

SED SUG EFFECTIVE UPDATE 1/26/2022

Service Type/Service Description	HCPCS Codes	Reporting Code from HCPCS & CPT Manuals	Reporting Units	Ages 0-47 months Infant Mental Health Must be at risk for adolescent parent, poor, single parent, 1st born, low birth weight and parents have dx of mental illness, developmental disability or substance abuse	Ages 4-6 Early Childhood and Family Services	Ages 7-21 CAFAS below 80 (outpt)	Ages 7-21 CAFAS above 80 (*Optional homebased) • An elevated subscale score (20 or greater) on at least two elements of the Child/Adolescent Section of the CAFAS; or • An elevated subscale score (20 or greater) on one element of the CAFAS Child/Adolescent Section, combined with elevated subscale score (20 or greater) on at least one CAFAS element involving Caregiver/Care-giving Resources	Comments
Assessments/Assessments Health Service Psychiatric Evaluation Psychological testing, Other Assessment, tests	96105	Assessment of Aphasia and Cognitive	Encounter	1 unit every 3 months	1 unit every 3 months	1 unit every 3 months	1 unit every 3 months	
	96127	Brief behavioral or emotional assessment	Encounter	1 unit every 3 months	1 unit every 3 months	1 unit every 3 months	1 unit every 3 months	
	T1001	Nursing or Nutrition Assessments	Encounter	1 (every year)	1 (every year)	1 (every year)	1 (every year)	
	T1002	Nursing Services	15 Minutes	up to 6 units per quarter	up to 6 units per quarter	up to 6 units per quarter	up to 6 units per quarter	
	9079X	Psychiatric Eval (for use with 90791 and 90792)	Encounter	1 per year	1 per year	1 per year	1 per year	
	90791**	90791 Psychiatric diagnostic evaluation (no medical services)	Encounter	1 (every year)	1 (every year)	1 (every year)	1 (every year)	Qualified psychiatrist, nurse practitioner, second opinions for benefit evaluation without medication prescriptions
	90792**	90792 Psychiatric diagnostic evaluation (with medical services)	Encounter	1 (every year)	1 (every year)	1 (every year)	1 (every year)	90792 -Psychiatrist ONLY
	96103	Psychological Testing	Hour	*	*	*	*	Requires prior authorization with supporting documentation

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	96116	Neurobehavioral status exam	Hour	*	*	*	*	
	96120	Neuropsychological testing battery (administered by a computer)	Hour	*	*	*	*	
	96111	Developmental Testing	Encounter	*	*	*	*	
	96112, 96113	Developmental Testing: 96112 is first hour, 96113 is each additional 30 min.	Encounter	*	*	*	*	
	90887, 96105, 96110, 96112, 96113, 96127	Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.	Encounter	*	*	*	*	
	H0031	Assessment (CAFAS, PECFAS, DECA)	Encounter	5 per year	5 per year	5 per year	5 per year	1 at intake, 1 at 3 months, 1 at 6 months, 1 at 9 months and 1 prior to year end; As of 1/21/22, Prior Authorization Not Required
	H0031 BI	H0031: Assessment per non-physician (bio psycho social).	Encounter	2 per year	2 per year	2 per year	2 per year	As of 1/21/22, Prior Authorization Not Required
	H0032 TS	Mental health service plan development by non-physician. Modifier TS for clinician monitoring of treatment		2 per year	2 per year	2 per year	2 per year	
	T1023	T1023: Screening for inpatient program by Crisis Service Vendor only	Encounter	*	*	*	*	DWIHN's Crisis Server Vendors Only
Case Management	T1017	Case Management	15 Minutes	8 units per month	Beneficiaries also can not receive Wraparound and Case Management/Supports Coordination concurrently or Home Based and Case Management/Supports Coordination concurrently.			
Community Psychiatric Inpatient (local Psychiatric Hospital - Acute Community)	0100, 0101, 0114, 0124, 0134, 0154	0100, 0101- All inclusive room and board plus ancillaries - physician services are included per diem /0114, 0124, 0134, 0154 - Physician services are not included in the per diem	Per Diem	*	*	*	*	Prior Authorization Required

