




Georgia Department of Behavioral Health & Developmental Disabilities
Judy Fitzgerald, Commissioner

Office of Decision Support and Information Management

Two Peachtree Street NW, Suite 23.402, Atlanta, GA 30303-3142 Telephone 404-232-1295 Fax 404-657-4349

December 21, 2017

To: Chief Executive Officer
Community Behavioral Health Service Provider

From: John Quesenberry, Director 
Office of Decision Support and Information Management

Subject: Community Behavioral Health Service Changes Effective 1/1/2018

The purpose of this memorandum is to notify you about upcoming changes for services being implemented effective 1/1/2018. The previous memo dated 12/6/2017 is being modified. This information is targeted to all behavioral health providers.

These changes are described in the following attachments to this letter:

- Attachment 1: Notice of Changes/Corrections
- Attachment 2: Service Class/Procedure Code Changes (CSU and SAIOP) *revised*
- Attachment 3: Type of Care Matrix *revised*
- Attachment 4: Service Class/Procedure Code Matrix *revised*
- Attachment 5: Combinations of Care Coding Reference *revised*

We request that you communicate the information in this letter as soon as possible to the appropriate personnel in your organization, including specifically: (a) clinical and utilization management staff and (b) billing managers, (c) any other staff responsible for authorizations and claims, and, if applicable, (d) your information system vendors.

Please direct questions concerning to the Georgia Collaborative ASO at GACollaborativePR@beaconhealthoptions.com. Should you have any other questions concerning this letter, please contact John Quesenberry at john.quesenberry@dbhdd.ga.gov.

As always, we appreciate your cooperation in providing complete, accurate, and timely data concerning the services you deliver.

c: Regional Coordinators
Melissa Sperbeck
Anna McLaughlin
Monica Johnson
Wendy Tiegreen
Dr. Nathan Butzen (Georgia Collaborative ASO - Clinical)

ATTACHMENT 1 - FY18.Q3

Notice of changes/corrections in following attachments:

Attachment 2

- a. CSU Authorization period – authorization period will remain 20 days until 3/1/2018 at which time it will become 10 days.
- b. SAIOP – billing of services during designated programmatic hours.

Attachment 3

- a. Crisis Stabilization: updated authorization period to reflect 20 days.
- b. Community Residential Rehabilitation Levels 1, 2, 3: added combinations of care for these services.
- c. SAIOP – Adult: corrected table to depict that Peer Support – Individual and Peer Support Whole Health are included in the bundled SAIOP service.

Attachment 4

- a. Community Residential Rehabilitation Levels 1, 2, 3 (Service Class CL1, CL2, CL3): corrected service name.
- b. Room, Board, Oversight (Service Class RBO): added to table.

Attachment 5

- a. Community Residential Rehabilitation Levels 1, 2, 3: added new combinations of care to table.

ATTACHMENT 2 - FY18.Q3

The following service changes are being implemented:

1. Crisis Stabilization Units

Change in Authorization Period

The length of authorization period is being changed from a 20 day authorization to 10 days. Individuals staying longer than 10 days will require the provider to submit a concurrent request to Beacon for continued stay. [12/21/2017] Authorizations will continue to be authorized for 20 days until 3/1/2018. At that time, the authorization period will change from 20 days to 10 days.

Change in Type of Care/Service Class

Effective 1/1/2018, this service will transition from an “unbundled” payment model to a “bundled” daily payment model for Medicaid ABD beneficiaries. State funded and other individuals will continue to be reported as state encounters for utilization purposes.

The existing service is being split into two new services, CSU – Adult and CSU – C&A. This will be done by creating two new combinations of care. Below is the combination of care codes currently used and new ones being implemented (red font).

| Level of Service Code | Type of Service Code | Level of Care Code | Type of Care Code | Service Class Code | Service name | Comments |
|-----------------------|----------------------|--------------------|-------------------|--------------------|--------------|--------------------|
| IP | P | Z | BEH | CSU | CSU | Being Discontinued |
| IP | MS | Z | BEH | CSU | CSU | Being Discontinued |
| IP | S | Z | DETOX | CSU | CSU, Detox | Being Discontinued |
| IP | P | XA | BEH | CUA | CSU - Adult | New |
| IP | MS | XA | BEH | CUA | CSU - Adult | New |
| IP | S | XA | DETOX | CUA | CSU - Adult | New |
| IP | P | XC | BEH | CUC | CSU - C&A | New |
| IP | MS | XC | BEH | CUC | CSU - C&A | New |
| IP | S | XC | DETOX | CUC | CSU - C&A | New |

Admissions 12/31/2017 and Prior

Individuals who are admitted with effective dates 12/31/2017, and prior, will use the existing combination of care and service class. You will be given one additional concurrent request under this episode if the individual stays longer than 20 days. The concurrent request will use the existing combination of care. Concurrent requests using this combination of care will not be accepted as of 1/31/2018.

Admissions 1/1/2018 and Later

Individuals who are admitted with effective dates 1/1/2018, and later, will use the appropriate new combination of care, either Adult or C&A.

Keep in mind that the initial authorization will be submitted to the ASO through the GCAL bed board. Providers must submit concurrent requests if a stay longer than ~~10~~ [12/21/2017] 20 days is required.

Crisis Transitional Beds

As part of the new service class implementation, the procedure codes for Crisis Transition Beds will be included with the appropriate service (Adult; C&A). Because a procedure code can only be present in a single service class at a time, it will have to be terminated from the existing service class (CSU) effective 12/31/2017 and activated in the new classes (CUA and CUC) effective 1/1/2018. This means that after 12/31/2017, providers will not have access to authorize these procedure codes for authorizations submitted after that date for the old service class. DBHDD will waive the submission of state encounters for CSU Transitional Bed if providers are unable to get the correct procedure code authorized. However, if authorized, it is expected that providers report correctly. This would only impact services during the month of January 2018.

2. Substance Abuse Intensive Outpatient (Adult and C&A)

Effective 1/1/2018, a new service is being created for Substance Abuse Intensive Outpatient for both adults and children & adolescents. This new service will replace the previous “unbundled” payment model and allow a “bundled” rate which will include a number of services in the existing Substance Abuse Intensive Outpatient types of care. The services shaded in blue in the table below are being “bundled” into the new service class.

[12/21/2017] Services authorized via the SAIOP-Adult or SAIOP-C&A Types of Care are only billable during the designated programmatic hours. If an individual needs additional services outside the designated programmatic services/hours AND the provider is enrolled to provide these services, those services are separately orders and authorized (e.g. services through the Non-Intensive Outpatient Type of Care, etc.). In essence, a provider who is an approved SAIOP provider may only deliver the services identified below. Only when a provider is also approved for CORE or some other specialty service may that service be delivered as necessary.

[12/21/2017] The intent of the new SAIOP service classes is for reporting of the time an individual spends within the designated programmatic hours. This would include group or individual interventions that occur. The other services below may be delivered during the designated programmatic hours but must be reported separately.

New Service Classes:

Substance Abuse Intensive Outpatient – Adult (Service Class = IOA)

Substance Abuse Intensive Outpatient – C&A (Service Class = IOC)

Type of Care Configuration

In the table below, the new SAIOP bundled service is depicted in yellow. The services that have been “bundled” are shaded in blue and should no longer be used for authorizations with effective dates 1/1/2018 and later. The remaining services in white may continue to be billed unbundled when delivered. The new SAIOP service can be billed to Medicaid or to Beacon for State covered individual’s effective 1/1/2018.

NOTE: In the DBHDD Behavioral Health Provider Manual, Part I, Section II, the Levels of Service grid has different authorized units documented than depicted below. The Maximum Authorized and Maximum Daily units below are the accurate amount. There will be a revision to the Provider Manual in the near future.

| Type of Care Description | Service Class Code | Service Groups Available | Service Description | Initial Auth | | Concurrent Auth | | Max Daily Units | Comments |
|--------------------------|--------------------|-------------------------------|------------------------------------------|-----------------|------------------|-----------------|------------------|-----------------|-----------------------------------------------------------------------------------|
| | | | | Max Auth Length | Max Units Auth'd | Max Auth Length | Max Units Auth'd | | |
| SAIOP - Adult | IOA | 20606 | SAIOP - Adult | 180 | 320 | 180 | 320 | 5 | New Service Class being created as "bundled" service. |
| | BHA | 10101 | BH Assessment & Service Plan Development | 180 | 32 | 180 | 32 | 24 | |
| | DAS | 10103 | Diagnostic Assessment | 180 | 4 | 180 | 4 | 2 | |
| | CAO | 10104 | Interactive Complexity | 180 | 48 | 180 | 48 | 4 | |
| | PEM | 10120 | Psychiatric Treatment - (E&M) | 180 | 12 | 180 | 12 | 2 | |
| | NUR | 10130 | Nursing Services | 180 | 48 | 180 | 48 | 16 | |
| | MED | 10140 | Medication Administration | 180 | 6 | 180 | 6 | 1 | |
| | ADS | 10152 | Addictive Disease Support Services | 180 | 200 | 180 | 200 | 48 | This service will no longer be used as it is now included in the bundled service. |
| | TIN | 10160 | Individual Outpatient Services | 180 | 36 | 180 | 36 | 1 | This service will no longer be used as it is now included in the bundled service. |
| | GRP | 10170 | Group Outpatient Services | 180 | 1,170 | 180 | 1,170 | 20 | This service will no longer be used as it is now included in the bundled service. |
| | FAM | 10180 | Family Outpatient Services | 180 | 100 | 180 | 100 | 8 | This service will no longer be used as it is now included in the bundled service. |
| | CT1 | 21202 | Community Transition Planning | 180 | 50 | 180 | 50 | 12 | |
| | PSI | 20306 | Peer Support - Individual | 180 | 312 | 180 | 312 | 48 | This service will no longer be used as it is now included in the bundled service. |
| | PSW | 20302 | Peer Support Whole Health & Wellness | 180 | 208 | 180 | 208 | 6 | This service will no longer be used as it is now included in the bundled service. |
| SAIOP - C&A | IOC | 20607 | SAIOP - C&A | 180 | 320 | 180 | 320 | 5 | New Service Class being created as "bundled" service. |
| | BHA | 10101 | BH Assessment & Service Plan Development | 180 | 32 | 180 | 32 | 24 | |
| | DAS | 10103 | Diagnostic Assessment | 180 | 4 | 180 | 4 | 2 | |
| | CAO | 10104 | Interactive Complexity | 180 | 48 | 180 | 48 | 4 | |
| | PEM | 10120 | Psychiatric Treatment - (E&M) | 180 | 12 | 180 | 12 | 2 | |
| | NUR | 10130 | Nursing Services | 180 | 48 | 180 | 48 | 16 | |
| | CSI | 10150 | Community Support - Individual | 180 | 200 | 180 | 200 | 48 | This service will no longer be used as it is now included in the bundled service. |
| | TIN | 10160 | Individual Outpatient Services | 180 | 36 | 180 | 36 | 1 | This service will no longer be used as it is now included in the bundled service. |
| | GRP | 10170 | Group Outpatient Services | 180 | 1,170 | 180 | 1,170 | 20 | This service will no longer be used as it is now included in the bundled service. |
| | FAM | 10180 | Family Outpatient Services | 180 | 100 | 180 | 100 | 16 | This service will no longer be used as it is now included in the bundled service. |
| CT1 | 21202 | Community Transition Planning | 180 | 50 | 180 | 50 | 12 | | |

Existing Authorizations

All authorizations in the system as of 12/31/2017 may continue to be used until expiration. Authorizations with effective dates 12/31/2017 and prior may continue to use the previous unbundled format. Providers will be able to continue to bill unbundled services until the next authorization is due.

At any point, provider may choose to reauthorize and request the new bundled service. Once the provider adds the new SAOIP-Adult or SAIOP-C&A service, they should not request the unbundled services (ones shaded in blue).

New Authorizations

All new authorizations with effective dates of 1/1/2018 and later should use the new type of care configuration with the new SAOIP-Adult or SAIOP-C&A bundled service. The unbundled services (shaded in blue) should not be requested on new authorizations with the new SAIOP service class.

