



PENNSYLVANIA

HealthChoices

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

HEALTHCHOICES EXAMINATION GUIDE

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

DECEMBER 2018

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

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ATTESTATION EXAMINATION REPORT AND FINANCIAL SCHEDULES

Introduction and Overview

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

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

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

ATTESTATION EXAMINATION REPORT AND FINANCIAL SCHEDULES (Continued)

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

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

NOTE: Report #s 5, 8, 10, 11, 14, 15, and 16 are not used and have been intentionally omitted.

Behavioral Health Schedule - Report 2

Primary Contractor Summary of Transactions

Statement as of: _____ (Reporting Date)

Primary Contractor: _____ (Primary Contractor Name)

Reported By: _____ (Reporting Entity)

Revenues/Expenses	TANF/ MAGI-Child	TANF/MAGI-Adult	SSI and Healthy Horizons w/ Medicare	SSI and Healthy Horizons w/o Medicare - Child	SSI and Healthy Horizons w/o Medicare - Adult	HealthChoices Expansion - Newly Eligible		TOTAL
1) Beginning Balance								
Revenue:								
a) Capitation Revenue								
b) Investment Revenue								
c) Other (Identify)								
2) Revenue Total								
Distributions:								
Distributions to Subcontractor:								
a) Medical Services								
b) Administration								
c) Profit								
d) Reinvestment								
e) Other (Identify)								
3) Total Distributions to Subcontractor								

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

- ☐ **Revised Report, see Adjustment List**
- ☐ **Original Report without adjustments**

Behavioral Health Schedule - Report 2 (continued)

Primary Contractor Summary of Transactions

Statement as of: _____ (Reporting Date)

Primary Contractor: _____ (Primary Contractor Name)

Reported By: _____ (Reporting Entity)

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

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

Revenue and Expenses are Reported as: ☐ 100% actual amounts

☐ allocated amounts have been attributed to one or more of the 7 rating groups as described in Note ____ of the Financial Schedules

Behavioral Health Schedule - Report 3 Subcontractor Summary of Transactions

Statement as of: _____ (Reporting Date)

Primary Contractor: _____ (Primary Contractor Name)

Reported By: _____ (Reporting Entity)

Revenues/Expenses	TANF/MAGI-Child	TANF/MAGI-Adult	SSI and Healthy Horizons w/Medicare	SSI and Healthy Horizons w/o Medicare - Child	SSI and Healthy Horizons w/o Medicare – Adult	HealthChoices Expansion - Newly Eligible		TOTAL
1) Beginning Balance								
Revenue:								
a) Capitation Revenue								
b) Investment Revenue								
c) Other (Identify)								
2) Revenue Total								
Distributions:								
Distributions for:								
a) Medical Services								
b) Profit								
c) Reinvestment								
d) Other (Identify)								
3) Total Distributions								

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

- ☐ **Revised Report, see Adjustment List**
- ☐ **Original Report without adjustments**

Behavioral Health Schedule - Report 3 (continued)

Subcontractor Summary of Transactions

Statement as of: _____ (Reporting Date)

Primary Contractor: _____ (Primary Contractor Name)

Reported By: _____ (Reporting Entity)

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

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

Revenue and Expenses are Reported as: ☐ **100% actual amounts**

☐ **allocated amounts have been attributed to one or more of the 7 rating groups as described in**

Note ____ of the Financial Schedules

Behavioral Health Schedule - Report 4

Related Party Transactions and Obligations

Statement as of: _____ (Reporting Date)

Primary Contractor: _____ (Primary Contractor Name)

Reported By: _____ (Reporting Entity)

Name & Address of Related Party/Affiliate	Description of Relationship or Affiliation	Trans. Code	Income or Receipts	Expense or Distribution	Amount Due From (To) Current	Amount Due From (To) Non-Current
Totals						

- ☐ Revised Report, see Adjustment List
- ☐ Original Report without adjustments

Behavioral Health Schedule - Report 6

Claims Payable (RBUCs and IBNRs)

Statement as of: _____ (Reporting Date)

Primary Contractor: _____ (Primary Contractor Name)

Reported By: _____ (Reporting Entity)

CATEGORY OF SERVICE	Received But Unpaid Claims (RBUCs)					IBNR	TOTAL RBUCs & IBNRs
	1 - 30 Days	31 - 45 Days	46 - 90 Days	91+ Days	TOTAL RBUCs		
Inpatient Psychiatric							
Inpatient D & A							
Non-Hospital D & A							
Outpatient Psych.							
Outpatient D & A							
B.H. Rehab. Services for Children & Adolescents							
RTF – Accredited							
RTF - Non-Accredited							
Ancillary Support							
Community Support							
Other							
TOTAL CLAIMS PAYABLE							

Method of estimation used to determine the amount of IBNRs is provided at Note ____ to the Financial Schedules

- ☐ **Revised Report, see Adjustment List**
- ☐ **Original Report without Adjustments**

Behavioral Health Schedule - Report 7

Lag Report _____ (Major Service Grouping)

Statement as of: _____ (Reporting Date)

Primary Contractor: _____ (Primary Contractor Name)

Reported By: _____ (Reporting Entity)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
-----Month In Which Service Was Provided-----													
	Month of Payment	Current	1st Prior	2nd Prior	3rd Prior	4th Prior	5th Prior	6th Prior	7th Prior	8th Prior	9th Prior	10th Prior	11th Prior
1	Current												
2	1st Prior												
3	2nd Prior												
4	3rd Prior												
5	4th Prior												
6	5th Prior												
7	6th Prior												
8	7th Prior												
9	8th Prior												
10	9 th Prior												
11	10 th Prior												
12	11 th Prior												
13	12 th Prior												

See instructions before completing schedule.

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

☐ **Revised Report, see Adjustment List**

☐ **Original Report without Adjustments**
Behavioral Health Schedule - Report 7(continued)
Lag Report _____ (Major Service Grouping)

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

		(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
		-----Month In Which Service Was Provided-----													
	Month of Payment	12 th Prior	13 th Prior	14 th Prior	15 th Prior	16 th Prior	17 th Prior	18 th Prior	19 th Prior	20 th Prior	21 st Prior	22 nd Prior	23 rd Prior	24 th and Prior	*TOTAL
14	13 th Prior														
15	14 th Prior														
16	15 th Prior														
17	16 th Prior														
18	17 th Prior														
19	18 th Prior														
20	19 th Prior														
21	20 th Prior														
22	21 st Prior														
23	22 nd Prior														
24	23 rd Prior														
25	24 th Prior														
26	Totals														
27	Expense reported														
28	Remaining Liability														

See instructions before completing schedule.

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

- ☐ **Revised Report, see Adjustment List**
☐ **Original Report without Adjustments**

Behavioral Health Schedule - Report 9

Analysis of Revenues & Expenses

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

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

* The PMPM column is included here in lieu of requiring a full examination of Report 9B. This column should be completed in accordance with the FRR instructions for Report 9B. (See FRR - Appendix III)

- ☐ Revised Report, see Adjustment List
- ☐ Original Report without Adjustments

Behavioral Health Schedule - Report 9 (continued)
Analysis of Revenues & Expenses

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

Revenues/Expenses	TANF/ MAGI-Child	TANF/ MAGI -Adult	SSI & Healthy Horizons w/ Medicare	SSI and Healthy Horizons w/o Medicare - Child	SSI & Healthy Horizons w/o Medicare - Adult	HealthChoices Expansion - Newly Eligible		TOTAL	PMPM
13. Ancillary Support									
14. Community Support Services									
a) Crisis Intervention									
b) Family Based Services for Children & Adolescents									
c) Targeted MH Case Management									
SUBTOTAL									
15. Other									
a) Stop-Loss Reinsurance Premiums									
b) Other Medical Services									
SUBTOTAL									
TOTAL MEDICAL EXPENSES (lines 5 through 15)									
16. Administration									
a) Compensation									
b) Interest Expense									
c) Occupancy, Depreciation, & Amortization									
d) MCO Assessment									
e) Distributions to Management Corporations/ASO/Subcontractor									
f) Clinical Care/Medical Management									
g) Other (Specify)									
TOTAL ADMINISTRATION									
17. TOTAL EXPENSES (Lines 5 through 16)									
18. INCOME (LOSS) FROM OPERATIONS									
See instructions before completing this line item.									
19. Non-Accredited Room & Board C & Y Secondary Funding Sources									

Revenue and Expenses are Reported as: ☐ 100% actual amounts

☐ allocated amounts have been attributed to one or more of the 7 rating groups as described in the Notes to the Financial Schedules

Behavioral Health Schedule - Report 12 Reinvestment Report

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

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

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

- ☐ Revised Report, see Adjustment List
☐ Original Report without Adjustments

Behavioral Health Schedule - Report 13

Balance Sheet/STATEMENT OF NETS ASSETS

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

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

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

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

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

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

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

Behavioral Health Schedule - Report 17 Contract Reserves Compliance Report

Statement as of: _____ (Reporting Date)

Primary Contractor: _____ (Primary Contractor Name)

Reported By: _____ (Reporting Entity)

SOURCE OF EQUITY REPORTED _____

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

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

NOTES TO THE FINANCIAL SCHEDULES

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

- Basis of accounting
- Organizational structure for the administration of contracts of programs
(This should include all related organizations and economic dependencies)
- Description/basis of accruing health care costs
- Disclosure of significant business, management and provider contracts or arrangements
- Commitments and contingencies
- Information about restricted and reserve accounts
- Related party transactions
- Subsequent events
- Risks and uncertainties
- Information about reinsurance arrangements
- Estimation methodology used to determine the amount of IBNRs
- Methodologies used for allocation of all revenues and/or expenses attributed to various categories of aid
- Calculation of funds available for reinvestment from the year being examined, including any reinvestment sharing amount owed to the Department. See page 17 for example of the suggested format for the reinvestment calculation
- Calculation of any risk corridor arrangements with the Department

• **Reinvestment Estimate (Suggested Format)**

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

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

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

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

COMPLIANCE ATTESTATION EXAMINATION REPORT

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

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

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

Report of Management on Compliance

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

1. Claims Processing

Compliance Requirement A

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

Compliance Requirement B

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

Compliance Requirement C

- The Contractor established written policies and procedures for the detection and prevention of fraud and abuse by providers, recipients, or the employees as described in Part II-5, Section D. 6), of the HealthChoices Program Standards and Requirements, except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement D

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

- b) Reason b (if applicable)

Compliance Requirement E

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

Compliance Requirement F

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

2. Management Information Systems/Encounter Data Reporting

Compliance Requirement G

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

Compliance Requirement H

- The Contractor (does/does not) submit encounter data reports in accordance with the requirements as set forth in Part II-7, Section L (3), of the HealthChoices Program Standard and Requirements, and the HIPAA Implementation Guides and PROMISe Companion Guides, and in the time and manner prescribed by DHS.
- The Contractor (does/does not) maintain appropriate systems and mechanisms to obtain all necessary data from its subcontractors to ensure its ability to comply with the encounter data reporting requirements.

Compliance Requirement I

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

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

Compliance Requirement J

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

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

Compliance Requirement K

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

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

4. Financial Management Compliance Reports

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

Compliance Requirement L- Report 17 (Contract Reserves Compliance)

- The Contractor (or MCO/MCO Subcontractor) (has/has not) met and maintained the equity and reserve requirements as specified in Part II-7, Sections A.4) and 5) of the HealthChoices Program Standards and Requirements.
- Report 17 is accurately compiled in accordance with the Financial Reporting Requirements.
 - All HealthChoices capitation revenues are included in the calculation for the reserve requirement in accordance with the FRR.
 - “Required % of Capitation Payments” for each Primary Contractor is accurate based on the applicable DHS/Primary Contractor Agreement.
 - Total Equity per Report #17 agrees with the Total Equity reported by the Primary Contractor on the applicable Department of Insurance (DOI) annual/quarterly filing or annual audit.
 - If there is a lack of compliance, a plan for fiscal improvement is in place and is being implemented.
 - The Primary Contractor’s has policies and procedures regarding monitoring MCO’s equity in place and they are being performed in accordance with said policies and procedures.
 - The financial condition of related parties will not impact the MCO as a going concern.

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

Compliance Requirement M

- The Contractor and their MCO/MCO Subcontractors (do/do not) have contract specific bank accounts for 1) HealthChoices capitation transactions, 2) reinvestment transactions, 3) restricted reserve funds (as applicable), and 4) risk and contingency funds. The Contractors and their MCO/MCO subcontractors (do/do not) have a process in place to record staff time spent on HealthChoices duties separate from non-HealthChoices duties and/or between HealthChoices contracts. The Contractors and their MCO/MCO subcontractors (do/do not) have procedures for accurately recording, tracking, monitoring and reporting HealthChoices revenues and expenses separately from any non-HealthChoices revenues and expenses and by County as stated in Part II-7, Sections A. 7 and A. 8 of the HealthChoices Program Standards and Requirements and the HealthChoices Behavioral Health Contract Section 6.1; Section 7.1 for Philadelphia.
- The Contractor (has/has not) deposited Reinvestment Funds in a restricted account within 30 days of the OMHSAS written approval of the reinvestment plan(s).

Compliance Requirement N

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

Compliance Requirement O

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

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

Date

Signature

PROMISe™ Managed Care Payment System Table
Effective for Dates of Service 1-1-18
9-1-18 Update

Appendix B

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

PROMiSe™ Managed Care Payment System Table
Effective for Dates of Service 1-1-18
9-1-18 Update

Appendix B

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

NOTES:

1. Changes in the Table that have been made since the previous Payment System Table update are shown in red font.

2. Payment cells 74 and 75 have been added to PROMiSe so that Behavioral Health HealthChoices capitation can be paid to BH-MCOs to provide BH services to B00 (State Blind) and B80 (State Blind Pension) recipients who receive their physical health services via Community HealthChoices (CHC). CHC implemented (with the Southwest zone) on 1-1-18. B00 and B80 are Excluded from all non-CHC covered populations.

Healthchoices Behavioral Health Services Reporting Classification Chart - January 1, 2018

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
INPATIENT PSYCHIATRIC SERVICES							
1	Inpatient Psychiatric Services	01 - Inpatient Facility	010 - Acute Care Hospital	Any*	DRG's: 424-432 Revenue Codes: 0114, 0124, 0134, 0154, 0204, 0760 ,0761, 0762, 0769, 0900, 0901, 0902, 0903, 0904, 0909, 0910, 0911, 0914, 0915, 0916, 0917, 0918, 0919, 0920, 0929, 0949	01	01
2	Inpatient Psychiatric Services	01 - Inpatient Facility	011 - Private Psychiatric Hospital or 022 - Private Psychiatric Unit		Revenue Codes: Same as Line Item 1	01	01
3	Inpatient Psychiatric Services	01 - Inpatient Facility	018 - Extended Acute Psych Inpatient	Any*	Revenue Codes: Same as Line Item 1	01	01
INPATIENT DRUG & ALCOHOL DETOXIFICATION							
4	Inpatient Drug & Alcohol Detox	01 - Inpatient Facility	010 - Acute Care Hospital	Any*	DRG's: 433, 521, 522, 523 Revenue Codes: 0116, 0126, 0136, 0156, 0760, 0761, 0762, 0769, 0949	02	02
5	Inpatient Drug & Alcohol Detox	01 - Inpatient Facility	019 - D&A Rehab Hosp or 441 - D&A Rehab Unit		Revenue Codes: 0116, 0126, 0136, 0156, 0760, 0761, 0762, 0769, 0949	02	02
INPATIENT DRUG & ALCOHOL REHABILITATION							
6	Inpatient Drug & Alcohol Rehab	01 - Inpatient Facility	010 - Acute Care Hospital	Any*	DRG's: 433, 521, 522, 523 Revenue Codes: 0118, 0128, 0138, 0158, 0760, 0761, 0762, 0769, 0944, 0945, 0949	04	02
7	Inpatient Drug & Alcohol Rehab	01 - Inpatient Facility	019 - D&A Rehab Hosp or 441 - D&A Rehab Unit		Revenue Codes: 0118, 0128, 0138, 0158, 0760, 0761, 0762, 0769, 0944, 0945, 0949	04	02
NON-HOSPITAL RESIDENTIAL, DETOXIFICATION & REHABILITATION							
8	Non-Hospital Residential, Detoxification, Halfway House Services D&A Dependence/Addiction	11 - Mental Health / Substance Abuse	131 - D&A Halfway House	Any*	Procedure Code: H2034	05	03
			132 - D&A Medically Monitored Detox		Procedure Code: H0013		
			133 - D&A Medically Monitored Residential, Short Term		Procedure Code: H0018/HF		
			134 - D&A Medically Monitored Residential, Long Term		Procedure Code: T2048/HF		
PSYCHIATRIC OUTPATIENT SERVICES							
9	Psychiatric Outpatient Clinic Services	08 - Clinic	110 - Psychiatric Outpatient	Any	Procedure Codes: See Pages 5, 6, & 7 of Attachment G (excluding H0034/HK, H2010/HK, 99407	06	04
		01- Inpatient	183 - Hospital Based Med Clinic	Any	Procedure Codes: 90870, G0378, G0379	06	04
43	Psychiatric Outpatient Mobile Services	08 - Clinic	074 - Mobile Mental Health Trtmt	Any	Procedure Codes: See Pages 2 & 3 of Attachment G	06	04
10	Psychiatric Outpatient Services	11 - Mental Health /	113 - Partial Psych Hosp Children or	Any*	Procedure Codes: See Pages 9 & 10 of Attachment G	03	04

