



The Colorado Department of Human Services (CHDS) Office of Behavioral Health (OBH or the Office) understands overlap currently exists between the Colorado Department of Health Care Policy and Financing (HCPF) Uniform Service Coding Standards Manual (HCPF USCS) and the Office of Behavioral Health Substance Use Disorder Uniform Service Coding Standards Manual (OBH SUD USCS). This overlap occurs predominantly with individual code specifics and auditing procedures. In the event of a discrepancy between the two manuals, Mental Health providers shall refer to the HCPF USCS and Substance Use Disorder providers shall refer to the OBH SUD USCS Manual as the primary reference. Additionally, the Office requests that all providers take note of any inconsistencies within reason to aid in streamlining future updates.”

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Introduction

The Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH), is responsible for the administration of service contracts that provide mental health and substance use disorder treatment services to the non-Medicaid populations in Colorado. OBH is responsible for developing performance standards, promulgating rules and regulations, licensing, monitoring, and auditing the public behavioral health system and service providers.

This *Substance Use Disorder (SUD) Uniform Service Coding Standards (USCS) Manual* was created through a collaborative effort and is designed to supply information to SUD providers that can be easily followed to correctly document and bill for services rendered. The manual is organized according to nine service domains. The service domains are used to encourage consistency and clarity among providers in the provision of SUD treatments. Each service domain is clearly defined and followed by a matrix of relevant procedure codes with service descriptions that will allow providers to easily track and bill SUD services.

Tables are provided to further explain each SUD procedure code. The tables provide important information including the service domain, procedure code, procedure code description, service description, minimum documentation requirements, notes, example activities, applicable populations, place of service, modifier, unit, duration, allowed mode(s) of delivery, and minimum staff requirements.

Purpose

The purpose of the *Uniform Service Coding Standards (USCS) Manual for Substance Use Disorders (SUD)* is to develop a uniform documenting and reporting system through the Colorado Department of Human Services Office of Behavioral Health and the Department of Health Care Policy and Financing (HCPF), where applicable. A standardized set of substance use disorder codes helps ensure accurate billing and reporting standards. Additionally, this manual will help promote the development of accurate costs of providing direct services and sound reimbursement.

Colorado Substance Use Disorder Services

Service Domains

The manual is organized through uniform service domains to encourage consistency throughout the individual groups of codes and promote clarity through the consistent use of terms. The manner in which these domains are organized reflects the order in which the services are commonly delivered in a practice setting.

Each service domain includes a number of procedure codes for providers to use to track and bill services provided. Prior to the detailed service domain section there is a matrix listing all of the codes for that service domain.

The service domains are:

- Prevention
- Screening
- Assessment
- Intervention
- Social Ambulatory Detoxification
- Treatment
- Case Management
- Support Services
- Room and Board

Covered Diagnoses

The Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) identifies covered diagnoses using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).ⁱ The ICD-9-CM is the official system for assigning codes to diagnoses and procedures across all health care settings. ICD-9-CM code selection follows the *Official ICD-9-CM Guidelines for Coding and Reporting*ⁱⁱ developed by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare & Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). These guidelines, while not comprehensive, serve as a companion document to the ICD-9-CM manual. The ICD-9-CM does not include diagnostic criteria or serve as a multi-axial system as its primary function is to define categories that aid in the collection of basic health statistics.

The *Diagnostic & Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-4-TR)*,ⁱⁱⁱ was designed with the intention of providing an official nomenclature that is prevalent across all health care environments. The majority of DMS-4-TR diagnoses have numerical ICD-9-CM codes, but some disorders require further definition with subtypes and specifiers. A fifth digit is used when a subtype or specifier is needed. Where either the ICD-9-CM or the DSM-4-TR requires a fifth digit or subtype or specifier, the fifth digit is a placeholder identified with an “x”, indicating the provider should select the appropriate subtype or specifier for accurate diagnostic coding.

ICD-9-CM		DSM-4-TR	
Code	Description	Code	Description
Alcohol Use Disorder			
303.90	Other and Unspecified Alcohol Dependence	303.90	Alcohol Dependence
305.00	Nondependent Alcohol Abuse	305.00	Alcohol Abuse
Alcohol -Induced Disorders			
303.00	Acute Alcoholic Intoxication	303.00	Alcohol Intoxication
291.81	Alcohol Withdrawal	291.81	Alcohol Withdrawal (new code as of 10/01/96)
291.00	Alcohol-induced Mental Disorder	291.00	Alcohol Intoxication Delirium
291.00	Alcohol-induced Mental Disorder	291.00	Alcohol Withdrawal Delirium
291.20	Alcohol-Induced Persisting Dementia	291.20	Alcohol-Induced Persisting Dementia
291.10	Alcohol-induced Persisting Amnestic Disorder	291.10	Alcohol-Induced Persisting Amnestic Disorder
291.50	Alcohol-Induced Psychotic Disorder, With Delusions	291.50	Alcohol-Induced Psychotic Disorder, With Delusions
291.30	Alcohol-Induced Psychotic Disorder, With Hallucinations	291.30	Alcohol-Induced Induced Psychotic Disorder, With Hallucinations
291.89	Other Alcohol-Induced Mental Disorder	291.89	Alcohol-Induced Anxiety Disorder
291.89	Other Alcohol-Induced Mental Disorder	291.89	Alcohol-Induced Mood Disorder
291.89	Other Alcohol-Induced Mental Disorder	291.89	Alcohol-Induced Sexual Dysfunction
291.89	Other Alcohol-Induced Sleep Disorder	291.89	Alcohol-Induced Sleep Disorder
291.82	Drug-Induced Delirium	291.82	Alcohol-Induced Sleep Disorder
291.90	Unspecified Alcohol-Induced Mental Disorders	291.90	Alcohol-Related Disorder Not Otherwise Specified (NOS)
Amphetamine Use Disorders			
304.40	Amphetamine and Other Psychostimulant Dependence	304.40	Amphetamine Dependence
305.70	Amphetamine or Related Acting Sympathomimetic Abuse	305.70	Amphetamine Abuse
Amphetamine-Induced Disorders			
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Amphetamine Intoxication
292.00	Drug Withdrawal	292.00	Cocaine Withdrawal
292.81	Drug-Induced Delirium	292.81	Amphetamine Intoxication Delirium
292.11	Drug-Induced Psychotic Disorder With Delusions	292.11	Amphetamine-Induced Psychotic Disorder, With Delusions
292.12	Drug-Induced Psychotic Disorder, With Hallucinations	292.12	Amphetamine-Induced Psychotic Disorder, With Hallucinations