ATTACHMENT 3

Type of Care Matrix

Revised: 12/21/2017

FY2018 Behavioral Health Services

Type of Care Matrix

Effective 1/1/2018

revised: 12/21/2017

(most recent updates highlighted in yellow.)

| Level of Service | Type of Service | Level of Care | Type of Care Code | Type of Care Description | Service Class Code | Service Groups Available | Service Description | Initial Auth | | Concurrent Auth | | Max Daily Units | Place of Service |
|------------------|-----------------|---------------------------|-------------------|--------------------------|--------------------|--------------------------|-------------------------------------------|-----------------|------------------|-----------------|------------------|-----------------|----------------------------|
| | | | | | | | | Max Auth Length | Max Units Auth'd | Max Auth Length | Max Units Auth'd | | |
| Inpatient | MH, MHSU | Inpatient | BEH | Behavioral | IPF | 20102 | Community Based Inpatient (Psych) | varies | varies | varies | varies | 1 | 21, 51 |
| Inpatient | SU | Inpatient | DETOX | Detox | IPF | 20102 | Community Based Inpatient (Detox) | varies | varies | varies | varies | 1 | 21, 51 |
| Inpatient | MH, MHSU | Crisis Stabilization Unit | BEH | Behavioral | CSU | 20101 | Crisis Stabilization | 20 | 20 | varies | varies | 1 | 11, 52, 53, 55, 56, 99 |
| Inpatient | SU | Crisis Stabilization Unit | DETOX | Detox | CSU | 20101 | Crisis Stabilization | 20 | 20 | varies | varies | 1 | 11, 52, 53, 55, 56, 99 |
| Inpatient | MH, MHSU | CSU - Adult | BEH | Behavioral | CUA | 20101 | Crisis Stabilization - Adult ⁵ | 20 | 20 | varies | varies | 1 | 11, 52, 53, 55, 56, 99 |
| Inpatient | SU | CSU - Adult | DETOX | Detox | CUA | 20101 | Crisis Stabilization - Adult ⁵ | 20 | 20 | varies | varies | 1 | 11, 52, 53, 55, 56, 99 |
| Inpatient | MH, MHSU | CSU - C&A | BEH | Behavioral | CUC | 20101 | Crisis Stabilization - C&A ⁵ | 20 | 20 | varies | varies | 1 | 11, 52, 53, 55, 56, 99 |
| Inpatient | SU | CSU - C&A | DETOX | Detox | CUC | 20101 | Crisis Stabilization - C&A ⁵ | 20 | 20 | varies | varies | 1 | 11, 52, 53, 55, 56, 99 |
| Inpatient | MH | PRTF | BEH | Behavioral | PRT | 20506 | PRTF | 30 | 30 | 30 | 30 | 1 | 56 |
| Inpatient | SU | Residential | DETOX | Detox | IDF | 21101 | Residential Detox | 20 | 20 | varies | varies | 1 | 11, 12, 53, 99 |
| Outpatient | MH, MHSU | Outpatient | ACT | ACT | ACT | 20601 | Assertive Community Treatment | 90 | 240 | 90 | 240 | 60 | 11, 12, 53, 99 |
| | | | | | CT1 | 21202 | Community Transition Planning | 90 | 50 | 90 | 50 | 12 | 11, 12, 53, 99 |
| Outpatient | SU | Outpatient | AMBCTX | AMBULATORY DETOX | OPD | 21102 | Ambulatory Detox | 14 | 32 | varies | varies | 24 | 11, 12, 53, 99 |
| | | | | | BHA | 10101 | BH Assmt & Service Plan Development | 14 | 32 | varies | varies | 24 | 11, 12, 53, 99 |
| | | | | | DAS | 10103 | Diagnostic Assessment | 14 | 2 | varies | varies | 2 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 14 | 22 | varies | varies | 4 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 14 | 40 | varies | varies | 2 | 11, 12, 53, 99 |
| | | | | | ADS | 10152 | Addictive Disease Support Services | 14 | 24 | varies | varies | 16 | 11, 12, 53, 99 |
| | | | | | TIN | 10160 | Individual Outpatient Services | 14 | 8 | varies | varies | 1 | 11, 12, 53, 99 |
| | | | | | GRP | 10170 | Group Outpatient Services | 14 | 80 | varies | varies | 4 | 11, 12, 53, 99 |
| | | | | | FAM | 10180 | Family Outpatient Services | 14 | 32 | varies | varies | 16 | 11, 12, 53, 99 |
| Outpatient | MH | Outpatient | CM | CASE MANAGEMENT (ADA) | CMS | 21302 | Case Management | 180 | 104 | 180 | 104 | 24 | 11, 12, 53, 99 |
| | | | | | PSR | 10151 | Psychosocial Rehabilitation - Individual | 180 | 104 | 180 | 104 | 48 | 11, 12, 53, 99 |
| | | | | | CT1 | 21202 | Community Transition Planning | 180 | 100 | 180 | 100 | 12 | 11, 12, 53, 99 |
| Outpatient | MH | Outpatient | CBAY | CBAY | CMT | 31101 | Intensive Customized Care Coordination | 90 | see notes | 90 | see notes | see notes | 11, 12, 53, 99 |
| | | | | | SE7 | 31102 | Supported Employment | 90 | see notes | 90 | see notes | see notes | 11, 12, 18, 53, 99 |
| | | | | | CTR | 31103 | Community Transition Services | 90 | see notes | 90 | see notes | see notes | 11, 12, 53, 99 |
| | | | | | CUS | 31104 | Customized Goods and Services | 90 | see notes | 90 | see notes | see notes | 11, 12, 53, 99 |
| | | | | | CCS | 31105 | Clinical Consultative Services | 90 | see notes | 90 | see notes | see notes | 11, 12, 53, 99 |
| | | | | | ECS | 31106 | Expressive Clinical Services | 90 | see notes | 90 | see notes | see notes | 11, 12, 53, 99 |
| | | | | | TR5 | 31107 | Transportation Services | 90 | see notes | 90 | see notes | see notes | 11, 12, 53, 99 |
| | | | | | RE8 | 31108 | Respite Services | 90 | see notes | 90 | see notes | see notes | 11, 12, 14, 53, 55, 56, 99 |
| | | | | | BEH | 31109 | Behavioral Assistance | 90 | see notes | 90 | see notes | see notes | 11, 12, 53, 99 |
| | | | | | FS1 | 31110 | Financial Support Services | 90 | see notes | 90 | see notes | see notes | 11, 12, 53, 99 |
| | | | | | YPS | 20303 | Youth Peer Support Services | 90 | see notes | 90 | see notes | see notes | 11, 12, 53, 99 |
| | | | | | FPS | 20304 | Family Peer Support Services | 90 | see notes | 90 | see notes | see notes | 11, 12, 53, 99 |

FY2018 Behavioral Health Services

Type of Care Matrix

Effective 1/1/2018

revised: 12/21/2017

(most recent updates highlighted in yellow.)

| Level of Service | Type of Service | Level of Care | Type of Care Code | Type of Care Description | Service Class Code | Service Groups Available | Service Description | Initial Auth | | Concurrent Auth | | Max Daily Units | Place of Service |
|------------------|-----------------|---------------|-------------------|----------------------------------------|--------------------|--------------------------|------------------------------------------|-----------------|------------------|-----------------|------------------|-----------------|----------------------------|
| | | | | | | | | Max Auth Length | Max Units Auth'd | Max Auth Length | Max Units Auth'd | | |
| Outpatient | MH, SU, MHSU | Outpatient | CS | CRISIS SERVICES | CSC | 20103 | Crisis Service Center | 20 | 7 | 20 | 7 | 1 | 11, 52, 53, 55, 56, 99 |
| | | | | | CTP | 20106 | Community Transitional Placements | 20 | 20 | 20 | 20 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| | | | | | UHB | 20105 | Temporary Observation | 20 | 7 | 20 | 7 | 1 | 11, 52, 53, 55, 56, 99 |
| | | | | | BHA | 10101 | BH Assmt & Service Plan Development | 20 | 32 | 20 | 32 | 24 | 11, 12, 53, 99 |
| | | | | | DAS | 10103 | Diagnostic Assessment | 20 | 2 | 20 | 2 | 2 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 20 | 22 | 20 | 22 | 4 | 11, 12, 53, 99 |
| | | | | | CIN | 10110 | Crisis Intervention | 20 | 80 | 20 | 80 | 8 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 20 | 40 | 20 | 40 | 2 | 11, 12, 53, 99 |
| | | | | | NUR | 10130 | Nursing Services | 20 | 80 | 20 | 80 | 5 | 11, 12, 53, 99 |
| | | | | | MED | 10140 | Medication Administration | 20 | 24 | 20 | 24 | 1 | 11, 12, 53, 99 |
| | | | | | CSI | 10150 | Community Support - Individual | 20 | 32 | 20 | 32 | 32 | 11, 12, 53, 99 |
| | | | | | PSR | 10151 | Psychosocial Rehabilitation - Individual | 20 | 32 | 20 | 32 | 8 | 11, 12, 53, 99 |
| | | | | | ADS | 10152 | Addictive Disease Support Services | 20 | 24 | 20 | 24 | 16 | 11, 12, 53, 99 |
| | | | | | TIN | 10160 | Individual Outpatient Services | 20 | 14 | 20 | 14 | 1 | 11, 12, 53, 99 |
| | | | | | GRP | 10170 | Group Outpatient Services | 20 | 80 | 20 | 80 | 4 | 11, 12, 53, 99 |
| | | | | | FAM | 10180 | Family Outpatient Services | 20 | 20 | 20 | 20 | 4 | 11, 12, 53, 99 |
| Outpatient | MH | Outpatient | CST | CST | CST | 20605 | Community Support Team | 90 | 240 | 90 | 240 | 60 | 11, 12, 53, 99 |
| | | | | | CT1 | 21202 | Community Transition Planning | 90 | 50 | 90 | 50 | 12 | 11, 12, 53, 99 |
| Outpatient | MH, SU | Outpatient | IR | Independent Residential | IRS | 20501 | Independent Residential | 90 | 90 | 90 | 90 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| Outpatient | MH, SU | Outpatient | SIM | Semi-Independent Residential | SRS | 20502 | Semi-Independent Residential | 90 | 90 | 90 | 90 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| Outpatient | MH, SU | Outpatient | INR | Intensive Residential | INT | 20503 | Intensive Residential | 90 | 90 | 90 | 90 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| Outpatient | MH, SU | Outpatient | SRC | Structured Residential - C&A | STR | 20510 | Structured Residential - C&A | 180 | 180 | 180 | 180 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| Outpatient | MH | Outpatient | CR1 | Community Residential Rehab 1 | CL1 | 20511 | Community Residential Rehab 1 | 90 | 90 | 90 | 90 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| | | | | | RBO | 20518 | Room, Board, Oversight | 90 | 90 | 90 | 90 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| Outpatient | MH | Outpatient | CR2 | Community Residential Rehab 2 | CL2 | 20512 | Community Residential Rehab 2 | 90 | 90 | 90 | 90 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| | | | | | RBO | 20518 | Room, Board, Oversight | 90 | 90 | 90 | 90 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| Outpatient | MH | Outpatient | CR3 | Community Residential Rehab 3 | CL3 | 20513 | Community Residential Rehab 3 | 90 | 90 | 90 | 90 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| | | | | | RBO | 20518 | Room, Board, Oversight | 90 | 90 | 90 | 90 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| Outpatient | MH | Outpatient | ICM | ICM | ICM | 21301 | Intensive Case Management | 90 | 104 | 90 | 104 | 24 | 11, 12, 53, 99 |
| | | | | | PSR | 10151 | Psychosocial Rehabilitation - Individual | 90 | 104 | 90 | 104 | 48 | 11, 12, 53, 99 |
| | | | | | CT1 | 21202 | Community Transition Planning | 90 | 100 | 90 | 100 | 12 | 11, 12, 53, 99 |
| Outpatient | MH | Outpatient | ICCC | Intensive Customized Care Coordination | IC3 | 21303 | Intensive Customized Care Coordination | 90 | 3 | 90 | 3 | 1/mo | 11, 12, 53, 99 |

FY2018 Behavioral Health Services

Type of Care Matrix

Effective 1/1/2018

revised: 12/21/2017

(most recent updates highlighted in yellow.)

| Level of Service | Type of Service | Level of Care | Type of Care Code | Type of Care Description | Service Class Code | Service Groups Available | Service Description | Initial Auth | | Concurrent Auth | | Max Daily Units | Place of Service |
|------------------|-----------------|--------------------------------------|-------------------|---------------------------------------|--------------------|--------------------------|-------------------------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|
| | | | | | | | | Max Auth Length | Max Units Auth'd | Max Auth Length | Max Units Auth'd | | |
| Outpatient | MH | Outpatient | IFI | Intensive Family Intervention | IFI | 20602 | Intensive Family Intervention | 90 | 288 | 90 | 288 | 48 | 11, 12, 53, 99 |
| | | | | | CT1 | 21202 | Community Transition Planning | 90 | 50 | 90 | 50 | 12 | 11, 12, 53, 99 |
| Outpatient | SU | Outpatient | SAIOPA | SAIOP - Adult | IOA | 20606 | SAIOP - Adult | 180 | 320 | 180 | 320 | 5 | 11, 12, 53, 99 |
| | | | | | BHA | 10101 | BH Assmt & Service Plan Development | 180 | 32 | 180 | 32 | 24 | 11, 12, 53, 99 |
| | | | | | DAS | 10103 | Diagnostic Assessment | 180 | 4 | 180 | 4 | 2 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 180 | 48 | 180 | 48 | 4 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 180 | 12 | 180 | 12 | 2 | 11, 12, 53, 99 |
| | | | | | NUR | 10130 | Nursing Services | 180 | 48 | 180 | 48 | 16 | 11, 12, 53, 99 |
| | | | | | MED | 10140 | Medication Administration | 180 | 6 | 180 | 6 | 1 | 11, 12, 53, 99 |
| | | | | | ADS | 10152 | Addictive Disease Support Services | 180 | 200 | 180 | 200 | 48 | 11, 12, 53, 99 |
| | | | | | TIN | 10160 | Individual Outpatient Services | 180 | 36 | 180 | 36 | 1 | 11, 12, 53, 99 |
| | | | | | GRP | 10170 | Group Outpatient Services | 180 | 1170 | 180 | 1170 | 20 | 11, 12, 53, 99 |
| | | | | | FAM | 10180 | Family Outpatient Services | 180 | 100 | 180 | 100 | 8 | 11, 12, 53, 99 |
| | | | | | CT1 | 21202 | Community Transition Planning | 180 | 50 | 180 | 50 | 12 | 11, 12, 53, 99 |
| | | | | | PSI | 20306 | Peer Support - Adult - Individual | 180 | 312 | 180 | 312 | 48 | 11, 12, 53, 99 |
| PSW | 20302 | Peer Support Whole Health & Wellness | 180 | 208 | 180 | 208 | 6 | 11, 12, 53, 99 | | | | | |
| Outpatient | SU | Outpatient | SAIOPC | SAIOP - C&A | IOC | 20607 | SAIOP - C&A | 180 | 320 | 180 | 320 | 5 | 11, 12, 53, 99 |
| | | | | | BHA | 10101 | BH Assmt & Service Plan Development | 180 | 32 | 180 | 32 | 24 | 11, 12, 53, 99 |
| | | | | | DAS | 10103 | Diagnostic Assessment | 180 | 4 | 180 | 4 | 2 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 180 | 48 | 180 | 48 | 4 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 180 | 12 | 180 | 12 | 2 | 11, 12, 53, 99 |
| | | | | | NUR | 10130 | Nursing Services | 180 | 48 | 180 | 48 | 16 | 11, 12, 53, 99 |
| | | | | | CSI | 10150 | Community Support - Individual | 180 | 200 | 180 | 200 | 48 | 11, 12, 53, 99 |
| | | | | | TIN | 10160 | Individual Outpatient Services | 180 | 36 | 180 | 36 | 1 | 11, 12, 53, 99 |
| | | | | | GRP | 10170 | Group Outpatient Services | 180 | 1170 | 180 | 1170 | 20 | 11, 12, 53, 99 |
| | | | | | FAM | 10180 | Family Outpatient Services | 180 | 100 | 180 | 100 | 16 | 11, 12, 53, 99 |
| | | | | | CT1 | 21202 | Community Transition Planning | 180 | 50 | 180 | 50 | 12 | 11, 12, 53, 99 |
| Outpatient | MH, SU, MHSU | Outpatient | NIO | Non-Intensive Outpatient ⁴ | BHA | 10101 | BH Assmt & Service Plan Development | 90 | 32 | 275 | 64 | 24 | 11, 12, 53, 99 |
| | | | | | TST | 10102 | Psychological Testing | 90 | 5 | 275 | 10 | 5 | 11, 12, 53, 99 |
| | | | | | DAS | 10103 | Diagnostic Assessment | 90 | 2 | 275 | 4 | 2 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 90 | 24 | 275 | 96 | 4 | 11, 12, 53, 99 |
| | | | | | CIN | 10110 | Crisis Intervention | 90 | 20 | 275 | 96 | 16 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 90 | 12 | 275 | 48 | 2 | 11, 12, 53, 99 |
| | | | | | NUR | 10130 | Nursing Services | 90 | 12 | 275 | 120 | 16 | 11, 12, 53, 99 |
| | | | | | MED | 10140 | Medication Administration | 90 | 6 | 275 | 120 | 1 | 11, 12, 53, 99 |