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Community Living Supports	H2015	H2015-comprehensive Community Support Services per 15 min.	15 Minutes	*	*	*	*	Based on the CLS tool
Crisis Intervention	H2011	H2011: Crisis Intervention Service	15 minutes	up to 32 units per year	up to 32 units per year	up to 32 units per year	up to 32 units per year	***As clinically indicated
Crisis Residential Services	H0018	Behavioral health; short-term residential (non-hospital resident treatment program) without room and board per diem. Use for both child & adult services.	Day	*	*	*	*	Prior Authorization Required
Health Services	S9445	S9445 –Pt. education NOC non-physician individual per session.	Encounter	0	0	2 per quarter	2 per quarter	
	S9446	S9446 – Pt. education NOC non- physician group, per session.	Encounter	0	0	3 per quarter	3 per quarter	
	S9470	S9470 – Nutritional counseling dietician visit.	Encounter	0	0	36 per quarter	36 per quarter	
Home Based Services	H0036 USE IF MODIFER FOR AGES 0 UPTO AGE 4 FOR IMH	Home Base Service		up to 144 units per quarter, USE IF MODIFER FOR AGES 0 UPTO AGE 4 FOR IMH.	up to 144 units per quarter	0	up to 144 units per quarter	
Inpatient Psychiatric Hospital State Facility Admissions	0100 ,0101, 0114,0124, 0134,0154	Room & Board Managed State Psychiatric Hospital Inpatient Days - Board Managed State 0100– All inclusive room and board	Day	*	*	*	*	Prior Authorized – coordinated per DWIHN State Hospital Liaison
Intensive Crisis Stabilization	S9484	S9484: Crisis intervention mental health services, per hour. Use for MDHHS-approved program only.	Hour	*	*	*	*	Prior Authorization Required
Medication Administration	99506, 96372	96372 is for Injection Administration and 99506 is for Home Visit, Intramuscular Injection.	Encounter	3 per quarter	3 per quarter	3 per quarter	3 per quarter	
	992XX	E&M	Encounter	3 per quarter	3 per quarter	3 per quarter	3 per quarter	

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Medication Review = Psychiatric Evaluation and Medication Management	99201**	E&M new pt, 3 component review, 10 min	Encounter	3 per quarter	3 per quarter	3 per quarter	3 per quarter	
	99202**	E&M new pt. 3 component review, 20 min	Encounter					
	99203**	E&M new pt, 3 component review, 30 min	Encounter					
	99204**	E&M new pt, 3 component review, 45 min	Encounter					
	99205**	E&M new pt, 3 component review, 60 min	Encounter					
	99211	E&M established pt, brief	Encounter					
	99212	E&M established pt, 2 component review, 10 min	Encounter	3 per quarter	3 per quarter	3 per quarter	3 per quarter	
	99213	E&M established pt, 2 component review, 15 min	Encounter					
	99214	E&M established pt, 2 component review, 25 min	Encounter					
	99215	E&M established pt, 2 component review, 40 min	Encounter					
Occupational Therapy	97165	OT Evaluation Low Complexity (30 min)	Encounter	*	*	*	*	
	97166	OT Evaluation Moderate Complexity (45 min)	Encounter	*	*	*	*	
	97167	OT Evaluation High Complexity (60 min)	Encounter	*	*	*	*	