Healthchoices Behavioral Health Services Reporting Classification Chart - January 1, 2018

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
		Substance Abuse	114 - Partial Psych Hosp Adult		(excluding H2010/HK)		
11	Psychiatric Outpatient Clinic Services	08 - Clinic	080 - FQHC or 081 - RHC	Any*	Procedure Code: T1015/HE	06	04
12	Psychiatric Outpatient Services	19 - Psychologist	190 - General Psychologist	Any*	Procedure Codes: See Pages 18 & 19 of Attachment G - not equal to procedures listed under Psychologist Wraparound or 99407	06	04
		31 - Physician	339 - Psychiatry	Any*	Procedure Codes: See Pages 11 thru 18 of Attachment G, excluding H2010/HK/U1, 99407 and not equal to procedures listed under Physician Wraparound	06	04
		31 - Physician	315 - Emergency Medicine	Any*	Procedure Codes: 99281, 99282, 99283, 99284, 99285	06	04
			316 - Family Practice 322 - Internal Medicine 345 - Pediatrics		Procedure Codes: 96127, 96160, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285		
BEHAVIORAL HEALTH REHABILITATIVE SERVICES - MH							
13	BHRS			Any*	ICD 10 CM: any BH ICD-10 code other than intellectual disability codes <u>AND</u>	07	06
		08 - Clinic	110 - Psychiatric Outpatient		Procedure Codes: 90791, 96101/HK, 96101/AH, 96101/TF/HK, 96101/TG/HK, 96101/U7, 96101/U7/HA, 96101/U7/TJ, 96116, 96118/HK, 96118/UB		
			800 - FQHC TSS or 804 - RHC TSS or 808 - Psych Outpatient TSS		Procedure Codes: H2014/UB, H2014/UB/HA, H2021/UB		
			801 - FQHC MT or 805 - RHC MT or 809 - Psych Outpatient MT		Procedure Codes: H2019/UB		
			803 - FQHC STAP or 807 - RHC STAP or 811 - Psych Outpatient STAP		Procedure Codes: H2012/UB		
			340 - Program Exception		Procedure Codes: H0018, H0019/HA, H0019/HQ, H0019/TT, H0046/SC, H2012/SC, H2015, H2017 H2019/HA, H2021/SC, H2021/HQ/SC, H2022, H2033 H2019/SC, H2019/SC/TJ, H2021/HA/SC, H2021/SC/TJ		

Healthchoices Behavioral Health Services Reporting Classification Chart - January 1, 2018

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
13	BHRS continued	09 - Certified Registered Nurse Practitioner	548 - Therapeutic Staff Support		Procedure Codes: H2014/UB, H2014/UB/HA, H2021/UB	07	06
			549 - Mobile Therapy		Procedure Code: H2019/UB,		
		11 - Mental Health/ Substance Abuse	113 - Partial Psych Hosp Children or 114 - Partial Psych Hosp Adult or 115 - Family Based Mental Health		Procedure Codes: 90791, 96101, 96101/AH, 96101/TF, 96101/TG, 96101/U7, 96101/U7/HA, 96101/U7/TJ, 96116, 96118, 96118/UB		
			548 - Therapeutic Staff Support or 549 - Mobile Therapy or 559 - Behavioral Specialist Consult.		Procedure Codes: 90791, 96101/U7, 96101/U7/HA, 96101/U7/TJ, 96116, 96118/UB		
			116 - Licensed Clinical Social Worker or 117 - Licensed Social Worker		Procedure Codes: H0046/UB		
			548 - Therapeutic Staff Support 442 -Partial Psych Hosp Child TSS 446 -Partial Psych Hosp Adult TSS 450 - Family Based MH TSS		Procedure Codes: H2014/UB, H2014/UB/HA, H2021/UB		
			549 - Mobile Therapy 443 - Partial Psych Hosp Child MT 447 - Partial Psych Hosp Adult MT 451 - Family Based MH MT		Procedure Codes: H2019/UB		
			445-Partial Psych Hosp Child STAP 449-Partial Psych Hosp Adult STAP 453 - Family Based MH STAP		Procedure Codes: H2012/UB		
			340 - Program Exception		Procedure Codes: H0018, H0019/HA, H0019/HQ, H0019/TT, H0046/SC, H2012/SC, H2015, H2017 H2019/HA, H2021/SC, H2021/HQ/SC, H2021/U9/SC, H2021/U8/SC, H2021/U7/SC, H2033, H2019/SC, H2019/SC/TJ, H2021/HA/SC, H2021/SC/TJ		
		16 - Nurse	162 - Psychiatric Nurse		Procodure Codes: H0046/UB		
		17 - Therapist	174 - Art Therapist		Procedure Codes: H2032/UB		
		17 - Therapist	175 - Music Therapist		Procedure Codes: G0176/UB		
		19 - Psychologist	548 - Therapeutic Staff Support		Procedure Codes: H2014/UB, H2014/UB/HA, H2021/UB		
			549 - Mobile Therapy		Procedure Codes: H2019/UB		
			190 - General Psychologist		Procedure Codes: 90791, 96101/U7 96101/U7/HA, 96101/U7/TJ, 96116, 96118/UB		

Healthchoices Behavioral Health Services Reporting Classification Chart - January 1, 2018

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
13	BHRS continued	31 - Physician	548 - Therapeutic Staff Support		Procedure Codes: H2014/UB/U1,	07	06
	BHRS - BSC		549 - Mobile Therapy		H2014/UB/HA/U1, H2021/UB/U1		
		52 - CRR	523 - Host Home/Children		Procedure Code: H2019/UB/U1		
					Procedure Code: H0019/HA; H0019/TT		
		08 - Clinic	802 - FQHC BSC or 806 - RHC BSC or 810 - Psych Outpatient BSC		ICD-10--CM: any BH code other than BH Autism or intellectual disability <u>AND</u>		
		09 - CRNP	559 - Behavioral Specialist Consult.		Procedure Codes: H0032/HP, H0032/HO		
		11 - Mental Health / Substance Abuse	559 - Behavioral Specialist Consult 444 - Partial Psych Hosp Child BSC 448 - Partial Psych Hosp Adult BSC 452 - Family Based MH BSC				
		19 - Psychologist	559 - Behavioral Specialist Consult.				
		31 - Physician	559 - Behavioral Specialist Consult.				
					Procedure Codes: H0032/HP/U1, H0032/HO/U1		
46	BHRS - BSC-ASD				any BH Autism ICD-10 code <u>AND</u>	07	06
		08 - Clinic	558 - Behavior Specialist for Children with Austim		Procedure Code: H0046/HO; H0046/HP		
		09 - CRNP			Procedure Code: H0046/HO		
		11 - MH/SA			Procedure Code: H0046/HO; H0046/HP		
		19 - Psychologist			Procedure Code: H0046/HO; H0046/HP		
		31 - Physician			Procedure Code: H0046/HO; H0046/HP		
		47			BHRS - Applied Behavioral Analysis (ABA)		
08 - Clinic	558 - Behavior Specialist for Children with Austim		Procedure Code: H0046/HO/HA; H0046/HP/HA				
09 - CRNP			Procedure Code: H0046/HO/HA				
11 - MH/SA			Procedure Code: H0046/HO/HA; H0046/HP/HA				
19 - Psychologist			Procedure Code: H0046/HO/HA; H0046/HP/HA				
31 - Physician			Procedure Code: H0046/HO/HA; H0046/HP/HA				
11 - MH/SA	561 - Entity BSC-ASD ABA		Procedure Code: H0046/HO/HA				
08 - Clinic	800 - FQHC TSS or 804 - RHC TSS or 808 - Psych Oupatient TSS		Procedure Code: H2021/UB/HA				
09 - CRNP	548 - Therapeutic Staff Support						

Healthchoices Behavioral Health Services Reporting Classification Chart - January 1, 2018

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
		11 - MH/SA	442 -Partial Psych Hosp Child TSS 446 -Partial Psych Hosp Adult TSS 450 - Family Based MH TSS 548 - Therapeutic Staff Support		Procedure Code: H2021/UB/HA	07	06
		19 - Psychologist	548 - Therapeutic Staff Support				
		31 - Physician	548 - Therapeutic Staff Support				
		11 - MH/SA	562 - Entity TSS ABA				
45	BHRS				ICD-10-CM: R69 <u>AND</u>	07	06
		08 - Clinic	110 - Psychiatric Outpatient		Procedure Code: 90791		
		11 - Mental Health/ Substance Abuse	113 - Partial Psych Hosp Children 114 - Partial Psych Hosp Adult or 115 - Family Based Mental Health 548 - Therapeutic Staff Support 549 - Mobile Therapy 559 - Behavioral Specialist Consu				
		19 - Psychologist	190 - General Psychologist				
14	Behavioral Health Rehabilitation Services (EPSDT) for Children & Adolescents with MR			Any*	ICD 10 CM: any intellectual disability code <u>AND</u>	17	06
		08 - Clinic	110 - Psychiatric Outpatient		Procedure Codes: 90791, 96101/HK, 96101/AH, 96101/TF/HK, 96101/TG/HK, 96101/U7, 96101/U7/HA, 96101/U7/TJ, 96116, 96118/HK, 96118/UB		
			800 - FQHC TSS or 804 - RHC TSS or 808 - Psych Outpatient TSS		Procedure Codes: H2014/UB, H2014/UB/HA, H2021/UB		
			801 FQHC MT or 805 - RHC MT or		Procedure Codes: H2019/UB		
			809 - Psych Outpatient MT		Procedure Codes: H2019/UB		
			802 - FQHC BSC or 806 - RHC BSC or 810 - Psych Outpatient BSC		Procedure Codes: H0032/HP, H0032/HO		
			803 - FQHC STAP or 807 - RHC STAP or 811 - Psych Outpatient STAP		Procedure Codes: H2012/UB		

Healthchoices Behavioral Health Services Reporting Classification Chart - January 1, 2018

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
14	Behavioral Health Rehabilitation Services (EPSDT) for Children & Adolescents with MR - continued		340 - Program Exception		Procedure Codes: H0018, H0019/HA, H0019/HQ, H0019/TT, H0046/SC, H2012/SC, H2015, H2017 H2019/HA, H2021/SC, H2021/HQ/SC, H2022, H2033 H2019/SC, H2019/SC/TJ, H2021/HA/SC, H2021/SC/TJ	17	06
		09 - Certified Registered Nurse Practitioner	548 - Therapeutic Staff Support		Procedure Codes: H2014/UB, H2014/UB/HA, H2021/UB		
			549 - Mobile Therapy		Procedure Code: H2019/UB,		
			559 - Behavioral Specialist Consult.		Procedure Codes: H0032/HP, H0032/HO		
		11- Mental Health/ Substance Abuse	113 - Partial Psych Hosp Children or 114 - Partial Psych Hosp Adult or 115 - Family Based Mental Health		Procedure Codes: 90791, 96101, 96101/AH, 96101/TF, 96101/TG, 96101/U7, 96101/U7/HA, 96101/U7/TJ, 96116, 96118, 96118/UB		
			548 - Therapeutic Staff Support or 549 - Mobile Therapy or 559 - Behavioral Specialist Consult.		Procedure Codes: 90791, 96101/U7 96101/U7/HA, 96101/U7/TJ, 96116, 96118/UB		
			116 - Licensed Clinical Social Worker or 117 - Licensed Social Worker		Procedure Codes: H0046/UB		
			548 - Therapeutic Staff Support 442 -Partial Psych Hosp Child TSS 446 -Partial Psych Hosp Adult TSS 450 - Family Based MH TSS		Procedure Codes: H2014/UB, H2014/UB/HA, H2021/UB		
			549 - Mobile Therapy 443 - Partial Psych Hosp Child MT 447 - Partial Psych Hosp Adult MT 451 - Family Based MH MT		Procedure Codes: H2019/UB		
			559 - Behavioral Specialist Consult 444 -Partial Psych Hosp Child BSC 448-Partial Psych Hosp Adult BSC 452 - Family Based MH BSC		Procedure Codes: H0032/HP, H0032/HO		
			445-Partial Psych Hosp Child STAP 449-Partial Psych Hosp Adult STAP 453 - Family Based MH STAP		Procedure Codes: H2012/UB		
			340 - Program Exception		Procedure Codes: H0018, H0019/HA, H0019/HQ, H0019/TT, H0046/SC, H2012/SC, H2015, H2017 H2019/HA, H2021/SC, H2021/HQ/SC, H2021/U9/SC, H2021/U8/SC, H2021/U7/SC, H2033, H2019/SC, H2019/SC/TJ, H2021/HA/SC, H2021/SC/TJ		
14	Behavioral Health Rehabilitation	16 - Nurse	162 - Psychiatric Nurse		Procedure Codes: H0046/UB	17	06

Healthchoices Behavioral Health Services Reporting Classification Chart - January 1, 2018

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
	Services(EPSDT) for Children & Adolescents with MR - continued	17 - Therapist	174 - Art Therapist		Procedure Codes: H2032/UB		
		17 - Therapist	175 - Music Therapist		Procedure Codes: G0176/UB		
		19 - Psychologist	548 - Therapeutic Staff Support		Procedure Codes: H2014/UB, H2014/UB/HA, H2021/UB		
			549 - Mobile Therapy		Procedure Codes: H2019/UB		
			559 - Behavioral Specialist Consult.		Procedure Codes: H0032/HP, H0032/HO		
			190 - General Psychologist		Procedure Codes: 90791, 96101/U7, 96101/U7/HA, 96101/U7/TJ, 96116, 96118/UB		
		31 - Physician	548 - Therapeutic Staff Support		Procedure Codes: H2014/UB/U1, H2014/UB/HA/U1, H2021/UB/U1		
			549 - Mobile Therapy		Procedure Code: H2019/UB/U1,		
			559 - Behavioral Specialist Consult.		Procedure Codes: H0032/HP/U1, H0032/HO/U1		
		52 - CRR	523 - Host Home/Children		Procedure Codes: H0019/HA; H0019/TT		
RESIDENTIAL TREATMENT SERVICES FOR CHILDREN & ADOLESCENTS - JCAHO							
15	Residential Treatment Facilities (RTF) Children & Adolescents - JCAHO	01 - Inpatient	013 - RTF (JCAHO certified) Hospital	Any*	Revenue Codes: 0114, 0124, 0134, 0154, 0185,0204, 0900, 0901, 0902, 0903, 0904, 0909, 0910, 0911, 0914, 0915, 0916, 0917, 0918, 0919, 0920, 0929, 0949	08	07
RESIDENTIAL SERVICES FOR CHILDREN & ADOLESCENTS - NON-JCAHO							
16	Residential Treatment Facilities (RTF) Children & Adolescents - Non-JCAHO	56 - RTF	560 - RTF (Non-JCAHO certified)	Any*	Procedure Code: H0019/SC	09	08
		52 - CRR	520- C&Y Lic Group Home w/ MH		Procedure Code: H0018, H0019/HQ		
OUTPATIENT DRUG & ALCOHOL SERVICES							
17	Outpatient Drug & Alcohol	08 - Clinic	184 - D&A Outpatient	Any*	Procedure Codes: See Pages 4 & 5 of Attachment G excluding 99407	10	05
		08 - Clinic	084 - Methadone Maintenance	Any*	Procedure Codes: H0020/HG, H0020/UB, T1015/HG		
18	Outpatient Drug & Alcohol	08 - Clinic	080 - FQHC or 081 - RHC	Any*	Procedure Codes: T1015/HF		
ANCILLARY SERVICES							
19	Laboratory Studies/Diagnostic Radiology Medical Diagnostic Ordered by BH Physicians	01 - Inpatient Facility	183 - Hospital Based Med Clinic	Any*	Refer to the MA Reference File for available CPT codes.	12	09
		28 - Laboratory	280 - Independent Laboratory				
20	Laboratory Studies/Diagnostic Radiology Medical Diagnostic Ordered by BH Physicians	31 - Physician	339 - Psychiatry	Any*	Refer to the MA Reference File for available CPT codes.	12	09
21	Clozapine	01 - Inpatient Facility	010 - Acute Care Hospital	Any* w/special enroll	N/A	13	09
22	Clozapine Support Services	31 - Physician	339 - Psychiatry	Any*	Procedure Code: H2010/HK/U1	13	09
		08 - Clinic	110 - Psychiatric Outpatient		Procedure Code: H0034/HK, H2010/HK		
		11 - Mental Health/	113 - Partial Psych Hosp Children or		Procedure Code: H2010/HK		