FY2018 Behavioral Health Services

Type of Care Matrix

Effective 1/1/2018

revised: 12/21/2017

(most recent updates highlighted in yellow.)

| Level of Service | Type of Service | Level of Care | Type of Care Code | Type of Care Description | Service Class Code | Service Groups Available | Service Description | Initial Auth | | Concurrent Auth | | Max Daily Units | Place of Service |
|------------------|-----------------|-----------------------------|-------------------|-------------------------------------|--------------------|--------------------------|------------------------------------------|-----------------|------------------|-----------------|------------------|-----------------|--------------------|
| | | | | | | | | Max Auth Length | Max Units Auth'd | Max Auth Length | Max Units Auth'd | | |
| | | | | | CSI | 10150 | Community Support - Individual | 90 | 68 | 275 | 160 | 48 | 11, 12, 53, 99 |
| | | | | | PSR | 10151 | Psychosocial Rehabilitation - Individual | 90 | 52 | 275 | 160 | 48 | 11, 12, 53, 99 |
| | | | | | ADS | 10152 | Addictive Disease Support Services | 90 | 100 | 275 | 600 | 48 | 11, 12, 53, 99 |
| | | | | | TIN | 10160 | Individual Outpatient Services | 90 | 8 | 275 | 48 | 2 | 11, 12, 53, 99 |
| | | | | | GRP | 10170 | Group Outpatient Services | 90 | 480 | 275 | 400 | 20 | 11, 12, 53, 99 |
| | | | | | FAM | 10180 | Family Outpatient Services | 90 | 32 | 275 | 120 | 16 | 11, 12, 53, 99 |
| | | | | | CT1 | 21202 | Community Transition Planning | 90 | 24 | 275 | 48 | 24 | 11, 12, 53, 99 |
| | | | | | LCT | 21203 | Legal Skills / Competency Restoration | | | | | | DISCONTINUED |
| | | | | | CMS | 21302 | Case Management | 90 | 68 | 275 | 160 | 24 | 11, 12, 53, 99 |
| | | | | | PSI | 20306 | Peer Support - Adult - Individual | 90 | 72 | 275 | 312 | 48 | 11, 12, 53, 99 |
| | | | | | PSW | 20302 | Peer Support Whole Health & Wellness | 90 | 72 | 275 | 312 | 6 | 11, 12, 53, 99 |
| | | | | | YPI | 20308 | Youth Peer Support - Individual | 90 | 72 | 275 | 312 | 24 | 11, 12, 53, 99 |
| | | | | | YPG | 20309 | Youth Peer Support - Group | 90 | 162 | 275 | 486 | 5 | 11, 12, 53, 99 |
| | | | | | PPI | 20310 | Parent Peer Support - Individual | 90 | 72 | 275 | 312 | 24 | 11, 12, 53, 99 |
| PPG | 20311 | Parent Peer Support - Group | 90 | 162 | 275 | 486 | 5 | 11, 12, 53, 99 | | | | | |
| Outpatient | SU | Outpatient | OM | Medication Assisted Treatment (MAT) | MDM | 21001 | Opioid Maintenance | 90 | 80 | 365 | 150 | 1 | 11, 12, 53, 99 |
| | | | | | BHA | 10101 | BH Assmt & Service Plan Development | 90 | 24 | 365 | 24 | 12 | 11, 12, 53, 99 |
| | | | | | DAS | 10103 | Diagnostic Assessment | 90 | 2 | 365 | 4 | 2 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 90 | 24 | 365 | 96 | 4 | 11, 12, 53, 99 |
| | | | | | CIN | 10110 | Crisis Intervention | 90 | 20 | 365 | 96 | 16 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 90 | 6 | 365 | 6 | 1 | 11, 12, 53, 99 |
| | | | | | NUR | 10130 | Nursing Services | 90 | 24 | 365 | 96 | 4 | 11, 12, 53, 99 |
| | | | | | MED | 10140 | Medication Administration | 90 | 80 | 365 | 150 | 1 | 11, 12, 53, 99 |
| | | | | | ADS | 10152 | Addictive Disease Support Services | 90 | 100 | 365 | 96 | 4 | 11, 12, 53, 99 |
| | | | | | TIN | 10160 | Individual Outpatient Services | 90 | 12 | 365 | 36 | 1 | 11, 12, 53, 99 |
| | | | | | GRP | 10170 | Group Outpatient Services | 90 | 180 | 365 | 730 | 4 | 11, 12, 53, 99 |
| FAM | 10180 | Family Outpatient Services | 90 | 48 | 365 | 48 | 4 | 11, 12, 53, 99 | | | | | |
| Outpatient | MH, SU, MHSU | Outpatient | PSP | Peer Support Program | PSI | 20306 | Peer Support - Adult - Individual | 180 | 520 | 180 | 520 | 48 | 11, 12, 53, 99 |
| | | | | | PSP | 20307 | Peer Support - Adult - Group | 180 | 650 | 180 | 650 | 5 | 11, 12, 53, 99 |
| | | | | | PSW | 20302 | Peer Support Whole Health & Wellness | 180 | 400 | 180 | 400 | 6 | 11, 12, 53, 99 |
| Outpatient | MH | Outpatient | PRP | Psychosocial Rehab Program | PSR | 10151 | Psychosocial Rehabilitation - Individual | 180 | 104 | 180 | 104 | 48 | 11, 12, 53, 99 |
| | | | | | PRE | 20908 | Psychosocial Rehabilitation - Group | 180 | 300 | 180 | 300 | 20 | 11, 12, 53, 99 |
| Outpatient | MH | Outpatient | SE | Supported Employment | SE8 | 20401 | Supported Employment | 90 | 3 | 90 | 3 | 1 | 11, 12, 18, 53, 99 |
| | | | | | TOR | 20402 | Task Oriented Rehabilitation | 90 | 150 | 90 | 150 | 8 | 11, 12, 53, 99 |
| Outpatient | SU | Outpatient | TCSAD | Treatment Court - AD | BHA | 10101 | BH Assmt & Service Plan Development | 365 | 32 | 365 | 32 | 24 | 11, 12, 53, 99 |

FY2018 Behavioral Health Services

Type of Care Matrix

Effective 1/1/2018

revised: 12/21/2017

(most recent updates highlighted in yellow.)

| Level of Service | Type of Service | Level of Care | Type of Care Code | Type of Care Description | Service Class Code | Service Groups Available | Service Description | Initial Auth | | Concurrent Auth | | Max Daily Units | Place of Service |
|------------------|-----------------|---------------|-------------------|--------------------------|--------------------|--------------------------|------------------------------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|
| | | | | | | | | Max Auth Length | Max Units Auth'd | Max Auth Length | Max Units Auth'd | | |
| | | | | | DAS | 10103 | Diagnostic Assessment | 365 | 5 | 365 | 5 | 2 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 365 | 2 | 365 | 2 | 2 | 11, 12, 53, 99 |
| | | | | | CIN | 10110 | Crisis Intervention | 365 | 48 | 365 | 48 | 4 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 365 | 24 | 365 | 24 | 2 | 11, 12, 53, 99 |
| | | | | | NUR | 10130 | Nursing Services | 365 | 60 | 365 | 60 | 16 | 11, 12, 53, 99 |
| | | | | | MED | 10140 | Medication Administration | 365 | 60 | 365 | 60 | 1 | 11, 12, 53, 99 |
| | | | | | ADS | 10152 | Addictive Disease Support Services | 365 | 300 | 365 | 300 | 48 | 11, 12, 53, 99 |
| | | | | | TIN | 10160 | Individual Outpatient Services | 365 | 24 | 365 | 24 | 2 | 11, 12, 53, 99 |
| | | | | | GRP | 10170 | Group Outpatient Services | 365 | 200 | 365 | 200 | 20 | 11, 12, 53, 99 |
| | | | | | FAM | 10180 | Family Outpatient Services | 365 | 60 | 365 | 60 | 16 | 11, 12, 53, 99 |
| | | | | | CT1 | 21202 | Community Transition Planning | 365 | 24 | 365 | 24 | 24 | 11, 12, 53, 99 |
| | | | | | PSI | 20306 | Peer Support - Adult - Individual | 365 | 312 | 365 | 312 | 48 | 11, 12, 53, 99 |
| | | | | | PSW | 20302 | Peer Support Whole Health & Wellness | 365 | 312 | 365 | 312 | 6 | 11, 12, 53, 99 |
| Outpatient | MH | Outpatient | TCS | Treatment Court - MH | BHA | 10101 | BH Assmt & Service Plan Development | 365 | 32 | 365 | 32 | 24 | 11, 12, 53, 99 |
| | | | | | DAS | 10103 | Diagnostic Assessment | 365 | 5 | 365 | 5 | 2 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 365 | 2 | 365 | 2 | 2 | 11, 12, 53, 99 |
| | | | | | CIN | 10110 | Crisis Intervention | 365 | 48 | 365 | 48 | 4 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 365 | 24 | 365 | 24 | 2 | 11, 12, 53, 99 |
| | | | | | NUR | 10130 | Nursing Services | 365 | 60 | 365 | 60 | 16 | 11, 12, 53, 99 |
| | | | | | MED | 10140 | Medication Administration | 365 | 60 | 365 | 60 | 1 | 11, 12, 53, 99 |
| | | | | | PSR | 10151 | Psychosocial Rehabilitation - Individual | 365 | 80 | 365 | 80 | 48 | 11, 12, 53, 99 |
| | | | | | TIN | 10160 | Individual Outpatient Services | 365 | 24 | 365 | 24 | 2 | 11, 12, 53, 99 |
| | | | | | GRP | 10170 | Group Outpatient Services | 365 | 200 | 365 | 200 | 20 | 11, 12, 53, 99 |
| | | | | | FAM | 10180 | Family Outpatient Services | 365 | 60 | 365 | 60 | 16 | 11, 12, 53, 99 |
| | | | | | CT1 | 21202 | Community Transition Planning | 365 | 24 | 365 | 24 | 24 | 11, 12, 53, 99 |
| | | | | | CMS | 21302 | Case Management | 365 | 80 | 365 | 80 | 24 | 11, 12, 53, 99 |
| | | | | | PSI | 20306 | Peer Support - Adult - Individual | 365 | 312 | 365 | 312 | 48 | 11, 12, 53, 99 |
| | | | | | PSW | 20302 | Peer Support Whole Health & Wellness | 365 | 312 | 365 | 312 | 6 | 11, 12, 53, 99 |
| Outpatient | SU | Outpatient | WTRSO | WTRS - Outpatient | BHA | 10101 | BH Assmt & Service Plan Development | 180 | 32 | 180 | 32 | 24 | 11, 12, 53, 99 |
| | | | | | DAS | 10103 | Diagnostic Assessment | 180 | 4 | 180 | 4 | 2 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 180 | 48 | 180 | 48 | 4 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 180 | 12 | 180 | 12 | 2 | 11, 12, 53, 99 |
| | | | | | NUR | 10130 | Nursing Services | 180 | 48 | 180 | 48 | 16 | 11, 12, 53, 99 |
| | | | | | ADS | 10152 | Addictive Disease Support Services | 180 | 200 | 180 | 200 | 48 | 11, 12, 53, 99 |
| | | | | | TIN | 10160 | Individual Outpatient Services | 180 | 36 | 180 | 36 | 1 | 11, 12, 53, 99 |

FY2018 Behavioral Health Services

Type of Care Matrix

Effective 1/1/2018

revised: 12/21/2017

(most recent updates highlighted in yellow.)