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	97168	OT Re-Evaluation	Encounter	*	*	*	*	
	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97533, 97535, 97537, 97542, S8990, 97750, 97755, 97760, 97763, G0515	OT individual, per session	Encounter	*	*	*	*	
	97150	OT group, per session	Encounter	*	*	*	*	
Peer Directed and Operated Support Services	S5111	S5111-Use Modifier HM for Parent Support Parnter services and no modifier for Parent Training	Encounter	18 encounters per quarter	18 encounters per quarter	18 encounter per quarter	18 encounter per quarter	
	H0038	Youth Peer Support services, Mental Health Peer specialist services provided per certified peer specialist, must use TJ modifier	15 Minutes	0	0	72 units per quarter	72 units per quarter	
Partial Hospitalization	0912, 0913	Partial hospitalization	Day	*	*	*	*	Prior Authorization Required
Psychological Testing	96116, 96121,	96138, 96139 and 96146: Mental Health Professional or licensed bachelor's social worker or limited-licensed bachelor's or master's social worker acting within their	Encounter	*	*	*	*	
	96130, 96131,	scope of practice under the supervision of a Mental Health Professional who is a fully licensed master's social worker. Assessments of children with SED are done by a CMHP. Assessments of children ages 7 through 17 with SED must be provided by a CMHP trained in CAFAS. Assessments of children ages 4 through 6 with SED						
	96132, 96133,	must be provided by a CMHP trained in PECFAS. Services rendered to a young child, birth through age 3, must be provided by a CMHP trained in the Devereux Early Childhood Assessment (DECA) Assessments of children with DD are done by a QIDP.						
	96136, 96137, 96138, 96139, 96146							

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Physical Therapy	97161, 97162, 97163, 97164	PT Evaluation/re-evaluation	Encounter					
	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97533, 97535, 97537, 97542, 97750, 97760, 97763, S8990	PT individual	Encounter	*	*	*	*	
	97150	PT group	Encounter	*	*	*	*	
Group Therapy	90853	Group therapy, per session	Encounter	12 sessions per quarter	Use UN, UP, UQ, UR or US to report group size when billing; Modifier HA: Parent Management Training Oregon model 90853 - Includes MOM Power			
Outpatient Therapy (mental health) child & adult, individual, family	90832	Individual therapy, 30 minutes	30 Minutes	28 per quarter	28 per quarter	16 per quarter	28 per quarter	
	90834	Individual therapy, 45 minutes	45 Minutes					
	90837	Individual therapy, 60 minutes	60 Minutes					
	9084x	Family Therapy, Use Bundled CPT code 9084x for 90846, 90847 and 90849	Encounter					
	90846	Family therapy, per session.	Encounter					
	90847	Family Psychotherapy (conjoint psychotherapy) - with consumer present	Encounter					
	90849	Family Therapy with consumer present only (EBP Model Only)	Encounter					
		Family therapy, per session	Encounter					

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		Use modifier HA with 90849 when reporting Parent Management Training Oregon model (PTC Group) Modifier HS: consumer was not present during activity with family						
Respite	T1005	Respite Care Service	15 Minutes	up to 624 units per quarter	up to 624 units per quarter	up to 312 units per quarter	up to 624 units per quarter	
Speech and Language Therapy	92507	S & L – individual, per session	Encounter	*	*	*	*	
	92508	S & L – group , per session	Encounter	*	*	*	*	
	92521	Evaluation of Speech Fluency (e.g. Stuttering)	Encounter	*	*	*	*	
	92522	Evaluation of speech sound production	Encounter	*	*	*	*	
	92523	Evaluation of speech sound production with evaluation of language comprehension	Encounter	*	*	*	*	
	92610	Evaluation of swallowing function	Encounter	*	*	*	*	
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215 T2001-T2005	Non-emergency transportation services. Refer to code descriptions. Do not report transportation as a separate Habilitation Supports Waiver service, or when provided to transport the beneficiary to skill- building, supported employment, or community living activities	Encounter	0	0	0	0	
Treatment Planning	H0032	Mental health service plan development per non physician (pre-plan/treatment plan/crisis plan/periodic review)	Encounter	3 per quarter	3 per quarter	3 per quarter	3 per quarter	

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Wraparound	H2021	Wraparound is a process used to support families by bringing a group of people together as a team for planning and delivering supportive services. Wraparound builds on family strengths and helps to meet identified needs to accomplish the outcome of keeping families together.	Encounter	<i>up to 96 units per quarter</i>	<i>Children can not have Wraparound, Supports Coordination and/or Targeted Case Management services concurrently. Also, case management function provided through home-based services cannot occur concurrently with Wraparound.</i>			
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