Healthchoices Behavioral Health Services Reporting Classification Chart - January 1, 2018

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
		Substance Abuse	114 - Partial Psych Hosp Adult		Procedure Code: H2010/HK		
COMMUNITY SUPPORT SERVICES							
23	Crisis Intervention	11 - Mental Health/ Substance Abuse	118 - MH Crisis Intervention	Any*	Procedure Codes: H0030, H2011, H2011/UB/HE, H2011/U9/HK, H2011/U7/HT, S9484, S9485	14	10
24	Family Based Services for Children & Adolescents	11 - Mental Health/ Substance Abuse	115 - Family Based MH	Any*	Procedure Codes: H0004/UB/HE, H0004/UB/HK, H0004/UB/HT,H0004/UB/UK, H0004/UB/HE/HK, T1016/UB, T1016/UB/HK, T1016/UB/HT, T1016/UB/UK	15	10
25	Targeted MH Case Management - Intensive Case Management	21 - Case Manager	222 - MH TCM, Intensive	Any*	Procedure Codes: T1017/UB, T1017/UB/HK, T1017/UB/HE/HK	16	10
27	Targeted MH Case Management - Blended Case Management	21 - Case Manager	222 - MH TCM, Intensive	Any*	Procedure Codes: T1017/UB/UC, T1017/UB/HK/UC, T1017UB/HE/HK/UC	16	10
28	Targeted MH Case Management - Resource Coordination	21 - Case Manager	221 - MH TCM, Resource Coordination	Any*	Procedure Codes: T1017/TF, T1017/TF/HK, T1017/TF/HE/HK	16	10
44	Peer Support Services	08 - Clinic	076 - Peer Specialist	Any	Procedure Codes: H0038, H0038/GT	19	98
		11 - Mental Health/ Substance Abuse					
		21 - Case Manager					
OTHER SERVICES (Defined Supplemental)							
Outpatient Psychiatric (Defined Supplemental)							
29	Rehabilitative Services	11 - Mental Health/ Substance Abuse	123 - Psychiatric Rehab	Any*	Procedure Codes: H0036/HB, H2030,	18	98
30	Mental Health General	11 - Mental Health/ Substance Abuse	110 - Psychiatric Outpatient	Any*	Procedure Code: H0031	98/96	98
31	Residential & Housing Support Service	11 - Mental Health/ Substance Abuse	110 - Psychiatric Outpatient	Any*	Procedure Codes: H0018/HE, T2048/HE	98/96	98
Community Support (Defined Supplemental)							
33	Mental Health General	11 - Mental Health/ Substance Abuse	111 - Community Mental Health	Any*	Procedure Code: H0039/HB, H0039/HE	98/96	98

Healthchoices Behavioral Health Services Reporting Classification Chart - January 1, 2018

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
Outpatient Drug and Alcohol (Defined Supplemental)							
34	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	129 - D&A Partial Hospitalization	Any*	Procedure Codes: H0020, H2035	98/97	98
			184 - Outpatient D&A	Any*	Procedure Codes: H0001, H0022		
		21 - Case Manager	138 - D&A Targeted Case Mgmt	Any*	Procedure Codes: H0006, H0006/TF	98/97	98
35	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	128 - D&A Intensive Outpatient	Any*	Procedure Code: H0015	98/97	98
Supplemental Other (Defined Supplemental)							
36	Mental Health General	11 - Mental Health/ Substance Abuse	112 -OP Practitioner - MH	Any*	Procedure Code: H0004/HE	98/96	98
			119 - MH - OMHSAS	Any*	Procedure Code: H0046/HW	98/96	98
			110 - Psychiatric Outpatient	Any*	Procedure Code: H0037	98/96	98
37	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	127 - D&A OP	Any*	Procedure Code: H0004/HF	98/97	98
			184 - Outpatient D&A	Any*	Procedure Code: H0047/HA, H0047/HW	98/97	98
OTHER SERVICES (MA Defined - Non-Behavioral Health)							
38	Case Management Services	21 - Case Manager	212 - MA Case Management for under 21 years of age	Any*	Procedure Code: T1016/U8	98/96	98
OTHER SERVICES (MA Defined - Behavioral Health)							
39	Oupatient Behavioral Health	17 - Therapist	171 - Occupational Therapist		Procedure Code: 97150/GO	98/96	98
40	Tobacco Cessation	01 - Inpatient Facility	370 - Tobacco Cessation	Any* w/special enroll	Procedure Code: 99407	98/96	98
		05 - Home Health					
		08 - Clinic					
		09 - CRNP					
		19 - Psychologist					
		27 - Dentist					
		31 - Physician					
		37 - Tobacco Cessation					
OTHER SERVICES (MA Defined - Behavioral Health - Supplemental)							
41	Ancillary Services	31 - Physician	339 - Psychiatry	Any*	Procedure Codes: 99201/UB, 99211/UB	98/96	98
OTHER SERVICES (Non-MA Behavioral Health)							
42	Other - Outpatient	31 - Physician	339 - Psychiatry	Any*	CPT Codes: 90792/HE	98/96	98
		19 - Psychologist	190 - General Psychologist	Any*	CPT Codes: 90791/HE	98/96	98
		01 - Inpatient Facility	010 - Acute Care Hospital	Any*	CPT Codes: 90792/HE,90832/HE 90834/HE,90846/HE, 90847/HE, 90853/HE,	98/96	98
		01 - Inpatient Facility	011 - Private Psych Hosp or 022 - Private Psych Unit	Any*	CPT Codes: 90792/HE, 90832/HE, 90834/HE 90846/HE, 90847/HE, 90853/HE, 90870	98/96	98
42	Other - Outpatient - continued	08 - Clinic	080 - FQHC or 081 - RHC	Any*	CPT Codes: 90792/HE, 90846/HE,	98/96	98

Healthchoices Behavioral Health Services Reporting Classification Chart - January 1, 2018

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
					90847/HE, 90853/HE,		
		08 - Clinic	110 - Psychiatric Outpatient	Any*	CPT Codes: 99347/HE, 99348/HE, 99349/HE	98/96	98
		08 - Clinic	110 - Psychiatric Outpatient	Any* with OMHSAS approval	CPT Codes: 90792/GT, 90832/GT, 90834/GT 90837/GT, 99201/GT, 99202/GT, 99203/GT, 99204/GT, 99205/GT, 99211/GT, 99212/GT, 99213/GT, 99214/GT, 99215/GT, 99241/GT, 99242/GT, 99243/GT, 99244/GT, 99245/GT, Q3014/GT	98/96	98
		08 - Clinic	110 - Psychiatric Outpatient		CPT Codes: 99201/HE, 99202/HE, 99203/HE, 99204/HE, 99205/HE, 99211/HE, 99212/HE, 99213/HE, 99214/HE, 99215/HE	98/96	98
		09 - CRNP	103 - Family & Adult Psychiatric Mental Health	Any*	CPT Codes: 90792, 90832, 90834, 90837, 90846/UB/U1 90847/UB/U1, 90853/UB/U1, 90870, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99291, 99292, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99343, H2010/HK/U1	06	04
		08 - Clinic	803 - FQHC STAP or 807 - RHC STAP or 811 - Psych Outpatient STAP	Any*	ICD 10 CM: any BH ICD-10 code other than intellectual disability codes <u>AND</u> Procedure Code: H2015/HA	07	06
		11 - Mental Health/ Substance Abuse	445 - Partial Psych Hosp Child STAP 449 - Partial Psych Hosp Adult STAP 453 - Family Based MH STAP		ICD 10 CM: any BH ICD-10 code other than intellectual disability codes <u>AND</u> Procedure Code: H2015/HA	07	06
		08 - Clinic	803 - FQHC STAP or 807 - RHC STAP or 811 - Psych Outpatient STAP		ICD 10 CM: any intellectual disability code <u>AND</u> Procedure Code: H2015/HA	17	06
		11 - Mental Health/ Substance Abuse	445 - Partial Psych Hosp Child STAP 449 - Partial Psych Hosp Adult STAP 453 - Family Based MH STAP		ICD 10 CM: any intellectual disability code <u>AND</u> Procedure Code: H2015/HA	17	06

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

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

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

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

Provider ID	Service Location	Provider	Effective Date
001620056	0001	Good Friends Inc	09/04/08
001627736	0001	Libertae Inc	01/15/10
100001584	0057	Path Inc - Drug and Alcohol Clinic	01/25/08
100001996	0004	Penndel Mental Health Center	05/01/08
100228589	0012	Gaudenzia Outpatient Services	10/31/06
100228589	0041	Gaudenzia - Common Ground - End-dated 07/30/17	10/31/06
100715523	0047	Consortium Drug and Alcohol	01/25/08
100715523	0061	Consortium Drug and Alcohol	01/25/08
100715523	0084	Consortium - University City	01/25/08
100715523	0085	Consortium Inc	01/25/08
100732892	0039	Family Services Association of Bucks Co	09/15/08
100742567	0002	UHS Recovery Foundation Inc (Keystone)	03/24/08
100755761	0019	Penn Foundation Recovery Center	01/25/08
100762505	0007	Pyramid Healthcare Inc	11/28/06
100772252	0012	Lenape Valley Foundation	01/02/08
100777929	0005	Eagleview Hospital	12/07/07

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
CASE MANAGER - MA CASE MANAGEMENT FOR UNDER 21 YEARS OF AGE								
21	212*	T1016	U8		Case Management (CM)	15 min	11, 12, 21	38
CASE MANAGER - MH TARGETED CASE MANAGEMENT, INTENSIVE								
21	222	T1017	UB		Targeted Case Management (ICM - MH/MR Case Mgmt)	15 min	11, 12, 99	25
21	222	T1017	UB	HK	Targeted Case Management (ICM - MH Svc During Psych Inpatient Admission)	15 min	21	25
21	222	T1017	UB	HE; HK	Targeted Case Management (ICM - MH Svc During Non-Psych Inpatient Admission)	15 min	21, 31, 32	25
21	222	T1017	UB	UC	Targeted Case Management (BCM - MH ICM Svc)	15 min	11, 12, 99	27
21	222	T1017	UB	HK; UC	Targeted Case Management (BCM - MH Svc During Psych Inpatient Admission)	15 min	21	27
21	222	T1017	UB	HE; HK; UC	Targeted Case Management (BCM - MH Svc During Non-Psych Inpatient Admission)	15 min	21, 31, 32	27
CASE MANAGER - MH TARGETED CASE MANAGEMENT, RESOURCE COORDINATION								
21	221	T1017	TF		Targeted Case Management (RC- Resource Coordination)	15 min	11, 12, 99	28
21	221	T1017	TF	HK	Targeted Case Management (RC - MH Svc During Psych Inpatient Admission)	15 min	21	28
21	221	T1017	TF	HE; HK	Targeted Case Management (RC - MH Svc During Non-Psych Inpatient Admission)	15 min	21, 31, 32	28
CASE MANAGER - PEER SPECIALIST								
21	076	H0038			Self help/peer services, per 15 minutes	15 min	12, 21, 31, 32, 99	44
21	076	H0038		GT	Self help/peer services, per 15 minutes (Self-help/peer services - interactive telecommunication systems)	15 min	12, 21, 31, 32, 99	44
CLINIC - FAMILY PLANNING								
08	370	99407		FP	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	22, 49	40
CLINIC - FEDERALLY QUALIFIED HEALTH CENTER OR RURAL HEALTH CLINIC								
08	080 or 081	T1015		HE	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	12, 21, 31, 32, 50, 72, 99	11
08	080 or 081	T1015		HF	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	50, 72	18
08	802 or 806	H0032	HP		Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	12, 23, 50, 99	13, 14
08	802 or 806	H0032		HO	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	12, 23, 72, 99	13, 14
08	558	H0046	HP		Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Doctoral Level)	15 min	12, 23, 50, 72, 99	46

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	558	H0046		HO	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	12, 23, 50, 72, 99	46
08	800 or 804	H2014	UB		Skills Training & Development (6 or more months)	15 min	12, 99	13, 14
08	800 or 804	H2014	UB	HA	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
08	801 or 805	H2019	UB		Therapeutic Behavioral Svcs (MT)	15 min	12, 99	13, 14
08	800 or 804	H2021	UB		Community-based Wraparound Svcs (TSS)	15 min	12, 23, 99	13, 14
08	803 or 807	H2012	UB		Behavioral Health Day Treatment (STAP)	per hour	99	13, 14
08	803 or 807	H2015	HA		Comprehensive community support services (STAP for BH-MCO use only)	15 minutes	99	42
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	12, 49, 99	40
CLINIC - INDEPENDENT MEDICAL/SURGICAL CLINIC								
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	49	40
CLINIC - METHADONE MAINTENANCE								
08	084	H0020	HG		Alcohol and/or Drug Svcs; Methadone Administration and/or Svc (take-home)	One unit per day	57	17
08	084	H0020	UB		Alcohol and/or Drug Svcs; Methadone Administration and/or Svc (provision of the drug by a licensed program)	15 min	57	17
08	084	T1015	HG		Clinic Visit/Encounter, All-Inclusive (Methadone Maintenance Comprehensive Svcs - incl transportation)	visit	57	17
CLINIC - MOBILE MENTAL HEALTH TREATMENT								
08	074	90792		HB	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	15	43
08	074	90832		HB	Psychotherapy, 30 minutes with patient and/or family member	30 min	15	43
08	074	90834		HB	Psychotherapy, 45 minutes with patient and/or family member	45 min	15	43
08	074	90837		HB	Psychotherapy, 60 minutes with patient and/or family member	60 min	15	43
08	074	90846	UB	HB	Family Psychotherapy (without the patient present)	15 min	15	43
08	074	90847	UB	HB	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	15	43
08	074	90853	UB	HB	Group Psychotherapy (other than of a multiple-family group)	15 min	15	43
08	074	90875		HB	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	occurrence	15	43

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	074	96101		HB	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Graphic Technique)	per occurrence	15	43
08	074	96101	TF	HB	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	15	43
08	074	96101	TG	HB	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	15	43
08	074	96101	UB	HB	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Personality Inventories)	per occurrence	15	43
08	074	96118		HB	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	15	43
08	074	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	15	43
08	074	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	per occurrence	15	43
08	074	99201	UB	HB	Office or other outpatient visit for the evaluation and management of a new patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	15	43

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	074	99211	UB	HB	Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	15	43
08	074	H0034		HB	Medication training & support (Medication Mgmt Visit)	15 min	15	43
08	074	H0034		HB/HK	Medication training & support (Clozaril Monitor & Eval Visit)	15 min	15	43
CLINIC - OUTPATIENT DRUG AND ALCOHOL								
08	184	90792			Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	12, 57	17
08	184	90832			Psychotherapy, 30 minutes with patient and/or family member	30 min	12, 57	17
08	184	90834			Psychotherapy, 45 minutes with patient and/or family member	45 min	12, 57	17
08	184	90837			Psychotherapy, 60 minutes with patient and/or family member	60 min	12, 57	17
08	184	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	12, 57	17
08	184	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	57	17
08	184	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	occurrence	57	17
08	184	96101			Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Graphic Technique)	per occurrence	12, 57	17
08	184	96101	TF		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	12, 57	17
08	184	96101	TG		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	12, 57	17