| Level of Service | Type of Service | Level of Care | Type of Care Code | Type of Care Description | Service Class Code | Service Groups Available | Service Description | Initial Auth | | Concurrent Auth | | Max Daily Units | Place of Service |
|------------------|-----------------|-------------------------|-------------------|-------------------------------------------------|--------------------|--------------------------|--------------------------------------|----------------------------|------------------|-----------------|------------------|-----------------|----------------------------|
| | | | | | | | | Max Auth Length | Max Units Auth'd | Max Auth Length | Max Units Auth'd | | |
| | | | | | GRP | 10170 | Group Outpatient Services | 180 | 1,170 | 180 | 1,170 | 20 | 11, 12, 53, 99 |
| | | | | | FAM | 10180 | Family Outpatient Services | 180 | 100 | 180 | 100 | 8 | 11, 12, 53, 99 |
| | | | | | WTT | 20517 | WTRS - Transitional Bed | 180 | 180 | 180 | 180 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| | | | | | PSI | 20306 | Peer Support - Adult - Individual | 180 | 156 | 180 | 156 | 48 | 11, 12, 53, 99 |
| | | | | | PSW | 20302 | Peer Support Whole Health & Wellness | 180 | 156 | 180 | 156 | 6 | 11, 12, 53, 99 |
| Outpatient | SU | Outpatient | WTRSR | WTRS - Residential | BHA | 10101 | BH Assmt & Service Plan Development | 180 | 32 | 180 | 32 | 24 | 11, 12, 53, 99 |
| | | | | | DAS | 10103 | Diagnostic Assessment | 180 | 4 | 180 | 4 | 2 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 180 | 48 | 180 | 48 | 4 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 180 | 24 | 180 | 24 | 2 | 11, 12, 53, 99 |
| | | | | | NUR | 10130 | Nursing Services | 180 | 48 | 180 | 48 | 16 | 11, 12, 53, 99 |
| | | | | | MED | 10140 | Medicaition Administration | 180 | 40 | 180 | 40 | 1 | 11, 12, 53, 99 |
| | | | | | WTR | 20516 | WTRS - Residential | 180 | 180 | 180 | 180 | 1 | 11, 12, 14, 53, 55, 56, 99 |
| WTT | 20517 | WTRS - Transitional Bed | 180 | 180 | 180 | 180 | 1 | 11, 12, 14, 53, 55, 56, 99 | | | | | |
| Outpatient | MH | Outpatient | PSS | PASRR - Specialized BH Svcs (see footnote 3) | BHA | 10101 | BH Assmt & Service Plan Development | 365 | 80 | 365 | 80 | 10 | 11, 12, 53, 99 |
| | | | | | DAS | 10103 | Diagnostic Assessment | 365 | 12 | 365 | 12 | 1 | 11, 12, 53, 99 |
| | | | | | CAO | 10104 | Interactive Complexity | 365 | 76 | 365 | 76 | 4 | 11, 12, 53, 99 |
| | | | | | CIN | 10110 | Crisis Intervention | 365 | 144 | 365 | 144 | 10 | 11, 12, 53, 99 |
| | | | | | PEM | 10120 | Psychiatric Treatment - (E&M) | 365 | 24 | 365 | 24 | 2 | 11, 12, 53, 99 |
| | | | | | TIN | 10160 | Individual Outpatient Services | 365 | 52 | 365 | 52 | 1 | 11, 12, 53, 99 |
| | | | | | FAM | 10180 | Family Outpatient Services | 365 | 192 | 365 | 192 | 8 | 11, 12, 53, 99 |

Footnotes:

1. Services in red font are new services.
2. CBAY services limits are identified in CBAY Manual.
3. PASRR Specialized BH Services only include a subset of procedure codes in classes. See Service Matrix for specific procedure codes.
4. Non-Intensive Outpatient - Initial/Concurrent authorization periods are being modified to 90/275 days respectively until a date to be determined. At which time will revert back to 30/365 days.
5. CSU - Adult and CSU - C&A - Initial/Concurrent authorization periods are being modified from 20 days to 10 days.

