Service Type/Service Description	HCPCS Codes	Reporting Code from HCPCS & CPT Manuals and description	Reporting Units	LEVEL 1 10 to 13		Level 2 14 to 16		Level 3 17 to 19	Level 4 20 to 22	Level 5 23 to 27	COMMENTS
				Level 1A Mild Therapeutic Services	Level 1B Supports & Recovery Maint.	2A Moderate Brief Therapy	2B Recovery Support	High Intensity Community Based Services	Assertive Community Treatment (ACT)	Specialized Residential (Licensed & Unlicensed Settings)	
Assertive Community Treatment Program	H0039 WN	ACT - Use modifier WV when providing Family Psycho-education as part of the ACT activities Face to Face.	15 Minute	0	0	0	0	0	*	0	*To be used only by ACT staff performing PAR Screening
	H0039 WV		15 Minute	0	0	0	0	0			
	H0039		15 Minute	0	0	0	0	0	480/yr	0	(10 hours per month = 40 units per month) Authorize at minimum 8 hours per month or 32 units. Must be a DWMHA/MDHHS Approved ACT Program that is to be available 24 hours per day/ 7days per week.
Assessments: Health, Psychiatric Evaluation, Psychological Testing and other Assessments, tests	T1001	Nursing or Nutrition Assessments	Encounter	0	0	0	0	1/yr	0	1/yr	ANNUALLY
	90791**	90791 Psychiatric diagnostic evaluation (no medical services) *Use 9079X for authorization and individual code for billing	Encounter	0	0	0	0	1/yr	0	1/yr	Qualified psychiatrist, nurse practitioner, second opinions for benefit evaluation without medication prescriptions
	90792**	90792 Psychiatric diagnostic evaluation (with medical services) *Use 9079X for authorization and individual code for billing	Encounter	0	0	0	0	1/yr	0	1/yr	90792 -Psychiatrist ONLY
	90833	Add on code Psychiatric Diagnosis Evaluation, Management and Psychotherapy 90833 (30 min) with evaluation	30 Minutes	0	0	0	0	48/yr	0	48/yr	See Service Description
	90836	Add on code Psychiatric Diagnosis Evaluation, Management and Psychotherapy 90836 (45	45 Minutes	*	*	*	*	*	*	*	See Service Description

Code	Description	Unit								Notes
90838	min) with evaluation Add on code Psychiatric Diagnosis Evaluation, Management and Psychotherapy 90838 (60	60 Minutes	*	*	*	*	*	*	*	*See Service Description*
90785	min) with evaluation Interactive Add on codes only. 90785 interactive complexity used with 90791 or 90792 psychiatric evaluation, *99201-99215, *99304-99310, *99324-99328, *99334-99337, *9934199350 evaluation and management; 90832, 90834, 90837, 90853 mental health therapy;		*	*	*	*	*	*	*	*See Service Description*
96110	Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.	Hour	*	*	*	*	*	*	*	*Prior Auth. required - for populations served*
96116	Psychological Testing	Hour	*	*	*	*	*	*	*	*Prior Auth. required - for populations served*
96111	Developmental Testing: extended	Encounter	0	0	0	0	0	0	0	
90887	Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.	Encounter	*	*	*	*	1/yr	*	1/yr	
H0031 BI	H0031: Assessment per non-physician (bio psycho social).	Encounter	0	0	0	0	3/yr	0 yr	3/yr	
H0031 WX	H0031: Assessment per non-physician Use (Locus).	Encounter	0	0	0	0	3/yr	0 yr	3/yr	*As of 1/21/22, Prior Authorization not required**
T1023	T1023: Screening for inpatient program by Crisis Service Vendor only	Encounter	**	**	**	**	**	**	**	*DWMHA's Crisis Server Vendors Only*