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	184	96101	UB		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Personality Inventories)	per occurrence	12, 57	17
08	184	96118			Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	12, 57	17
08	184	99201	U7		Office or other outpatient visit for the evaluation and management of a new patient (Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox)	15 min	57	17
08	184	99204	U7		OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family (Comprehensive Medical Exam & Eval)	45 min visit	12, 57	17
08	184	99211	U7		Office or other outpatient visit for the evaluation and & management of an established patient (Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox)	15 min	57	17
08	184	99215	U7		OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family (Comprehensive Medical Exam & Eval)	40 min visit	12, 57	17
08	184	H0014	HG		Alcohol and/or Drug Svcs; Ambulatory Detoxification (Opiate Detox Visit for Admin & Eval of Drugs for Ambulatory Opiate Detox)	15 min	57	17
08	184	H0034			Medication training & support (Medication Mgmt Visit)	15 min	57	17
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	12, 57, 99	40
08	184	T1015	UB		Clinic Visit/Encounter, All-Inclusive (Drug Free Clinic Visit)	visit	57	17
CLINIC - PEER SPECIALIST								
08	076	H0038			Self help/peer services, per 15 minutes	15 min	12, 21, 23, 49, 99	44
08	076	H0038		GT	Self help/peer services, per 15 minutes (Self-help/peer services - interactive telecommunication systems)	15 min	12, 21, 23, 49, 99	44
CLINIC - PSYCHIATRIC OUTPATIENT								
08	110	00104			Anesthesia for Electroconvulsive Therapy		49	9
08	110	90792			Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	12, 49	9
08	110	90832			Psychotherapy, 30 minutes with patient and/or family member	30 min	12, 49	9
08	110	90834			Psychotherapy, 45 minutes with patient and/or family member	45 min	12, 49	9

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	90837			Psychotherapy, 60 minutes with patient and/or family member	60 min	12, 49	9
08	110	90846	UB		Family Psychotherapy (without the patient present)	15 min	12, 49	9
08	110	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	12, 49	9
08	110	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	49	9
08	110	90870			ECT Therapy (includes necessary monitoring)	1 treatment	49	9
08	110	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	occurrence	12, 49	9
08	110	95816			EEG including recording awake & drowsy	1 treatment	49	9
08	110	95819			EEG including recording awake & asleep	1 treatment	49	9
08	110	95822			EEG recording in coma or sleep only	1 treatment	49	9
08	110	95827			EEG all night recording	1 treatment	49	9
08	110	96101			Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Graphic Technique)	per occurrence	12, 49	9
08	110	96101	TF		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	12, 49	9
08	110	96101	TG		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	12, 49	9

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	96101	UB		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Personality Inventories)	per occurrence	12, 49	9
08	110	96118			Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	12, 49	9
08	110	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	12, 49	9
08	110	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	per occurrence	12, 49	9
08	110	99201	UB		Office or other outpatient visit for the evaluation and management of a new patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	49	9
08	110	99211	UB		Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	49	9
08	110	H0034			Medication training & support (Medication Mgmt Visit)	15 min	49	9
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	per visit	49	40
CLINIC - PSYCHIATRIC OUTPATIENT - CLOZAPINE								
08	110	H0034		HK	Medication training & support (Clozaril Monitor & Eval Visit)	15 min	49	22
08	110	H2010		HK	Comprehensive Medication Svcs (Clozapine Support Svc)	15 min	12, 49	22

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
CRNP								
09	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	11, 12, 31, 32, 99	40
CRNP WRAPAROUND - BEHAVIORAL SPECIALIST CONSULTANT								
09	559	H0032	HP		Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	11, 12, 23, 99	13, 14
09	559	H0032		HO	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	11, 12, 23, 99	13, 14
CRNP WRAPAROUND - BEHAVIOR SPECIALIST CONSULTANT FOR CHILDREN WITH AUTISM SPECTRUM DISORDER								
09	558	H0046		HO	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	11, 12, 23, 99	46
CRNP WRAPAROUND - MOBILE THERAPY								
09	549	H2019	UB		Therapeutic Behavioral Svcs (MT)	15 min	12, 99	13, 14
CRNP WRAPAROUND - THERAPEUTIC STAFF SUPPORT								
09	548	H2014	UB		Skills Training & Development (6 or more months)	15 min	12, 99	13, 14
09	548	H2014	UB	HA	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
09	548	H2021	UB		Community-based Wraparound Svcs (TSS)	15 min	12, 23, 99	13, 14
DENTIST								
27	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	11, 12, 31, 32, 99	40
HOME HEALTH								
05	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	12	40
INPATIENT FACILITY - ACUTE CARE HOSPITAL								
01	010	N/A			Inpatient Psych Svcs	N/A	N/A	1
01	010	N/A			Inpatient D&A Detox	N/A	N/A	4
01	010	N/A			Inpatient D&A Rehab	N/A	N/A	6
01	010	N/A			Clozapine	N/A	N/A	21
01	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	22	40
INPATIENT FACILITY - DRUG AND ALCOHOL REHABILITATION HOSPITAL/UNIT								
01	019 or 441	N/A			Inpatient D&A Detox	N/A	N/A	5
01	019 or 441	N/A			Inpatient D&A Rehab	N/A	N/A	7
01	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	22	40
INPATIENT FACILITY - EXTENDED ACUTE PSYCHIATRIC CARE								
01	018	N/A			Inpatient Psych Svcs	N/A	N/A	3

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
INPATIENT FACILITY - HOSPITAL BASED MEDICAL CLINIC								
01	183	Refer to the MA reference file			Studies Ordered by Behavioral Health Physicians	Refer to the MA reference file	Refer to the MA reference file	19
01	183	90870			ECT Therapy (includes necessary monitoring)	1 treatment	22	9
01	183	G0378			Hospital observation service	1 unit	22	9
01	183	G0379			Direct admission of patient for hospital observation care	1 unit	22	9
INPATIENT FACILITY - PRIVATE PSYCHIATRIC HOSPITAL/UNIT								
01	011 or 022	N/A			Inpatient Psych Svcs	N/A	N/A	2
INPATIENT FACILITY - RESIDENTIAL TREATMENT FACILITY - JCAHO								
01	013	N/A			RTF for Children & Adolescent	N/A	N/A	15
LABORATORY								
28	280	Refer to the MA reference file			Laboratory Studies Ordered by Behavioral Health Physicians	Refer to the MA reference file	Refer to the MA reference file	19
MENTAL HEALTH - CRISIS INTERVENTION								
11	118	H0030			Behavioral Health Hotline Svc (Telephone Crisis)	15 min	11	23
11	118	H2011			Crisis Intervention Svc (Walk-in Crisis)	15 min	11	23
11	118	H2011	UB	HE	Crisis Intervention Svc (Mobile Crisis - Individual Delivered)	15 min	15	23
11	118	H2011	U9	HK	Crisis Intervention Svc (Medical Mobile Crisis - Team Delivered)	15 min	15	23
11	118	H2011	U7	HT	Crisis Intervention Svc (Mobile Crisis - Team Delivered)	15 min	15	23
11	118	S9484			Crisis Intervention Svc, MH svcs (Crisis In-Home Support)	per hour	12, 99	23
11	118	S9485			Crisis Intervention Svc, MH svcs (Crisis Residential)	per diem	12	23
MENTAL HEALTH - FAMILY BASED REHAB SERVICES								
11	115	H0004	UB	HE	Behavioral Health Counseling and Therapy (Team member w/ Consumer)	15 min	12, 99	24
11	115	H0004	UB	HE; HK	Behavioral Health Counseling and Therapy (MH Svc During Non-Psych Inpatient Admission)	15 min	21, 31, 32	24
11	115	H0004	UB	HK	Behavioral Health Counseling and Therapy (MH Svc During Psych Inpatient Admission)	15 min	21	24
11	115	H0004	UB	HT	Behavioral Health Counseling and Therapy (Team w/ Consumer and/or Family)	15 min	12, 99	24
11	115	H0004	UB	UK	Behavioral Health Counseling and Therapy (Team Member w/ Family of Consumer)	15 min	12, 99	24
11	115	T1016	UB		Case Management (MH Svc During Non-Psych Inpatient Admission)	15 min	21, 31, 32	24

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	115	T1016	UB	HK	Case Management (MH Svc During Psych Inpatient Admission)	15 min	21	24
11	115	T1016	UB	HT	Case Management (Team w/ Collateral and/or Other Agencies)	15 min	12, 99	24
11	115	T1016	UB	UK	Case Management (Team Member w/ Collateral and/or Other Agencies)	15 min	12, 99	24
MENTAL HEALTH - PARTIAL PSYCH HOSPITALIZATION								
11	114	H0035	U7		Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Adult)	1 hour	52	10
11	114	H0035	UB	HA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Child or Licensed Adult Psych Partial Hosp Program - Child 0-20 years of age, services beyond 270 hours)	1 hour	52	10
11	114	H0035	U7	U2	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Adult)	1 hour	52	10
11	113	H0035		U2; UA	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Child age 0-14)	1 hour	52	10
11	113	H0035	U7	HB; UA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Adult)	1 hour	52	10
11	113	H0035	UB	UA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Child or Licensed Child Psych Partial Hosp Program - Child 15 thru 20 years of age or Licensed Child Psych Partial Hosp Program - Child 0-14 years of age, services beyond 720 hours or Licensed Child Psych Partial Hosp Program - Child 15-20 years of age, services beyond 720 hours)	1 hour	52	10
MENTAL HEALTH - PARTIAL PSYCH HOSPITALIZATION - CLOZAPINE SUPPORT								
11	113 or 114	H2010		HK	Comprehensive Medication Svcs (Clozapine Support Svc)	15 min	52	22
MENTAL HEALTH - PEER SPECIALIST								
11	076	H0038			Self help/peer services, per 15 minutes	15 min	11, 12, 21, 52, 99	44
11	076	H0038		GT	Self help/peer services, per 15 minutes (Self-help/peer services - interactive telecommunication systems)	15 min	11, 12, 21, 52, 99	44
MENTAL HEALTH / SUBSTANCE ABUSE - SUPPLEMENTAL								
11	184	H0001			Alcohol and/or Drug Assessment (D&A Level of Care Assessment)	15 min	99	34
11	112	H0004		HE	Behavioral health counseling and therapy (MH Outpatient Practitioner)	15 min	99	36
11	127	H0004		HF	Behavioral health counseling and therapy (D&A Outpatient Practitioner)	15 min	99	37
21	138	H0006			Alcohol and/or drug services; case management (D&A ICM)	15 min	99	34
21	138	H0006		TF	Alcohol and/or drug services; case management (D&A RC)	15 min	99	34
11	132	H0013			Alcohol and/or Drug Svcs; acute detox (residential addiction outpatient) (Detoxification)	per diem	99	8

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	128*	H0015			Alcohol and/or Drug Svcs; 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, & activity therapies or education (Intensive Outpatient D&A Clinic)	15 min	99	35
11	110	H0018		HE	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board (Adult Residential Treatment Facility)	per diem	99	31
11	133	H0018		HF	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board (Drug Free Residential)	per diem	99	8
11	129	H0020			Alcohol and/or Drug Svcs; Methadone administration and/or svc (provision of the drug by a licensed program) (Methadone Maintenance)	15 min	99	34
11	184	H0022			Alcohol and/or Drug Intervention Svc (planned facilitation) (D&A - Intervention)	30 min	99	34
11	110	H0031			Mental Health Assessment, by non-physician (MH Diagnostic Assessment)	15 min	99	30
11	123	H0036		HB	Community psychiatric supportive treatment, face to face (Psych Rehab - Site Based or Mobile)	15 min	15, 99	29
11	110	H0037			Community psychiatric supportive treatment program, per diem (Adult Outpatient Services in an Alternative Setting)	per diem	99	36
11	111	H0039		HB	Assertive Community Treatment, face to face (Community Treatment Teams)	15 min	99	33
11	111	H0039		HE	Assertive Community Treatment, face to face (ACT)	15 min	99	33
11	119	H0046		HW	Mental health services, not otherwise specified (Community MH Svc - Other - Requires Service Description Approved by OMHSAS)	15 min	99	36
11	184	H0047		HA	Alcohol and/or other drug abuse svcs, not otherwise specified (D&A Outpatient Treatment in an Alternative Setting)	15 min	03, 99	37
11	184	H0047		HW	Alcohol and/or other drug abuse svcs, not otherwise specified (D&A - Other - Requires Service Description Approved by OMHSAS)	15 min	99	37
11	123	H2030			Mental Health Clubhouse Svcs (Psych Rehab - Clubhouse)	15 min	99	29
11	131	H2034			Alcohol and/or Drug Abuse Halfway House Svcs (Drug Free Halfway House)	per diem	99	8
11	129	H2035			Alcohol and/or Drug Treatment Program (Drug Free)	per hour	99	34
11	110	T2048		HE	Behavioral Health; Long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) with room and board, per diem (Long Term Structured Residential)	per diem	99	31
11	134	T2048		HF	Behavioral Health; Long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) with room and board, per diem (Drug Free Residential)	per diem	99	8
PHYSICIAN								
31	339	00104		U1	Anesthesia for Electroconvulsive Therapy		11, 21, 99	12
31	339	90832			Psychotherapy, 30 minutes with patient and/or family member	30 min	11	12

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	90834			Psychotherapy, 45 minutes with patient and/or family member	45 min	11	12
31	339	90837			Psychotherapy, 60 minutes with patient and/or family member	60 min	11	12
31	339	90846	UB	U1	Family Psychotherapy (without the patient present)	15 min	11	12
31	339	90847	UB	U1	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	11	12
31	339	90853	UB	U1	Group Psychotherapy (other than of a multiple-family group)	15 min	11	12
31	339	90870			ECT Therapy (includes necessary monitoring) (POS 99 - Special Treatment Room)	1 treatment	11, 21, 99	12
31	339	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	occurrence	11, 21	12
31	339	96101		U1	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering test to the patient and time interpreting these test results and preparing the report (Generally Accepted Graphic Technique)	per occurrence	11, 21	12
31	339	96101	TF	U1	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	11, 21	12
31	339	96101	TG	U1	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	11, 21	12
31	339	96101	UB	U1	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Personality Inventories)	per occurrence	11, 21	12
31	316, 322, 339, 345	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	11, 12	12

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	96118		U1	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	11, 21	12
31	316, 322, 339, 345	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	per occurrence	11, 12	12
31	316, 322, 339, 345	99201			OV/OP Visit for Eval & Mgmt of New Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	10 min	11	12
31	316, 322, 339, 345	99202			OV/OP Visit for Eval & Mgmt of New Patient, Problem Low to Moderate, face to face w/ patient and/or family	20 min	11	12
31	316, 322, 339, 345	99203			OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate, face to face w/ patient and/or family	30 min	11	12
31	339	99203		U1	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate, face to face w/ patient and/or family (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	30 min	11	12
31	316, 322, 339, 345	99204			OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family	45 min	11	12
31	339	99204		U1	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	45 min	11	12
31	316, 322, 339, 345	99205			OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family	60 min	11	12
31	339	99205		U1	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	60 min	11	12
31	316, 322, 339, 345	99211			OV/OP Visit for Eval & Mgmt of Established Patient, Problem Minimal, face to face w/ patient and/or family	5 min	11	12
31	339	99211		U1	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Minimal, face to face w/ patient and/or family	5 min	11	12
31	316, 322, 339, 345	99212			OV/OP Visit for Eval & Mgmt of Established Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	10 min	11	12
31	339	99212		U1	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	10 min	11	12
31	316, 322, 339, 345	99213			OV/OP Visit for Eval & Mgmt of Established Patient, Problem Low to Moderate, face to face w/ patient and/or family	15 min	11	12
31	339	99213		U1	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Low to Moderate, face to face w/ patient and/or family	15 min	11	12

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	316, 322, 339, 345	99214			OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family	25 min	11	12
31	339	99214		U1	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family	25 min	11	12
31	316, 322, 339, 345	99215			OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family	40 min	11	12
31	339	99215		U1	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family	40 min	11	12
31	339	99217			Observation care discharge day management	1 unit	22	12
31	339	99218			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. Typically 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
31	339	99219			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
31	339	99220			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
31	339	99221			Initial Hospital Care, per Day, for Eval & Mgmt of Patient, Problem Low, at bedside	30 min	21	12
31	339	99222			Initial Hospital Care, per Day, for Eval & Mgmt of Patient, Problem Moderate, at bedside	50 min	21	12

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99223			Initial Hospital Care, per Day, for Eval & Mgmt of Patient, Problem High, at bedside	70 min	21	12
31	339	99224			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: Problem focused interval history; Problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
31	339	99225			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
31	339	99226			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
31	339	99231			Subsequent hospital care, per day, for eval & mgmt of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused exam; medical decision making that is straightforward or of low complexity	15 min	21	12
31	339	99232			Subsequent hospital care, per day, for eval & mgmt of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused exam; medical decision making of moderate complexity	25 min	21	12
31	339	99233			Subsequent hospital care, per day, for eval & mgmt of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed exam; medical decision making of high complexity	35 min	21	12