ATTACHMENT 4

Service Class / Procedure Code Matrix

Revised: 12/21/2017

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|------------------------------------------|-----------|-------|-------|-------|-------|-----------------------------------------------------------|-----------------|-------|----------------------------------|
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | GT | U4 | | | Via interactive a/v telecom systems, Practitioner Level 4 | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10101 | BHA | BH Assessment & Service Plan Development | H0031 | GT | U5 | | | Via interactive a/v telecom systems, Practitioner Level 5 | 15 min | 15.13 | Adding "GT" tele-health modifier |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | GT | U4 | | | Via interactive a/v telecom systems, Practitioner Level 4 | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10101 | BHA | BH Assessment & Service Plan Development | H0032 | GT | U5 | | | Via interactive a/v telecom systems, Practitioner Level 5 | 15 min | 15.13 | Adding "GT" tele-health modifier |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|--------------------|---------------|------------------------|-----------|-------|-------|-------|-------|--------------------------------------------------------------|-----------------|--------|-------------------------------------|
| 10102 | TST | Psychological Testing | 96101 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 1 hour | 155.87 | |
| 10102 | TST | Psychological Testing | 96101 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 hour | 187.04 | |
| 10102 | TST | Psychological Testing | 96101 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 hour | 155.87 | Adding "GT" tele-health modifier |
| 10102 | TST | Psychological Testing | 96102 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 1 hour | 120.04 | |
| 10102 | TST | Psychological Testing | 96102 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 1 hour | 146.71 | |
| 10102 | TST | Psychological Testing | 96102 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 1 hour | 81.18 | |
| 10102 | TST | Psychological Testing | 96102 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 1 hour | 97.42 | |
| 10102 | TST | Psychological Testing | 96102 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 1 hour | 120.04 | Adding "GT" tele-health modifier |
| 10102 | TST | Psychological Testing | 96102 | GT | U4 | | | Via interactive a/v telecom systems, Practitioner Level 4 | 1 hour | 81.18 | Adding "GT" tele-health modifier |
| 10103 | DAS | Diagnostic Assessment | 90791 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 1 encounter | 116.90 | |
| 10103 | DAS | Diagnostic Assessment | 90791 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 1 encounter | 90.03 | |
| 10103 | DAS | Diagnostic Assessment | 90791 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 140.28 | |
| 10103 | DAS | Diagnostic Assessment | 90791 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 1 encounter | 110.04 | |
| 10103 | DAS | Diagnostic Assessment | 90791 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 116.90 | |
| 10103 | DAS | Diagnostic Assessment | 90791 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 1 encounter | 90.03 | |
| 10103 | DAS | Diagnostic Assessment | 90792 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 174.63 | |
| 10103 | DAS | Diagnostic Assessment | 90792 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 1 encounter | 116.90 | |
| 10103 | DAS | Diagnostic Assessment | 90792 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 222.26 | |
| 10103 | DAS | Diagnostic Assessment | 90792 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 140.28 | |
| 10103 | DAS | Diagnostic Assessment | 90792 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 174.63 | |
| 10103 | DAS | Diagnostic Assessment | 90792 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 116.90 | |
| 10104 ¹ | CAO | Interactive Complexity | 90785 | | | | | | 1 encounter | 0.00 | |
| 10104 ¹ | CAO | Interactive Complexity | 90785 | TG | | | | Complex/High Level of Care | 1 encounter | 0.00 | |
| 10110 | CIN | Crisis Intervention | H2011 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 15 min | 58.21 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|--------------------|---------------|---------------------|-----------|-------|-------|-------|-------|--------------------------------------------------------------|-----------------|--------|-------------------------------------|
| 10110 | CIN | Crisis Intervention | H2011 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10110 | CIN | Crisis Intervention | H2011 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 10110 | CIN | Crisis Intervention | H2011 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10110 | CIN | Crisis Intervention | H2011 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10110 | CIN | Crisis Intervention | H2011 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 15 min | 74.09 | |
| 10110 | CIN | Crisis Intervention | H2011 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10110 | CIN | Crisis Intervention | H2011 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10110 | CIN | Crisis Intervention | H2011 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10110 | CIN | Crisis Intervention | H2011 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10110 | CIN | Crisis Intervention | H2011 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 15 min | 58.21 | Adding "GT" tele-health modifier |
| 10110 | CIN | Crisis Intervention | H2011 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10110 | CIN | Crisis Intervention | H2011 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10110 | CIN | Crisis Intervention | H2011 | GT | U4 | | | Via interactive a/v telecom systems, Practitioner Level 4 | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10110 | CIN | Crisis Intervention | H2011 | GT | U5 | | | Via interactive a/v telecom systems, Practitioner Level 5 | 15 min | 15.13 | Adding "GT" tele-health modifier |
| 10110 ² | CIN | Crisis Intervention | 90839 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 232.84 | |
| 10110 ² | CIN | Crisis Intervention | 90839 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 1 encounter | 155.88 | |
| 10110 ² | CIN | Crisis Intervention | 90839 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 1 encounter | 120.04 | |
| 10110 ² | CIN | Crisis Intervention | 90839 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 296.36 | |
| 10110 ² | CIN | Crisis Intervention | 90839 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 187.04 | |
| 10110 ² | CIN | Crisis Intervention | 90839 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 1 encounter | 146.72 | |
| 10110 ² | CIN | Crisis Intervention | 90839 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 232.84 | Adding "GT" tele-health modifier |
| 10110 ² | CIN | Crisis Intervention | 90839 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 155.88 | Adding "GT" tele-health modifier |
| 10110 ² | CIN | Crisis Intervention | 90839 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 1 encounter | 120.04 | Adding "GT" tele-health modifier |
| 10110 ² | CIN | Crisis Intervention | 90840 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 30 min | 116.42 | |
| 10110 ² | CIN | Crisis Intervention | 90840 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 30 min | 77.94 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|--------------------|---------------|--------------------------------------------------|-----------|-------|-------|-------|-------|--------------------------------------------------------------|-----------------|--------|----------------------------------|
| 10110 ² | CIN | Crisis Intervention | 90840 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 30 min | 60.02 | |
| 10110 ² | CIN | Crisis Intervention | 90840 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 30 min | 148.18 | |
| 10110 ² | CIN | Crisis Intervention | 90840 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 30 min | 93.52 | |
| 10110 ² | CIN | Crisis Intervention | 90840 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 30 min | 73.36 | |
| 10110 ² | CIN | Crisis Intervention | 90840 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 30 min | 116.42 | Adding "GT" tele-health modifier |
| 10110 ² | CIN | Crisis Intervention | 90840 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 30 min | 77.94 | Adding "GT" tele-health modifier |
| 10110 ² | CIN | Crisis Intervention | 90840 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 30 min | 60.02 | Adding "GT" tele-health modifier |
| | | | | | | | | | | | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 10 min) | 99201 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 38.81 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 10 min) | 99201 | U2 | U6 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 25.98 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 10 min) | 99201 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 49.39 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 10 min) | 99201 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 31.17 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 10 min) | 99201 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 38.81 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 10 min) | 99201 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 25.98 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 20 min) | 99202 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 77.61 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 20 min) | 99202 | U2 | U6 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 51.96 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 20 min) | 99202 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 98.79 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 20 min) | 99202 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 62.35 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 20 min) | 99202 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 77.61 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 20 min) | 99202 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 51.96 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 30 min) | 99203 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 116.42 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 30 min) | 99203 | U2 | U6 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 77.94 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 30 min) | 99203 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 148.18 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 30 min) | 99203 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 93.52 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 30 min) | 99203 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 116.42 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 30 min) | 99203 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 77.94 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|-------------------------------------------------|-----------|-------|-------|-------|-------|-----------------------------------------------------------|-----------------|--------|-------|
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 45 min) | 99204 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 174.63 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 45 min) | 99204 | U2 | U6 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 116.90 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 45 min) | 99204 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 222.26 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 45 min) | 99204 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 140.28 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 45 min) | 99204 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 174.63 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 45 min) | 99204 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 116.90 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 60 min) | 99205 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 232.84 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 60 min) | 99205 | U2 | U6 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 155.88 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 60 min) | 99205 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 296.36 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 60 min) | 99205 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 187.04 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 60 min) | 99205 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 232.84 | |
| 10120 | PEM | Psychiatric Treatment (E&M - New Pt - 60 min) | 99205 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 155.88 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 5 min) | 99211 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 19.40 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 5 min) | 99211 | U2 | U6 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 12.99 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 5 min) | 99211 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 24.70 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 5 min) | 99211 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 15.59 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 5 min) | 99211 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 19.40 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 5 min) | 99211 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 12.99 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 10 min) | 99212 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 38.81 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 10 min) | 99212 | U2 | U6 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 25.98 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 10 min) | 99212 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 49.39 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 10 min) | 99212 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 31.17 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 10 min) | 99212 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 38.81 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 10 min) | 99212 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 25.98 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 15 min) | 99213 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 58.21 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 15 min) | 99213 | U2 | U6 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 38.97 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|--------------------|---------------|------------------------------------------------------------------------|-----------|-------|-------|-------|-------|--------------------------------------------------------------|-----------------|--------|-------|
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 15 min) | 99213 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 74.09 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 15 min) | 99213 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 46.76 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 15 min) | 99213 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 58.21 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 15 min) | 99213 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 38.97 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 25 min) | 99214 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 97.02 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 25 min) | 99214 | U2 | U6 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 64.95 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 25 min) | 99214 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 123.48 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 25 min) | 99214 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 77.93 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 25 min) | 99214 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 97.02 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 25 min) | 99214 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 64.95 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 40 min) | 99215 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 155.23 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 40 min) | 99215 | U2 | U6 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 103.92 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 40 min) | 99215 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 197.57 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 40 min) | 99215 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 124.69 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 40 min) | 99215 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 1 encounter | 155.23 | |
| 10120 | PEM | Psychiatric Treatment (E&M - Estab Pt - 40 min) | 99215 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 103.92 | |
| 10120 ³ | PEM | Psychiatric Treatment - Ind Psychotherapy w E&M (+30 min add-on) | 90833 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 97.02 | |
| 10120 ³ | PEM | Psychiatric Treatment - Ind Psychotherapy w E&M (+30 min add-on) | 90833 | U2 | U6 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 64.95 | |
| 10120 ³ | PEM | Psychiatric Treatment - Ind Psychotherapy w E&M (+30 min add-on) | 90833 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 123.48 | |
| 10120 ³ | PEM | Psychiatric Treatment - Ind Psychotherapy w E&M (+30 min add-on) | 90833 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 77.93 | |
| 10120 ³ | PEM | Psychiatric Treatment - Ind Psychotherapy w E&M (+45 min add-on) | 90836 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 1 encounter | 174.63 | |
| 10120 ³ | PEM | Psychiatric Treatment - Ind Psychotherapy w E&M (+45 min add-on) | 90836 | U2 | U6 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 116.90 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|--------------------|---------------|------------------------------------------------------------------------|-----------|-------|-------|-------|-------|----------------------------------------|-----------------|--------|-------------------------------------|
| 10120 ³ | PEM | Psychiatric Treatment - Ind Psychotherapy w E&M (+45 min add-on) | 90836 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 1 encounter | 222.26 | |
| 10120 ³ | PEM | Psychiatric Treatment - Ind Psychotherapy w E&M (+45 min add-on) | 90836 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 140.28 | |
| 10120 | PEM | Psychiatric Consultation | 99446 | U1 | | | | Practitioner Level 1 | 1 encounter | 38.81 | |
| 10120 | PEM | Psychiatric Consultation | 99446 | U2 | | | | Practitioner Level 2 | 1 encounter | 25.98 | |
| | | | | | | | | | | | |
| 10130 | NUR | Nursing Services | T1001 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10130 | NUR | Nursing Services | T1001 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 10130 | NUR | Nursing Services | T1001 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10130 | NUR | Nursing Services | T1001 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10130 | NUR | Nursing Services | T1001 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10130 | NUR | Nursing Services | T1001 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10130 | NUR | Nursing Services | T1001 | GT | U2 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | T1001 | GT | U3 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | T1001 | GT | U4 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | T1002 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10130 | NUR | Nursing Services | T1002 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 10130 | NUR | Nursing Services | T1002 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10130 | NUR | Nursing Services | T1002 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10130 | NUR | Nursing Services | T1002 | GT | U2 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | T1002 | GT | U3 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | T1003 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10130 | NUR | Nursing Services | T1003 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10130 | NUR | Nursing Services | T1003 | GT | U4 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | 96150 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10130 | NUR | Nursing Services | 96150 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|----------------------|---------------|---------------------------|-----------|-------|-------|-------|-------|----------------------------------------|-----------------|-------|-------------------------------------|
| 10130 | NUR | Nursing Services | 96150 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10130 | NUR | Nursing Services | 96150 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10130 | NUR | Nursing Services | 96150 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10130 | NUR | Nursing Services | 96150 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10130 | NUR | Nursing Services | 96150 | GT | U2 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | 96150 | GT | U3 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | 96150 | GT | U4 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | 96151 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10130 | NUR | Nursing Services | 96151 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 10130 | NUR | Nursing Services | 96151 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10130 | NUR | Nursing Services | 96151 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10130 | NUR | Nursing Services | 96151 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10130 | NUR | Nursing Services | 96151 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10130 | NUR | Nursing Services | 96151 | GT | U2 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | 96151 | GT | U3 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10130 | NUR | Nursing Services | 96151 | GT | U4 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | Adding "GT" tele-health modifier |
| Separator Row | | | | | | | | | | | |
| 10140 | MED | Medication Administration | H2010 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 1 encounter | 33.40 | |
| 10140 | MED | Medication Administration | H2010 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 1 encounter | 25.39 | |
| 10140 | MED | Medication Administration | H2010 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 1 encounter | 17.40 | |
| 10140 | MED | Medication Administration | H2010 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 1 encounter | 12.97 | |
| 10140 | MED | Medication Administration | H2010 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 42.51 | |
| 10140 | MED | Medication Administration | H2010 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 1 encounter | 33.01 | |
| 10140 | MED | Medication Administration | H2010 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 1 encounter | 22.14 | |
| 10140 | MED | Medication Administration | 96372 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 1 encounter | 33.40 | |
| 10140 | MED | Medication Administration | 96372 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 1 encounter | 25.39 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|------------------|---------------|-----------------------------------------------|-----------|-------|-------|-------|-------|------------------------------------------------------------------|-----------------|-------|----------------------------------|
| 10140 | MED | Medication Administration | 96372 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 1 encounter | 17.40 | |
| 10140 | MED | Medication Administration | 96372 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 42.51 | |
| 10140 | MED | Medication Administration | 96372 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 1 encounter | 33.01 | |
