minutes of psychotherapy = 1 unit of 90834.</li> <li>• If duration of psychotherapy is 16-37 minutes, use 90832.</li> <li>• If duration of psychotherapy is 53 minutes or more, use 90837.</li> <li>• If duration of psychotherapy is less than 16 minutes, see H0004.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service	<p>The clinician provides approximately 45 minutes of psychotherapy to the patient and/or family in conjunction with an E/M service.</p> <p>Use 90836 in conjunction with 99201-99255, 99304-99337, and 99341-99350. List separately in addition to the code for primary procedure.</p> <p>Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, and 90838 when psychotherapy includes interactive complexity services.</p> <p>See 90833 (above) for more information on CPT coding of psychotherapy when performed with an E/M service.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Rounding applies: 38-52 minutes of psychotherapy = 1 unit of 90836.</li> <li>• If duration of psychotherapy is 16-37 minutes, use 90832.</li> <li>• If duration of psychotherapy is 53 minutes or more, use 90837.</li> <li>• Do not report psychotherapy performed with an E/M service if the duration of the psychotherapy is less than 16 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP</li> </ul>
90837	Psychotherapy, 60 minutes with patient and/or family member	<p>The clinician provides approximately 60 minutes of psychotherapy to the patient and/or family.</p> <p>Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, and 90838 when psychotherapy includes interactive complexity services.</p> <p>See 90832 (above) for more information on CPT coding of psychotherapy with patient and/or family member.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Rounding applies: 53 or more minutes of psychotherapy = 1 unit of 90834.</li> <li>• If duration of psychotherapy is 52 minute or less, use 90832 (16-37 minutes) or 90834 (37-52 minutes).</li> <li>• If duration of psychotherapy is less than 16 minutes, see H0004.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service	<p>The clinician provides approximately 60 minutes of psychotherapy to the patient and/or family in conjunction with an E/M service.</p> <p>Use 90838 in conjunction with 99201-99255, 99304-99337, and 99341-99350. List separately in addition to the code for primary procedure.</p> <p>Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, and 90838 when psychotherapy includes interactive complexity services.</p>

		<p>See 90833 (above) for more information on CPT coding of psychotherapy when provided with E/M services.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Rounding applies: 53 or more minutes of psychotherapy when performed with an E/M service = 1 unit of 90838. If duration of the psychotherapy is 15 minutes or less.</li> <li>• If duration of psychotherapy is 52 minute or less, use 90833 (16-37 minutes) or 90834 (38-52 minutes).</li> <li>• Do not report psychotherapy when performed with an E/M service</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP</li> </ul>
90839	Psychotherapy for crisis, first 60 minutes	<p>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.</p> <p>Codes 90839, 90840 are used to report the total duration of time face to face with the patient and/or family spent by the physician or other qualified healthcare professional providing psychotherapy for crisis, even if the time spent on that date is not continuous.</p> <p>For any given period of time spent providing psychotherapy for crisis state, the physician or other qualified healthcare professional must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same time period. The patient must be present for all or some of the service.</p> <p>Do not report with 90791 or 90792.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Rounding applies: 30-74 minutes of psychotherapy for crisis = 1 unit of 90839.</li> <li>• If duration of psychotherapy for crisis is less than 30 minutes, see H2011.</li> <li>• Code 90839 is used to report the first 30-74 minutes of psychotherapy for crisis on a given date. It should be used only once per date even if the time spent by the physician or other qualified healthcare professional is not continuous on that date.</li> <li>• Psychotherapy for crisis of less than 30 minutes total duration on a given date should be reported using H2021, or using 90832 or 90833 when provided with evaluation and management services.</li> <li>• Code 90840 is used to report additional block(s) of time, up to 30 minutes each beyond the first 74 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
90840	Psychotherapy for crisis, each additional 30 minutes – list separately in addition to primary service CPT code.	<p>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</p>

		<p>for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress.</p> <p>Use 90840 in conjunction with 90839. List separately in addition to code for primary service.</p> <p>Do not report 90839, 90840 in conjunction with 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785-90899.</p> <p>See 90839 (above) for more information on psychotherapy for crisis.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Code 90840 is used to report additional block(s) of time, of up to 30 minutes each beyond the first 74 minutes reported using 90839.</li> <li>• Rounding applies: 30-104 minutes of psychotherapy for crisis = 1 unit of 90839 and 1 unit of 90840, 30-134 minutes of psychotherapy for crisis = 1 unit of 90839 and 2 units of 90840, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
90846	Family psychotherapy (without the patient present)	<p>The clinician provides family psychotherapy without the identified client 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 these 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.</p> <p>Report 90846 when the patient is not present. Report 90847 when the patient is present with the family.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One session of family therapy = 1 unit 90846</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	<p>The clinician provides family psychotherapy with the client identified present. Report 90846 when the patient is not present. Report 90847 when the patient is present with the family.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One session of family therapy = 1 unit 90847</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
90849	Multiple-family group psychotherapy	<p>The clinician provides family psychotherapy in a group setting for two or more families of individuals, with or without the identified client in each family present. Typically, the identified clients are diagnosed with similar conditions or disorders.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• Use "HF" for services provided within OHA certified chemical dependency facility.</li> <li>• Use "HG" for services provided within OHA certified opioid addiction treatment facility.</li> <li>• No modifier is required for services provided by mental health providers.</li> </ul>



		<p>Units of Service:</p> <ul style="list-style-type: none"> <li>One session of multiple-family group psychotherapy = 1 unit of 90849.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> <li>SUD: Certified SUD Program</li> </ul>
90853	Group psychotherapy (other than of a multiple-family group)	<p>The clinician provides psychotherapy in a group setting with two or more patients. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient may be discussed within the group setting. Processes that help patients move toward emotional healing and modification of thought and behavior are used, 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. The code should be used for group psychotherapy with other patients, and not members of the patients' families. Each patient record must have patient specific documentation. Documentation should include specific participation, contributions, and reactions of each member.</p> <p>Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity.</p> <p>Individual psychotherapy and group psychotherapy may be reported on the same date of service if the two services are performed separate time intervals.</p> <p>Do not report 90853 in conjunction with 0372T.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>One session of group psychotherapy = 1 unit of 90853.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	<p>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.</p> <p>To be used for a mental health provider to communicate with non-mental health providers, primary care physicians or with hospitals.</p> <p>Code can be used for communication to non-mental health programs within the same agency, i.e. housing, employment. Use T1016 if services align better with case management.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each instance of environmental intervention = 1 unit of 90882.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> </ul>
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or	<p>The clinician provides 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>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>Use "HF" for services provided within OHA certified chemical dependency facility.</li> </ul>

	advising them how to assist patient	<ul style="list-style-type: none"> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> <li>● No modifier is required for services provided by mental health providers.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each instance of interpretation or explanation of results to family = 1 unit of 90887.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>● Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP</li> <li>● Substance Use Disorder: Certified SUD Program</li> </ul>
96116	Neurobehavioral status exam; first hour	<p>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each hour of a neurobehavioral status exam = 1 unit of 96116</li> <li>● Effective 1/1/19, report 96121 for each additional hour (list separately in addition to code for primary procedure).</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: LMP, Psychologist</li> </ul>
96130	Psychological testing evaluation services by physician or other qualified health care professional; first hour	<p>Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each hour of a psychological testing evaluation service = 1 unit of 96130</li> <li>● Report 96131 for each additional hour (list separately in addition to code for primary procedure).</li> </ul> <p>Service Type and Provider Qualification:</p> <p>Mental Health: LMP, Psychologist</p>
96131	Psychological testing evaluation services by physician or other qualified health care professional; each additional hour	<ul style="list-style-type: none"> <li>● See 96130.</li> </ul>
96132	Neuropsychological testing evaluation services; first hour	<p>Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.</p>