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99234			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
31	339	99235			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
31	339	99236			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
31	339	99238			Hospital Discharge Day Mgmt, 30 minutes or less	Visit	21	12
31	339	99241			Office Consult for New or Established Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	15 min	11, 12, 22 , 23, 24, 31, 32, 54, 65	12
31	339	99241		GT	Office Consult for New or Established Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	15 min	11	12
31	339	99242			Office Consult for New or Established Patient, Problem Low, face to face w/ patient and/or family	30 min	11, 12, 22 , 23, 24, 31, 32, 54, 65	12
31	339	99242		GT	Office Consult for New or Established Patient, Problem Low, face to face w/ patient and/or family	30 min	11	12

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99243			Office Consult for New or Established Patient, Problem Moderate, face to face w/ patient and/or family	40 min	11, 12, 22 , 23, 24, 31, 32, 54, 65	12
31	339	99243		GT	Office Consult for New or Established Patient, Problem Moderate, face to face w/ patient and/or family	40 min	11	12
31	339	99244			Office Consult for New or Established Patient, Problem Moderate to High, face to face w/ patient and/or family	60 min	11, 12, 22 , 23, 24, 31, 32, 54, 65	12
31	339	99244		GT	Office Consult for New or Established Patient, Problem Moderate to High, face to face w/ patient and/or family	60 min	11	12
31	339	99245			Office Consult for New or Established Patient, Problem Moderate to High, face to face w/ patient and/or family	80 min	11, 12, 22 , 23, 24, 31, 32, 54, 65	12
31	339	99245		GT	Office Consult for New or Established Patient, Problem Moderate to High, face to face w/ patient and/or family	80 min	11	12
31	339	99251			Initial Inpatient Consult for New or Established Patient, Problem Self Ltd or Minor, at bedside	20 min	21, 31, 32	12
31	339	99252			Initial Inpatient Consult for New or Established Patient, Problem Low, at bedside	40 min	21, 31, 32	12
31	339	99253			Initial Inpatient Consult for New or Established Patient, Problem Moderate, at bedside	55 min	21, 31, 32	12
31	339	99254			Initial Inpatient Consult for New or Established Patient, Problem Moderate to High, at bedside	80 min	21, 31, 32	12
31	339	99255			Initial Inpatient Consult for New or Established Patient, Problem Moderate to High, at bedside	110 min	21, 31, 32	12
31	315, 316, 322, 339, 345	99281			ER Visit for Eval & Mgmt of Patient, Problem Self Ltd or Minor	Visit	23	12
31	315, 316, 322, 339, 345	99282			ER Visit for Eval & Mgmt of Patient, Problem Low to Moderate	Visit	23	12
31	315, 316, 322, 339, 345	99283			ER Visit for Eval & Mgmt of Patient, Problem Moderate	Visit	23	12
31	315, 316, 322, 339, 345	99284			ER Visit for Eval & Mgmt of Patient, Problem High/Urgent	Visit	23	12
31	315, 316, 322, 339, 345	99285			ER Visit for Eval & Mgmt of Patient, Problem High/Threat to Life	Visit	23	12
31	339	99291			Critical Care, eval & mgmt, first hour	1 hour	21, 23	12
31	339	99292			Critical Care, eval & mgmt, each additional 30 minutes	30 min	21, 23	12

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99304			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and a medical decision making that is straightforward or of low complexity	visit	31, 32	12
31	339	99305			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity	Visit	31, 32	12
31	339	99306			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity	Visit	31, 32	12
31	339	99307			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making	Visit	31, 32	12
31	339	99308			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity	Visit	31, 32	12
31	339	99309			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity	Visit	31, 32	12
31	339	99310			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity	Visit	31, 32	12
31	339	99341			Home Visit for Eval & Mgmt of New Patient, Problem Low, face to face with the patient and/or family	20 min	12	12
31	339	99342			Home Visit for Eval & Mgmt of New Patient, Problem Moderate, face to face with the patient and/or family	30 min	12	12
31	339	99343			Home Visit for Eval & Mgmt of New Patient, Problem High, face to face with the patient and/or family	45 min	12	12
31	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	11, 12, 31, 32, 99	40
31	339	Refer to the MA reference file			Studies Ordered by a Behavioral Health Physician Refer to Line 20 of the BHSRCC	Refer to the MA reference file	Refer to the MA reference file	20
PHYSICIAN WRAPAROUND - BEHAVIORAL SPECIALIST CONSULTANT								
31	559	H0032	HP	U1	Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	11, 12, 23, 99	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	559	H0032		HO; U1	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	11, 12, 23, 99	13, 14
PHYSICIAN WRAPAROUND - BEHAVIOR SPECIALIST CONSULTANT FOR CHILDREN WITH AUTISM SPECTRUM DISORDER								
31	558	H0046	HP		Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Doctoral Level)	15 min	11, 12, 23, 99	46
31	558	H0046		HO	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	11, 12, 23, 99	46
PHYSICIAN WRAPAROUND - MOBILE THERAPY								
31	549	H2019	UB	U1	Therapeutic Behavioral Services (MT)	15 min	12, 99	13, 14
PHYSICIAN WRAPAROUND - THERAPEUTIC STAFF SUPPORT								
31	548	H2014	UB	U1	Skills Training & Development (6 or more months)	15 min	12, 99	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	548	H2014	UB	HA; U1	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
31	548	H2021	UB	U1	Community-based Wraparound Services (TSS)	15 min	12, 23, 99	13, 14
PHYSICIAN/CLOZAPINE SUPPORT								
31	339	H2010		HK: U1	Comprehensive Medication Services (Clozapine Support Svc)	15 min	11, 12	22
PHYSICIAN BH - SUPPLEMENTAL								
31	339	99201	UB		Office or other outpatient visit for the evaluation and management of a new patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	11	41
31	339	99211	UB		Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	11	41
PSYCHOLOGIST								
19	190	90832			Psychotherapy, 30 minutes with patient and/or family member	30 min	11	12
19	190	90834			Psychotherapy, 45 minutes with patient and/or family member	45 min	11	12
19	190	90837			Psychotherapy, 60 minutes with patient and/or family member	60 min	11	12
19	190	90846	UB		Family Psychotherapy (without the patient present)	15 min	11	12
19	190	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	11	12
19	190	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	11	12
19	190	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	occurrence	11	12
19	190	96101			Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Graphic Technique)	per occurrence	11, 12, 21	12
19*	190	96101	AH		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Personality Inventories)	per occurrence	11, 12, 21	12

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
19*	190	96101	TF		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	11, 12, 21	12

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
19*	190	96101	TG		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	11, 12, 21	12
19*	190	96118			Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	11, 12, 21	12
19*	190	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	11	12
19*	190	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	per occurrence	11	12
19	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	11, 12, 31, 32, 99	40
PSYCHOLOGIST WRAPAROUND								
19	190	90791			Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	11, 12, 21, 99	13, 14
19	190	96101	U7		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Diagnostic Intellectual Eval)	per hour	11, 12, 21, 99	13, 14
19	190	96101	U7	HA	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Individual Diagnostic Personality Eval)	per hour	11, 12, 21, 99	13, 14
19	190	96101	U7	TJ	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Diagnostic Psychological Eval)	per hour	11, 12, 21, 99	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
19	190	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning an problem solving, and visual spatial abilities) per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report (Comprehensive Neuropsychological Eval w/	per hour	11, 12, 21, 99	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
19	190	96118	UB		Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Neuropsychological Eval)	per hour	11, 12, 21, 99	13, 14
PSYCHOLOGIST WRAPAROUND - BEHAVIORAL SPECIALIST CONSULTANT								
19	559	H0032	HP		Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	11, 12, 23, 99	13, 14
19	559	H0032		HO	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	11, 12, 23, 99	13, 14
PSYCHOLOGIST WRAPAROUND - BEHAVIOR SPECIALIST CONSULTANT FOR CHILDREN WITH AUTISM SPECTRUM DISORDER								
19	558	H0046	HP		Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Doctoral Level)	15 min	11, 12, 23, 99	46
19	558	H0046		HO	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	11, 12, 23, 99	46
PSYCHOLOGIST WRAPAROUND - MOBILE THERAPY								
19	549	H2019	UB		Therapeutic Behavioral Svcs (MT)	15 min	12, 99	13, 14
PSYCHOLOGIST WRAPAROUND - THERAPEUTIC STAFF SUPPORT								
19	548	H2014	UB		Skills Training & Development (6 or more months)	15 min	12, 99	13, 14
19	548	H2014	UB	HA	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
19	548	H2021	UB		Community-based Wraparound Svcs (TSS)	15 min	12, 23, 99	13, 14
THERAPIST								
17	171	97150		GO	Therapeutic procedure(s), group (2 or more individuals) (Collage Program)	15 min	11	39
TOBACCO CESSATION								
37	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	11, 12, 31, 32, 99	40
EPSDT WRAPAROUND								
EPSDT WRAPAROUND - APPLIED BEHAVIORAL ANALYSIS (ABA) TO CHILDREN WITH AUTISM SPECTRUM DISORDERS (LICENSED ENTITIES)								
08	558	H0046	HO	HA	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
09	558	H0046	HO	HA	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
11	558	H0046	HO	HA	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
19	558	H0046	HO	HA	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
31	558	H0046	HO	HA	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
08	558	H0046	HP	HA	Mental health services, not otherwise specified (BSC-ASD Doctoral Level [ABA])	15 min	11, 12, 23, 99	47
11	558	H0046	HP	HA	Mental health services, not otherwise specified (BSC-ASD Doctoral Level [ABA])	15 min	11, 22, 23, 99	47

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
19	558	H0046	HP	HA	Mental health services, not otherwise specified (BSC-ASD Doctoral Level [ABA])	15 min	11, 12, 23, 99	47
31	558	H0046	HP	HA	Mental health services, not otherwise specified (BSC-ASD Doctoral Level [ABA])	15 min	11, 12, 23, 99	47

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	800, 804, or 808	H2021	UB	HA	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
09	548	H2021	UB	HA	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
11	442, 446, 450, or 548	H2021	UB	HA	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
19	548	H2021	UB	HA	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
31	548	H2021	UB	HA	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
EPSDT WRAPAROUND - APPLIED BEHAVIORAL ANALYSIS (ABA) TO CHILDREN WITH AUTISM SPECTRUM DISORDERS (UNLICENSED ENTITIES)								
11	561	H0046	HO	HA	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
11	562	H2021	UB	HA	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
EPSDT WRAPAROUND - BEHAVIORAL SPECIALIST CONSULTANT								
08	810	H0032	HP		Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	11, 12, 23, 99	13, 14
11	559, 444, 448, or 452	H0032	HP		Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	11, 12, 23, 99	13, 14
08	810	H0032		HO	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	11, 12, 23, 99	13, 14
11	559, 444, 448, or 452	H0032		HO	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	11, 12, 23, 99	13, 14
EPSDT WRAPAROUND - BEHAVIOR SPECIALIST CONSULTANT FOR CHILDREN WITH AUTISM SPECTRUM DISORDER								
08	558	H0046	HP		Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Doctoral Level)	15 min	11, 12, 23, 99	46
11	558	H0046	HP		Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Doctoral Level)	15 min	11, 12, 23, 99	46
08	558	H0046		HO	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	11, 12, 23, 99	46
11	558	H0046		HO	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	11, 12, 23, 99	46
EPSDT WRAPAROUND - MOBILE THERAPY								
08	809	H2019	UB		Therapeutic Behavioral Svcs (MT)	15 min	12, 99	13, 14
11	549, 443, 447, or 451	H2019	UB		Therapeutic Behavioral Svcs (MT)	15 min	12, 99	13, 14
EPSDT WRAPAROUND - THERAPEUTIC STAFF SUPPORT								
08	808	H2014	UB		Skills Training & Development (6 or more months)	15 min	12, 99	13, 14
11	548, 442, 446, or 450	H2014	UB		Skills Training & Development (6 or more months)	15 min	12, 99	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	808	H2014	UB	HA	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	548, 442, 446, or 450	H2014	UB	HA	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
08	808	H2021	UB		Community-based Wraparound Svcs (TSS)	15 min	12, 23, 99	13, 14
11	548, 442, 446, or 450	H2021	UB		Community-based Wraparound Svcs (TSS)	15 min	12, 23, 99	13, 14
ALL OTHER EPSDT SERVICES								
08	110	90791			Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	11, 12, 99	13, 14
11	113, 114, 548, 549, or 559	90791			Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	11, 12, 99	13, 14
11	115	90791			Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	12, 99	13, 14
08	110	96101		HK	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Graphic Technique)	per occurrence	11, 12	13, 14
11	113 or 114	96101			Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Graphic Technique)	per occurrence	11, 12	13, 14
11	115	96101			Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Graphic Technique)	per occurrence	12, 99	13, 14
08	110	96101	AH		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Personality Inventories)	per occurrence	11, 12	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	113 or 114	96101	AH		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Personality Inventories)	per occurrence	11, 12	13, 14
11	115	96101	AH		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Personality Inventories)	per occurrence	12, 99	13, 14
08	110	96101	U7		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Diagnostic Intellectual Eval)	per hour	11, 12, 99	13, 14
11	113, 114, 548, 549, or 559	96101	U7		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Diagnostic Intellectual Eval)	per hour	11, 12, 99	13, 14
11	115	96101	U7		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Diagnostic Intellectual Eval)	per hour	12, 99	13, 14
08	110	96101	U7	HA	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Individual Diagnostic Personality Eval)	per hour	11, 12, 99	13, 14
11	113, 114, 548, 549, or 559	96101	U7	HA	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Individual Diagnostic Personality Eval)	per hour	11, 12, 99	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	115	96101	U7	HA	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Individual Diagnostic Personality Eval)	per hour	12, 99	13, 14
08	110	96101	U7	TJ	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Diagnostic Psychological Eval)	per hour	11, 12, 99	13, 14
11	113, 114, 548, 549, or 559	96101	U7	TJ	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Diagnostic Psychological Eval)	per hour	11, 12, 99	13, 14
11	115	96101	U7	TJ	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Diagnostic Psychological Eval)	per hour	12, 99	13, 14
08	110	96101	TF	HK	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	11, 12	13, 14
11	113 or 114	96101	TF		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	11, 12	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	115	96101	TF		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	12, 99	13, 14
08	110	96101	TG	HK	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	11, 12	13, 14
11	113 or 114	96101	TG		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	11, 12	13, 14
11	115	96101	TG		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	12, 99	13, 14
08	110	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning an problem solving, and visual spatial abilities) per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report (Comprehensive Neuropsychological Eval w/	per hour	11, 12, 99	13, 14
11	113, 114, 548, 549, or 559	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning an problem solving, and visual spatial abilities) per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report (Comprehensive Neuropsychological Eval w/	per hour	11, 12, 99	13, 14
11	115	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning an problem solving, and visual spatial abilities) per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report (Comprehensive Neuropsychological Eval w/	per hour	12, 99	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	96118		HK	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	11, 12	13, 14
11	113 or 114	96118			Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	11, 12	13, 14
11	115	96118			Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	12, 99	13, 14
08	110	96118	UB		Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Neuropsychological Eval)	per hour	11, 12, 99	13, 14
11	113, 114, 548, 549, or 559	96118	UB		Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Neuropsychological Eval)	per hour	11, 12, 99	13, 14
11	115	96118	UB		Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Neuropsychological Eval)	per hour	12, 99	13, 14
17	175	G0176	UB		Activity therapy, such as music, dance, art, or play therapies not for recreation, related to the care & treatment of patient's disabling mental health problems, per session (45 minutes or more) (use for Music Therapy)	1 hour	11	13, 14
08, or 11	340	H0018^			Behavioral health; short-term residential (non-hospital residential treatment program) without room and board (BH Waiver Service - Other Short Term Residential Service not listed elsewhere)	per diem	12	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
52	520	H0018^			Behavioral health; short-term residential (non-hospital residential treatment program) without room and board (BH Waiver Service - Other Short Term Residential Service not listed elsewhere)	per diem	12	16
52	523	H0019^		HA	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 (Host Home)	per diem	12	13, 14
08, or 11	340	H0019^		HA	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 (BH Waiver Service - Other Long Term Residential Service not listed elsewhere)	per diem	12	13, 14
52	520	H0019^		HQ	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 (Group Home)	per diem	12	16
08, or 11	340	H0019^		HQ	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 (BH Waiver Service - Other Long Term Residential Service not listed elsewhere)	per diem	12	13, 14
56	560	H0019^		SC	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board (RTF - Non-JCAHO - No R&B)	per diem	56	16
52	523	H0019^		TT	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 (Therapeutic Family Care)	per diem	12	13, 14
08, or 11	340	H0019^		TT	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 (BH Waiver Service - Other Long Term Residential Service not listed elsewhere)	per diem	12	13, 14
11	116 or 117	H0046^	UB		MH Svcs, not otherwise specified (Other Services by Social Worker, Psychiatric Nurse, etc.)	15 min	11, 12, 99	13, 14
16	162	H0046^	UB		MH Svcs, not otherwise specified (Other Services by Social Worker, Psychiatric Nurse, etc.)	15 min	11, 12, 99	13, 14
08, or 11	340	H0046^		SC	MH Svcs, not otherwise specified (BH Waiver Svc that cannot appropriately be reflected in another PE)	15 min	12, 99	13, 14
08	811	H2012	UB		Behavioral Health Day Treatment (STAP)	per hour	99	13, 14
08	811	H2015	HA		Comprehensive community support services (STAP for BH-MCO use only)	15 minutes	99	42
11	445, 449, or 453	H2012	UB		Behavioral Health Day Treatment (STAP)	per hour	99	13, 14
11	445, 449, or 453	H2015	HA		Comprehensive community support services (STAP for BH-MCO use only)	15 minutes	99	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08, or 11	340	H2012^		SC	Behavioral Health Day Treatment (Day Treatment)	per hour	99	13, 14
08, or 11	340	H2015^			Comprehensive Community Support Svcs (After School Program)	15 min	12, 99	13, 14
08, or 11	340	H2017^			Psychosocial Rehabilitation Svcs (Psychosocial Rehab)	15 min	12, 99	13, 14
08, or 11	340	H2019^		HA	Therapeutic Behavioral Services (Functional Family Therapy)	15 min	12, 99	13, 14
08, or 11	340	H2019^		SC	Therapeutic Behavioral Services (SBBH - Master's Level Individual Therapy)	15 min	99	13, 14
08, or 11	340	H2019^		SC; TJ	Therapeutic Behavioral Services (SBBH - Master's Level Group Therapy)	15 min	99	13, 14
11	340	H2021^	U9	SC	Community-based Wraparound Svcs (EIBS)	15 min	99	13, 14
11	340	H2021^	U8	SC	Community-based Wraparound Svcs (EIBS)	15 min	99	13, 14
11	340	H2021^	U7	SC	Community-based Wraparound Svcs (EIBS)	15 min	99	13, 14
08, or 11	340	H2021^		SC	Community-based Wraparound Svcs (TSS Aide)	15 min	12, 99	13, 14
08, or 11	340	H2021^		HA; SC	Community-based Wraparound Svcs (SBBH - Bachelor's Level Individual Svcs)	15 min	99	13, 14
08, or 11	340	H2021^		SC; HQ	Community-based Wraparound Svcs (One to One Svcs in RTF)	15 min	12, 99	13, 14
08, or 11	340	H2021^		SC; TJ	Community-based Wraparound Svcs (SBBH - Bachelor's Level Group Svcs)	15 min	99	13, 14
08, or 11	340	H2022^			Community-based wrap-around svcs (Other PE svcs with a per diem rate)	per diem	99	13, 14
17	174	H2032	UB		Activity therapy (use for Art Therapy)	15 min	11	13, 14
08 or 11	340	H2033^			Multisystemic therapy for juveniles, per 15 minutes	15 min	12, 99	13, 14