Service	Code	Description	Unit								Notes
Behavior Treatment Plan Review (Managed by the DWMHA)	H2000	Comprehensive multidisciplinary evaluation Service does not require face-to-face with beneficiary for	Encounter	**0**	**0**	**0**	**0**	**0**	**0**	4/yr	*As indicated in DWMHA policy & IPOS*
Clubhouse-Psychosocial Rehabilitation Program	H2030	Mental Health Clubhouse Services	15 min	*	*	*	*	5480/yr	5480/yr	5480/yr	
Community Psychiatric Inpatient (local Psychiatric	0100, 0114,0124, 0134,0154	0100– All inclusive room and board plus ancillaries physician services are included per diem /0114,0124, 0134,0154 –	Per Diem	*	*	*	*	*	*	*	*Prior Auth. Required through DWMHA's Crisis Service Vendor*
Community Living Supports	H2015	H2015-comprehensive Community Support Services per 15 min.	15 Minutes	*	*	*	*	*	*	*	*Requires prior authorization*
	Use PH Modifier	MED DROP PROGAM		**60 per month**	**60 per month**	**60 per month**	**60 per month**	**60 per month**	**60 per month**	**60 per month**	**6 MONTH MAX FOR MED DROP PROGRAM ONLY**
	H2016	H2016 – comprehensive Community Support Services per day in specialized residential settings	Per Diem	*	*	*	*	*	*	*	
	T2036	T2036 – therapeutic camping overnight, waiver each session (one night = one session)	Encounter/ Trip	*	*	*	*	*	*	*	
	T2037	T2037 therapeutic camping day, waiver, each session (one day/partial day = one session)	Encounter/ Trip	*	*	*	*	*	*	*	
Crisis Intervention	H2011	H2011: Crisis Intervention Service	15 minutes	**	**	**	**	24/yr	**	24/yr	**As clinically indicated*
	90839**	90839 psychotherapy for crisis, 1st 60 min.	Encounter	**	**	**	**	24/yr			

	90840 **	90840 psychotherapy for crisis, each additional 30 min	Each Additional 30 Min.	**	**	**	**	24/yr			
Crisis Residential Services	H0018	Behavioral health; short-term residential (nonhospital resident treatment program)		*	*	*	*	*	*	*	*Prior Auth. required for 5 days initial request. The ACT teams should have a crisis
Electroconvulsive Therapy (see Practitioner Manual)	90870	90870- attending physician charges		*	*	*	*	*	*	*	*Prior Auth. required - codes used in combination. Must be authorized by Referral, Consultation between treating physician and DWMHA Medical Director
	104	00104- anesthesia charges- Medicare- Inpt. Only)	Encounter	*	*	*	*	*	*	*	
	REV CODE:	0901- ECT facility charges		*	*	*	*	*	*	*	
Family Training	S5111	S5111- Home care training, family per session S5111 HM- Parent-to-parent support provided per a trained parent using the MDCHendorsed curriculum (can report encounter after completion of initial 3 days of core training but must continue certification process.	Encounter	0	0	0	0	0	0	0	Families with Children or Adults
	G0177, S5110, T1015	G0177 – Family Psychoeducation: family educational groups (either single or multifamily) S5110- Family PsychoEducation: skills	45 Minutes or More	0	0	0	0	3/yr	0	3/yr	
Health Services	97802	Medical Nutrition Therapy; initial assessment and intervention	15 Minutes	0	0	0	0	*	0	*	* requires prior authorizations
	97803	Reassessment and intervention - individual	15 Minutes	0	0	0	0	*	0	*	
	H0034	H0034 Medication training and support	15 Minutes	0	0	0	0	4/yr	0	4/yr	
	S9445	S9445 –Pt. education NOC non-physician individual per session.	Encounter	0	0	0	0	13/yr	0	13/yr	

Service	Code	Description	Unit								Notes
	S9446	S9446 – Pt. education NOC non- physician group, per session.	Encounter	0	0	0	0	3/yr	0	4/yr	
	S9470	S9470 – Nutritional counseling dietician visit.	Encounter	0	0	0	0	*	0	*	
	T1002	T1002 – RN services up to 15 min	15 Minutes	0	0	0	0	12/yr	0	12/yr	
Housing Assistance	T2038	Community transition, waiver, per service	Month	N/A	N/A	N/A	N/A	*	*	*	Requires Prior Auth. To be provided per Medicaid Provider Manual Description of Service
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 plus ancillaries, 0101– All inclusive room and board, 0114, 0124, 0134, 0154 – ward size	Day	*	*	*	*	*	*	*	Prior Authorized – coordinated per DWMHA State Hospital Liaison
Institution for Mental Disease Inpatient Psychiatric Services	0100, 0114,0124, 0134,0154	0100– All inclusive room and board plus ancillaries 0101– All inclusive room and board () 0114, 0124, 0134, 0154 – ward size	Day	*	*	*	*	*	*	*	Prior Authorization by DWIHN's Crisis Service Vendor and Utilization Management for continued authorization
Intensive Crisis Stabilization	S9484	S9484: Crisis intervention mental health services, per hour. Use for MDHHS-approved program only.	Hour	*	*	*	*	*	*	*	Prior Authorization by DWIHN's Crisis Service Vendor
Medication Administration	99506, 96372	Medication Administration	Encounter	0	0	0	0	24/yr	0	24/yr	
Medication Review = Psychiatric Evaluation and Medication Management	99201-99215	Psychiatric evaluation and medication management	Encounter	0	0	0	0	25/yr	0	25/yr	For use with 99xxxcodes only
	99304-99310	Nursing Facility Services evaluation and management	Encounter	0	0	0	0	12/yr		12/yr	
	99324-99328	Domiciliary care, rest home, assisted living visits	Encounter	0	0	0	0	12/yr	0	12/yr	
	99334-99337	Domiciliary care, rest home, assisted living visits	Encounter	0	0	0	0				