ICD-9-CM		DSM-4-TR	
Code	Description	Code	Description
292.84	Drug-induced mood disorder	292.84	Amphetamine-Induced Mood Disorder
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Amphetamine-Induced Anxiety Disorder
292.89	Other Specified Drug- Induced Mental Disorder	292.89	Amphetamine-Induced Sexual Dysfunction
292.89	Other Specified drug-Induced Mental Disorder	292.89	Amphetamine Intoxication
292.85	Drug-Induced Sleep Disorders	292.85	Amphetamine-Induced Sleep
292.90	Unspecified Drug-Induced Mental Disorder	292.90	Amphetamine-Related Disorder Not Otherwise Specified (NOS)
Cannabis Use Disorders			
304.30	Cannabis Dependence	304.30	Cannabis Dependence
305.20	Nondependent Cannabis Abuse	305.20	Cannabis Abuse
Cannabis-Induced Disorders			
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Cannabis Intoxication
292.81	Drug-Induced delirium	292.81	Cannabis Intoxication Delirium
292.11	Drug-Induced Psychotic Disorder, With Delusions	292.11	Cannabis-Induced Psychotic Disorder, With Delusions
292.12	Drug-Induced Psychotic Disorder, With Hallucinations	292.12	Cannabis-Induced Psychotic Disorder, With Hallucinations
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Cannabis-Induced Anxiety Disorder
292.90	Unspecified Drug-Induced Mental Disorder	292.90	Cannabis-Related Disorder Not Otherwise Specified (NOS)
Cocaine Use Disorders			
304.20	Cocaine Dependence	304.20	Cocaine Dependence
305.20	Nondependent Cocaine Abuse	305.60	Cocaine Abuse
Cocaine-Induced Disorders			
292.89	Other Specified Drug- Induced Mental Disorder	292.89	Cocaine Intoxication
292.00	Drug Withdrawal	292.00	Cocaine Withdrawal
292.81	Drug-Induced Delirium	292.81	Cocaine Intoxication Delirium
292.11	Drug-Induced Psychotic Disorder, With Delusions	292.11	Cocaine-Induced Psychotic Disorder, With Delusions
292.12	Drug-Induced Psychotic Disorder, With Hallucinations	292.12	Cocaine-Induced Psychotic Disorder, With Hallucinations
292.84	Cocaine-Induced Mood Disorder	292.84	Cocaine-Induced Mood Disorder
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Cocaine-Induced Anxiety Disorder
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Cocaine-Induced Sexual Dysfunction
292.85	Drug-Induced Sleep Disorders	292.85	Cocaine-Induced Sleep Disorder

ICD-9-CM		DSM-4-TR	
Code	Description	Code	Description
292.90	Unspecified Drug-Induced Mental Disorder	292.90	Cocaine-Related Disorder Not Otherwise Specified (NOS)
Hallucinogen Use Disorders			
304.50	Hallucinogen Dependence	304.50	Hallucinogen Dependence
305.30	Nondependent Hallucinogen Abuse	305.30	Hallucinogen Abuse
Hallucinogen-Induced Disorders			
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Hallucinogen Intoxication
292.89	Other Specified Drug- Induced Mental Disorder	292.89	Hallucinogen Persisting Perception Disorder
292.81	Drug-Induced Delirium	292.81	Hallucinogen Intoxication Delirium
292.11	Drug-Induced Psychotic Disorder, With Delusions	292.11	Hallucinogen-Induced Psychotic Disorder, With Delusions
292.12	Drug-Induced Psychotic Disorder, With Hallucinations	292.12	Hallucinogen-Induced Psychotic Disorder, With Hallucinations
292.84	Drug-Induced Mood Disorder	292.84	Hallucinogen-Induced Mood Disorder
292.89	Other Specified Drug- Induced Mental Disorder	292.89	Hallucinogen-Induced Anxiety Disorder
292.89	Other Specified Drug- Induced Mental Disorder	292.89	Hallucinogen-Induced Sexual Dysfunction
292.90	Unspecified Drug-Induced Mental Disorder	292.90	Hallucinogen-Related Disorder Not Otherwise Specified (NOS)
Inhalant Use Disorders			
304.60	Other Specified Drug Dependence	304.60	Inhalant Dependence
305.90	Nondependent Other Mixed or Unspecified Drug Abuse	305.90	Inhalant Abuse
Inhalant-Induced Disorders			
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Inhalant Intoxication
292.82	Drug-Induced Persisting Dementia	292.82	Inhalant-Induced Persisting Dementia
292.11	Drug-Induced Psychotic Disorder, With Delusions	292.11	Inhalant-Induced Psychotic Disorder, With Delusions
292.12	Drug-Induced Psychotic Disorder, With Hallucinations	292.12	Inhalant-Induced Psychotic Disorder, With Hallucinations
292.84	Drug-Induced Mood Disorder	292.84	Inhalant-Induced Mood Disorder
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Inhalant-Induced Anxiety Disorder
292.90	Unspecified Drug-Induced Mental Disorder	292.90	Inhalant-Related Disorder Not Otherwise Specified (NOS)
Opioid Use Disorders			
304.00	Opioid Dependence	304.00	Opioid Dependence
305.50	Nondependent Opioid Abuse	305.50	Opioid Abuse
Opioid-Induced Disorders			