		<p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each hour of a neuropsychological testing evaluation service = 1 unit of 96132</li> <li>● Report 96133 for each additional hour (list separately in addition to code for primary procedure).</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: LMP, Psychologist</li> </ul>
96133	Neuropsychological testing evaluation services; each additional hour	See 96132.
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional; first 30 minutes	<p>Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● First 30 minutes of a psychological or neuropsychological testing administration = 1 unit of 96136</li> <li>● Report 96137 for each additional 30 minutes (list separately in addition to code for primary procedure).</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: LMP, Psychologist</li> </ul>
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional; each additional 30 minutes	<ul style="list-style-type: none"> <li>● See 96136.</li> </ul>
96150	Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment	<p>Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.</p> <p>These services are used to identify the assessment of a patient's psychological, behavioral, emotional, cognitive and social factors as they relate to the prevention, treatment, or management of conditions affecting the patient's physical health.</p> <p>These codes do not identify a service that focuses on the mental health of a patient, but rather on the biopsychosocial factors that are, or could affect the treatment of or severity of, the patient's physical condition.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each 15 minutes of initial health and behavior assessment = 1 unit of 96150.</li> <li>● Rounding applies: 8-22 minutes of initial health and behavior assessment = 1 unit of 96150, 23-37 minutes of initial health and behavior assessment = 2 units of 96150, etc.</li> </ul> <p>Service Type and Provider Qualification:</p>

		<ul style="list-style-type: none"> <li>Mental Health: LPC, LMFT, LCSW, Psychologist</li> </ul>
96151	Health and behavior assessment, each 15 minutes face-to-face with the patient; re-assessment	<p>Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment. These services are used to identify the assessment of a patient's psychological, behavioral, emotional, cognitive and social factors as they relate to the prevention, treatment, or management of conditions affecting the patient's physical health.</p> <p>These codes do not identify a service that focuses on the mental health of a patient, but rather on the biopsychosocial factors that are, or could affect the treatment of or severity of, the patient's physical condition.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each 15 minutes of health and behavior re-assessment = 1 unit of 96151.</li> <li>Rounding applies: 8-22 minutes of health and behavior re-assessment = 1 unit of 96151, 23-37 minutes of health and behavior re-assessment = 2 units of 96151, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>Mental Health: LPC, LMFT, LCSW, Psychologist</li> </ul>
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	<p>Health and behavior intervention, each 15 minutes, face-to-face; individual. These are interventional services prescribed to modify the psychological, behavioral, emotional, cognitive and social factors relevant to and affecting the patient's physical health problems.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each 15 minutes of health and behavior intervention = 1 unit of 96152.</li> <li>Rounding applies: 8-22 minutes of health and behavior intervention = 1 unit of 96152, 23-37 minutes of health and behavior intervention = 2 units of 96152, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>Mental Health: LPC, LMFT, LCSW, Psychologist</li> </ul>
96153	Health and behavior intervention, each 15 minutes, face-to-face; group	<p>Health and behavior intervention, each 15 minutes, face-to-face; provided in a group setting (2 or more patients). These are interventional services prescribed to modify the psychological, behavioral, emotional, cognitive and social factors relevant to and affecting the patient's physical health problems.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each 15 minutes of group health and behavior intervention = 1 unit of 96153.</li> <li>Rounding applies: 8-22 minutes of group health and behavior intervention = 1 unit of 96153, 23-37 minutes of group health and behavior intervention = 2 units of 96153, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>Mental Health: LPC, LMFT, LCSW, Psychologist</li> </ul>
96154	Health and behavior intervention, each 15	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present).

	minutes, face-to-face; family (with the patient present)	<p>These are interventional services prescribed to modify the psychological, behavioral, emotional, cognitive and social factors relevant to and affecting the patient's physical health problems.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each 15 minutes of family health and behavior intervention = 1 unit of 96154.</li> <li>● Rounding applies: 8-22 minutes of family health and behavior intervention = 1 unit of 96154, 23-37 minutes of family health and behavior intervention = 2 units of 96154, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: LPC, LMFT, LCSW, Psychologist</li> </ul>
97151	Behavior identification assessment and plan of care	<p>Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time, face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Rounding applies: 8-22 minutes = 1 unit of 97151, 23-37 minutes = 2 units of 97151, etc.</li> <li>● Do not report 97151 if duration of service is less than 8 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: BCBA, Physician, Psychologist</li> </ul>
97152	Behavior identification supporting assessment	<p>Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Rounding applies: 8-22 minutes = 1 unit of 97152, 23-37 minutes = 2 units of 97152, etc.</li> <li>● Do not report 97152 if duration of service is less than 8 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: BCBA, Physician, Psychologist</li> </ul>
97153	Adaptive behavior treatment by protocol	<p>Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Rounding applies: 8-22 minutes = 1 unit of 97153, 23-37 minutes = 2 units of 97153, etc.</li> <li>● Do not report 97153 if duration of service is less than 8 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: BCBA, BCaBA, BAI, Physician, Psychologist</li> </ul>
97154	Group adaptive behavior treatment by protocol	<p>Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes.</p>

		<p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Rounding applies: 8-22 minutes = 1 unit of 97154, 23-37 minutes = 2 units of 97154, etc.</li> <li>● Do not report 97154 if duration of service is less than 8 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: BCBA, BCaBA, BAI, Physician, Psychologist</li> </ul>
97155	Adaptive behavior treatment with protocol modification	<p>Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Rounding applies: 8-22 minutes = 1 unit of 97155, 23-37 minutes = 2 units of 97155, etc.</li> <li>● Do not report 97155 if duration of service is less than 8 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: BCBA, BCaBA, Physician, Psychologist</li> </ul>
97156	Family adaptive behavior treatment guidance, single family	<p>Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Rounding applies: 8-22 minutes = 1 unit of 97156, 23-37 minutes = 2 units of 97156, etc.</li> <li>● Do not report 97156 if duration of service is less than 8 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: BCBA, BCaBA, Physician, Psychologist</li> </ul>
97157	Multiple-family group adaptive behavior treatment guidance	<p>Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Rounding applies: 8-22 minutes = 1 unit of 97157, 23-37 minutes = 2 units of 97157, etc.</li> <li>● Do not report 97157 if duration of service is less than 8 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: BCBA, BCaBA, Physician, Psychologist</li> </ul>
97158	Group adaptive behavior treatment with protocol modification	<p>Group adaptive behavior treatment by protocol with modification, administered by physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Rounding applies: 8-22 minutes = 1 unit of 97158, 23-37 minutes = 2 units of 97158, etc.</li> <li>● Do not report 97158 if duration of service is less than 8 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p>