| 10140 | MED | Medication Administration | 96372 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 1 encounter | 22.14 | |
| Separator | | | | | | | | | | | |
| 10150 | CSI | Community Support Individual | H2015 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10150 | CSI | Community Support Individual | H2015 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10150 | CSI | Community Support Individual | H2015 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10150 | CSI | Community Support Individual | H2015 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10150 | CSI | Community Support Individual | H2015 | GT | U4 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10150 | CSI | Community Support Individual | H2015 | GT | U5 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | Adding "GT" tele-health modifier |
| 10150 | CSI | Community Support Individual | H2015 | UK | U4 | U6 | | Collateral Contact, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10150 | CSI | Community Support Individual | H2015 | UK | U5 | U6 | | Collateral Contact, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10150 | CSI | Community Support Individual | H2015 | UK | U4 | U7 | | Collateral Contact, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10150 | CSI | Community Support Individual | H2015 | UK | U5 | U7 | | Collateral Contact, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| Separator | | | | | | | | | | | |
| 10151 | PSR | Psychosocial Rehabilitation (Individual) | H2017 | HE | U4 | U6 | | Mental Health Program, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10151 | PSR | Psychosocial Rehabilitation (Individual) | H2017 | HE | U5 | U6 | | Mental Health Program, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10151 | PSR | Psychosocial Rehabilitation (Individual) | H2017 | HE | U4 | U7 | | Mental Health Program, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10151 | PSR | Psychosocial Rehabilitation (Individual) | H2017 | HE | U5 | U7 | | Mental Health Program, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10151 | PSR | Psychosocial Rehabilitation (Individual) | H2017 | GT | HE | U4 | U6 | Mental Health Program, Practitioner Level 4, In-Clinic | 15 min | 20.30 | Adding "GT" tele-health modifier |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|--------------------------------------------|-----------|-------|-------|-------|-------|----------------------------------------------------------------------------------|-----------------|-------|----------------------------------|
| 10151 | PSR | Psychosocial Rehabilitation (Individual) | H2017 | GT | HE | U5 | U6 | Mental Health Program, Practitioner Level 5, In-Clinic | 15 min | 15.13 | Adding "GT" tele-health modifier |
| 10152 | ADS | Addictive Disease Support Services | H2015 | HF | U4 | U6 | | Substance Abuse Program, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10152 | ADS | Addictive Disease Support Services | H2015 | HF | U5 | U6 | | Substance Abuse Program, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10152 | ADS | Addictive Disease Support Services | H2015 | HF | U4 | U7 | | Substance Abuse Program, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10152 | ADS | Addictive Disease Support Services | H2015 | HF | U5 | U7 | | Substance Abuse Program, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10152 | ADS | Addictive Disease Support Services | H2015 | GT | HF | U4 | U6 | Substance Abuse Program, Practitioner Level 4, In-Clinic | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10152 | ADS | Addictive Disease Support Services | H2015 | GT | HF | U5 | U6 | Substance Abuse Program, Practitioner Level 5, In-Clinic | 15 min | 15.13 | Adding "GT" tele-health modifier |
| 10152 | ADS | Addictive Disease Support Services | H2015 | HF | UK | U4 | U6 | Substance Abuse Program, Collateral Contact, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10152 | ADS | Addictive Disease Support Services | H2015 | HF | UK | U5 | U6 | Substance Abuse Program, Collateral Contact, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10152 | ADS | Addictive Disease Support Services | H2015 | HF | UK | U4 | U7 | Substance Abuse Program, Collateral Contact, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10152 | ADS | Addictive Disease Support Services | H2015 | HF | UK | U5 | U7 | Substance Abuse Program, Collateral Contact, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 1 encounter | 64.95 | |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 1 encounter | 50.02 | |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 1 encounter | 33.83 | |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 1 encounter | 25.21 | |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 77.93 | |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 1 encounter | 61.13 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|----------------------------------------------|-----------|-------|-------|-------|-------|--------------------------------------------------------------|-----------------|--------|-------------------------------------|
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 1 encounter | 40.59 | |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 1 encounter | 30.25 | |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 64.95 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 1 encounter | 50.02 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | GT | U4 | | | Via interactive a/v telecom systems, Practitioner Level 4 | 1 encounter | 33.83 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 30 min) | 90832 | GT | U5 | | | Via interactive a/v telecom systems, Practitioner Level 5 | 1 encounter | 25.21 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 1 encounter | 116.90 | |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 1 encounter | 90.03 | |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 1 encounter | 60.89 | |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 1 encounter | 45.38 | |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 140.28 | |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 1 encounter | 110.04 | |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 1 encounter | 73.07 | |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 1 encounter | 54.46 | |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 116.90 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 1 encounter | 90.03 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | GT | U4 | | | Via interactive a/v telecom systems, Practitioner Level 4 | 1 encounter | 60.89 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 45 min) | 90834 | GT | U5 | | | Via interactive a/v telecom systems, Practitioner Level 5 | 1 encounter | 45.38 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 1 encounter | 155.87 | |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 1 encounter | 120.04 | |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 1 encounter | 81.18 | |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 1 encounter | 60.51 | |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 1 encounter | 187.04 | |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 1 encounter | 146.71 | |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 1 encounter | 97.42 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|----------------------------------------------|-----------|-------|-------|-------|-------|---------------------------------------------------------------------------------------------------|-----------------|--------|-------------------------------------|
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 1 encounter | 72.61 | |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 1 encounter | 155.87 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 1 encounter | 120.04 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | GT | U4 | | | Via interactive a/v telecom systems, Practitioner Level 4 | 1 encounter | 81.18 | Adding "GT" tele-health modifier |
| 10160 | TIN | Individual Outpatient Services (≈ 60 min) | 90837 | GT | U5 | | | Via interactive a/v telecom systems, Practitioner Level 5 | 1 encounter | 60.51 | Adding "GT" tele-health modifier |
| | | | | | | | | | | | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | U2 | U6 | | Group Setting, Practitioner Level 2, In-Clinic | 15 min | 8.50 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | U3 | U6 | | Group Setting, Practitioner Level 3, In-Clinic | 15 min | 6.60 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | U4 | U6 | | Group Setting, Practitioner Level 4, In-Clinic | 15 min | 4.43 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | U5 | U6 | | Group Setting, Practitioner Level 5, In-Clinic | 15 min | 3.30 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | U2 | U7 | | Group Setting, Practitioner Level 2, Out-of-Clinic | 15 min | 10.39 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | U3 | U7 | | Group Setting, Practitioner Level 3, Out-of-Clinic | 15 min | 8.25 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | U4 | U7 | | Group Setting, Practitioner Level 4, Out-of-Clinic | 15 min | 5.41 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | U5 | U7 | | Group Setting, Practitioner Level 5, Out-of-Clinic | 15 min | 4.03 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HR | U2 | U6 | Group Setting (multi-family group), With Client Present, Practitioner Level 2, In-Clinic | 15 min | 8.50 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HR | U3 | U6 | Group Setting (multi-family group), With Client Present, Practitioner Level 3, In-Clinic | 15 min | 6.60 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HR | U4 | U6 | Group Setting (multi-family group), With Client Present, Practitioner Level 4, In-Clinic | 15 min | 4.43 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HR | U5 | U6 | Group Setting (multi-family group), With Client Present, Practitioner Level 5, In-Clinic | 15 min | 3.30 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|---------------------------|-----------|-------|-------|-------|-------|----------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HR | U2 | U7 | Group Setting (multi-family group), With Client Present, Practitioner Level 2, Out-of-Clinic | 15 min | 10.39 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HR | U3 | U7 | Group Setting (multi-family group), With Client Present, Practitioner Level 3, Out-of-Clinic | 15 min | 8.25 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HR | U4 | U7 | Group Setting (multi-family group), With Client Present, Practitioner Level 4, Out-of-Clinic | 15 min | 5.41 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HR | U5 | U7 | Group Setting (multi-family group), With Client Present, Practitioner Level 5, Out-of-Clinic | 15 min | 4.03 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HS | U2 | U6 | Group Setting (multi-family group), Without Client Present, Practitioner Level 2, In-Clinic | 15 min | 8.50 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HS | U3 | U6 | Group Setting (multi-family group), Without Client Present, Practitioner Level 3, In-Clinic | 15 min | 6.60 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HS | U4 | U6 | Group Setting (multi-family group), Without Client Present, Practitioner Level 4, In-Clinic | 15 min | 4.43 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HS | U5 | U6 | Group Setting (multi-family group), Without Client Present, Practitioner Level 5, In-Clinic | 15 min | 3.30 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HS | U2 | U7 | Group Setting (multi-family group), Without Client Present, Practitioner Level 2, Out-of-Clinic | 15 min | 10.39 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HS | U3 | U7 | Group Setting (multi-family group), Without Client Present, Practitioner Level 3, Out-of-Clinic | 15 min | 8.25 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HS | U4 | U7 | Group Setting (multi-family group), Without Client Present, Practitioner Level 4, Out-of-Clinic | 15 min | 5.41 | |
| 10170 | GRP | Group Outpatient Services | H0004 | HQ | HS | U5 | U7 | Group Setting (multi-family group), Without Client Present, Practitioner Level 5, Out-of-Clinic | 15 min | 4.03 | |
| 10170 | GRP | Group Outpatient Services | 90853 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 8.50 | |
| 10170 | GRP | Group Outpatient Services | 90853 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 6.60 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|---------------------------|-----------|-------|-------|-------|-------|----------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| 10170 | GRP | Group Outpatient Services | 90853 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 4.43 | |
| 10170 | GRP | Group Outpatient Services | 90853 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 3.30 | |
| 10170 | GRP | Group Outpatient Services | 90853 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 10.39 | |
| 10170 | GRP | Group Outpatient Services | 90853 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 8.25 | |
| 10170 | GRP | Group Outpatient Services | 90853 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 5.41 | |
| 10170 | GRP | Group Outpatient Services | 90853 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 4.03 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | U4 | U6 | | Group Setting, Practitioner Level 4, In-Clinic | 15 min | 4.43 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | U5 | U6 | | Group Setting, Practitioner Level 5, In-Clinic | 15 min | 3.30 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | U4 | U7 | | Group Setting, Practitioner Level 4, Out-of-Clinic | 15 min | 5.41 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | U5 | U7 | | Group Setting, Practitioner Level 5, Out-of-Clinic | 15 min | 4.03 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | HR | U4 | U6 | Group Setting (multi-family group), With Client Present, Practitioner Level 4, In-Clinic | 15 min | 4.43 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | HR | U5 | U6 | Group Setting (multi-family group), With Client Present, Practitioner Level 5, In-Clinic | 15 min | 3.30 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | HR | U4 | U7 | Group Setting (multi-family group), With Client Present, Practitioner Level 4, Out-of-Clinic | 15 min | 5.41 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | HR | U5 | U7 | Group Setting (multi-family group), With Client Present, Practitioner Level 5, Out-of-Clinic | 15 min | 4.03 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | HS | U4 | U6 | Group Setting (multi-family group), Without Client Present, Practitioner Level 4, In-Clinic | 15 min | 4.43 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | HS | U5 | U6 | Group Setting (multi-family group), Without Client Present, Practitioner Level 5, In-Clinic | 15 min | 3.30 | |
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | HS | U4 | U7 | Group Setting (multi-family group), Without Client Present, Practitioner Level 4, Out-of-Clinic | 15 min | 5.41 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|----------------------------|-----------|-------|-------|-------|-------|----------------------------------------------------------------------------------------------------------|-----------------|-------|-------------------------------------|
| 10170 | GRP | Group Outpatient Services | H2014 | HQ | HS | U5 | U7 | Group Setting (multi-family group), Without Client Present, Practitioner Level 5, Out-of-Clinic | 15 min | 4.03 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HR | U2 | U6 | | With client present, Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HR | U3 | U6 | | With client present, Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HR | U4 | U6 | | With client present, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HR | U5 | U6 | | With client present, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HR | U2 | U7 | | With client present, Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HR | U3 | U7 | | With client present, Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HR | U4 | U7 | | With client present, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HR | U5 | U7 | | With client present, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10180 | FAM | Family Outpatient Services | H0004 | GT | HR | U2 | | Via interactive a/v telecom systems, With client present, Practitioner Level 2 | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | H0004 | GT | HR | U3 | | Via interactive a/v telecom systems, With client present, Practitioner Level 3 | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | H0004 | GT | HR | U4 | | Via interactive a/v telecom systems, With client present, Practitioner Level 4 | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | H0004 | GT | HR | U5 | | Via interactive a/v telecom systems, With client present, Practitioner Level 5 | 15 min | 15.13 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | H0004 | HS | U2 | U6 | | Without client present, Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HS | U3 | U6 | | Without client present, Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HS | U4 | U6 | | Without client present, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|----------------------------|-----------|-------|-------|-------|-------|-----------------------------------------------------------------------------------------|-----------------|-------|-------------------------------------|
| 10180 | FAM | Family Outpatient Services | H0004 | HS | U5 | U6 | | Without client present, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HS | U2 | U7 | | Without client present, Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HS | U3 | U7 | | Without client present, Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HS | U4 | U7 | | Without client present, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10180 | FAM | Family Outpatient Services | H0004 | HS | U5 | U7 | | Without client present, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10180 | FAM | Family Outpatient Services | H0004 | GT | HS | U2 | | Via interactive a/v telecom systems, Without client present, Practitioner Level 2 | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | H0004 | GT | HS | U3 | | Via interactive a/v telecom systems, Without client present, Practitioner Level 3 | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | H0004 | GT | HS | U4 | | Via interactive a/v telecom systems, Without client present, Practitioner Level 4 | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | H0004 | GT | HS | U5 | | Via interactive a/v telecom systems, Without client present, Practitioner Level 5 | 15 min | 15.13 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | 90846 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10180 | FAM | Family Outpatient Services | 90846 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 10180 | FAM | Family Outpatient Services | 90846 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10180 | FAM | Family Outpatient Services | 90846 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10180 | FAM | Family Outpatient Services | 90846 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10180 | FAM | Family Outpatient Services | 90846 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10180 | FAM | Family Outpatient Services | 90846 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10180 | FAM | Family Outpatient Services | 90846 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10180 | FAM | Family Outpatient Services | 90846 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | 90846 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | 90846 | GT | U4 | | | Via interactive a/v telecom systems, Practitioner Level 4 | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | 90846 | GT | U5 | | | Via interactive a/v telecom systems, Practitioner Level 5 | 15 min | 15.13 | Adding "GT" tele-health modifier |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|----------------------------|-----------|-------|-------|-------|-------|--------------------------------------------------------------------------------------|-----------------|-------|-------------------------------------|
| 10180 | FAM | Family Outpatient Services | 90847 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| 10180 | FAM | Family Outpatient Services | 90847 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 10180 | FAM | Family Outpatient Services | 90847 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10180 | FAM | Family Outpatient Services | 90847 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10180 | FAM | Family Outpatient Services | 90847 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 46.76 | |
| 10180 | FAM | Family Outpatient Services | 90847 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 10180 | FAM | Family Outpatient Services | 90847 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10180 | FAM | Family Outpatient Services | 90847 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10180 | FAM | Family Outpatient Services | 90847 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 15 min | 38.97 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | 90847 | GT | U3 | | | Via interactive a/v telecom systems, Practitioner Level 3 | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | 90847 | GT | U4 | | | Via interactive a/v telecom systems, Practitioner Level 4 | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | 90847 | GT | U5 | | | Via interactive a/v telecom systems, Practitioner Level 5 | 15 min | 15.13 | Adding "GT" tele-health modifier |
| 10180 | FAM | Family Outpatient Services | H2014 | HR | U4 | U6 | | With client present, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10180 | FAM | Family Outpatient Services | H2014 | HR | U5 | U6 | | With client present, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10180 | FAM | Family Outpatient Services | H2014 | HR | U4 | U7 | | With client present, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10180 | FAM | Family Outpatient Services | H2014 | HR | U5 | U7 | | With client present, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10180 | FAM | Family Outpatient Services | H2014 | HS | U4 | U6 | | Without client present, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 10180 | FAM | Family Outpatient Services | H2014 | HS | U5 | U6 | | Without client present, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 10180 | FAM | Family Outpatient Services | H2014 | HS | U4 | U7 | | Without client present, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 10180 | FAM | Family Outpatient Services | H2014 | HS | U5 | U7 | | Without client present, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 10180 | FAM | Family Outpatient Services | H2014 | GT | HR | U4 | | Via interactive a/v telecom systems, With client present, Practitioner Level 4 | 15 min | 20.30 | Adding "GT" tele-health modifier |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|-------------------------------------------------------------|------------------|---------------|---------------|---------------|-------|-----------------------------------------------------------------------------------|-----------------------|-----------------|------------------------------------------------|
| | | Family Outpatient Services | H2014 | GT | HR | U5 | | Via interactive a/v telecom systems, With client present, Practitioner Level 5 | 15 min | 15.13 | Adding "GT" tele-health modifier |
| | | Family Outpatient Services | H2014 | GT | HS | U4 | | Via interactive a/v telecom systems, Without client present, Practitioner Level 4 | 15 min | 20.30 | Adding "GT" tele-health modifier |
| | | Family Outpatient Services | H2014 | GT | HS | U5 | | Via interactive a/v telecom systems, Without client present, Practitioner Level 5 | 15 min | 15.13 | Adding "GT" tele-health modifier |
| DEL | | Crisis Stabilization Program - Adult | H0018 | U2 | | | | High Intensity | 1 day | 0.00 | |
| DEL | | Crisis Stabilization Program - Adult | H0018 | TB | U2 | | | Transition Bed, High Intensity | 1 day | 0.00 | |