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
*ONLY if notification has been given to OMHSAS that MCO will be authorizing and reporting services of this nature.								
^Program Exception Codes								
Provider type 19 with an * can bill for clients under 21 only, except for Medicare Crossover								
The national code definitions listed above are not verbatim for all entries. Please refer to the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) Manuals for the full national definitions								

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
90791			08	110	Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	11, 12, 99	13, 14
90791			11	115	Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	12, 99	13, 14
90791			11	113, 114, 548, 549, or 559	Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	11, 12, 99	13, 14
90791			19	190	Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	11, 12, 21, 99	13, 14
90792		HB	08	074	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	15	43
90792			08	110	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	12, 49	9
90792			08	184	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	12, 57	17
90832		HB	08	074	Psychotherapy, 30 minutes with patient and/or family member	30 min	15	43
90832			08	110	Psychotherapy, 30 minutes with patient and/or family member	30 min	12, 49	9
90832			08	184	Psychotherapy, 30 minutes with patient and/or family member	30 min	12, 57	17
90832			19	190	Psychotherapy, 30 minutes with patient and/or family member	30 min	11	12
90832			31	339	Psychotherapy, 30 minutes with patient and/or family member	30 min	11	12
90834		HB	08	074	Psychotherapy, 45 minutes with patient and/or family member	45 min	15	43
90834			08	110	Psychotherapy, 45 minutes with patient and/or family member	45 min	12, 49	9
90834			08	184	Psychotherapy, 45 minutes with patient and/or family member	45 min	12, 57	17
90834			19	190	Psychotherapy, 45 minutes with patient and/or family member	45 min	11	12
90834			31	339	Psychotherapy, 45 minutes with patient and/or family member	45 min	11	12
90837		HB	08	074	Psychotherapy, 60 minutes with patient and/or family member	60 min	15	43
90837			08	110	Psychotherapy, 60 minutes with patient and/or family member	60 min	12, 49	9
90837			08	184	Psychotherapy, 60 minutes with patient and/or family member	60 min	12, 57	17
90837			19	190	Psychotherapy, 60 minutes with patient and/or family member	60 min	11	12
90837			31	339	Psychotherapy, 60 minutes with patient and/or family member	60 min	11	12
90846	UB	HB	08	074	Family Psychotherapy (without the patient present)	15 min	15	43
90846	UB	U1	31	339	Family Psychotherapy (without the patient present)	15 min	11	12
90846	UB		08	110	Family Psychotherapy (without the patient present)	15 min	12, 49	9
90846	UB		19	190	Family Psychotherapy (without the patient present)	15 min	11	12
90847	UB	HB	08	074	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	15	43
90847	UB	U1	31	339	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	11	12

Procedure Code Detail From Attachment G Sorted By Procedure Code

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
90847	UB		08	110	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	12, 49	9
90847	UB		08	184	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	12, 57	17
90847	UB		19	190	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	11	12
90853	UB	HB	08	074	Group Psychotherapy (other than of a multiple-family group)	15 min	15	43
90853	UB	U1	31	339	Group Psychotherapy (other than of a multiple-family group)	15 min	11	12
90853	UB		08	110	Group Psychotherapy (other than of a multiple-family group)	15 min	49	9
90853	UB		08	184	Group Psychotherapy (other than of a multiple-family group)	15 min	57	17
90853	UB		19	190	Group Psychotherapy (other than of a multiple-family group)	15 min	11	12
90870			01	183	ECT Therapy (includes necessary monitoring)	1 treatment	22	9
90870			08	110	ECT Therapy (includes necessary monitoring)	1 treatment	49	9
90870			31	339	ECT Therapy (includes necessary monitoring) (POS 99 - Special Treatment Room)	1 treatment	11, 21, 99	12
90875		HB	08	074	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	occurrence	15	43
90875			08	110	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	occurrence	12, 49	9
90875			08	184	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	occurrence	57	17
90875			19	190	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	occurrence	11	12
90875			31	339	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	occurrence	11, 21	12
95816			08	110	EEG including recording awake & drowsy	1 treatment	49	9
95819			08	110	EEG including recording awake & asleep	1 treatment	49	9

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
95822			08	110	EEG recording in coma or sleep only	1 treatment	49	9
95827			08	110	EEG all night recording	1 treatment	49	9
96101	AH		08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Personality Inventories)	per occurrence	11, 12	13, 14
96101	AH		11	115	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Personality Inventories)	per occurrence	12, 99	13, 14
96101	AH		11	113 or 114	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Personality Inventories)	per occurrence	11, 12	13, 14
96101	AH		19*	190	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Personality Inventories)	per occurrence	11, 12, 21	12
96101	TF	HB	08	074	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	15	43
96101	TF	HK	08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	11, 12	13, 14

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96101	TF	U1	31	339	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	11, 21	12
96101	TF		08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	12, 49	9
96101	TF		08	184	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	12, 57	17
96101	TF		11	115	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	12, 99	13, 14
96101	TF		11	113 or 114	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	11, 12	13, 14
96101	TF		19*	190	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Projective Technique)	per occurrence	11, 12, 21	12

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96101	TG	HB	08	074	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	15	43
96101	TG	HK	08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	11, 12	13, 14
96101	TG	U1	31	339	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	11, 21	12
96101	TG		08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	12, 49	9
96101	TG		08	184	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	12, 57	17
96101	TG		11	115	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	12, 99	13, 14

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96101	TG		11	113 or 114	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	11, 12	13, 14
96101	TG		19*	190	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Any Combination of Four or More Intellectual or Personality Evals Listed)	per occurrence	11, 12, 21	12
96101	U7	HA	08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Individual Diagnostic Personality Eval)	per hour	11, 12, 99	13, 14
96101	U7	HA	11	115	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Individual Diagnostic Personality Eval)	per hour	12, 99	13, 14
96101	U7	HA	11	113, 114, 548, 549, or 559	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Individual Diagnostic Personality Eval)	per hour	11, 12, 99	13, 14
96101	U7	HA	19	190	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Individual Diagnostic Personality Eval)	per hour	11, 12, 21, 99	13, 14

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96101	U7	TJ	08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Diagnostic Psychological Eval)	per hour	11, 12, 99	13, 14
96101	U7	TJ	11	115	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Diagnostic Psychological Eval)	per hour	12, 99	13, 14
96101	U7	TJ	11	113, 114, 548, 549, or 559	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Diagnostic Psychological Eval)	per hour	11, 12, 99	13, 14
96101	U7	TJ	19	190	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Diagnostic Psychological Eval)	per hour	11, 12, 21, 99	13, 14
96101	U7		08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Diagnostic Intellectual Eval)	per hour	11, 12, 99	13, 14
96101	U7		11	115	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Diagnostic Intellectual Eval)	per hour	12, 99	13, 14
96101	U7		11	113, 114, 548, 549, or 559	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Diagnostic Intellectual Eval)	per hour	11, 12, 99	13, 14

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96101	U7		19	190	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Diagnostic Intellectual Eval)	per hour	11, 12, 21, 99	13, 14
96101	UB	HB	08	074	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Personality Inventories)	per occurrence	15	43
96101	UB	U1	31	339	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Personality Inventories)	per occurrence	11, 21	12
96101	UB		08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Personality Inventories)	per occurrence	12, 49	9
96101	UB		08	184	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Personality Inventories)	per occurrence	12, 57	17
96101		HB	08	074	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Graphic Technique)	per occurrence	15	43

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96101		HK	08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Graphic Technique)	per occurrence	11, 12	13, 14
96101		U1	31	339	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering test to the patient and time interpreting these test results and preparing the report (Generally Accepted Graphic Technique)	per occurrence	11, 21	12
96101			08	110	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Graphic Technique)	per occurrence	12, 49	9
96101			08	184	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Graphic Technique)	per occurrence	12, 57	17
96101			11	115	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Graphic Technique)	per occurrence	12, 99	13, 14
96101			11	113 or 114	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Graphic Technique)	per occurrence	11, 12	13, 14

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96101			19	190	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements or Generally Accepted Graphic Technique)	per occurrence	11, 12, 21	12
96116			08	110	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning an problem solving, and visual spatial abilities) per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report (Comprehensive Neuropsychological Eval w/ Personality Assessment)	per hour	11, 12, 99	13, 14
96116			11	115	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning an problem solving, and visual spatial abilities) per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report (Comprehensive Neuropsychological Eval w/ Personality Assessment)	per hour	12, 99	13, 14
96116			11	113, 114, 548, 549, or 559	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning an problem solving, and visual spatial abilities) per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report (Comprehensive Neuropsychological Eval w/ Personality Assessment)	per hour	11, 12, 99	13, 14
96116			19	190	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning an problem solving, and visual spatial abilities) per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report (Comprehensive Neuropsychological Eval w/ Personality Assessment)	per hour	11, 12, 21, 99	13, 14
96118	UB		08	110	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Neuropsychological Eval)	per hour	11, 12, 99	13, 14
96118	UB		11	115	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Neuropsychological Eval)	per hour	12, 99	13, 14

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96118	UB		11	113, 114, 548, 549, or 559	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Neuropsychological Eval)	per hour	11, 12, 99	13, 14
96118	UB		19	190	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Comprehensive Neuropsychological Eval)	per hour	11, 12, 21, 99	13, 14
96118		HB	08	074	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	15	43
96118		HK	08	110	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	11, 12	13, 14
96118		U1	31	339	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	11, 21	12
96118			08	110	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	12, 49	9
96118			08	184	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	12, 57	17

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96118			11	115	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	12, 99	13, 14
96118			11	113 or 114	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	11, 12	13, 14
96118			19*	190	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time administering tests to the patient and time interpreting these test results and preparing the report (Generally Accepted Individual Measurements for Organicity)	per occurrence	11, 12, 21	12
96127			08	110	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	12, 49	9
96127			08	074	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	15	43
96127			31	316, 322, 339, 345	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	11, 12	12
96127			19*	190	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	11	12
96160			08	110	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	per occurrence	12, 49	9
96160			08	074	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	per occurrence	15	43
96160			31	316, 322, 339, 345	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	per occurrence	11, 12	12

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
96160			19*	190	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	per occurrence	11	12
97150		GO	17	171	Therapeutic procedure(s), group (2 or more individuals) (Collage Program)	15 min	11	39
99201	U7		08	184	Office or other outpatient visit for the evaluation and management of a new patient (Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox)	15 min	57	17
99201	UB	HB	08	074	Office or other outpatient visit for the evaluation and management of a new patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	15	43
99201	UB		08	110	Office or other outpatient visit for the evaluation and management of a new patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	49	9
99201	UB		31	339	Office or other outpatient visit for the evaluation and management of a new patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	11	41
99201			31	316, 322, 339, 345	OV/OP Visit for Eval & Mgmt of New Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	10 min	11	12
99202			31	316, 322, 339, 345	OV/OP Visit for Eval & Mgmt of New Patient, Problem Low to Moderate, face to face w/ patient and/or family	20 min	11	12
99203		U1	31	339	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate, face to face w/ patient and/or family (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	30 min	11	12
99203			31	316, 322, 339, 345	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate, face to face w/ patient and/or family	30 min	11	12
99204	U7		08	184	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family (Comprehensive Medical Exam & Eval)	45 min visit	12, 57	17
99204		U1	31	339	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	45 min	11	12
99204			31	316, 322, 339, 345	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family	45 min	11	12
99205		U1	31	339	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	60 min	11	12
99205			31	316, 322, 339, 345	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family	60 min	11	12
99211	U7		08	184	Office or other outpatient visit for the evaluation and & management of an established patient (Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox)	15 min	57	17

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99211	UB	HB	08	074	Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	15	43
99211	UB		08	110	Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	49	9
99211	UB		31	339	Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	11	41
99211		U1	31	339	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Minimal, face to face w/ patient and/or family	5 min	11	12
99211			31	316, 322, 339, 345	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Minimal, face to face w/ patient and/or family	5 min	11	12
99212		U1	31	339	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	10 min	11	12
99212			31	316, 322, 339, 345	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	10 min	11	12
99213		U1	31	339	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Low to Moderate, face to face w/ patient and/or family	15 min	11	12
99213			31	316, 322, 339, 345	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Low to Moderate, face to face w/ patient and/or family	15 min	11	12
99214		U1	31	339	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family	25 min	11	12
99214			31	316, 322, 339, 345	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family	25 min	11	12
99215	U7		08	184	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family (Comprehensive Medical Exam & Eval)	40 min visit	12, 57	17
99215		U1	31	339	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family	40 min	11	12
99215			31	316, 322, 339, 345	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family	40 min	11	12
99217			31	339	Observation care discharge day management	1 unit	22	12

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99218			31	339	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. Typically 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
99219			31	339	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
99220			31	339	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
99221			31	339	Initial Hospital Care, per Day, for Eval & Mgmt of Patient, Problem Low, at bedside	30 min	21	12
99222			31	339	Initial Hospital Care, per Day, for Eval & Mgmt of Patient, Problem Moderate, at bedside	50 min	21	12
99223			31	339	Initial Hospital Care, per Day, for Eval & Mgmt of Patient, Problem High, at bedside	70 min	21	12