		<ul style="list-style-type: none"> <li>● Mental Health: BCBA, BcaBA, BAI, Physician, Psychologist</li> </ul>
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	<p>Acupuncture for the purpose of treating a substance use disorder, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> <li>● This service is not approved for the treatment of mental health disorders.</li> </ul> <p>Do not report 97810 in conjunction with 97813.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each 15 minutes of acupuncture = 1 unit of 97810.</li> <li>● Rounding applies: 8-22 minutes of acupuncture = 1 unit of 97810.</li> <li>● For acupuncture with duration of more than 22 minutes, see 97811.</li> <li>● Do not report acupuncture session with duration of less than 8 minutes.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>● Substance Use Disorder: Licensed Acupuncturist</li> </ul>
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)	<p>Acupuncture for the purpose of treating a substance use disorder, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s).</p> <p>List separately in addition to code for primary procedure.</p> <p>Use 97811 in conjunction with 97810, 97813.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> <li>● This service is not approved for the treatment of mental health disorders.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each additional 15 minutes of acupuncture = 1 unit of 97811.</li> <li>● Rounding applies: 23-37 minutes of acupuncture = 1 unit of 97810 and 1 unit of 97811; 38-52 minutes of acupuncture = 1 unit of 97810 and 2 units of 97811, etc.</li> </ul> <p>Service Type and Provider Qualifications:</p> <p>Substance Use Disorder: Licensed Acupuncturist</p>
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-	<p>Acupuncture for the purpose of treating a substance use disorder, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.</p> <p>Do not report 97813 in conjunction with 97810.</p> <p>Required Code Modifiers:</p>

	<p>on-one contact with the patient</p>	<ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> <li>● This service is not approved for the treatment of mental health disorders.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each 15 minutes of acupuncture = 1 unit of 97813.</li> <li>● Rounding applies: 8-22 minutes of acupuncture = 1 unit of 97813.</li> <li>● For acupuncture with duration of more than 22 minutes, see 97814.</li> <li>● Do not report acupuncture session with duration of less than 8 minutes.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>● Substance Use Disorder: Licensed Acupuncturist</li> </ul>
<p>97814</p>	<p>Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)</p>	<p>Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure). List separately in addition to code for primary procedure. Use 97814 in conjunction with 97810, 97813.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> <li>● This service is not approved for the treatment of mental health disorders.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each additional 15 minutes of acupuncture with electrical stimulation = 1 unit of 97814.</li> <li>● Rounding applies: 23-37 minutes of acupuncture with electrical stimulation = 1 unit of 97813 and 1 unit of 97814; 38-52 minutes of acupuncture with electrical stimulation = 1 unit of 97813 and 2 units of 97814, etc.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>● Substance Use Disorder: Licensed Acupuncturist</li> </ul>
<p>99366</p>	<p>Medical team conference with patient and/or family and non-physician health care professionals, 30 minutes or more</p>	<p>Medical team conference with patient and/or family and non-physician health care professionals, 30 minutes or more. Applied behavior analysis code, primarily for treatment of autism spectrum disorders. For a brief description of applied behavior analysis, see coding specification for 0359T (above).</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● 30 or more minutes of medical team conference with patient and/or family = 1 unit of 99366.</li> <li>● Do not report 99366 with duration of less than 30 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p>



		<ul style="list-style-type: none"> <li>• Mental Health: BCBA, BCaBA, Physician, Psychologist</li> </ul>
99368	Medical team conference with non-physician health care professionals, 30 minutes or more	<p>Medical team conference with non-physician health care professionals, 30 minutes or more.</p> <p>Applied behavior analysis code, primarily for treatment of autism spectrum disorders. For a brief description of applied behavior analysis, see coding specification for 0359T (above).</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• 30 or more minutes of medical team conference = 1 unit of 99368.</li> <li>• Do not report 99368 with duration of less than 30 minutes.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: BCBA, BCaBA, Physician, Psychologist</li> </ul>
G0176	Activity therapy, per session (45 minutes or more)	<p>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, are reported with G0176 for each session of 45 minutes or more.</p> <p>These activities are provided to assist the patient in expressing thoughts and feelings, increase self-esteem, promote community integration, and reducing stress and anxiety.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• Use “HQ” if the activity therapy is performed in a group format (with two or more patients).</li> </ul> <p>Units of service:</p> <ul style="list-style-type: none"> <li>• Each session of an activity therapy as described above and of at least 45 minutes or more = 1 unit of G0176.</li> <li>• If the duration of the activity therapy is less than 45 minutes, use H2032, activity therapy, per 15 minutes.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>• Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> </ul>
G0177	Training and educational services, per session (45 minutes or more)	<p>Training and educational services related to the care and treatment of a patient with disabling mental health problems for each session of 45 minutes or more.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• Use “HQ” if the activity therapy is performed in a group format (with two or more patients).</li> </ul> <p>Units of service:</p> <ul style="list-style-type: none"> <li>• Each session of training and education services as described above and of at least 45 minutes or more = 1 unit of G0177.</li> <li>• Services of less than 45 minutes duration do not meet the criteria for use of this code.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>• Mental Health: LPC, LMFT, LCSW, QMHP, QMHA, Certified Peer Support Specialist</li> </ul>

G9012	Substance use care coordination	<p>Substance use care coordination: services provided to transition an individual from higher levels of care (inpatient or residential) to lower levels of care. (This service should be provided at discharge, one unit per person per discharge)</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>○ Per Service</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>○ Substance Use Disorder: Certified SUD Program</li> </ul>
H0001	Alcohol and/or drug assessment	<p>The clinician assesses a patient for the presence of substance use conditions and disorders and, if present, determines an appropriate level of care, develops a service plan, and makes referrals for treatment as necessary. The assessment is based on the collection and evaluation of data obtained through interview and observation, of a person’s substance use history and presenting problem(s). Service frequency is based upon medical appropriateness for the individual.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● One alcohol and/or drug assessment = 1 unit of H0001 (regardless of the length of time or number of session required to complete).</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Substance Use Disorder: Certified SUD Program</li> </ul>
H0002	Behavioral health screening	<p>Behavioral health screening is done to determine a patient’s eligibility for admission to one or more appropriate treatment program. Patients are screened for substance use disorders and are medically assessed to ensure appropriate treatment is given.</p> <p>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.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● One behavioral health screening = 1 unit of H0002.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>● Substance Use Disorder: Certified SUD Program</li> </ul>

H0004	Behavioral health counseling and therapy, per 15 minutes	<p>Behavioral health counseling and therapy provides individual counseling by a non-physician 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 service plan. The intended outcome is the management, reduction or resolution of the identified problems.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> <li>● No modifier is required for services provided by mental health providers.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each 15 minutes of behavioral health counseling and therapy = 1 unit of H0004.</li> <li>● Rounding applies: 8-22 minutes of behavioral counseling and therapy = 1 unit of H0004, 23-37 minutes of behavioral health counseling and therapy = 2 units of H0004, etc.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>● Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP</li> <li>● Substance Use Disorder: Certified SUD Program</li> </ul>
H0005	Alcohol and/or drug services; group counseling by a clinician	<p>Alcohol and/or drug services; group counseling by a clinician. The clinician provides counseling in a group setting (2 or more patients).</p> <p>Length of group sessions are not specified or dictated by OHA. Depending upon group focus (i.e. psycho-educational, skills development, cognitive behavioral, relapse prevention, culturally specific etc.) length of group session can vary 15-120 minutes.</p> <p>Service frequency limitations is based by medical appropriateness and individualized service plans. Multiple group sessions are allowable within a day.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● One session of group counseling = 1 unit of H0005.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>● Substance Use Disorder: Certified SUD Program</li> </ul>
H0006	Alcohol and/or drug services; case management, per 15 minutes	<p>Alcohol and/or drug services; case management, per 15 minutes.</p> <p>Services provided for coordinating the access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability. Services can be provided with or without the client, family member, and/or other responsible party present.</p>