ICD-9-CM		DSM-4-TR	
Code	Description	Code	Description
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Opioid Intoxication
292.00	Drug Withdrawal	292.00	Opioid Withdrawal
292.81	Drug-Induced Delirium	292.81	Opioid Intoxication Delirium
292.11	Drug-Induced Psychotic Disorder, With Delusions	292.11	Opioid-Induced Psychotic Disorder, With Delusions
292.12	Drug-induced psychotic disorder with hallucinations	292.12	Opioid-Induced Psychotic Disorder, With Hallucinations
292.84	Drug-Induced Mood Disorder	292.84	Opioid-Induced Mood Disorder
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Opioid-Induced Sexual Dysfunction
292.85	Drug-Induced Sleep Disorders	292.85	Opioid-Induced Sleep Disorder
292.90	Unspecified Drug-Induced Mental Disorder	292.90	Opioid-Related Disorder Not Otherwise Specified (NOS)
Phencyclidine Use Disorders			
304.60	Other Specified Drug Dependence	304.60	Phencyclidine Dependence (
305.90	Nondependent Other Mixed or Unspecified Drug Abuse	305.90	Phencyclidine Abuse
Phencyclidine-Induced Disorders			
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Phencyclidine Intoxication
292.81	Drug-Induced Delirium	292.81	Phencyclidine Intoxication Delirium
292.11	Drug-Induced Psychotic Disorder, With Delusions	292.11	Phencyclidine-Induced Psychotic Disorder, With Delusions
292.12	Drug-Induced Psychotic Disorder, With Hallucinations	292.12	Phencyclidine-Induced Psychotic Disorder, With Hallucinations
292.84	Drug-Induced Mood Disorder	292.84	Phencyclidine-Induced Mood Disorder
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Phencyclidine-Induced Anxiety Disorder
292.90	Unspecified Drug-Induced Mental Disorder	292.90	Phencyclidine-Related Disorder Not Otherwise Specified (NOS)
Sedative, Hypnotic or Anxiolytic Use Disorders			
304.10	Sedative, Hypnotic or Anxiolytic Dependence	304.1	Sedative, Hypnotic or Anxiolytic Dependence
305.40	Nondependent Sedative, Hypnotic or Anxiolytic Abuse	305.4	Sedative, Hypnotic or Anxiolytic Abuse
Sedative-, Hypnotic or Anxiolytic-Induced Disorders			
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Sedative, Hypnotic or Anxiolytic Intoxication
292.00	Drug Withdrawal	292.00	Sedative, Hypnotic or Anxiolytic Withdrawal
292.81	Drug-Induced Delirium	292.81	Sedative, Hypnotic or Anxiolytic Intoxication Delirium

ICD-9-CM		DSM-4-TR	
Code	Description	Code	Description
292.82	Drug-Induced Persisting Dementia	292.82	Sedative-, Hypnotic- or Anxiolytic-Induced Persisting Dementia
292.83	Drug-Induced Persisting Amnestic Disorder	292.83	Sedative-, Hypnotic- or Anxiolytic-Induced Persisting Amnestic Disorder
292.11	Drug-Induced Psychotic Disorder, With Delusions	292.11	Sedative, Hypnotic, or Anxiolytic-Induced Psychotic Disorder, With Delusions
292.12	Drug-Induced Psychotic Disorder, With Hallucinations	292.12	Sedative, Hypnotic, or Anxiolytic-Induced Psychotic Disorder, With Hallucinations
292.84	Drug-Induced Mood Disorder	292.84	Sedative, Hypnotic, or Anxiolytic-Induced Mood Disorder
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Sedative-, Hypnotic- or Anxiolytic-Induced Anxiety Disorder
292.89	Other Specified Drug-Induced Mental Disorder	292.89	Sedative-, Hypnotic- or Anxiolytic-Induced Sexual Dysfunction
292.85	Drug-Induced Sleep Disorders	292.85	Sedative, Hypnotic, or Anxiolytic-Induced Sleep Disorder (
292.90	Unspecified Drug-Induced Mental Disorder	292.90	Sedative-, Hypnotic- or Anxiolytic-Related Disorder Not Otherwise Specified (NOS)
Screening, Brief Intervention and Referral to Treatment (SBIRT)			
V82.9	Screening for Unspecified Condition		
V28.9	Unspecified Antenatal Screening		
V65.40	Counseling, Not Otherwise Specified (NOS)		
V65.42	Counseling, Substance Use and Abuse		
V65.49	Other Specified Counseling		

Provider Types

Within the substance use disorder provider network, there exists a variety of licensed and non-licensed staff that renders services to clients.

Certified Addiction Counselor (CAC)

A Certified Addiction Counselor (CAC) is a person who has a certificate to practice addiction counseling pursuant to the Colorado Mental Health Practice Act. CAC's are certified in Colorado at three levels in ascending order of responsibility and requirements:

Certified Assistant Addiction Counselor (CAC I) is an entry-level counselor who may co-facilitate individual or group counseling sessions with a CAC II, CAC III, or LAC; make treatment chart notations co-signed by a CAC II, CAC III, or LAC; and document vital signs in licensed treatment programs. CAC I staff can only account for a maximum of one quarter or 25% of the counseling staff for all licensed programs.

Certified Addiction Counselor (CAC II) is a primary counselor who may independently conduct individual and group counseling sessions and engage in the complete range of therapeutic duties, with the exception of clinical supervision.

Certified Senior Addiction Counselor (CAC III) is a senior counselor who may perform any of the lower-level functions, as well as provide clinical supervision after successful completion of the required clinical supervision training.

Licensed Addiction Counselor (LAC)

A Licensed Addiction Counselor (LAC) is a senior counselor who holds a Master's degree in the healing arts and is licensed in addiction counseling by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) or the National Board for Certified Counselors (NBCC). An LAC is able to operate independently, as well as provide clinical supervision after successful completion of the required clinical supervision training. In addition, an LAC may supervise other licensed and unlicensed behavioral health professionals. The LAC offers a fourth level of credentialing for addiction professionals comparable to that of other mental health professionals.

Licensed Clinical Social Worker/ Licensed Social Worker (LCSW/LSW)

A Licensed Clinical Social Worker (LCSW) or Licensed Social Worker (LSW) is a person with a Master's or Doctoral degree from an accredited program offering full-time course work approved by the Colorado Board of Social Work Examiners (CSWE) and who is licensed by the CSWE.^{iv} Clinical social work practice includes "the practice of social work in addition to the explicit practice of psychotherapy as an LSW."^vThe practice of psychotherapy is "limited to LCSWs or LSWs supervised by LCSWs."