Category	Code	Description	Unit								Notes
	99341-99350	Assessment - Domiciliary Care, Rest Home Assisted Living Visits -Established Patient - 60 Minutes	Encounter	0	0	0	0	12/yr		12/yr	
	H2010	Comprehensive Medication Services	15 Minutes	0	0	0	0	0	0	0	
Outpatient Partial	0912, 0913	Partial hospitalization – Less intensive	Day	0	0	0	0	*	*	*	*Requires Prior Authorization*
Peer-Delivered or Operated Support Services	H0023	H0023- Drop-in Center attendance, encounter.TT modifier: use when peer service is provided in a group	Encounter	0	0	0	0	18/yr	25/yr for H0023 only	60/ yr	
	H0038	H0038- Mental Health Peer specialist services provided per certified peer specialist, 15 min. TT modifier: use when peer service is provided in a group.	15 Minutes	0	0	0	0	84/yr		100/yr	
	H0046	H0046 – Peer mentor services provided per a DD Peer Mentor TT modifier: use when peer service is provided in a group	Encounter	0	0	0	0	0		0	
Personal Care Licensed Specialized Residential Setting	T1020	Personal care services provided in AFC certified as Specialized Residential.	Day	0	0	0	0	0	0	*	
Skill Building Assistance	H2014	Skills training and development per 15 minute. Modifier UN-US when multiple consumers are served simultaneously	15 Minutes	0	0	0	0	200/yr	0	500/yr	
Supported Employment Services	H2023	Supported Employment (1:1). Modifier TG for EBP employment program w/ at least one fidelity model review.	15 Minutes	0	0	0	0	140/yr	160/yr	450/yr	*Requires Prior Auth for TG (Evidenced Based Program)*

	Code	Description	Unit									
	H2023 UN-US	Modifiers UN-US - multiple consumers are served. Modifier	15 Minutes	0	0	0	0	*140/yr*	160/yr	450/yr	
	H2023-WZ	Supported employment Modifier HK (specialized MH programs for high risk populations) reported for HSW beneficiaries. (1:1).	15 Minutes	0	0	0	0	*0*	0	0	
Targeted Case Management	T1017	Targeted Case management (Face to Face)	15 Minutes	0	0	0	0	*98/yr*	0	98/yr	*As of 10/1/21, report Support Coordination activities using T1017*
Therapy (mental health) child & adult individual, family, group	90832	Individual therapy, adult or child, 30 minutes *Use 9083X for authorization and individual code for billing	30 minutes	0	0	0	0	*49/yr*	0	49/yr	
Therapy (mental health) child & adult individual, family, group	90834	Individual therapy, adult or child, 45 minutes *Use 9083X for authorization and individual code for billing	45 minutes	0	0	0	0	*49/yr*	0	49/yr	
Therapy (mental health) child	90837	Individual therapy, adult or child, 60 minutes *Use 9083X for authorization	60 minutes	0	0	0	0	*49/yr*	0	49/yr	
Therapy (mental health) child	90833	Add on code with evaluation management & psychotherapy	30 minutes	0	0	0	0	*48/yr*	0	48/yr	
Therapy (mental health) child	90836	Add on code with evaluation management	45 minutes	0	0	0	0	*48/yr*	0	48/yr	
health) child Therapy (mental health) child & adult	90838	& psychotherapy Add on code with evaluation management & psychotherapy	60 minutes	0	0	0	0	*48/yr*	0	48/yr	