		<p>Documentation must illustrate how the service assisted the client in gaining access to needed medical, social, educational, entitlement, and other applicable services. Case management does not include the direct delivery of the underlying medical, social, educational, entitlement, or other applicable service. Case management is billable when the case manager is a CADC. Service frequency limitations is based upon medical appropriateness and individualized service plans.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>• Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each 15 minutes of case management service = 1 unit of H0006.</li> <li>• Rounding applies: 8-22 minutes = 1 unit of H0006, 23-37 minutes of case management = 2 units of H0006, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H0010	Alcohol and/or drug services; sub-acute detoxification, medically monitored (residential addiction program inpatient)	<p>Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient), medically monitored, as an alternative to inpatient ASAM Level III.7-D.</p> <p>Medically monitored detox conducted in a freestanding detox center.</p> <p>Individuals are medically managed and stabilized in a licensed health care or addiction treatment facility.</p> <p>Withdrawal includes severe physical and psychological symptoms that require medical management with medications and 24-hour medical care from medical professionals.</p> <p>Required Code Modifier:</p> <ul style="list-style-type: none"> <li>• Use “HF” for services provided within OHA certified chemical dependency facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One day of sub-acute, medically monitored detoxification (residential addiction program inpatient) = 1 unit of H0010.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H0011	Alcohol and/or drug services; acute detoxification, medically monitored (residential addiction program inpatient)	<p>Alcohol and/or drug services; acute detoxification (residential addiction program inpatient), medically monitored, as an alternative to inpatient ASAM Level III.7-D.</p> <p>Medically monitored detox conducted in a freestanding detox center.</p> <p>Individuals are medically managed and stabilized in a licensed health care or addiction treatment facility.</p> <p>Withdrawal includes severe physical and psychological symptoms that require medical management with medications and 24-hour medical care from medical professionals.</p> <p>Required Code Modifier:</p>

		<ul style="list-style-type: none"> <li>Use "HF" for services provided within OHA certified chemical dependency facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>One day of acute, medically monitored detoxification (residential addiction program inpatient) = 1 unit of H0011.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Substance Use Disorder: Certified SUD Program</li> </ul>
H0012	Alcohol and/or drug services; sub-acute detoxification, clinically monitored (residential addiction program outpatient)	<p>Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient), clinically managed detoxification (outpatient ASAM Level III.2-D).</p> <p>Clinically managed, non-medical or social detox setting, conducted in an appropriately licensed health care or addiction treatment facility.</p> <p>Subacute detox services deal with severe symptoms such as cravings. Symptoms warrant 24-hour support from peers and/or counselors.</p> <p>Required Code Modifier:</p> <ul style="list-style-type: none"> <li>Use "HF" for services provided within OHA certified chemical dependency facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>One day of sub-acute, clinically managed detoxification (residential addiction program inpatient) = 1 unit of H0012.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Substance Use Disorder: Certified SUD Program</li> </ul>
H0013	Alcohol and/or drug services; acute detoxification, clinically monitored (residential addiction program outpatient)	<p>Alcohol and/or drug services; acute detoxification (residential addiction program outpatient), clinically managed detoxification (outpatient ASAM Level III.2-D).</p> <p>Clinically managed, non-medical or social detox setting, conducted in an appropriately licensed health care or addiction treatment facility.</p> <p>Acute detox services deal with severe symptoms such as cravings and required stabilization of individuals with severe withdrawal syndrome. Symptoms warrant 24-hour support from peers and/or counselors.</p> <p>Required Code Modifier:</p> <ul style="list-style-type: none"> <li>Use "HF" for services provided within OHA certified chemical dependency facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>One day of acute, clinically managed detoxification (residential addiction program inpatient) = 1 unit of H0013.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Substance Use Disorder: Certified SUD Program</li> </ul>
H0014	Alcohol and/or drug services; ambulatory detoxification	<p>Ambulatory detoxification service for mild to moderate withdrawal from substance abuse (ambulatory ASAM Level II-D).</p> <p>Ambulatory, outpatient detoxification with extended monitoring to determine more or less intensive detox services.</p> <p>The service is for individuals with mild to moderate withdrawal, with individuals monitored over a period of several hours.</p> <p>Required Code Modifier:</p>

		<ul style="list-style-type: none"> <li>Use "HF" for services provided within OHA certified chemical dependency facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>One period of ambulatory detoxification with a duration of several hours = 1 unit of H0014.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Substance Use Disorder: Certified SUD Program</li> </ul>
H0015	Alcohol and/or drug services; intensive outpatient	<p>Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education.</p> <p>Service frequency is based upon medical appropriateness and individualized service plans. Appropriate clinical documentation applies.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>Use "HF" for services provided within OHA certified chemical dependency facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each day of at least 3 hours of outpatient, intensive services = 1 unit of H0015.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Substance Use Disorder: Certified SUD Program</li> </ul>
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	<p>Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting).</p> <p>This service includes the supervision of medication, physical examinations, or other medical needs required to maintain the physical health of the patient receiving medical intervention treatment for alcohol and drug related problems.</p> <p>Required Code Modifier:</p> <ul style="list-style-type: none"> <li>Use "HG" for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each medical intervention in ambulatory setting = 1 unit of H0016.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Substance Use Disorder: Certified SUD Program</li> </ul>
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	<p>Behavioral health; residential (hospital residential treatment program), without room and board, per diem.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>Use "TN" for services provided within in an adolescent mental health treatment program.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>One day of hospital residential treatment program = 1 unit of H0017.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Mental Health: OHA Licensed Mental Health Residential Facility</li> </ul>

H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	<p>Alcohol and drug, short-term (30 days or less), residential (non-hospital residential treatment program), without room and board, per diem.</p> <p>ASAM Level III residential treatment, not part of a hospital, providing 24-hour group living in which the individual receives treatment in a safe and stable environment for 30 days or less.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• Use “UA” for services provided within a licensed adolescent substance treatment program.</li> <li>• Use “HB” for services provided within a licensed adult substance use treatment program.</li> <li>• Use “HH” with “UA” or “HB” for services delivered by the provider’s integrated co-occurring disorders (mental health and substance use disorders) program.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One day of short-term residential (non-hospital residential treatment = 1 unit of H0018.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program), without room and board, per diem	<p>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.</p> <p>ASAM Level III residential treatment, not part of a hospital, providing 24-hour group living in which the individual receives treatment in a safe and stable environment for longer than 30 days.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• No modifier is required for services provided within an adult mental health treatment program.</li> <li>• Use “TN” for services provided within in an adolescent mental health treatment program.</li> <li>• Use “UA” for services provided within in a licensed adolescent alcohol and drug treatment program.</li> <li>• Use “HB” for services provided within a licensed adult substance use treatment program.</li> <li>• Use “HH” with “UA” or “HB” for services delivered by the provider’s integrated co-occurring disorders (mental health and substance use disorders) program.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One day of long-term residential (non-hospital residential treatment = 1 unit of H0019.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>• Mental Health: OHA Licensed Mental Health Residential Facility</li> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H0020	Alcohol and/or drug services; methadone administration and/or	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program).