Scope of Practice: Professional social work practice takes place in public or private agencies or institutional, educational or independent settings and may include, but is not limited to:

- Assessment
- Differential diagnosis
- Treatment planning and evaluation
- Measurement of psychosocial functioning
- Crisis intervention, outreach, short- and long- term treatment
- Therapeutic individual, marital and family interventions
- Client education
- Case management

- Mediation
- Advocacy
- Discharge, referral and continuity of care planning and implementation
- Consultation
- Supervision
- Research
- Management and administration
- Program evaluation and education
- Social group work
- Community organization and development
- Psychotherapy^{vi}
- Consultation, supervision and teaching in higher education^{vii}

Licensed Professional Counselor (LPC)

Licensed Professional Counselor (LPC) is a person who possesses a Master's degree or higher in professional counseling from an accredited college or university, who is licensed by the Colorado Board of Licensed Professional Counselor Examiners to practice professional counseling or mental health counseling.^{viii}

Scope of Practice: With regard to professional counseling, the LPC's scope of practice includes:

- "Activities that assist the client in developing an understanding of personal, emotional, social, educational, alcohol and substance abuse, domestic violence and vocational issues, and in planning and effecting actions to increase functioning or gain control of his/her behavior in such areas, including, but not limited to:
 - Skill-building in communications, decision-making, and problem-solving
 - Clarifying values
 - Promoting adaptation to loss and other life changes
 - Developing social skills
 - Restructuring cognitive patterns
 - Defining educational and career goals
 - Facilitating adjustment to personal crises and conflict"
- "The selecting, administering, scoring and interpreting of instruments designed to measure aptitudes, attitudes, abilities, achievements, interests, emotions and other personal characteristics, including the application of non-standardized methods, such as interviews, to evaluate a client's personal and social functioning."
- "A voluntary relationship between the counselor and the client in which the counselor assists the client, group or organization to cope with relationships, conflicts, problem-solving, decision-making and competencies by interpreting, reporting on, or applying counseling theory."
- "Rendering, or offering to render, counseling services that facilitate effective personal, emotional, social, education and vocational development in individuals, couples, groups and organizations, with an emphasis on the natural aspects of human development and with an educational orientation."
- "Following a planned procedure of interventions that take place on a regular basis, over time, or in the cases of testing, assessment, and brief professional counseling, as a single intervention."^{ix}
- With regard to clinical mental health counseling the LPC's scope of practice includes:
 - "Assessment, counseling activities, consultation, and referral."

- “Treatment, diagnosis, testing, assessment, psychotherapy, or counseling in a professional relationship to assist individuals or groups to alleviate mental and emotional disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors that interfere with effective emotional, social, or intellectual functioning.”^x

Licensed Marriage and Family Therapist (LMFT)

A Licensed Marriage and Family Therapist (LMFT) is a person who possesses a Master’s degree or higher from a graduate program with course study accredited by the Commission on Accreditation for Marriage and Family Therapy Education (CAMFTE), who is licensed by the Colorado Board of Marriage and Family Therapist Examiners.^{xi}

Scope of Practice: The LMFT’s scope of practice involves “the rendering of professional marriage and family therapy services to individuals, couples and families, singly or in groups,” utilizing “established principles that recognize the interrelated nature of individual problems and dysfunctions to assess, understand, diagnose and treat emotional and mental problems, alcohol and substance abuse, and domestic violence, and modify intrapersonal and interpersonal dysfunctions.” Professional marriage and family therapy practice includes, but is not limited to:

- Assessment and testing
- Diagnosis
- Treatment planning and evaluation
- Therapeutic individual, marital, family, group or organizational interventions
- Psychotherapy
- Client education
- Consultation
- Supervision^{xii}

Licensed Physician (MD/DO)

A licensed physician is a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) who is licensed by the Colorado Board of Medical Examiners and renders services within the scope of practice of medicine as defined by State law. The licensed physician is also certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology (ABPN) and holds one of the following certifications.

- Certified in Addiction Medicine by American Society of Addiction Medicine (ASAM)
- Certified Level II or III Addiction Counselors (CAC II or CAC III) or Licensed Addiction Counselors (LAC) by the Colorado Department of Regulatory Agencies (DORA) (Refer to Section III.C.)
- Certified by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) as a Nationally Certified Addiction Counselor, Level II (NCAC II) or Master Addiction Counselor (MAC)

Licensed Non-Physician Practitioner (NPP)

A Licensed Non-Physician Practitioner (NPP) is any of the following:

- Licensed Addiction Counselor (LAC) (Refer to Section III.C.4.B. of 2012 Uniform Service Coding Standards Manual- HCPF and OBH)
- Licensed Clinical Social Worker (LCSW) (Refer to Section II.C.10.A. of 2012 Uniform Service Coding Standards Manual- HCPF and OBH)

- Licensed Marriage and Family Therapist (LMFT) (Refer to Section II.C.1. of 2012 Uniform Service Coding Standards Manual- HCPF and OBH)
- Licensed Professional Counselor (LPC) (Refer to Section II.C.2. of 2012 Uniform Service Coding Standards Manual- HCPF and OBH)
- Nurse Practitioner (NP) (Refer to Section II.C.4.A. of 2012 Uniform Service Coding Standards Manual- HCPF and OBH)
- Psychologist (PhD) (Refer to Section II.C.3. of 2012 Uniform Service Coding Standards Manual- HCPF and OBH)

These licensed NPPs must also be certified addiction counselors (CACs) with one of the following credentials:

- Certified Level II or III Addiction Counselors (CAC II, CAC III or LAC) by the Colorado Department of Regulatory Agencies (DORA) (Refer to Section III.C.4.A. of 2012 Uniform Service Coding Standards Manual- HCPF and OBH)
- Certified by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) as a Nationally Certified Addiction Counselor, Level II (NCAC II) or Master Addiction Counselor (MAC)

Addiction Counselors

The role of the counselor includes a range of knowledge, skills, training, and work experience in the treatment of clients with substance-related disorders that differentiates the addiction counselor profession from other health care professionals.