0

	Code	Description	Unit								
Therapy (mental health) child &adult individual, family, group	90853	Group therapy, adult or child, per session Modifier HA: Parent Management Training Oregon model 90853 - Includes MOM Power	Encounter	0	0	0	0	48/yr	0	48/yr	
Therapy (mental	90846	Family therapy, per session.	Encounter	0	0	0	0	12/yr	0	12/yr	
hTherapy l h) hild (mental health) Family	90849	Family, per session Use modifier HS: Family models when beneficiary is not present during the session but family is present Use modifier HA with 90849 when reporting PMTO model (Parenting Through Change Group	Encounter	0	0	0	0	12/yr	0	12/yr	
Therapy (mental health) child & adult individual,	90847	Family Psychotherapy (conjoint psychotherapy) - with consumer present	Encounter	0	0	0	0	12/yr	0	12/yr	
Therapy (mental health) DBT, Individual	H2019	Dialectical behavior therapy, Per session	Encounter	0	0	0	0	624/yr	0	624/yr	
Therapy (mental health) DBT, Group	H2019 UN-US	Dialectical behavior therapy, Per session	Encounter	0	0	0	0	624/yr	0	624/yr	

Service	Code	Description	Unit								
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215 T2001-T2005	Only report these codes for transportation to/from services other than day-time activity. Cost for transportation for day-time activity should be included in the respective day-time activity. 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 skillbuilding, clubhouse, supported employment, or community living activities T2001-2005,	Per Diem	*0*	*0*	*0*	*0*	0	0	0	
Treatment Planning	H0032	Mental health service plan development nonphysician	Encounter	*0*	*0*	*0*	*0*	4/yr	0/yr	4/yr	
		Modifier TS for clinician monitoring of treatment H0032TS – use also for onsite, face-to- face monitoring of treatment per CPLS (Center for Positive Living Supports)	Encounter	*0*	*0*	*0*	*0*	4/yr	0/yr	4/yr	

*** Services that may be provided in ER/ED or Crisis - prior to completion of standardized assessment, i.e. LOCUS, SIS, or Biopsychosocial**

LOCUS- Level of Care Utilization Scale for Adults

The authorization of medically necessary services for adults with psychiatric diagnoses paired with LOCUS and Adult Mental Health Levels of Care Criteria

LEVEL 0 - BASIC SERVICES - Prevention and Health Maintenance - Basic services are designed to prevent the onset of illness or to limit the magnitude of morbidity associated with already established disease processes. These services may be developed for individual or community application, and are generally carried out in a variety of community settings. These services will be available to all members of the community. (Not included in the benefit). Services provided by Medicaid plan.

LEVEL 1 - Recovery Maintenance and Health Management (mild – Moderate BH Service needs) This level of care provides treatment to clients who are living either independently or with minimal support in the community, and who have achieved significant recovery from past episodes of illness. Treatment and service needs do not require supervision or frequent contact. – Basic Treatment Plan. Services provided by Medicaid plan.

LEVEL 2 - Low Intensity Community Based Services (Initiate Mild to Moderate Services 1st/No BH treatment history) – This level of care provides treatment to clients who need ongoing treatment, but who are living either independently or with minimal support in the community. Treatment and service needs do not require intense supervision or very frequent contact. Programs of this type have traditionally been clinic-based programs. – Basic Treatment Plan. Requires Individual Plan of Services-IPOS). Services provided by Medicaid plan unless an exception was approved by DWMHA or delegate.

LEVEL 3 - High Intensity Community Based Services- Moderate to High includes Case Management and/or Supports Coordination. This level of care provides treatment to clients who need intensive support and treatment, but who are living either independently or with minimal support in the community. Service needs do not require daily supervision, but treatment needs require contact several times per week. Programs of this type have traditionally been clinic based programs. (Requires Individual Plan of Services – IPOS)

LEVEL 4 - Medically Monitored Non-Residential Services – Moderate to Severe (Assertive Community Treatment (ACT) This level of care refers to services provided to clients capable of living in the community either in supportive or independent settings, but whose treatment needs require intensive management per a multidisciplinary treatment team. Services, which would be included in this level of care, have traditionally been described as Assertive Community Treatment programs. (Requires Individual Plan of Services – IPOS)

LEVEL 5 - Medically Monitored Residential Services (Severe BH needs – Partial Hospitalization) This level of care has traditionally been provided in non-hospital, free standing residential facilities based in the community to ameliorate a non-lethal psychiatric emergency in a facility-based crisis stabilization unit. In some cases, longer-term care for persons with a chronic, disability, which has traditionally been provided in nursing homes or similar facilities, may be included at this level. (Requires Individual Plan of Services – IPOS)

LEVEL 6 - Medically Managed Residential Service (Severe BH needs - Psychiatric Acute Inpatient - may lead to State Hospitalization if not responsive to treatment is indicated Level six services are provided in psychiatric hospital settings or in medical hospital settings where mental health conditions result in injury to self or others. (Requires Individual Plan of Services – IPOS)

EFFECTIVE UPDATE   1/28/2022