	<p>service (provision of the drug by a licensed program)</p>	<p>Methadone maintenance therapy medication administration by a licensed program. The patient is closely supervised adhering to all federal regulations of methadone maintenance.</p> <p>Take-home doses must comply with OAR 415-020- 0053 (Unsupervised Use of Opioid Agonist Medications), which requires that:</p> <ul style="list-style-type: none"> <li>● Any patient in comprehensive maintenance treatment may receive a single take-home dose for a day that the clinic is closed for business, including Sundays, and state or federal holidays.</li> <li>● Decisions on dispensing opioid treatment medications to patients for unsupervised use shall be made by the program medical director.</li> <li>● In determining whether a patient is responsible in handling opioid medications and may be permitted unsupervised use, the medical director shall consider the following criteria: absence of drugs of abuse, including alcohol; regularity of program attendance; absence of serious behavioral problems at the program; absence of criminal activity while enrolled at the program; stability of the patient's home environment and social relationships; length of time in comprehensive maintenance treatment; assurance that take-home medication can be safely stored in the patient's home; and whether the rehabilitative benefit the patient derives from decreasing the frequency of program attendance outweighs the potential risks of diversion.</li> <li>● Decisions to approve unsupervised use of opioid medications, including the rationale for the approval, shall be documented in the patient record.</li> <li>● If it is determined that a patient is responsible in handling opioid agonist medications, the supply shall be limited to the following schedule: during the first 90 days of treatment, the take-home supply is limited to a single dose each week, in addition to take-home doses allowed when the clinic is closed; during the second 90 days of treatment, the take-home supply is limited to two doses per week, in addition to take-home doses allowed when the clinic is closed; during the third 90 days of treatment, the take-home supply is limited to three doses per week, in addition to take-home doses allowed when the clinic is closed; in the remaining months of the first year, a patient may be given a maximum 6-day supply of take-home medication; after one year of continuous abstinence in treatment, a patient may be given a maximum two-week supply of take-home medication; after two years of continuous abstinence treatment, a patient may be given a maximum one-month supply of take-home medication.</li> <li>● The dispensing restrictions set forth in 4(a) through 4(f) of this rule do not apply to the partial agonist opioid medication, buprenorphine and buprenorphine products.</li> <li>● Patients must meet criteria established in 2(a) through 2(h) of this rule for unsupervised use of buprenorphine and buprenorphine products.</li> </ul> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use "HG" for services provided within OHA certified opioid addiction treatment facility.</li> <li>● Use "U5" for services provided within MAT program.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● One administration of methadone = 1 unit of H0020.</li> </ul>
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		<p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H0022	Alcohol and/or drug intervention service (planned facilitation)	<p>Alcohol and drug intervention services provide treatment services and activities that assist the professionally trained internationalist to pursue and detect alcohol and or drug addictions and to intercede to halt the progress of the addictions. These services also include early interventions.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> <li>• Use “HF” for services provided within OHA certified chemical dependency facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>○ 15 minutes = 1 unit of H0022</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H0023	Behavioral health outreach (planned approach to reach a targeted population)	<p>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.</p> <p>This service is only funded by Coordinated Care Organizations and managed care and is not reimbursable on a fee-for-service basis.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One behavioral health outreach service = 1 unit of H0023.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H0031	Mental health assessment, non-physician	<p>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. 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).</p> <p>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.</p> <p>Report mental health assessment by non-physician with Child and Adolescents Needs and Strengths (CANS) comprehensive screening as H2000-TG.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One mental health assessment by non-physician = 1 unit of H0031 (regardless of the length of time or number of session required to complete).</li> </ul>

		<p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
H0032	Mental health service plan development by non-physician	<p>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, who is a clinical professional or other qualified specialist.</p> <p>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.</p> <p>This activity may be repeated periodically as the plan is modified and updated.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>Use "U1" with H0032 when billing Child &amp; Family Team meetings for youth in the wraparound program.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>One mental health service plan developed by a non-physician = 1 unit of H0032.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP</li> <li>Substance Use Disorder: Certified SUD Program</li> </ul>
H0033	Oral medication administration, direct observation	<p>Patients are assisted and observed by professional medical staff during the administration of oral medication. This is often used in the administration of drugs such as methadone when it must be established that the patient has received the medication, and in mental health programs when the clinical record indicates that progress is, or may be, mitigated by the patient's noncompliance with the prescribed medication regime.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>Use "HG" for services provided within in a licensed opioid addiction treatment program.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each instance of observed oral medication administration = 1 unit of H0033.</li> </ul> <p>Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Substance Use Disorder: Certified SUD Program</li> </ul>
H0034	Medication training and support, per 15 minutes	<p>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. Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each 15 minutes of medication training and support = 1 unit of H0034.</li> <li>Rounding applies: 8-22 minutes of medication training and support = 1 unit of H0034, 23-37 minutes of medication training and support = 2 units of H0034, etc.</li> </ul> <p>Service Type and Provider Qualifications:</p>

		<ul style="list-style-type: none"> <li>Mental Health: LMP, RN</li> </ul>
H0035	Mental health partial hospitalization, less than 24 hours	<p>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.</p> <p>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.</p> <p>Services include diagnostic services; individual and group therapy; occupational therapy; individualized activity 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.</p> <p>This service is only funded by Coordinated Care Organizations and managed care and is not reimbursable on a fee-for-service basis.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each day of mental health partial hospitalization meeting the above criteria = 1 unit of H0035.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Mental Health</li> </ul>
H0036	Community psychiatric supportive treatment, face to face, per 15 minutes	<p>Structured developmental or rehabilitative programs designed to improve or remediate a person's basic functioning in daily living and community living. Programs include a mixture of individual, group, and activity therapy components and include therapeutic treatment oriented toward development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each 15 minutes of community psychiatric supportive treatment = 1 unit of H0034.</li> <li>Rounding applies: 8-22 minutes of community psychiatric supportive treatment = 1 unit of H0036, 23-37 minutes of community psychiatric supportive treatment = 2 units of H0036, etc.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> </ul>
H0037	Community psychiatric supportive treatment program, per diem	<p>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.</p> <p>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.</p> <p>Services must provide at least four hours/day in preschool through fifth grade and five hours/day in sixth through twelfth grade programs for a minimum of 230 days per year.</p>

		<p>If the child or adolescent attends for less than the above described hourly minimums, use H2012.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>One day of participation, meeting the hourly standards described above, in a licensed community psychiatric supportive program = 1 unit of H0037.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Mental Health</li> </ul>
H0038	Peer support services (self-help/peer services), per 15 minutes	<p>Services provided by peers (self-identified current or past mental health consumers, or self-identified current or past substance use treatment and recovery services 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.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each 15 minutes of peer support services = 1 unit of H0038.</li> <li>Rounding applies: 8-22 minutes of peer support services = 1 unit of H0038, 23-37 minutes of peer support services = 2 units of H0038, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>Mental Health: Certified Peer Support Specialist</li> <li>Substance Use Disorder: Certified SUD Program</li> </ul>
H0039	Assertive community treatment, face to face, per 15 minutes	<p>Assertive community treatment is 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.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each 15 minutes of assertive community treatment = 1 unit of H0039.</li> <li>Rounding applies: 8-22 minutes of assertive community treatment = 1 unit of H0039, 23-37 minutes of assertive community treatment = 2 units of H0039, etc.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP, QMHA, Certified Peer Support Specialist</li> <li>Substance Use Disorder: Certified SUD Program</li> </ul>
H0045	Respite care services, not in the home, per diem	<p>Respite care services, not in the home, per diem.</p> <p>Respite services provided outside the home gives 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.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>Use "U3" with H0045 for <i>crisis</i> respite services in a GOBHI certified foster home only.</li> </ul>