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99224			31	339	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: Problem focused interval history; Problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
99225			31	339	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
99226			31	339	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
99231			31	339	Subsequent hospital care, per day, for eval & mgmt of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused exam; medical decision making that is straightforward or of low complexity	15 min	21	12
99232			31	339	Subsequent hospital care, per day, for eval & mgmt of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused exam; medical decision making of moderate complexity	25 min	21	12
99233			31	339	Subsequent hospital care, per day, for eval & mgmt of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed exam; medical decision making of high complexity	35 min	21	12

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99234			31	339	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
99235			31	339	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
99236			31	339	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	22	12
99238			31	339	Hospital Discharge Day Mgmt, 30 minutes or less	Visit	21	12
99241		GT	31	339	Office Consult for New or Established Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	15 min	11	12
99241			31	339	Office Consult for New or Established Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	15 min	11, 12, 22, 23, 24, 31, 32, 54, 65	12
99242		GT	31	339	Office Consult for New or Established Patient, Problem Low, face to face w/ patient and/or family	30 min	11	12

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99242			31	339	Office Consult for New or Established Patient, Problem Low, face to face w/ patient and/or family	30 min	11, 12, 22 , 23, 24, 31, 32, 54, 65	12
99243		GT	31	339	Office Consult for New or Established Patient, Problem Moderate, face to face w/ patient and/or family	40 min	11	12
99243			31	339	Office Consult for New or Established Patient, Problem Moderate, face to face w/ patient and/or family	40 min	11, 12, 22 , 23, 24, 31, 32, 54, 65	12
99244		GT	31	339	Office Consult for New or Established Patient, Problem Moderate to High, face to face w/ patient and/or family	60 min	11	12
99244			31	339	Office Consult for New or Established Patient, Problem Moderate to High, face to face w/ patient and/or family	60 min	11, 12, 22 , 23, 24, 31, 32, 54, 65	12
99245		GT	31	339	Office Consult for New or Established Patient, Problem Moderate to High, face to face w/ patient and/or family	80 min	11	12
99245			31	339	Office Consult for New or Established Patient, Problem Moderate to High, face to face w/ patient and/or family	80 min	11, 12, 22 , 23, 24, 31, 32, 54, 65	12
99251			31	339	Initial Inpatient Consult for New or Established Patient, Problem Self Ltd or Minor, at bedside	20 min	21, 31, 32	12
99252			31	339	Initial Inpatient Consult for New or Established Patient, Problem Low, at bedside	40 min	21, 31, 32	12
99253			31	339	Initial Inpatient Consult for New or Established Patient, Problem Moderate, at bedside	55 min	21, 31, 32	12
99254			31	339	Initial Inpatient Consult for New or Established Patient, Problem Moderate to High, at bedside	80 min	21, 31, 32	12
99255			31	339	Initial Inpatient Consult for New or Established Patient, Problem Moderate to High, at bedside	110 min	21, 31, 32	12
99281			31	315, 316, 322, 339, 345	ER Visit for Eval & Mgmt of Patient, Problem Self Ltd or Minor	Visit	23	12
99282			31	315, 316, 322, 339, 345	ER Visit for Eval & Mgmt of Patient, Problem Low to Moderate	Visit	23	12
99283			31	315, 316, 322, 339, 345	ER Visit for Eval & Mgmt of Patient, Problem Moderate	Visit	23	12
99284			31	315, 316, 322, 339, 345	ER Visit for Eval & Mgmt of Patient, Problem High/Urgent	Visit	23	12

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99285			31	315, 316, 322, 339, 345	ER Visit for Eval & Mgmt of Patient, Problem High/Threat to Life	Visit	23	12
99291			31	339	Critical Care, eval & mgmt, first hour	1 hour	21, 23	12
99292			31	339	Critical Care, eval & mgmt, each additional 30 minutes	30 min	21, 23	12
99304			31	339	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and a medical decision making that is straightforward or of low complexity	visit	31, 32	12
99305			31	339	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity	Visit	31, 32	12
99306			31	339	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity	Visit	31, 32	12
99307			31	339	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making	Visit	31, 32	12
99308			31	339	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity	Visit	31, 32	12
99309			31	339	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity	Visit	31, 32	12
99310			31	339	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity	Visit	31, 32	12
99341			31	339	Home Visit for Eval & Mgmt of New Patient, Problem Low, face to face with the patient and/or family	20 min	12	12
99342			31	339	Home Visit for Eval & Mgmt of New Patient, Problem Moderate, face to face with the patient and/or family	30 min	12	12
99343			31	339	Home Visit for Eval & Mgmt of New Patient, Problem High, face to face with the patient and/or family	45 min	12	12

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Attachment H

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
99407		FP	08	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	22, 49	40
99407			01	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	22	40
99407			01	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	22	40
99407			05	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	12	40
99407			08	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	12, 49, 99	40
99407			08	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	49	40
99407			08	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	12, 57, 99	40
99407			08	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	49	40
99407			09	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	per visit	11, 12, 31, 32, 99	40
99407			19	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	per visit	11, 12, 31, 32, 99	40
99407			27	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	per visit	11, 12, 31, 32, 99	40
99407			31	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	per visit	11, 12, 31, 32, 99	40
99407			37	370	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	per visit	11, 12, 31, 32, 99	40
00104		U1	31	339	Anesthesia for Electroconvulsive Therapy		11, 21, 99	12
00104			08	110	Anesthesia for Electroconvulsive Therapy		49	9
G0176	UB		17	175	Activity therapy, such as music, dance, art, or play therapies not for recreation, related to the care & treatment of patient's disabling mental health problems, per session (45 minutes or more) (use for Music Therapy)	1 hour	11	13, 14
G0378			01	183	Hospital observation service	1 unit	22	9
G0379			01	183	Direct admission of patient for hospital observation care	1 unit	22	9
H0001			11	184	Alcohol and/or Drug Assessment (D&A Level of Care Assessment)	15 min	99	34
H0004	UB	HE	11	115	Behavioral Health Counseling and Therapy (Team member w/ Consumer)	15 min	12, 99	24
H0004	UB	HE; HK	11	115	Behavioral Health Counseling and Therapy (MH Svc During Non-Psych Inpatient Admission)	15 min	21, 31, 32	24

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H0004	UB	HK	11	115	Behavioral Health Counseling and Therapy (MH Svc During Psych Inpatient Admission)	15 min	21	24
H0004	UB	HT	11	115	Behavioral Health Counseling and Therapy (Team w/ Consumer and/or Family)	15 min	12, 99	24
H0004	UB	UK	11	115	Behavioral Health Counseling and Therapy (Team Member w/ Family of Consumer)	15 min	12, 99	24
H0004		HE	11	112	Behavioral health counseling and therapy (MH Outpatient Practitioner)	15 min	99	36
H0004		HF	11	127	Behavioral health counseling and therapy (D&A Outpatient Practitioner)	15 min	99	37
H0006		TF	21	138	Alcohol and/or drug services; case management (D&A RC)	15 min	99	34
H0006			21	138	Alcohol and/or drug services; case management (D&A ICM)	15 min	99	34
H0013			11	132	Alcohol and/or Drug Svcs; acute detox (residential addiction outpatient) (Detoxification)	per diem	99	8
H0014	HG		08	184	Alcohol and/or Drug Svcs; Ambulatory Detoxification (Opiate Detox Visit for Admin & Eval of Drugs for Ambulatory Opiate Detox)	15 min	57	17
H0015			11	128*	Alcohol and/or Drug Svcs; 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, & activity therapies or education (Intensive Outpatient D&A Clinic)	15 min	99	35
H0018		HE	11	110	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board (Adult Residential Treatment Facility)	per diem	99	31
H0018		HF	11	133	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board (Drug Free Residential)	per diem	99	8
H0018^			52	520	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board (BH Waiver Service - Other Short Term Residential Service not listed elsewhere)	per diem	12	16
H0018^			08, or 11	340	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board (BH Waiver Service - Other Short Term Residential Service not listed elsewhere)	per diem	12	13, 14
H0019^		HA	52	523	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board (Host Home)	per diem	12	13, 14
H0019^		HA	08, or 11	340	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 (BH Waiver Service - Other Long Term Residential Service not listed elsewhere)	per diem	12	13, 14
H0019^		HQ	52	520	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 (Group Home)	per diem	12	16

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H0019^		HQ	08, or 11	340	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 (BH Waiver Service - Other Long Term Residential Service not listed elsewhere)	per diem	12	13, 14
H0019^		SC	56	560	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board (RTF - Non-JCAHO - No R&B)	per diem	56	16
H0019^		TT	52	523	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board (Therapeutic Family Care)	per diem	12	13, 14
H0019^		TT	08, or 11	340	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 (BH Waiver Service - Other Long Term Residential Service not listed elsewhere)	per diem	12	13, 14
H0020	HG		08	084	Alcohol and/or Drug Svcs; Methadone Administration and/or Svc (take-home)	One unit per day	57	17
H0020	UB		08	084	Alcohol and/or Drug Svcs; Methadone Administration and/or Svc (provision of the drug by a licensed program)	15 min	57	17
H0020			11	129	Alcohol and/or Drug Svcs; Methadone administration and/or svc (provision of the drug by a licensed program) (Methadone Maintenance)	15 min	99	34
H0022			11	184	Alcohol and/or Drug Intervention Svc (planned facilitation) (D&A - Intervention)	30 min	99	34
H0030			11	118	Behavioral Health Hotline Svc (Telephone Crisis)	15 min	11	23
H0031			11	110	Mental Health Assessment, by non-physician (MH Diagnostic Assessment)	15 min	99	30
H0032	HP	U1	31	559	Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	11, 12, 23, 99	13, 14
H0032	HP		08	810	Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	11, 12, 23, 99	13, 14
H0032	HP		08	802 or 806	Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	12, 23, 50, 99	13, 14
H0032	HP		09	559	Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	11, 12, 23, 99	13, 14
H0032	HP		11	559, 444, 448, or 452	Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	11, 12, 23, 99	13, 14
H0032	HP		19	559	Mental Health Service Plan Development by Non-physician (BSC - Doctoral Level)	15 min	11, 12, 23, 99	13, 14
H0032		HO	08	810	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	11, 12, 23, 99	13, 14

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Attachment H

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H0032		HO	08	802 or 806	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	12, 23, 72, 99	13, 14
H0032		HO	09	559	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	11, 12, 23, 99	13, 14
H0032		HO	11	559, 444, 448, or 452	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	11, 12, 23, 99	13, 14
H0032		HO	19	559	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	11, 12, 23, 99	13, 14
H0032		HO; U1	31	559	Mental Health Service Plan Development by Non-physician (BSC - Master's Level)	15 min	11, 12, 23, 99	13, 14
H0034		HB	08	074	Medication training & support (Medication Mgmt Visit)	15 min	15	43
H0034		HB/HK	08	074	Medication training & support (Clozaril Monitor & Eval Visit)	15 min	15	43
H0034		HK	08	110	Medication training & support (Clozaril Monitor & Eval Visit)	15 min	49	22
H0034			08	110	Medication training & support (Medication Mgmt Visit)	15 min	49	9
H0034			08	184	Medication training & support (Medication Mgmt Visit)	15 min	57	17
H0035	U7	HB; UA	11	113	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Adult)	1 hour	52	10
H0035	U7	U2	11	114	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Adult)	1 hour	52	10
H0035	U7		11	114	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Adult)	1 hour	52	10
H0035	UB	HA	11	114	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Child or Licensed Adult Psych Partial Hosp Program - Child 0-20 years of age, services beyond 270 hours)	1 hour	52	10
H0035	UB	UA	11	113	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Child or Licensed Child Psych Partial Hosp Program - Child 15 thru 20 years of age or Licensed Child Psych Partial Hosp Program - Child 0-14 years of age, services beyond 720 hours or Licensed Child Psych Partial Hosp Program - Child 15-20 years of age, services beyond 720 hours)	1 hour	52	10
H0035		U2; UA	11	113	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Child age 0-14)	1 hour	52	10
H0036		HB	11	123	Community psychiatric supportive treatment, face to face (Psych Rehab - Site Based or Mobile)	15 min	15, 99	29
H0037			11	110	Community psychiatric supportive treatment program, per diem (Adult Outpatient Services in an Alternative Setting)	per diem	99	36
H0038		GT	08	076	Self help/peer services, per 15 minutes (Self-help/peer services - interactive telecommunication systems)	15 min	12, 21, 23, 49, 99	44

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H0038		GT	11	076	Self help/peer services, per 15 minutes (Self-help/peer services - interactive telecommunication systems)	15 min	11, 12, 21, 52, 99	44
H0038		GT	21	076	Self help/peer services, per 15 minutes (Self-help/peer services - interactive telecommunication systems)	15 min	12, 21, 31, 32, 99	44
H0038			08	076	Self help/peer services, per 15 minutes	15 min	12, 21, 23, 49, 99	44
H0038			11	076	Self help/peer services, per 15 minutes	15 min	11, 12, 21, 52, 99	44
H0038			21	076	Self help/peer services, per 15 minutes	15 min	12, 21, 31, 32, 99	44
H0039		HB	11	111	Assertive Community Treatment, face to face (Community Treatment Teams)	15 min	99	33
H0039		HE	11	111	Assertive Community Treatment, face to face (ACT)	15 min	99	33
H0046	HO	HA	08	558	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
H0046	HO	HA	09	558	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
H0046	HO	HA	11	558	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
H0046	HO	HA	11	561	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
H0046	HO	HA	19	558	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
H0046	HO	HA	31	558	Mental health services, not otherwise specified (BSC-ASD Master's Level [ABA])	15 min	11, 12, 23, 99	47
H0046	HP	HA	08	558	Mental health services, not otherwise specified (BSC-ASD Doctoral Level [ABA])	15 min	11, 12, 23, 99	47
H0046	HP	HA	11	558	Mental health services, not otherwise specified (BSC-ASD Doctoral Level [ABA])	15 min	11, 22, 23, 99	47
H0046	HP	HA	19	558	Mental health services, not otherwise specified (BSC-ASD Doctoral Level [ABA])	15 min	11, 12, 23, 99	47
H0046	HP	HA	31	558	Mental health services, not otherwise specified (BSC-ASD Doctoral Level [ABA])	15 min	11, 12, 23, 99	47
H0046	HP		08	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Doctoral Level)	15 min	12, 23, 50, 72, 99	46
H0046	HP		08	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Doctoral Level)	15 min	11, 12, 23, 99	46

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H0046	HP		11	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Doctoral Level)	15 min	11, 12, 23, 99	46
H0046	HP		19	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Doctoral Level)	15 min	11, 12, 23, 99	46
H0046	HP		31	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Doctoral Level)	15 min	11, 12, 23, 99	46
H0046		HO	08	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	12, 23, 50, 72, 99	46
H0046		HO	08	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	11, 12, 23, 99	46
H0046		HO	09	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	11, 12, 23, 99	46
H0046		HO	11	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	11, 12, 23, 99	46
H0046		HO	19	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	11, 12, 23, 99	46
H0046		HO	31	558	Mental health services, not otherwise specified (Behavior Specialist Consultant for Children with Autism Spectrum Disorder BSC-ASD - Master's Level)	15 min	11, 12, 23, 99	46
H0046		HW	11	119	Mental health services, not otherwise specified (Community MH Svc - Other - Requires Service Description Approved by OMHSAS)	15 min	99	36
H0046^	UB		11	116 or 117	MH Svcs, not otherwise specified (Other Services by Social Worker, Psychiatric Nurse, etc.)	15 min	11, 12, 99	13, 14
H0046^	UB		16	162	MH Svcs, not otherwise specified (Other Services by Social Worker, Psychiatric Nurse, etc.)	15 min	11, 12, 99	13, 14
H0046^		SC	08, or 11	340	MH Svcs, not otherwise specified (BH Waiver Svc that cannot appropriately be reflected in another PE)	15 min	12, 99	13, 14
H0047		HA	11	184	Alcohol and/or other drug abuse svcs, not otherwise specified (D&A Outpatient Treatment in an Alternative Setting)	15 min	03, 99	37
H0047		HW	11	184	Alcohol and/or other drug abuse svcs, not otherwise specified (D&A - Other - Requires Service Description Approved by OMHSAS)	15 min	99	37