| DEL | | Crisis Stabilization Program - C&A | H0018 | HA | U2 | | | Child Program, High Intensity | 1 day | 0.00 | |
| DEL | | Crisis Stabilization Program - C&A | H0018 | HA | TB | U2 | | Child Program, Transition Bed, High Intensity | 1 day | 0.00 | |
| NEW | | Crisis Stabilization Program - Adult | H0018 | | | | | High Intensity | 1 day | 209.22 | Rate for Medicaid. State Funded is Contracted. |
| | | Crisis Stabilization Program - Adult | H0018 | TB | U2 | | | Transition Bed, High Intensity | 1 day | 0.00 | |
| NEW | | Crisis Stabilization Program - C&A | H0018 | HA | | | | Child Program, High Intensity | 1 day | 209.22 | Rate for Medicaid. State Funded is Contracted. |
| | | Crisis Stabilization Program - C&A | H0018 | HA | TB | U2 | | Child Program, Transition Bed, High Intensity | 1 day | 0.00 | |
| | | Community Based Inpatient Psychiatric & SA Detox | H2013 | | | | | | 1 day | per contract | |
| | | Crisis Service Center | S9484 | | | | | | 1 encounter | 0.00 | |
| | | Temporary Observation | S9485 | | | | | | 1 episode (admission) | 0.00 | |
| | | Community Transitional Placement - Crisis Respite Apartment | H0045 | HE | | | | Mental Health Program | 1 day | 0.00 | |
| | | Community Transitional Placement - AD Transitional Bed | H0045 | HF | | | | Substance Abuse Program | 1 day | 0.00 | |
| | | Peer Support Whole Health & Wellness | H0025 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| | | Peer Support Whole Health & Wellness | H0025 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|-----------------------------------------|-----------|-------|-------|-------|-------|--------------------------------------------------------------------|-----------------|-------|-------------------------------------|
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | GT | U3 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | GT | U4 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | GT | U5 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | Adding "GT" tele-health modifier |
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | HQ | U4 | U6 | | Practitioner Level 4, In-Clinic | 15 min | 4.43 | Adding "HQ" group modifier |
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | HQ | U4 | U7 | | Practitioner Level 4, Out-of-Clinic | 15 min | 5.41 | Adding "HQ" group modifier |
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | HQ | U5 | U6 | | Practitioner Level 5, In-Clinic | 15 min | 3.30 | Adding "HQ" group modifier |
| 20302 | PSW | Peer Support Whole Health & Wellness | H0025 | HQ | U5 | U7 | | Practitioner Level 5, Out-of-Clinic | 15 min | 4.03 | Adding "HQ" group modifier |
| 20306 | PSI | Peer Supports - Adult (Individual) | H0038 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 20306 | PSI | Peer Supports - Adult (Individual) | H0038 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 20306 | PSI | Peer Supports - Adult (Individual) | H0038 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 20306 | PSI | Peer Supports - Adult (Individual) | H0038 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 20306 | PSI | Peer Supports (Individual) | H0038 | GT | U4 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 20306 | PSI | Peer Supports (Individual) | H0038 | GT | U5 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 20306 | PSI | Peer Supports - Adult (Individual) | H0038 | HF | U4 | U6 | | Substance Abuse Program, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 20306 | PSI | Peer Supports - Adult (Individual) | H0038 | HF | U5 | U6 | | Substance Abuse Program, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 20306 | PSI | Peer Supports - Adult (Individual) | H0038 | HF | U4 | U7 | | Substance Abuse Program, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 20306 | PSI | Peer Supports - Adult (Individual) | H0038 | HF | U5 | U7 | | Substance Abuse Program, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 20306 | PSI | Peer Supports (Individual) | H0038 | GT | HF | U4 | | Substance Abuse Program, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|------------------------------------|-----------|-------|-------|-------|-------|-------------------------------------------------------------------------------|-----------------|-------|--------------------------------------------|
| 20306 | PSI | Peer Supports (Individual) | H0038 | GT | HF | U5 | | Substance Abuse Program, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 20307 | PSP | Peer Supports - Adult (Group) | H0038 | HQ | U4 | U6 | | Group Setting, Practitioner Level 4, In-Clinic | 1 hour | 17.72 | |
| 20307 | PSP | Peer Supports - Adult (Group) | H0038 | HQ | U5 | U6 | | Group Setting, Practitioner Level 5, In-Clinic | 1 hour | 13.20 | |
| 20307 | PSP | Peer Supports - Adult (Group) | H0038 | HQ | U4 | U7 | | Group Setting, Practitioner Level 4, Out-of-Clinic | 1 hour | 21.64 | |
| 20307 | PSP | Peer Supports - Adult (Group) | H0038 | HQ | U5 | U7 | | Group Setting, Practitioner Level 5, Out-of-Clinic | 1 hour | 16.12 | |
| 20307 | PSP | Peer Supports - Adult (Group) | H0038 | HF | HQ | U4 | U6 | Substance Abuse Program, Group Setting, Practitioner Level 4, In-Clinic | 1 hour | 17.72 | |
| 20307 | PSP | Peer Supports - Adult (Group) | H0038 | HF | HQ | U5 | U6 | Substance Abuse Program, Group Setting, Practitioner Level 5, In-Clinic | 1 hour | 13.20 | |
| 20307 | PSP | Peer Supports - Adult (Group) | H0038 | HF | HQ | U4 | U7 | Substance Abuse Program, Group Setting, Practitioner Level 4, Out-of-Clinic | 1 hour | 21.64 | |
| 20307 | PSP | Peer Supports - Adult (Group) | H0038 | HF | HQ | U5 | U7 | Substance Abuse Program, Group Setting, Practitioner Level 5, Out-of-Clinic | 1 hour | 16.12 | |
| 20308 | YPI | Peer Supports - Youth (Individual) | H0038 | HA | U4 | U6 | | Child & Adolescent, Practitioner Level 4, In-Clinic | 15 min | 20.30 | Provided by a CPS-Y |
| 20308 | YPI | Peer Supports - Youth (Individual) | H0038 | HA | U5 | U6 | | Child & Adolescent, Practitioner Level 5, In-Clinic | 15 min | 15.13 | Provided by a CPS-Y |
| 20308 | YPI | Peer Supports - Youth (Individual) | H0038 | HA | U4 | U7 | | Child & Adolescent, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | Provided by a CPS-Y |
| 20308 | YPI | Peer Supports - Youth (Individual) | H0038 | HA | U5 | U7 | | Child & Adolescent, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | Provided by a CPS-Y |
| 20308 | YPI | Peer Supports - Youth (Individual) | H0038 | GT | HA | U4 | | Via interactive a/v telecom systems, Child & Adolescent, Practitioner Level 4 | 15 min | 20.30 | Provided by a CPS-Y w/tele-health modifier |
| 20308 | YPI | Peer Supports - Youth (Individual) | H0038 | GT | HA | U5 | | Via interactive a/v telecom systems, Child & Adolescent, Practitioner Level 5 | 15 min | 15.13 | Provided by a CPS-Y w/tele-health modifier |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|-------------------------------------|-----------|-------|-------|-------|-------|-------------------------------------------------------------------------------|-----------------|-------|--------------------------------------------|
| 20309 | YPG | Peer Supports - Youth (Group) | H0038 | HA | HQ | U4 | U6 | Child & Adolescent, Group Setting, Practitioner Level 4, In-Clinic | 1 hour | 17.72 | Provided by a CPS-Y |
| 20309 | YPG | Peer Supports - Youth (Group) | H0038 | HA | HQ | U5 | U6 | Child & Adolescent, Group Setting, Practitioner Level 5, In-Clinic | 1 hour | 13.20 | Provided by a CPS-Y |
| 20309 | YPG | Peer Supports - Youth (Group) | H0038 | HA | HQ | U4 | U7 | Child & Adolescent, Group Setting, Practitioner Level 4, In-Clinic | 1 hour | 21.64 | Provided by a CPS-Y |
| 20309 | YPG | Peer Supports - Youth (Group) | H0038 | HA | HQ | U5 | U7 | Child & Adolescent, Group Setting, Practitioner Level 5, In-Clinic | 1 hour | 16.12 | Provided by a CPS-Y |
| 20310 | PPI | Peer Supports - Parent (Individual) | H0038 | HS | U4 | U6 | | w/o Client Present, Practitioner Level 4, In-Clinic | 15 min | 20.30 | Provided by a CPS-P |
| 20310 | PPI | Peer Supports - Parent (Individual) | H0038 | HS | U5 | U6 | | w/o Client Present, Practitioner Level 5, In-Clinic | 15 min | 15.13 | Provided by a CPS-P |
| 20310 | PPI | Peer Supports - Parent (Individual) | H0038 | HS | U4 | U7 | | w/o Client Present, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | Provided by a CPS-P |
| 20310 | PPI | Peer Supports - Parent (Individual) | H0038 | HS | U5 | U7 | | w/o Client Present, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | Provided by a CPS-P |
| 20310 | PPI | Peer Supports (Individual) | H0038 | GT | HS | U4 | | Via interactive a/v telecom systems, w/o Client Present, Practitioner Level 4 | 15 min | 20.30 | Provided by a CPS-P w/tele-health modifier |
| 20310 | PPI | Peer Supports (Individual) | H0038 | GT | HS | U5 | | Via interactive a/v telecom systems, w/o Client Present, Practitioner Level 5 | 15 min | 15.13 | Provided by a CPS-P w/tele-health modifier |
| 20311 | PPG | Peer Supports - Parent (Group) | H0038 | HQ | HS | U4 | U6 | Group Setting, w/o Client Present, Practitioner Level 4, In-Clinic | 1 hour | 17.72 | Provided by a CPS-P |
| 20311 | PPG | Peer Supports - Parent (Group) | H0038 | HQ | HS | U5 | U6 | Group Setting, w/o Client Present, Practitioner Level 5, In-Clinic | 1 hour | 13.20 | Provided by a CPS-P |
| 20311 | PPG | Peer Supports - Parent (Group) | H0038 | HQ | HS | U4 | U7 | Group Setting, w/o Client Present, Practitioner Level 4, Out-of-Clinic | 1 hour | 21.64 | Provided by a CPS-P |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|---------------------------------------|-------------------------------|-------|-------|-------|-------|------------------------------------------------------------------------|-----------------|--------|-----------------------|
| 20311 | PPG | Peer Supports - Parent (Group) | H0038 | HQ | HS | U5 | U7 | Group Setting, w/o Client Present, Practitioner Level 5, Out-of-Clinic | 1 hour | 16.12 | Provided by a CPS-P |
| 20401 | SE8 | Supported Employment | H2024 | | | | | | 1 mo. | 410.00 | |
| 20402 | TOR | Task Oriented Rehabilitation Services | H2025 | U4 | U6 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 20.30 | Adding "U6" in-clinic |
| 20402 | TOR | Task Oriented Rehabilitation Services | H2025 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 20402 | TOR | Task Oriented Rehabilitation Services | H2025 | U5 | U6 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 15.13 | Adding "U6" in-clinic |
| 20402 | TOR | Task Oriented Rehabilitation Services | H2025 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 20501 | IRS | Independent Residential Services | H0043 | R1 | | | | Residential Level 1 | 1 day | 0.00 | |
| 20501 | IRS | Independent Residential Services | H0043 | HF | R1 | | | Substance Abuse Program, Residential Level 1 | 1 day | 0.00 | |
| 20502 | SRS | Semi-Independent Residential Services | H0043 | R2 | | | | Residential Level 2 | 1 day | 0.00 | |
| 20502 | SRS | Semi-Independent Residential Services | H0043 | HF | R2 | | | Substance Abuse Program, Residential Level 2 | 1 day | 0.00 | |
| 20503 | INT | Intensive Residential Services (MH) | H0043 | R3 | | | | Residential Level 3 | 1 day | 0.00 | |
| 20503 | INT | Intensive Residential Services (AD) | H0043 | HF | R3 | | | Substance Abuse Program, Residential Level 3 | 1 day | 0.00 | |
| 20503 | INT | Intensive Residential Services (CIH) | H0043 | H9 | | | | | 1 day | 0.00 | |
| 20510 | STR | Structured Residential - C&A | H0043 | HA | | | | Child Program | 1 day | 0.00 | |
| NEW | 20511 | CL1 | Community Residential Rehab 1 | H0019 | TG | | | Complex/High Level of Care | 1 day | 99.23 | |
| NEW | 20512 | CL2 | Community Residential Rehab 2 | H0019 | TF | | | Intermediate Level of Care | 1 day | 64.13 | |
| NEW | 20513 | CL3 | Community Residential Rehab 3 | H0019 | | | | | 1 day | 46.43 | |
| | 20514 | CL4 | Community Living Supports IV | H2021 | UA | | | In Individual's Own Home | 15 min | 13.96 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|--------------------|---------------|----------------------------------------------------------|-------------------------------|--------------|-------|-------|-------|-----------------------------------------------------------|-----------------|--------------|---------------------------|
| 20516 | WTR | Women's Treatment & Recovery Supports - Residential | H0043 | | | | | | 1 day | 0.00 | |
| 20517 | WTT | Women's Treatment & Recovery Supports - Transitional Bed | H0043 | TB | | | | Transitional Bed | 1 day | 0.00 | |
| NEW | 20518 | RBO | Room, Board, Oversight | S9976 | | | | | 1 day | 35.00 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | U1 | U6 | | | Practitioner Level 1, In-Clinic | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | U1 | U7 | | | Practitioner Level 1, Out-of-Clinic | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | U2 | U7 | | | Practitioner Level 2, Out-of-Clinic | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | GT | U1 | | | Via interactive a/v telecom systems, Practitioner Level 1 | 15 min | 32.46 | |
| 20601 | ACT | Assertive Community Treatment | H0039 | GT | U2 | | | Via interactive a/v telecom systems, Practitioner Level 2 | 15 min | 32.46 | |
| 20601 ⁴ | ACT | Assertive Community Treatment | H0039 | HT | | | | Multidisciplinary team | 15 min | 0.00 | |
| 20601 | ACT | Assertive Community Treatment - Group | H0039 | HQ | U3 | U6 | | Group Setting, Practitioner Level 3, In-Clinic | 15 min | 6.60 | |
| 20601 | ACT | Assertive Community Treatment - Group | H0039 | HQ | U4 | U6 | | Group Setting, Practitioner Level 4, In-Clinic | 15 min | 4.43 | |
| 20601 | ACT | Assertive Community Treatment - Group | H0039 | HQ | U5 | U6 | | Group Setting, Practitioner Level 5, In-Clinic | 15 min | 3.30 | |
| 20601 | ACT | Assertive Community Treatment - Group | H0039 | HQ | U3 | U7 | | Group Setting, Practitioner Level 3, Out-of-Clinic | 15 min | 8.25 | Adding "U7" out-of-clinic |
| 20601 | ACT | Assertive Community Treatment - Group | H0039 | HQ | U4 | U7 | | Group Setting, Practitioner Level 4, Out-of-Clinic | 15 min | 5.41 | Adding "U7" out-of-clinic |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|---------------------------------------|---------------|-------|-------|-------|-------|----------------------------------------------------------|-----------------|-------|----------------------------------|
| 20601 | ACT | Assertive Community Treatment - Group | H0039 | HQ | U5 | U7 | | Group Setting, Practitioner Level 5, Out-of-Clinic | 15 min | 4.03 | Adding "U7" out-of-clinic |
| 20602 | IFI | Intensive Family Intervention | H0036 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 20602 | IFI | Intensive Family Intervention | H0036 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 22.14 | |
| 20602 | IFI | Intensive Family Intervention | H0036 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 16.50 | |
| 20602 | IFI | Intensive Family Intervention | H0036 | U3 | U7 | | | Practitioner Level 3, Out-of-Clinic | 15 min | 41.26 | |
| 20602 | IFI | Intensive Family Intervention | H0036 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 27.06 | |
| 20602 | IFI | Intensive Family Intervention | H0036 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 20.17 | |
| 20602 | IFI | Intensive Family Intervention | H0036 | GT | U3 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | Adding "GT" tele-health modifier |
| 20602 | IFI | Intensive Family Intervention | H0036 | GT | U4 | | | Practitioner Level 4, In-Clinic | 15 min | 22.14 | Adding "GT" tele-health modifier |
| 20602 | IFI | Intensive Family Intervention | H0036 | GT | U5 | | | Practitioner Level 5, In-Clinic | 15 min | 16.50 | Adding "GT" tele-health modifier |
| 20605 | CST | Community Support Team | H0039 | TN | U3 | U6 | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 20605 | CST | Community Support Team | H0039 | TN | U4 | U6 | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 20605 | CST | Community Support Team | H0039 | TN | U5 | U6 | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 20605 | CST | Community Support Team | H0039 | TN | U3 | U7 | | Practitioner Level 3, Out-of-Clinic | 15 min | 36.68 | |
| 20605 | CST | Community Support Team | H0039 | TN | U4 | U7 | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 20605 | CST | Community Support Team | H0039 | TN | U5 | U7 | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 20605 | CST | Community Support Team | H0039 | TN | GT | U3 | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| 20605 | CST | Community Support Team | H0039 | TN | GT | U4 | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 20605 | CST | Community Support Team | H0039 | TN | GT | U5 | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| NEW | 20606 | IOA | SAIOP - Adult | H0015 | U3 | U6 | | Practitioner Level 3, In-Clinic | 1 hour | 26.40 | |
| NEW | 20606 | IOA | SAIOP - Adult | H0015 | U4 | U6 | | Practitioner Level 4, In-Clinic | 1 hour | 17.72 | |
| NEW | 20606 | IOA | SAIOP - Adult | H0015 | U5 | U6 | | Practitioner Level 5, In-Clinic | 1 hour | 13.20 | |
| NEW | 20606 | IOA | SAIOP - Adult | H0015 | U3 | U7 | | Practitioner Level 3, Out-of-Clinic | 1 hour | 33.00 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| | Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|-----|---------------|---------------|-------------------------------------|-----------|-------|-------|-------|-------|----------------------------------------------------------|-----------------|-------|-------|
| NEW | 20606 | IOA | SAIOP - Adult | H0015 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 1 hour | 21.64 | |
| NEW | 20606 | IOA | SAIOP - Adult | H0015 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 1 hour | 16.12 | |
| NEW | 20607 | IOC | SAIOP - C&A | H0015 | HA | U3 | U6 | | Child Program, Practitioner Level 3, In-Clinic | 1 hour | 26.40 | |
| NEW | 20607 | IOC | SAIOP - C&A | H0015 | HA | U4 | U6 | | Child Program, Practitioner Level 4, In-Clinic | 1 hour | 17.72 | |
| NEW | 20607 | IOC | SAIOP - C&A | H0015 | HA | U5 | U6 | | Child Program, Practitioner Level 5, In-Clinic | 1 hour | 13.20 | |
| NEW | 20607 | IOC | SAIOP - C&A | H0015 | HA | U3 | U7 | | Child Program, Practitioner Level 3, Out-of-Clinic | 1 hour | 33.00 | |
| NEW | 20607 | IOC | SAIOP - C&A | H0015 | HA | U4 | U7 | | Child Program, Practitioner Level 4, Out-of-Clinic | 1 hour | 21.64 | |
| NEW | 20607 | IOC | SAIOP - C&A | H0015 | HA | U5 | U7 | | Child Program, Practitioner Level 5, Out-of-Clinic | 1 hour | 16.12 | |
| | 20908 | PRE | Psychosocial Rehabilitation (Group) | H2017 | HQ | U4 | U6 | | Practitioner Level 4, In-Clinic | 1 hour | 17.72 | |
| | 20908 | PRE | Psychosocial Rehabilitation (Group) | H2017 | HQ | U5 | U6 | | Practitioner Level 5, In-Clinic | 1 hour | 13.20 | |
| | 20908 | PRE | Psychosocial Rehabilitation (Group) | H2017 | HQ | U4 | U7 | | Practitioner Level 4, Out-of-Clinic | 1 hour | 21.64 | |
| | 20908 | PRE | Psychosocial Rehabilitation (Group) | H2017 | HQ | U5 | U7 | | Practitioner Level 5, Out-of-Clinic | 1 hour | 16.12 | |
| | 21001 | MDM | Opioid Maintenance | H0020 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 1 encounter | 33.40 | |
| | 21001 | MDM | Opioid Maintenance | H0020 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 1 encounter | 25.39 | |
| | 21001 | MDM | Opioid Maintenance | H0020 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 1 encounter | 17.40 | |
| | 21101 | IDF | Residential Detoxification | H0012 | | | | | | 1 day | 0.00 | |
| | 21102 | OPD | Ambulatory Detox | H0014 | U2 | U6 | | | Practitioner Level 2, In-Clinic | 15 min | 38.97 | |
| | 21102 | OPD | Ambulatory Detox | H0014 | U3 | U6 | | | Practitioner Level 3, In-Clinic | 15 min | 30.01 | |
| | 21102 | OPD | Ambulatory Detox | H0014 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|------------------------------|---------------------|-----------------------------------------------|------------------|---------------|-------|-------|-------------------------------------------------------------------------------------|-------------------|------------------|----------------------------------|
| | 21202 ⁷ | CT1 | Community Transition Planning | T2038 | ZH | | | From State Hospital | 15 min | 20.92 | |
| | 21202 ⁷ | CT1 | Community Transition Planning | T2038 | ZC | | | From Crisis Stabilization Program | 15 min | 20.92 | |
| | 21202 ⁷ | CT1 | Community Transition Planning | T2038 | ZP | | | From PRTF | 15 min | 20.92 | |
| | 21202 ⁷ | CT1 | Community Transition Planning | T2038 | ZJ | | | From Jail / YDC / RYDC | 15 min | 20.92 | |
| | 21202 ⁷ | CT1 | Community Transition Planning | T2038 | ZO | | | From Other Institutional Setting | 15 min | 20.92 | |
| DEL | 21203⁷ | LCF | Legal Skills / Competency Training | S9445 | H9 | | | Court-Ordered | 15 min | 14.30 | |
| DEL | 21203⁷ | LCF | Legal Skills / Competency Training | S9446 | H9 | | | Court-Ordered | 15 min | 14.30 | |
| | 21301 | ICM | Intensive Case Management | T1016 | HK | U4 | U6 | High Risk Population, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| | 21301 | ICM | Intensive Case Management | T1016 | HK | U5 | U6 | High Risk Population, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| | 21301 | ICM | Intensive Case Management | T1016 | HK | U4 | U7 | High Risk Population, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| | 21301 | ICM | Intensive Case Management | T1016 | HK | U5 | U7 | High Risk Population, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| | 21301 | ICM | Intensive Case Management | T1016 | GT | HK | U4 | High Risk Population, Practitioner Level 5, Out-of-Clinic | 15 min | 20.30 | Adding "GT" tele-health modifier |
| | 21301 | ICM | Intensive Case Management | T1016 | GT | HK | U5 | High Risk Population, Practitioner Level 5, Out-of-Clinic | 15 min | 15.13 | Adding "GT" tele-health modifier |
| | 21301 | ICM | Intensive Case Management | T1016 | HK | UK | U4 | U6 High Risk Population, Collateral Contact, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| | 21301 | ICM | Intensive Case Management | T1016 | HK | UK | U5 | U6 High Risk Population, Collateral Contact, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| | 21301 | ICM | Intensive Case Management | T1016 | HK | UK | U4 | U7 High Risk Population, Collateral Contact, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| | 21301 | ICM | Intensive Case Management | T1016 | HK | UK | U5 | U7 High Risk Population, Collateral Contact, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|----------------------------------------|-----------|-------|-------|-------|-------|---------------------------------------------------------------|-----------------|--------|----------------------------------|
| 21302 | CMS | Case Management Services | T1016 | U4 | U6 | | | Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 21302 | CMS | Case Management Services | T1016 | U5 | U6 | | | Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 21302 | CMS | Case Management Services | T1016 | U4 | U7 | | | Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 21302 | CMS | Case Management Services | T1016 | U5 | U7 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 21302 | CMS | Case Management Services | T1016 | GT | U4 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 20.30 | Adding "GT" tele-health modifier |
| 21302 | CMS | Case Management Services | T1016 | GT | U5 | | | Practitioner Level 5, Out-of-Clinic | 15 min | 15.13 | Adding "GT" tele-health modifier |
| 21302 | CMS | Case Management Services | T1016 | UK | U4 | U6 | | Collateral Contact, Practitioner Level 4, In-Clinic | 15 min | 20.30 | |
| 21302 | CMS | Case Management Services | T1016 | UK | U5 | U6 | | Collateral Contact, Practitioner Level 5, In-Clinic | 15 min | 15.13 | |
| 21302 | CMS | Case Management Services | T1016 | UK | U4 | U7 | | Collateral Contact, Practitioner Level 4, Out-of-Clinic | 15 min | 24.36 | |
| 21302 | CMS | Case Management Services | T1016 | UK | U5 | U7 | | Collateral Contact, Practitioner Level 5, Out-of-Clinic | 15 min | 18.15 | |
| 21304 | IC3 | Intensive Customized Care Coordination | H2022 | HK | | | | High Risk Population | 1 month | 915.96 | |