		<ul style="list-style-type: none"> <li>• Use “U4” with H0045 for <b>planned</b> respite services in a GOBHI certified foster home only.</li> <li>• No modifier with H0045 for all other respite services.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each day of respite services not in the patient’s home as described above = 1 unit of H0045</li> </ul>
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	<p>Alcohol and/or other drug testing: collection and handling only, specimens other than blood.</p> <p>Collection and handling of specimens (UAs) for alcohol/drug analysis to ensure the integrity of the specimen a chain of custody from the point of collection throughout the analysis process.</p> <p>Service frequency is based upon medical appropriateness, individualized service plans, and or emergent indications of possible relapse.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>• Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One collection and handling of specimens = 1 unit of H0048.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H0050	Alcohol and/or drug services, brief intervention	<p>A brief intervention for a patient in a drug and/or alcohol treatment program is performed. Professionally trained interventionists who are experts in chemical dependency meet briefly with the patient and/or family members to discuss a current treatment issue. The service may be initiated by the patient or the interventionist in response to a specific issue. The purpose of the intervention is to provide support and feedback related to chemical dependency issues that are currently affecting the patient and/or family members. This code is reported per 15-minute time increments spent in the intervention service. This code is not widely used.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>• Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>○ 15 minutes of intervention = 1 unit of H0050</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>○ Substance Use Disorder: Certified SUD Program</li> </ul>
H2000	Comprehensive multidisciplinary evaluation (Child and Adolescents Needs and Strengths [CANS])	<p>This code is reserved for reporting administration of the Child and Adolescents Needs and Strengths (CANS) comprehensive screening tool. More information on the CANS is available at <a href="https://apps.state.or.us/Forms/Served/de9602.pdf">https://apps.state.or.us/Forms/Served/de9602.pdf</a>.</p> <p>Required Code Modifiers:</p>

	comprehensive screening)	<ul style="list-style-type: none"> <li>• Use “TG” for mental health assessment by non-physician with CANS when billed with H2000.</li> <li>• Use “U1” when CANS is done for a youth in the Wraparound program.</li> <li>• No modifier is required if the CANS is administered and reported separately from a mental health assessment by non-physician.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• One administration of CANS without mental health assessment = 1 unit of H2000.</li> <li>• One mental health assessment by non-physician with CANS = 1 unit of H2000-TG.</li> </ul> <p>Provider Qualifications:</p> <ul style="list-style-type: none"> <li>• Mental health assessment with CANS: LPC, LMFT, LCSW, Psychologist, QMHP</li> <li>• CANS without mental health assessment: LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> </ul>
H2010	Comprehensive medication services, per 15 minutes	<p>Services delivered, under the supervision of a LMP, or by a RN and related to the prescribing, dispensing, administration and management of medications.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each 15 minutes of comprehensive medication services = 1 unit of H2010.</li> <li>• Rounding applies: 8-22 minutes of comprehensive medication services = 1 unit of H2010, 23-37 minutes of comprehensive medication services = 2 units of H2010, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, RN</li> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H2011	Crisis intervention services, per 15 minutes	<p>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.</p> <p>This service is only funded by Coordinated Care Organizations and managed care and is not reimbursable on a fee-for-service basis.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each 15 minutes of crisis intervention service = 1 unit of H2011.</li> <li>• Rounding applies: 8-22 minutes of crisis intervention service = 1 unit of H2011, 23-37 minutes of crisis intervention service = 2 units of H2011, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H2012	Behavioral health day treatment, per hour	<p>Day treatment for behavior health focuses on maintaining and improving functional abilities for the individual. Clients may participate in activities in a therapeutic and social environment several times per week for several hours per day to improve personal skills. This code is reported per hour of daytime behavioral health treatment.</p>

		<p>Or 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.</p> <p>Services must be included in the client’s treatment plan, and documented in the client’s clinical record.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each hour of behavioral health day treatment = 1 unit of H2012.</li> <li>● Rounding applies: 31-75 minutes of behavioral health day treatment = 1 unit of H2012, and 76-105 minutes of behavioral health day treatment = 2 units of H2012, etc.</li> </ul> <p>Service Type and Provider Qualifications:</p> <ul style="list-style-type: none"> <li>● Mental Health</li> </ul>
H2013	Psychiatric health facility service, per diem	<p>Psychiatric health facility service, per diem.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each day of psychiatric health facility service = 1 unit of H2013.</li> <li>● In calculating units (days) of service, the date of admission is counted and the date of discharge is not counted.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: OHA Licensed Mental Health Residential Facility</li> </ul>
H2014	Skills training and development, per 15 minutes	<p>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.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HQ” with H2014 for group skills training and development services.</li> <li>● No modifier is required for individual skills training and development services.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each 15 minutes of skills training and development = 1 unit of H2014.</li> <li>● Rounding applies: 8-22 minutes of skills training and development = 1 unit of H2014, 23-37 minutes of skills training and development = 2 units of H2014, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP, QMHA, Certified Peer Support Specialist</li> <li>● Substance Use Disorder: Certified SUD Program</li> </ul>
H2018	Psychosocial rehabilitation services, per diem	<p>Psychosocial rehabilitation services, per diem.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each day of psychosocial rehabilitation service = 1 unit of H2013.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> </ul>

H2021	Community-based wraparound services, per 15 minutes	<p>Community-based wraparound services must meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Wraparound 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, and include support and training for family members as an integral part of services provided.</li> <li>• Individualized, community-based clinical interventions, delivered to a GOBHI member 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 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.</li> </ul> <p>This service is only funded by Coordinated Care Organizations and managed care and is not reimbursable on a fee-for-service basis.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each 15 minutes of community-based wraparound services = 1 unit of H2021.</li> <li>• Rounding applies: 8-22 minutes of community-based wraparound services = 1 unit of H2021, 23-37 minutes of community-based wraparound services = 2 units of H2021, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> </ul>
H2022	Community-based wraparound services, per diem	<p>Community-based wraparound services must meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Wraparound 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, and include support and training for family members as an integral part of services provided.</li> <li>• Individualized, community-based clinical interventions, delivered to a GOBHI member 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 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.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each day of community based wraparound services = 1 unit of H2022.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> </ul>
H2023	Supported employment, per 15 minutes	<p>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. Services to promote rehabilitation</p>



		<p>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.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each 15 minutes of supported employment = 1 unit of H2023.</li> <li>• Rounding applies: 8-22 minutes of supported employment = 1 unit of H2023, 23-37 minutes of supported employment = 2 units of H2023, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP, QMHA, Certified Peer Support Specialist</li> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H2027	Psychoeducational service, per 15 minutes	<p>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.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each 15 minutes of psych-educational service = 1 unit of H2027.</li> <li>• Rounding applies: 8-22 minutes of psych-educational service = 1 unit of H2027, 23-37 minutes of psych-educational service = 2 units of H2027, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> </ul>
H2032	Activity therapy, per 15 minutes	<p>Activity therapies 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.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each 15 minutes of activity therapy = 1 unit of H2032.</li> <li>• Rounding applies: 8-22 minutes of activity therapy = 1 unit of H2032, 23-37 minutes of activity therapy = 2 units of H2032, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
H2033	Multi-systemic therapy for juveniles, per 15 minutes	<p>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. 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.</p> <p>MST is designed to promote behavior change in youth that have evidenced serious juvenile justice system involvement.</p> <p>Units of Service:</p>