Peer Specialist

A Peer Specialist (PS) (also referred to as a Peer Counselor, Peer Mentor) “is a person with a substance use disorder who has been trained “to assist” his/her peers to identify and achieve specific life goals.”^{xiii} Peer Specialists perform a wide variety of tasks to assist clients “in regaining control over their own lives and recovery process.”^{xiv} Peer Specialists assist clients “in navigating the substance use disorder services system and in achieving resiliency and recovery as defined by the person.”^{xv} Peer Specialists “promote self-determination, personal responsibility and the empowerment inherent in self-directed recovery.”^{xvi} Peer Specialists provide peer support services, serve as client advocates, and provide client information for clients in emergency, outpatient or inpatient settings. As individuals who experience mental illness themselves, Peer Specialists “model competency in recovery and maintaining ongoing wellness.”^{xvii}

LPN/LVN

A Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) is a person who has graduated from an approved program of practical nursing, and holds a license as a Practical Nurse from the Colorado Board of Nursing.^{xviii}

Scope of Practice: The LPN/LVN’s scope of practice is the performance, under the supervision of a Physician or Professional Nurse licensed by the State, “of those services requiring the education, training and experience, as evidenced by the knowledge, abilities and skills” required for licensure, “in caring for the ill, injured or infirm, in teaching and promoting preventive health measures, in acting to safeguard life and health, or in administering treatments and medications” prescribed by a legally authorized Physician or Physician Assistant (PA) implementing a medical plan of care.^{xix}

Psych. Tech

A Psychiatric Technician (Psych Tech) (also referred to as a Psychiatric Aide, Trained Psychiatric Technician, or Graduate Psychiatric Technician) is a person who performs specific duties under the direction of a licensed Physician (MD/DO) and the supervision of an RN.^{xx}

Scope of Practice: The Psych Tech’s scope of practice involves functions “requiring interpersonal and technical skills,” including:

- Administering “selected treatments and medications (oral medications and hypodermic injections^{xxi}) prescribed by a licensed Physician (MD/DO)”
- Care and observation of clients with mental illness (MI) or developmental disability (DD)
- Recognition of symptoms and reactions of a client with MI or DD^{xxii}

Registered Nurse (RN)

A Registered Nurse (RN) or Registered Professional Nurse (RPN) is a person who has graduated from an approved program of professional nursing, and is licensed as a Professional Nurse by the Colorado Board of Nursing.^{xxiii}

Scope of Practice: The RN’s scope of practice entails “the performance of both independent nursing functions and delegated medical functions in accordance with accepted practice standards.”^{xxiv}

- Functions include:
 - “Initiation and performance of nursing care through health promotion”
 - “Supportive or restorative care”
 - “Disease prevention”
 - “Diagnosis and treatment of disease, ailment, pain, injury, deformity and physical or mental condition using specialized knowledge, judgment and skill involving the application of biological, physical, social and behavioral science principles”
- Services include:
 - “Evaluating health status through collection and assessment of health data”
 - “Health teaching and health counseling”
 - “Providing therapy and treatment that is supportive and restorative to life and well-being, either directly to the client or indirectly through consultation with, delegation to, supervision of, or teaching of others”
 - “Executing delegated medical functions”
 - “Referring to medical or community agencies those clients who need further evaluation and/or treatment”
 - “Reviewing and monitoring therapy and treatment plans”^{xxv}

Registered Nurse with Prescriptive Authority (RxN)

An Advanced Practice Nurse with Prescriptive Authority (RxN) is a Professional Nurse licensed by the Colorado Board of Nursing, who has been granted recognition on the Advanced Practice Registry (APR) in at least one (1) role and specialty, and who has been granted Prescriptive Authority by the Colorado Board of Nursing.^{xxvi}

Scope of Practice: The RxN’s scope of practice is determined by the Colorado Board of Nursing, and “is limited to prescribing only those prescription medications and controlled substances that are appropriate for treating patients within the RxN’s area of practice.” The RxN works under “a written collaborative agreement with a Physician licensed by the State whose medical education, training, experience and active practice correspond with that of the RxN.” The RxN may accept, possess, administer and dispense medication, including samples, “for routine health maintenance, routine preventive care, an acute self-limiting condition, the care of a chronic condition that has stabilized, or terminal comfort care,” within the limits of his/her prescriptive authority.^{xxvii}

Advanced Practice Registered Nurse (APRN)

An Advanced Practice Nurse (APN) is a Professional Nurse licensed by the Colorado Board of Nursing, “who obtains specialized education and/or training,” and who been recognized and included on the Advanced Practice Registry (APRN) by the Colorado Board of Nursing. APN roles recognized by the Colorado Board of Nursing include:

- Nurse Practitioner (NP)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Nurse Midwife (CNM)
- Clinical Nurse Specialist (CNS)

Scope of Practice: The APN’s scope of practice “is founded on the specialized education or training acquired by the Professional Nurse in preparation for advanced practice.” “It is within the independent scope of advanced practice nursing to order diagnostic testing, treatment and other nursing services.”^{xxviii}

Unlicensed EdD/PhD/PsyD

An Unlicensed Psychotherapist is “any person whose primary practice is psychotherapy,” “who is not licensed” by the Colorado Board of Psychologist Examiners, the Colorado Board of Social Work Examiners, the Colorado Board of Licensed Professional Counselor Examiners, or the Colorado Board of Marriage and Family Therapist Examiners “to practice psychotherapy.”^{xxix} Unlicensed Psychotherapists are not “authorized to practice outside of or beyond his/her area of training, experience or competence.”^{xxx} However, Unlicensed Psychotherapists who are employees of community mental health centers (CMHCs) are not required to be registered in the State Grievance Board database.^{xxxi}

Certified Prevention Specialist

A Certified Prevention Specialist is credentialed by the Colorado Prevention Certification Board, working under strict guidelines set by the International Certification & Reciprocity Consortium (IC&RC). Certified Prevention Specialist must receive the certification and this program is deal for therapists, social workers, counselors, HR staff, educators, youth service providers, law enforcement, military officers, community advocates, faith based leaders, and prevention specialists for nonprofit organizations.