NOTES:

DEL. This service is being discontinued.

1. Interactive Complexity - These procedure codes are "add-on" codes and may not be used as stand alone services. These procedure codes can only be utilized when in conjunction with Diagnostic Assessment (10103), Psychiatric Treatment (10120), Individual Outpatient Services (10160), or Group Outpatient Services (10170). When used in conjunction with Group Outpatient Services, it is only reported when a CPT code is utilized. It is not necessary to report with the service being delivered is a HCPCS code (code that begins with "H").
2. This procedure code is an "add-on" code and may not be used as stand alone service. This procedure code can only be utilized when in conjunction with 90839 procedure code.
3. These procedure codes are "add-on" codes and may not be used as stand alone services. These procedure codes can only be utilized when in conjunction with one of the E&M codes.
4. ACT: This procedure code is used anytime a multidisciplinary team meeting is held to discuss more than one consumer. See the service guidelines for specific details.

Modifiers:

GT = Via Interactive audio and video telecommunication systems
 HA = Child/Adolescent Program
 HE = Mental Health Program
 HF = Substance Abuse Program
 HK = High Risk Population
 HQ = Group Setting
 HR = Family/Couple with client present
 HS = Family/Couple without client present
 HT = Multidisciplinary team

U1 = Practitioner Level 1
 U2 = Practitioner Level 2
 U3 = Practitioner Level 3
 U4 = Practitioner Level 4
 U5 = Practitioner Level 5
 U6 = In-Clinic
 U7 = Out-of-Clinic
 UK = Collateral Contact
 UA = In Individual's Own Home

FY2018 Behavioral Health Services
Service/Procedure Code Matrix

Red Font is a new Code effective 10/1/2017

Effective 1/1/2018

revised: 12/21/2017

| Service Group | Service Class | Service Description | PROC CODE | MOD 1 | MOD 2 | MOD 3 | MOD 4 | MODIFIER DESCRIPTION(S) | Unit of Service | Rate | Notes |
|---------------|---------------|---------------------|-----------|-------|-------|-------|-------|-------------------------|-----------------|------|-------|
|---------------|---------------|---------------------|-----------|-------|-------|-------|-------|-------------------------|-----------------|------|-------|

TF = Intermediate Level of Care
 TG = Complex/High Level of Care
 TN = Rural Service Area
 TS = Follow up

The following modifiers are State created and used on state services only:

R1 = Residential Level 1 (State Code)
 R2 = Residential Level 2 (State Code)
 R3 = Residential Level 3 (State Code)
 TB = Transitional Bed (State Code)
 U2 = Crisis Stabilization Program High Intensity (State Code)
 ZH = From State Hospital (State Code)
 ZC = From Crisis Stabilization Program (State Code)
 ZP = From PRTF - Psychiatric Residential Treatment Facility (State Code)
 ZJ = From Jail / YDC / RYDC (State Code)
 ZO = From Other Institutional Setting (State Code)

ATTACHMENT 5

Combinations of Care Coding Reference

Revised: 12/21/2017

Note: This is intended to be used as a reference by providers who submit batch authorization request files.

AUTHORIZATIONS (For Batch Provider Programming)

CODING COMBINATIONS

| Level of Service Code | Type of Service Code | Level of Care Code | Type of Care Code | Service (See Appendix F) |
|-----------------------|----------------------|--------------------|-------------------|-------------------------------|
| IP | P | I | BEH | Inpatient |
| IP | MS | I | BEH | Inpatient |
| IP | S | I | DETOX | Inpatient, Detox |
| IP | P | Z | BEH | CSU |
| IP | MS | Z | BEH | CSU |
| IP | S | Z | DETOX | CSU, Detox |
| IP | P | XA | BEH | CSU - Adult |
| IP | MS | XA | BEH | CSU - Adult |
| IP | S | XA | DETOX | CSU - Adult, Detox |
| IP | P | XC | BEH | CSU - C&A |
| IP | MS | XC | BEH | CSU - C&A |
| IP | S | XC | DETOX | CSU - C&A, Detox |
| IP | P | PR | BEH | PRTF |
| IP | S | R | DETOX | Residential Detox |
| IP | P | NH | BEH | PASRR Facility (Nursing Home) |

| Level of Service Code | Type of Service Code | Level of Care Code | Type of Care Code | Service (See Appendix F) |
|-----------------------|----------------------|--------------------|-------------------|----------------------------------------------|
| OP | P | O | ACT | Assertive Community Treatment (ACT) |
| OP | MS | O | ACT | Assertive Community Treatment (ACT) |
| OP | S | O | AMBDTX | AMBULATORY DETOX |
| OP | P | O | CM | CASE MANAGEMENT (ADA) |
| OP | P | O | CBAY | CBAY |
| OP | P | O | ICCC | Intensive Customized Care Coordination (IC3) |
| OP | P | O | CS | CRISIS SERVICES |
| OP | MS | O | CS | CRISIS SERVICES |
| OP | S | O | CS | CRISIS SERVICES |
| OP | P | O | CST | Community Support Team (CST) |
| OP | P | O | IR | Independent Residential |
| OP | S | O | IR | Independent Residential |
| OP | P | O | SIM | Semi-Independent Residential |
| OP | S | O | SIM | Semi-Independent Residential |
| OP | P | O | INR | Intensive Residential |
| OP | S | O | INR | Intensive Residential |
| OP | P | O | CR1 | Community Residential Rehab 1 |
| OP | P | O | CR2 | Community Residential Rehab 2 |
| OP | P | O | CR3 | Community Residential Rehab 3 |
| OP | P | O | SRC | Structured Residential - C&A |
| OP | S | O | SRC | Structured Residential - C&A |
| OP | P | O | ICM | Intensive Case Management (ICM) |
| OP | P | O | IFI | Intensive Family Intervention |
| OP | S | O | SAIOPA | SAIOP - Adult |
| OP | S | O | SAIOPC | SAIOP - C&A |
| OP | P | O | NIO | Non-Intensive Outpatient |
| OP | MS | O | NIO | Non-Intensive Outpatient |
| OP | S | O | NIO | Non-Intensive Outpatient |
| OP | S | O | OM | Opioid Maintenance |
| OP | P | O | PSP | Peer Support Program |
| OP | MS | O | PSP | Peer Support Program |
| OP | S | O | PSP | Peer Support Program |
| OP | P | O | PRP | Psychosocial Rehab Program |
| OP | P | O | PRP | Psychosocial Rehab Program |
| OP | P | O | SE | Supported Employment |

CODING COMBINATIONS

| Level of Service Code | Type of Service Code | Level of Care Code | Type of Care Code | Service (See Appendix F) |
|-----------------------|----------------------|--------------------|-------------------|-----------------------------|
| OP | S | O | TCSAD | Treatment Court - AD |
| OP | P | O | TCS | Treatment Court - MH |
| OP | S | O | WTRSO | WTRS - Outpatient |
| OP | S | O | WTRSR | WTRS - Residential |
| OP | P | O | PSS | PASRR - Specialized BH Svcs |