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H2010		HK	08	110	Comprehensive Medication Svcs (Clozapine Support Svc)	15 min	12, 49	22
H2010		HK	11	113 or 114	Comprehensive Medication Svcs (Clozapine Support Svc)	15 min	52	22
H2010		HK: U1	31	339	Comprehensive Medication Services (Clozapine Support Svc)	15 min	11, 12	22
H2011	U7	HT	11	118	Crisis Intervention Svc (Mobile Crisis - Team Delivered)	15 min	15	23
H2011	U9	HK	11	118	Crisis Intervention Svc (Medical Mobile Crisis - Team Delivered)	15 min	15	23
H2011	UB	HE	11	118	Crisis Intervention Svc (Mobile Crisis - Individual Delivered)	15 min	15	23
H2011			11	118	Crisis Intervention Svc (Walk-in Crisis)	15 min	11	23
H2012	UB		08	811	Behavioral Health Day Treatment (STAP)	per hour	99	13, 14
H2012	UB		08	803 or 807	Behavioral Health Day Treatment (STAP)	per hour	99	13, 14
H2012	UB		11	445, 449, or 453	Behavioral Health Day Treatment (STAP)	per hour	99	13, 14
H2012^		SC	08, or 11	340	Behavioral Health Day Treatment (Day Treatment)	per hour	99	13, 14
H2014	UB	HA	08	808	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
H2014	UB	HA	08	800 or 804	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
H2014	UB	HA	09	548	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
H2014	UB	HA	11	548, 442, 446, or 450	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
H2014	UB	HA	19	548	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
H2014	UB	HA; U1	31	548	Skills Training & Development (Less than 6 months)	15 min	12, 99	13, 14
H2014	UB	U1	31	548	Skills Training & Development (6 or more months)	15 min	12, 99	13, 14
H2014	UB		08	808	Skills Training & Development (6 or more months)	15 min	12, 99	13, 14
H2014	UB		08	800 or 804	Skills Training & Development (6 or more months)	15 min	12, 99	13, 14
H2014	UB		09	548	Skills Training & Development (6 or more months)	15 min	12, 99	13, 14
H2014	UB		11	548, 442, 446, or 450	Skills Training & Development (6 or more months)	15 min	12, 99	13, 14
H2014	UB		19	548	Skills Training & Development (6 or more months)	15 min	12, 99	13, 14
H2015	HA		08	811	Comprehensive community support services (STAP for BH-MCO use only)	15 minutes	99	42
H2015	HA		08	803 or 807	Comprehensive community support services (STAP for BH-MCO use only)	15 minutes	99	42
H2015	HA		11	445, 449, or 453	Comprehensive community support services (STAP for BH-MCO use only)	15 minutes	99	13, 14

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H2015^			08, or 11	340	Comprehensive Community Support Svcs (After School Program)	15 min	12, 99	13, 14
H2017^			08, or 11	340	Psychosocial Rehabilitation Svcs (Psychosocial Rehab)	15 min	12, 99	13, 14
H2019	UB	U1	31	549	Therapeutic Behavioral Services (MT)	15 min	12, 99	13, 14
H2019	UB		08	809	Therapeutic Behavioral Svcs (MT)	15 min	12, 99	13, 14
H2019	UB		08	801 or 805	Therapeutic Behavioral Svcs (MT)	15 min	12, 99	13, 14
H2019	UB		09	549	Therapeutic Behavioral Svcs (MT)	15 min	12, 99	13, 14
H2019	UB		11	549, 443, 447, or 451	Therapeutic Behavioral Svcs (MT)	15 min	12, 99	13, 14
H2019	UB		19	549	Therapeutic Behavioral Svcs (MT)	15 min	12, 99	13, 14
H2019^		HA	08, or 11	340	Therapeutic Behavioral Services (Functional Family Therapy)	15 min	12, 99	13, 14
H2019^		SC	08, or 11	340	Therapeutic Behavioral Services (SBBH - Master's Level Individual Therapy)	15 min	99	13, 14
H2019^		SC; TJ	08, or 11	340	Therapeutic Behavioral Services (SBBH - Master's Level Group Therapy)	15 min	99	13, 14
H2021	UB	HA	08	800, 804, or 808	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
H2021	UB	HA	09	548	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
H2021	UB	HA	11	562	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
H2021	UB	HA	11	442, 446, 450, or 548	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
H2021	UB	HA	19	548	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
H2021	UB	HA	31	548	Community-based Wraparound Svcs (TSS [ABA])	15 min	12, 23, 99	47
H2021	UB	U1	31	548	Community-based Wraparound Services (TSS)	15 min	12, 23, 99	13, 14
H2021	UB		08	808	Community-based Wraparound Svcs (TSS)	15 min	12, 23, 99	13, 14
H2021	UB		08	800 or 804	Community-based Wraparound Svcs (TSS)	15 min	12, 23, 99	13, 14
H2021	UB		09	548	Community-based Wraparound Svcs (TSS)	15 min	12, 23, 99	13, 14
H2021	UB		11	548, 442, 446, or 450	Community-based Wraparound Svcs (TSS)	15 min	12, 23, 99	13, 14

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Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
H2021	UB		19	548	Community-based Wraparound Svcs (TSS)	15 min	12, 23, 99	13, 14
H2021^	U7	SC	11	340	Community-based Wraparound Svcs (EIBS)	15 min	99	13, 14
H2021^	U8	SC	11	340	Community-based Wraparound Svcs (EIBS)	15 min	99	13, 14
H2021^	U9	SC	11	340	Community-based Wraparound Svcs (EIBS)	15 min	99	13, 14
H2021^		HA; SC	08, or 11	340	Community-based Wraparound Svcs (SBBH - Bachelor's Level Individual Svcs)	15 min	99	13, 14
H2021^		SC	08, or 11	340	Community-based Wraparound Svcs (TSS Aide)	15 min	12, 99	13, 14
H2021^		SC; HQ	08, or 11	340	Community-based Wraparound Svcs (One to One Svcs in RTF)	15 min	12, 99	13, 14
H2021^		SC; TJ	08, or 11	340	Community-based Wraparound Svcs (SBBH - Bachelor's Level Group Svcs)	15 min	99	13, 14
H2022^			08, or 11	340	Community-based wrap-around svcs (Other PE svcs with a per diem rate)	per diem	99	13, 14
H2030			11	123	Mental Health Clubhouse Svcs (Psych Rehab - Clubhouse)	15 min	99	29
H2032	UB		17	174	Activity therapy (use for Art Therapy)	15 min	11	13, 14
H2033^			08 or 11	340	Multisystemic therapy for juveniles, per 15 minutes	15 min	12, 99	13, 14
H2034			11	131	Alcohol and/or Drug Abuse Halfway House Svcs (Drug Free Halfway House)	per diem	99	8
H2035			11	129	Alcohol and/or Drug Treatment Program (Drug Free)	per hour	99	34
Refer to the MA reference file			31	339	Studies Ordered by a Behavioral Health Physician Refer to Line 20 of the BHSRCC	Refer to the MA reference file	Refer to the MA reference file	20
S9484			11	118	Crisis Intervention Svc, MH svcs (Crisis In-Home Support)	per hour	12, 99	23
S9485			11	118	Crisis Intervention Svc, MH svcs (Crisis Residential)	per diem	12	23
T1015	HG		08	084	Clinic Visit/Encounter, All-Inclusive (Methadone Maintenance Comprehensive Svcs - incl transportation)	visit	57	17

Procedure Code Detail From Attachment G Sorted By Procedure Code

Attachment H

Proc. Code	Price Mod.	Info Modifier	Pvr Type	Specialty	Service Description	Units	Place of Service	Refer to Line Item
T1015	UB		08	184	Clinic Visit/Encounter, All-Inclusive (Drug Free Clinic Visit)	visit	57	17
T1015		HE	08	080 or 081	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	12, 21, 31, 32, 50, 72, 99	11
T1015		HF	08	080 or 081	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	50, 72	18
T1016	U8		21	212*	Case Management (CM)	15 min	11, 12, 21	38
T1016	UB	HK	11	115	Case Management (MH Svc During Psych Inpatient Admission)	15 min	21	24
T1016	UB	HT	11	115	Case Management (Team w/ Collateral and/or Other Agencies)	15 min	12, 99	24
T1016	UB	UK	11	115	Case Management (Team Member w/ Collateral and/or Other Agencies)	15 min	12, 99	24
T1016	UB		11	115	Case Management (MH Svc During Non-Psych Inpatient Admission)	15 min	21, 31, 32	24
T1017	TF	HE; HK	21	221	Targeted Case Management (RC - MH Svc During Non-Psych Inpatient Admission)	15 min	21, 31, 32	28
T1017	TF	HK	21	221	Targeted Case Management (RC - MH Svc During Psych Inpatient Admission)	15 min	21	28
T1017	TF		21	221	Targeted Case Management (RC- Resource Coordination)	15 min	11, 12, 99	28
T1017	UB	HE; HK	21	222	Targeted Case Management (ICM - MH Svc During Non-Psych Inpatient Admission)	15 min	21, 31, 32	25
T1017	UB	HE; HK; UC	21	222	Targeted Case Management (BCM - MH Svc During Non-Psych Inpatient Admission)	15 min	21, 31, 32	27
T1017	UB	HK	21	222	Targeted Case Management (ICM - MH Svc During Psych Inpatient Admission)	15 min	21	25
T1017	UB	HK; UC	21	222	Targeted Case Management (BCM - MH Svc During Psych Inpatient Admission)	15 min	21	27
T1017	UB	UC	21	222	Targeted Case Management (BCM - MH ICM Svc)	15 min	11, 12, 99	27
T1017	UB		21	222	Targeted Case Management (ICM - MH/MR Case Mgmt)	15 min	11, 12, 99	25
T2048		HE	11	110	Behavioral Health; Long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) with room and board, per diem (Long Term Structured Residential)	per diem	99	31
T2048		HF	11	134	Behavioral Health; Long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) with room and board, per diem (Drug Free Residential)	per diem	99	8

Supplemental Services

Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description
01	Inpatient Facility	010	Acute Care Hospital
		011	Private Psych Hosp
		013	RTF (JCAHO Certified) Hospital
		018	Extended Acute Psych Inpatient Unit
		019	D&A Rehab Hosp
		022	Private Psych Unit
		183	Hospital Based Medical Clinic
		370	Tobacco Cessation
		441	D&A Rehab Unit
05	Home Health	370	Tobacco Cessation
07	Capitation	072	MCO - BH
08	Clinic	074	Mobile Mental Health Treatment
		076	Peer Specialist
		080	Federally Qualified Health Center
		081	Rural Health Clinic
		082	Independent Medical/Surgical Clinic
		083	Family Planning Clinic
		084	Methadone Maintenance
		110	Psychiatric Outpatient
		184	D&A Outpatient
		340	Program Exception
		370	Tobacco Cessation
		558	Behavior Specialist for Children with Autism
		800	FQHC Therapeutic Staff Support
		801	FQHC Mobile Therapy
		802	FQHC Behavioral Specialist Consultant
		803	FQHC Summer Therapeutic Activity Program
		804	RHC Therapeutic Staff Support
		805	RHC Mobile Therapy
		806	RHC Behavioral Specialist Consultant
		807	RHC Summer Therapeutic Activity Program
		808	Psychiatric Outpatient Therapeutic Staff Support
		809	Psychiatric Outpatient Mobile Therapy
		810	Psychiatric Outpatient Behavioral Specialist Consultant
		811	Psychiatric Outpatient Summer Therapeutic Activity Program
09	CRNP	093	CRNP
		103	Family and Adult Psychiatric Mental Health
		370	Tobacco Cessation
		548	Therapeutic Staff Support
		549	Mobile Therapy
		558	Behavior Specialist for Children with Autism
		559	Behavioral Specialist Consultant
11	Mental Health/Substance Abuse	076	Peer Specialist
		110	Psychiatric Outpatient

11	Mental Health/Substance Abuse continued	111	Community Mental Health
		112	Outpatient Practitioner - MH
		113	Partial Psych Hosp - Children
		114	Partial Psych Hosp - Adult
		115	Family Based Mental Health
		116	Licensed Clinical Social Worker
		117	Licensed Social Worker
		118	Mental Health Crisis Intervention
		119	MH - OMHSAS
		123	Psychiatric Rehabilitation
		127	D&A Outpatient
		128	D&A Intensive Outpatient
		129	D&A Partial Hospitalization
		131	D&A Halfway House
		132	D&A Medically Monitored Detox
		133	D&A Medically Monitored Residential, Short Term
		134	D&A Medically Monitored Residential, Long Term
		184	Outpatient D&A
		340	Program Exception
		442	Partial Psych Hosp Children Therapeutic Staff Support
		443	Partial Psych Hosp Children Mobile Therapy
		444	Partial Psych Hosp Children Behavioral Specialist Consultant
		445	Partial Psych Hosp Children Summer Therapeutic Activity Program
		446	Partial Psych Hosp Adult Therapeutic Staff Support
		447	Partial Psych Hosp Adult Mobile Therapy
		448	Partial Psych Hosp Adult Behavioral Specialist Consultant
		449	Partial Psych Hosp Adult Summer Therapeutic Activity Program
		450	Family Based MH Therapeutic Staff Support
		451	Family Based MH Mobile Therapy
		452	Family Based MH Behavioral Specialist Consultant
		453	Family Based MH Summer Therapeutic Activity Program
		548	Therapeutic Staff Support
		549	Mobile Therapy
		558	Behavior Specialist for Children with Autism
		559	Behavioral Specialist Consultant
		561	Entity BSC-ASD (ABA)
		562	Entity TSS (ABA)
16	Nurse	162	Psychiatric Nurse
17	Therapist	171	Occupational Therapist
		174	Art Therapist
		175	Music Therapist
19	Psychologist	190	General Psychologist

		370	Tobacco Cessation
19	Psychologist continued	548	Therapeutic Staff Support
		549	Mobile Therapy
		558	Behavior Specialist for Children with Autism
		559	Behavioral Specialist Consultant
21	Case Manager	076	Peer Specialist
		138	D&A Targeted Case Management
		212	MA Case Management for under 21 years of age
		221	MH TCM - Resource Coordination
		222	MH TCM - Intensive
27	Dentist	370	Tobacco Cessation
28	Laboratory	280	Independent Laboratory
31	Physician	315	Emergency Medicine
		316	Family Practice
		322	Internal Medicine
		339	Psychiatry
		345	Pediatrics
		370	Tobacco Cessation
		548	Therapeutic Staff Support
		549	Mobile Therapy
		558	Behavior Specialist for Children with Autism
		559	Behavioral Specialist Consultant
37	Tobacco Cessation	370	Tobacco Cessation
52	Community Residential Rehab	520	Children & Youth Licensed Group Home with a Mental Health Treatment Component
		523	Host Home/Children
56	Residential Treatment Facility	560	RTF (Non-JCAHO certified)
Highlights are not behavioral health provider type/provider specialty but encounters are permitted to be submitted as defined throughout this document			

Modifiers	Modifier Descriptions	Modifiers	Modifier Descriptions
AH	Clinical psychologist	SC	Medically necessary service or supply
GO	OP Occupational Therapy Service	TF	Intermediate level of care
GT	Via interactive audio and video telecommunication systems	TG	Complex/high tech level of care
HA	Child/adolescent program	TJ	Program group, child and/or adolescent
HB	Adult program, non geriatric	TT	Individualized service provided to more than one patient in same setting
HE	Mental health program	UA	Licensed children's program
HF	Substance abuse program	UB	Medicaid Pricing Modifier
HG	Opioid addiction treatment program	UC	Pilot program
HK	Specialized mental health programs for high-risk populations	UK	Services provided on behalf of the client to someone other than the client (collateral relationship)
		U1	Psychiatric
HO	Masters degree level	U2	Medicare/TPL contractual disallowance
HP	Doctoral level	U7	Medicaid Pricing Modifier
HQ	Group setting	U8	Medicaid Pricing Modifier
HT	Multi-disciplinary team	U9	Medicaid Pricing Modifier
HW	Funded by state mental health agency	Pricing Modifiers	

POS	Place of Service Description	POS	Place of Service Description
03	School	49	Independent Clinic
11	Office	50	Federally Qualified Health Ctr
12	Home	52	Psychiatric Facility - PH
15	Mobile Unit	54	ICF/MR
21	Inpatient Hospital	56	Psychiatric RTF
22	Outpatient Hospital	57	Non-Residential Substance Abuse Treatment Fac
23	Emergency Room - Hospital	65	End-Stage Renal Disease Treatment Facility
24	Ambulatory Surgical Center	72	Rural Health Clinic
31	Skilled Nursing Facility	81	Independent Laboratory
32	Nursing Facility	99	Other POS

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

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

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

REPORT #9 - ANALYSIS OF REVENUES & EXPENSES

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

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

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

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

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