Licensed Psychologist (EdD/PhD/PsyD)

A Licensed Psychologist is a person with a Doctoral degree (EdD, PhD, PsyD) in clinical or counseling psychology from an accredited program offering psychology courses approved by the American Psychological Association (APA), who is licensed by the Colorado Board of Psychologist Examiners.^{xxxii}

Scope of Practice: The Licensed Psychologist’s scope of practice entails “the observation, description, evaluation, interpretation, treatment or modification of behavior, cognitions or emotions by the

application of psychological, behavioral and physical principles, methods or procedures, for the purpose of preventing or eliminating symptomatic, maladaptive or undesired behavior, cognitions or emotions, and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health and mental health. Psychologists use any and all psychological principles, methods and devices to consider the full range of possible causes of patients' illnesses, and then select and apply the appropriate treatment methods." Psychological services may be rendered to individuals, families, groups, organizations, institutions, the public, and/or the courts. The practice of psychology includes, but is not limited to:

- "Psychological testing and evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests and aptitudes"
- "Neuropsychological tests, assessments, diagnoses and treatment of neuropsychological and brain disorders"
- "Psychotherapy, including psychoanalytic, existential, cognitive and behavioral therapies, hypnosis and biofeedback"
- "Clinical and counseling psychology, including the diagnosis and treatment of mental, neurological, psycho-physiological and emotional disorder(s) or disability(ies), alcoholism and substance abuse, behavioral abuse (including dangerousness to self or others) and disorders of habit or conduct"
- "Rehabilitation psychology, dealing with the psychological aspects of physical illness, accident, injury or disability and rehabilitation"
- "Health psychology, dealing with the role of psychological factors in health and illness"
- "Forensic psychology, dealing with the relation and application of psychological research and knowledge to legal issues, including but not limited to, assessments of competency in civil or criminal matters, legal questions of sanity, or civil commitment proceedings"
- "Organizational psychology, including assessment and intervention by an employee within his/her organization or by a consultant retained by the organization"
- "Community psychology, emphasizing prevention and early discovery of potential difficulties, rather than awaiting initiation of therapy by affected individual or groups, which is generally practiced outside of an office setting"
- "Psychological evaluation, therapy, remediation, and consultation"
- "Research psychology, applying research methodologies, statistics and experimental design to psychological data"^{xxxiii}

Nurse Practitioner (NP)

A Nurse Practitioner (NP) is a non-physician medical practitioner that is a licensed registered nurse (RN) legally entitled to use the title of nurse practitioner. Nurse practitioners predominantly practice "primary care" after completing a clinical and didactic program of at least six months' duration, which is appropriate to the scope and function of the practitioner's area of expertise.

Physician Assistant (PA)

A Physician Assistant (PA) is a person who has successfully completed an education program for PAs and the national certifying examination for PAs, and is licensed by the Colorado Board of Medical Examiners.^{xxxiv}

Scope of Practice: The PA renders delegated medical functions under the direction and supervision of a Physician licensed and practicing in the State of Colorado.^{xxxv}

Qualified Medication Administration Person (QMAP)

A Qualified Medication Administration Person (QMAP) is a person who has successfully completed a State- approved medication administration training course. A QMAP is employed by a licensed facility on a contractual, full- or part-time basis to provide direct care services, including medication administration to residents upon written order of a licensed physician or other licensed authorized practitioner. A QMAP may also be a person employed by a home health agency who functions as permanent direct care staff to licensed facilities, who is trained in medication administration, and who administers medication only to the residents of the licensed facility.^{xxxvi}

Scope of Practice: Successful completion of a State-approved medication administration course qualifies a QMAP to administer medications in settings authorized by law. Such settings include:

- Correctional facilities under the supervision of the Executive Director of the Department of Corrections (DOC), including but not limited to:
 - Minimum security facilities
 - Jails
 - Community correctional facilities and programs
 - Regimented inmate discipline and treatment program
 - Denver Regional Diagnostic Center (DRDC)
- Institutions for juveniles
- Assisted living residences
- Adult foster care facilities
- Alternative care facilities
- Residential childcare facilities
- Secure residential treatment centers
- Residential facilities providing treatment for persons with mental illnesses, except for facilities that are publicly or privately licensed hospitals
- Services for persons with developmental disabilities (DD) funded and regulated by the Colorado Department of Human Services (CDHS)
- State certified adult day programs^{xxxvii}

“Successful completion of a State-approved medication course does not lead to certification or licensure,” nor does it “allow the person to make any type of judgment, assessment or evaluation of a client.” QMAPs may not “administer medication by injection or tube,” or “draw insulin or other medication into syringes.”^{xxxviii} A QMAP may administer medications by the following routes of administration:

- Oral
- Sublingual
- Topical
- Eye
- Ear
- Rectal
- Vaginal
- Inhalant
- Trans-dermal^{xxxix}

Treatment Facility

Treatment facilities are licensed by the Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) based on Substance Use Disorder Treatment Rules (2006). These treatment rules govern the provision of treatment to persons with substance-related disorders.

Place of Service (POS)

Place of service (POS) codes are two digit codes used on health care professional claims to specify where a service was rendered. These POS codes are used throughout the healthcare industry and are maintained by the Centers for Medicare & Medicaid Services (CMS). POS information is needed to determine the acceptability of direct billing of Medicare, Medicaid, and private insurance services rendered by a given provider.

Place of Service (POS)		
Code	POS Name	Description
3	School	A facility whose primary purpose is education.
4	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
9	Prison/ Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center (CHC), State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24-hours a day, 7 days a week, with the capacity to deliver or arrange for services, including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services, such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short-term accommodation, such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
20	Urgent Care	A location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A free-standing facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
26	Military Treatment Facility (MTF)	A medical facility operated by one or more of the Uniformed Services. MTF also refers to certain former US Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).

31	Skilled Nursing Facility (SNF)	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing or rehabilitative services, but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled or sick persons, or on a regular basis health-related care services above the level of custodial care to other than individuals with mental retardation (MR).
33	Customer Care	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
49	Independent Clinic	A location, not part of a hospital and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center (FQHC)	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility – Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full-time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center (CMHC)	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24-hours a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility – Mentally Retarded (ICF-MR)	A facility which primarily provides health-related care and services above the level of custodial care to individuals with MR, but does not provide the level of care or treatment available in a hospital or SNF.

55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-Residential Substance Abuse Treatment Center	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, and psychological testing.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
99	Other Place of Service	Other place of service (POS) not identified above.