		<ul style="list-style-type: none"> <li>Each 15 minutes of multi-systemic therapy for juveniles = 1 unit of H2033.</li> <li>Rounding applies: 8-22 minutes of multi-systemic therapy for juveniles = 1 unit of H2033, 23-37 minutes of multi-systemic therapy for juveniles = 2 units of H2033, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP</li> </ul>
S9125	Respite care services, in the patient's home, per diem	<p>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.</p> <p>Travel time is factored into the rate and may not be billed under a separate code.</p> <p>Family support services are particularly appropriate when there are severe behavioral problems, which increase risk.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each day of respite services in the patient's home as described above = 1 unit of S9125.</li> <li>When such services are provided only for some portion of a day, the service may be reported T1005</li> </ul>
S9480	Intensive outpatient psychiatric services, per diem	<p>Intensive outpatient psychiatric services focus on maintaining and improving functional abilities for the individual. S9480 is billed for services occurring in an intensive outpatient program designed to provide 9 to 19 hours per week for adults and 6 to 19 hours per week for youth. The amount of weekly services per patient is directly related to the goals and objectives specified in the patient's treatment/service plan.</p> <p>Clients participate in activities a minimum of 4 hours per day.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each day the patient receives at least four hours of intensive outpatient psychiatric services = 1 unit of S9480</li> </ul>
S9484	Crisis intervention mental health services, per hour	<p>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.</p> <p>Crisis intervention services may also be reported using the code for a 15-minute crisis intervention services, H2011, and this code should be used for reporting crisis intervention services with a duration of less than 30 minutes.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>Each hour of crisis intervention service = 1 unit of S9484. Rounding applies: 31-75 minutes of crisis intervention service = 1 unit of S9484, and 76-105 minutes of crisis intervention service = 2 units of S9484.</li> <li>If duration of crisis service is less than 30 minutes, use H2011.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>Mental Health: LMP, LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> </ul>

T1005	Respite care services, per 15 minutes	<p>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 supervision. Agency supervision shall include training, supervision in adhering to the client treatment plan, and emergency back-up support.</p> <p>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.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each 15 minutes of respite care services = 1 unit of T1005.</li> <li>• Rounding applies: 8-22 minutes of respite care services = 1 unit of T1005, 23-37 minutes of respite care services = 2 units of T1005, etc.</li> <li>• Respite care services of the type described above, and when provided in the home, may also be reported as respite care services, in the home, per diem, S9125. S9125 must be used when the services are provided in the home and the resulting per diem charge is less than that which results from reporting multiple units of T1005</li> </ul>
T1006	Alcohol and/or substance abuse services, family/couple counseling	<p>Alcohol and/or substance abuse services, family/couple counseling.</p> <p>The clinician provides family or couple counseling in a private setting as identified by the assessment and listed in an individualized service plan.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• Use "HF" for services provided within OHA certified chemical dependency facility.</li> <li>• Use "HG" for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each session of family or couple counseling = 1 unit of T1006.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	<p>Alcohol and/or substance abuse services, treatment plan development and/or modification</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>• Use "HF" for services provided within OHA certified chemical dependency facility.</li> <li>• Use "HG" for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>• Each service/treatment plan development = 1 unit of T1006.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>• Substance Use Disorder: Certified SUD Program</li> </ul>
T1013	Sign language or oral interpreter service, per 15 minutes	<p>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</p>

		<p>language of the individual and be able to translate clinical information effectively.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> <li>● No modifier is required for services performed for mental health providers.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each 15 minutes of sign language/oral interpreter service = 1 unit of T1013.</li> <li>● Rounding applies: 8-22 minutes of sign language/oral interpreter service = 1 unit of T1013, 23-37 minutes of sign language/oral interpreter service = 2 units of T1013, etc.</li> </ul>
T1016	Case management, per 15 minutes	<p>Services provided for coordinating the access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● Each 15 minutes of case management = 1 unit of T1016.</li> <li>● Rounding applies: 8-22 minutes of case management = 1 unit of T1016, 23-37 minutes of case management = 2 units of T1016, etc.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP, QMHA, Certified Peer Support Specialist</li> </ul>
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	<p>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.</p> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● One screening = 1 unit of T1023.</li> </ul> <p>Service Type and Provider Qualification:</p> <ul style="list-style-type: none"> <li>● Mental Health: LPC, LMFT, LCSW, Psychologist, QMHP, QMHA</li> </ul>
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	<p>Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit.</p> <p>Required Code Modifiers:</p> <ul style="list-style-type: none"> <li>● Use “HF” for services provided within OHA certified chemical dependency facility.</li> <li>● Use “HG” for services provided within OHA certified opioid addiction treatment facility.</li> </ul> <p>Units of Service:</p> <ul style="list-style-type: none"> <li>● One visit for administration of Buprenorphine = 1 unit of T1502.</li> </ul>

		Service Type and Provider Qualifications: <ul style="list-style-type: none"> <li>● Substance Use Disorder: Certified SUD Program</li> </ul>
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### Procedure Code Modifiers

The following table of procedure code modifiers, unless specified as required in the column labeled “Description and Appropriate Use”, are not required when reporting services delivered to GOBHI members as encounter data. Modifying codes may, however, be useful internally to the provider in a number of ways. For example, their use internally may help providers track which program or provider type delivered certain services for purposes of annually analyzing and adjusting usual and customary charges. Some are extremely useful to ensure that the unit charge for a service is appropriately calculated, especially when services normally reported as individual services are delivered to more than one individual simultaneously.

Procedure Code Modifiers for Behavioral Health Procedure Codes	
Modifier	Description and Appropriate Use
AG	Primary physician. The service was provided by the individual’s primary physician.
AH	Clinical psychologist. The services was provided by a clinical psychologist.
AI	Principal physician of record. The service was provided by the individual’s principal physician of record.
AJ	Clinical social worker. The services was provided by a clinical social worker.
CC	Procedure code change. This modifier is used when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed.
GT	<b>REQUIRED:</b> Telehealth services via interactive simultaneous audio and telecommunication systems.
GY	The item or service reported is statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit.
GZ	Payment or credit for reported item or service expected to be denied. This modifier may be used when a service is provided for a non-covered diagnosis or when the reported procedure is not paired with a covered diagnosis on the Prioritized List.
H9	Court-ordered. The reported services was court-ordered.
HA	Child or adolescent program. The reported procedure was delivered by the provider’s child or adolescent program.
HB	Adult program, non-geriatric. Services provided in a licensed adult substance use disorder treatment program.
HC	Adult program, geriatric. The reported procedure was delivered by the provider’s geriatric adult program.
HD	Pregnant or parenting women’s program. The reported procedure was delivered by the provider’s program for pregnant or parenting women.
HE	Mental health program. The reported procedure was delivered by the provider’s mental health program.
HE	Supported education when billed with H2023.
HF	<b>REQUIRED:</b> Substance abuse program. The reported procedure was delivered by the provider’s substance abuse program. This modifier <b>must</b> be used for reporting non-opioid substance use treatment and recovery services.
HG	<b>REQUIRED:</b> Opioid addiction treatment services. This modifier <b>must</b> be used for reporting opioid addiction treatment services.