Procedure Code Modifiers

Procedure code modifiers are designed to allow providers to more accurately document and report the services rendered. The two digit modifiers are appended to the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) procedure codes to indicate that a rendered service or procedure has been altered in its delivery by some specific circumstance, but has not changed in its definition or procedure code. Modifiers are used when the information supplied by a procedure code descriptor needs to be supplemented to identify specific circumstances, or to provide additional information, that may apply to a service or item, including but not limited to:

- Service/procedure was increased/reduced
- Mandated service/procedure
- Credentials/training of the provider
- Unusual event(s) occurred

Modifiers are classified as either a payment modifier which may affect reimbursement, or as an information modifier which will not affect reimbursement. Up to four modifiers may be used for each procedure code. CPT and HCPCS modifiers may be appended to either CPT or HCPCS procedure codes. When supplementing with both payment and informational modifiers, the payment modifiers are sequenced first, in order of relative importance.

CPT Modifiers

CPT modifiers are two-digit numeric codes listed after a procedure code and separated from the procedure code by a hyphen. Not all of the 31 total CPT modifiers are applicable to substance abuse treatment services, so on the modifiers that are potentially useful to substance abuse providers are listed in the table below.

CPT Modifiers		
22	Increased Procedural Services	Used when the work necessary to render a service or procedure is substantially greater than typically required. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of client's condition, and/or physical and mental effort required).
52	Reduced Services	Used, in certain circumstances, to signify that a component of a service or procedure has been partially reduced or eliminated, at the provider's discretion. This modifier provides a means for documenting and reporting reduced services or procedures without disturbing the identification of the basic procedure code. Documentation must support the service, and the reduction or elimination of any component, with a brief explanation or clarifying statement.

HCPCS Modifiers

HCPCS Level II modifiers are two-digit alpha or alphanumeric codes listed after a procedure code and separated from the procedure code by a hyphen. Not all 394 total HCPCS Level II modifiers are applicable to substance abuse treatment services, so only the modifiers that are potentially useful to providers are included in the table below. For reporting and billing purposes, all Medicaid outpatient substance abuse (SA) treatment services are identified by using the modifier HF (Substance Abuse Program). Special Connections, the Medicaid reimbursed services for Pregnant Women, uses HD as the first modifier.

Level II HCPCS Modifiers		
Modifier	Description	Definition
AF	Specialty Physician	Designates the person rendering a service/procedure is a physician with a specialty.
AH	Clinical Psychologist	Designates the person rendering a service/procedures is a licensed Clinical Psychologist
HA	Child/Adolescent (C/A) Program	Designates a service/procedure associated with a program specifically designed for children and/or adolescents; specific age boundaries are not identified to allow for variation among the states.
HB	Adult Program, Non-Geriatric	Designates a service/procedure designed for non-geriatric adults; specific age boundaries are not identified to allow for variation among the states.
HC	Adult Program, Geriatric	Designates a service/procedure designed for older (geriatric) adults; specific age boundaries are not identified to allow for variation among the states.
HD	Pregnant/Parenting Women's Program	Designates a service/procedure associated with a program specifically designed for pregnant women/women with dependent children as a unit in a comprehensive treatment setting.
HF	Substance Abuse (SA) Program	Designates a service/procedure associated with a program specifically designed to provide SA treatment services.
HG	Opioid Addiction Treatment Program	Designates a service/procedure associated with a program specifically designed to provide opioid addiction treatment services.
HH	Integrated Mental Health/Substance Abuse (MH/SA) Program	Designates a service/procedure associated with a program specifically designed to provide integrated MH/SA treatment services.
HM	Less Than Bachelor's Level	Indicates the rendering provider's highest educational level is less than a bachelor's degree
HN	Bachelor's Degree Level	Indicates the rendering provider's highest educational attainment is a bachelor's degree.
HO	Master's Degree Level	Indicate the rendering provider's highest educational attainment is a master's degree.
HP	Doctoral Level	Indicates the rendering provider's highest educational attainment is a doctoral degree.

HQ	Group Setting	Designates a service/procedure rendered to more than one (1) client during a single treatment encounter/session, such that the clients have no particular relationship during a single treatment encounter.
HR	Family/Couple with Client Present	Designates a service/procedure rendered to more than one (1) client during a single treatment encounter/session, such that the persons served share a familial/significant other relationship.
HS	Family/Couple without Client Present	Designates a service/procedure rendered to more than one (1) client during a single treatment encounter/session, such that the persons served share a familial/significant other relationship.
HT	Multi-Disciplinary Team	Designates a service/procedure rendered by multiple providers of different disciplines.
SA	Nurse Practitioner (APRN/RxN) Rendering Service in Collaboration with a Physician (MD/DO)	Designates the person rendering a service/procedure is a Nurse Practitioner (APRN/RxN) collaborating with a physician (MD/DO).
TD	Registered Nurse	Designates the person rendering a service/procedure is a Registered Nurse (RN).
TE	Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN)	Designates the person rendering a service/procedure is a Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN).
TF	Intermediate Level of Care (LOC)	Indicates a service/procedure requiring an intermediate LOC.
TG	Complex/High-Tech Level of Care (LOC)	Indicates a service/procedure requiring a complex/high-tech LOC.
UK	Services Provided on Behalf of the Client to Someone Other Than the Client (Collateral Relationship)	Designates a service/procedure rendered to collateral of a client (i.e., spouse, child, parent/other person) who is adversely affected by the client's behavioral health (BH) problems (s).

Procedure Codes

Prevention

Prevention services are targeted towards individuals before they develop an alcohol and/or drug use disorder. Prevention programs promote constructive lifestyles and norms that discourage alcohol and/or drug usage. Prevention services utilize a variety of strategies, including screening and outreach services that identify at-risk populations, proactive efforts to educate and empower individuals to choose and maintain healthy behaviors, and lifestyle choices that promote positive behavioral health choices. Services may be population based and can be provided through media, written formats, peer groups, or through group interventions. These services are not restricted to face-to-face modes of delivery. Prevention services can include any of the following: mental health screenings; nurturing parent programs; educational programs (safe and stable families); senior workshops (common aging disorders); “Love and Logic” (healthy parenting skills); and CASASTART (children at high risk for substance abuse [SA], delinquency, and academic failure).