HH	Integrated mental health and substance abuse program. The reported procedure was delivered by the provider's integrated co-occurring disorders (mental health and substance use disorders) program.
HI	Integrated mental health and intellectual disability/developmental disabilities program. The reported procedure was delivered by the provider's integrated mental health and developmental disabilities program.
HK	Specialized mental health programs for high-risk populations. This code is reserved for submission of fee-for-service claims directly to DMAP for high-risk individuals living in residential treatment homes. HK services must not be reported to GOBHI as encounter data, and the provider must accept the reimbursement by DMAP as payment-in-full for the service rendered.
HL	The service was delivered by an intern.
HM	Less than bachelor degree level. The service was delivered by staff with less than a bachelor degree level of education.
HN	Bachelor degree level. The service was delivered by staff with a bachelor degree level of education.
HO	Master's degree level. The service was delivered by staff with a master's degree level of education.
HP	Doctoral level. The service was delivered by staff with a doctoral degree level of education.
HQ	Group setting. A service normally reported as an individual service was provided in a group setting. Use of this modifying code may be helpful in distinguishing and applying the appropriately lower unit charge for the service provided.
HR	Family or couple with client present. Use of this modifying code may be helpful in reporting a service other than family therapy that has been provided to the family in support of the client's treatment or recovery from a mental health or substance use disorder when the client is present for the service.
HS	Family or couple without client present. Use of this modifying code may be helpful in reporting a service other than family therapy that has been provided to the family in support of the client's treatment or recovery from a mental health or substance use disorder when the client is not present for the service.
HT	<b>REQUIRED:</b> Multi-disciplinary team. The service was provided by a multi-disciplinary team. For example, this modifying code may be useful in distinguishing a child and family team meeting that includes multiple providers. <b><u>Use with H2021 for Child &amp; Family team meetings.</u></b>
HU	Funded by child welfare agency. Use of this modifying code may be helpful in reporting a service provided to a GOBHI member that was paid in full by a child welfare agency. In this case, the service would be reported with a charge of \$0.00.
HX	Funded by local or county agency. Use of this modifying code may be helpful in reporting a service provided to a GOBHI member that was paid in full by a local or county agency. In this case, the service would be reported with a charge of \$0.00.
HY	Funded by juvenile justice agency. Use of this modifying code may be helpful in reporting a service provided to a GOBHI member that was paid in full by a juvenile justice agency. In this case, the service would be reported with a charge of \$0.00.
HZ	Funded by criminal justice agency. Use of this modifying code may be helpful in reporting a service provided to a GOBHI member that was paid in full by a criminal justice agency. In this case, the service would be reported with a charge of \$0.00.
SA	Nurse practitioner rendering service in collaboration with a physician. The service was provided by a nurse practitioner in collaboration with a physician.
SW	Services provided by a certified diabetic educator. The service was provided by a certified diabetic educator.
TD	Registered nurse. The service was provided by a registered nurse.
TE	Licensed Practical Nurse. The service was provided by an LPN.
TG	<b>REQUIRED:</b> CANS with mental health assessment (when billed with H2000).

TN	Services provided in an adolescent mental health treatment program.
TT	Individualized service provided to more than one patient in same setting. A service normally reported as an individual service is provided to more than one patient in the same setting. (Also see modifiers HQ and UK through US.)
U1	Use for CANS (H2000) service for the wraparound program.
U3	Use for <b>crisis</b> respite (H0045) for GOBHI certified homes only.
U4	Use for <b>planned</b> respite (H0045) for GOBHI certified homes only.
U5	<b>REQUIRED:</b> Use for Medication-Assisted Treatment (MAT) services.
U6	<b>REQUIRED:</b> Use for telehealth services provided via MEND platform.
U7	<b>REQUIRED:</b> Use for Day Treatment during COVID, effective 3/17/2020.
U8	<b>REQUIRED:</b> Use for Intensive In-home Behavioral Health Treatment program, effective 1/1/2021.
UA	Services provided in a licensed adolescent alcohol and drug treatment program.
UK	Services provided on behalf of the client to someone other than the client (collateral relationship).
UN	Two patients served. A service normally reported as an individual service is provided simultaneously to two patients in the same setting. Use of this modifying code is useful to ensure that the encountered charge is one-half the normal individual charge for the service.
UP	Three patients served. A service normally reported as an individual service is provided simultaneously to three patients in the same setting. Use of this modifying code is useful to ensure that the encountered charge is one-third the normal individual charge for the service.
UQ	Four patients served. A service normally reported as an individual service is provided simultaneously to four patients in the same setting. Use of this modifying code is useful to ensure that the encountered charge is one-fourth the normal individual charge for the service.
UR	Five patients served. A service normally reported as an individual service is provided simultaneously to five patients in the same setting. Use of this modifying code is useful to ensure that the encountered charge is one-fifth the normal individual charge for the service.
US	Six or more patients served. A service normally reported as an individual service is provided simultaneously to six or more patients in the same setting. Use of this modifying code is useful to ensure that the encountered charge is adjusted to an appropriate group rate. (Also see modifier HQ.)

### Units of Service

Some services can be reported with either a “per 15 minutes”, “per hour” or “per diem” time specifier. The choice of code for these services is important and must not result in “maximizing payment”, which is a fraudulent practice. Some service descriptions do not have a time-specifier (e.g., “per 15 minutes”, “per hour”). These services are always reported as 1 unit of service regardless of the amount of time required to complete the services. For example, group therapy (90853) is always reported as 1 unit of service regardless of the length of the group therapy session. If the client attends two separate group therapy sessions on the same day, however, the services would be reported as 2 units of 90853.

Services with time specifiers (e.g., “per 15 minutes”, “per hour”) are subject to rounding up or down to the nearest specified unit of time. Case management (T1016) provides a good example. Each 15 minutes of case management equals 1 unit of T1016. When rounding is applied, 8-22 minutes of case management equals 1 unit of T1016, 23-37 minutes of case management = 2 units of T1016, and so forth. A case management services requiring 7 minutes would be documented in the clinical record and reported to the agency’s billing department, but if no additional case management services were provided to the client on the same day, the 7 minutes would round down to 0, and the case management service would not meet the criteria for billing or submission as encounter data. If a second case management service is provided for the same client on the same day, however, the two case management services would be rolled together for billing purposes. For

example, if the second case management service required 16 minutes to complete, the 7-minute service and the 16-minute service would be rolled together and reported as 2 units of T1016 (7+16=23, which rounds up to two 15-minute units. If the second service required only 15 minutes of the clinician’s time, the two services would be rolled together and reported as 1 unit of T1016 (7+15=22), which rounds down to one 15-minute unit.

Some services carry time-specifiers that establish minimum durations that must be met for reporting the service. For example, G0177 includes the time specifier “45 minutes or more”. In this case, a service with less than 45 minutes’ duration does not meet the criteria for the service.

### Place of Service Codes

Place of service codes are used to report the place or location where the service or supports were delivered to the client. These codes are shown in the following table.

Code	Place Where Service or Support Was Delivered
02	Telehealth
03	School
04	Homeless Shelter
09	Prison/Correctional Facility
11	Office
12	Home
14	Group Home
15	Mobile Unit
16	Temporary Lodging
18	Place of Employment
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Hospital Emergency Room
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
51	Psychiatric Inpatient Facility
52	Psychiatric Hospital Partial Hospitalizations
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Center
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
61	Comprehensive Inpatient Rehabilitation Center



62	Comprehensive Outpatient Rehabilitation Center
71	State or Local Public Health Center
99	Other Place of Service

### Medicare Exempt Services

When a member has Medicare as their primary insurance carrier and GOBHI as the secondary payer, there are services that may be eligible to be exempt from billing Medicare first. If the services being provided are not covered under the members' Medicare plan, you may submit the claim directly to GOBHI's TPA (third party administrator) for processing without the COB (coordination of benefits) denial from Medicare. With that said, you should always verify member benefits and their Medicare coverage before submitting directly to the secondary payer. If services are covered under the members Medicare plan, you are required to submit claims to the primary insurance first.

The following services are typically not covered by Medicare plans. However, since there are many variations of Medicare plans, it is the responsibility of your agency to verify member benefits to ensure covered services are paid in the appropriate carrier sequence.

See [OAR 410-172-0860 Billing for Dual Eligible Individuals](#) for details.

All H codes	
All T codes	
All J codes	
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90887	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
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)
G0176	Activity therapy, per session (45 minutes or more)
G0177	Training and educational services, per session (45 minutes or more)