Prevention Codes	
Procedure Code	Procedure Code Description
H0021	Alcohol and/or Drug Training Service (for staff and personnel not employed by providers)
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with service audiences to affect knowledge and attitude)
H0025	Behavioral health Prevention Education Service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0026	Alcohol and/or Drug Prevention Process Service, Community-based (delivery of services to develop skills of impactors)
H0027	Alcohol and/or Drug Prevention Environmental Service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)
H0028	Alcohol and/or Drug Prevention Problem Identification and Referral Service (e.g. student assistance and employee assistance programs), does not include assessment
H0029	Alcohol and/or Drug Prevention Alternatives Service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)

Prevention		
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Training provided to support staff and personnel (not directly employed by a provider) on topics related to alcohol, tobacco and or other drug services of which that person could be directly involved with providing to a client.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Number of participants • Type of service 	
NOTES	EXAMPLE ACTIVITIES	
	<p>Training could include educating personnel on any of the following:</p> <ul style="list-style-type: none"> • Infectious diseases (AIDS/HIV, Hepatitis C, TB), including universal precautions against becoming infected • Monitoring vital signs • Conducting assessment and triage, including identifying suicidal ideation • Emergency procedures and their implementation • Collecting urine, and breath samples • Cultural factors that impact detoxification • Clinical ethics and confidentiality • Clinical records systems • De-escalating potentially dangerous situations • Basic counseling and motivational interviewing skills • Additional skills or services needed to treat alcohol, tobacco, and other drug disorders 	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA		

Prevention					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0024		Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Services delivered to target audiences with the intent of affecting knowledge, attitude and/or behavior through one-way direct communication education and information dissemination.		<ul style="list-style-type: none"> Number of participants Type of service 			
NOTES		EXAMPLE ACTIVITIES			
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities.		<ul style="list-style-type: none"> Pamphlets, educational presentations, Billboards 			
APPLICABLE POPULATION(S)					
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
		<input checked="" type="checkbox"/> Adult (21-64)		<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03)		<input checked="" type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input checked="" type="checkbox"/> Shelter (04)		<input checked="" type="checkbox"/> Temp Lodge (16)		<input checked="" type="checkbox"/> Cust Care (33)	
<input checked="" type="checkbox"/> Prison/CF (09)		<input checked="" type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Indepndt Clinic (49)	
<input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input checked="" type="checkbox"/> FQHC (50)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input type="checkbox"/> Inpt PF (51)	
<input checked="" type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> PF-PHP (52)	
				<input checked="" type="checkbox"/> CMHC (53)	
				<input type="checkbox"/> ICF-MR (54)	
				<input type="checkbox"/> RSATF (55)	
				<input type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input checked="" type="checkbox"/> Other POS (99)	
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF			<input checked="" type="checkbox"/> Encounter		Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH			<input type="checkbox"/> Day		
<input type="checkbox"/> HA			<input type="checkbox"/> 1 Hour		
<input type="checkbox"/> HB			<input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HC			<input type="checkbox"/> 15 Minutes		
<input type="checkbox"/> HD			ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HG			<input checked="" type="checkbox"/> Face-to-Face		<input checked="" type="checkbox"/> Telemedicine
<input type="checkbox"/> HH			<input checked="" type="checkbox"/> Video Conference		<input type="checkbox"/> Teleconference
			<input checked="" type="checkbox"/> Telephone		
			<input checked="" type="checkbox"/> Individual		
			<input checked="" type="checkbox"/> Group (HQ)		
			<input checked="" type="checkbox"/> Family		
			<input checked="" type="checkbox"/> On-Site		
			<input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist		<input checked="" type="checkbox"/> APRN (SA)		<input checked="" type="checkbox"/> Cert Prevention Specialist	
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)		<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC		<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
<input checked="" type="checkbox"/> LPN/LVN (TE)		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)		<input checked="" type="checkbox"/> CAC I	
<input checked="" type="checkbox"/> Bachelor's Level (HN)		<input type="checkbox"/> Unlicensed Master's Level (HO)		<input checked="" type="checkbox"/> CAC II	
<input checked="" type="checkbox"/> Psych. Tech		<input type="checkbox"/> Licensed non-physician practitioner (NPP)		<input checked="" type="checkbox"/> CAC III	
<input checked="" type="checkbox"/> RN (TD)				<input checked="" type="checkbox"/> NP (SA)	
<input checked="" type="checkbox"/> RxN (SA)				<input checked="" type="checkbox"/> PA	
				<input checked="" type="checkbox"/> MD/DO (AF)	
				<input type="checkbox"/> QMAP	
				<input checked="" type="checkbox"/> Treatment Facility	
				<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
				<input type="checkbox"/> Dentist (only for SBIRT codes)	

Prevention					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0025		Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Services delivered to target audiences with the intent of affecting knowledge, attitude and/or behavior. Education involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities.		<ul style="list-style-type: none"> • Number of participants • Type of service 			
NOTES		EXAMPLE ACTIVITIES			
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities.		<ul style="list-style-type: none"> • Classroom educational activities • Education services for youth • Parenting/family management services • Peer leader/helper programs • Small group sessions 			
APPLICABLE POPULATION(S)					
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
		<input checked="" type="checkbox"/> Adult (21-64)		<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03)		<input checked="" type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input checked="" type="checkbox"/> Shelter (04)		<input checked="" type="checkbox"/> Temp Lodge (16)		<input checked="" type="checkbox"/> Cust Care (33)	
<input checked="" type="checkbox"/> Prison/CF (09)		<input checked="" type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Indepndt Clinic (49)	
<input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input checked="" type="checkbox"/> FQHC (50)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input type="checkbox"/> Inpt PF (51)	
<input checked="" type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> PF-PHP (52)	
				<input checked="" type="checkbox"/> CMHC (53)	
				<input type="checkbox"/> ICF-MR (54)	
				<input type="checkbox"/> RSATF (55)	
				<input type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input checked="" type="checkbox"/> Other POS (99)	
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF			<input checked="" type="checkbox"/> Encounter		Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> HM			<input type="checkbox"/> 1 Hour		
<input checked="" type="checkbox"/> SA			<input type="checkbox"/> Day		
<input checked="" type="checkbox"/> AH			<input type="checkbox"/> 3 Hours		
<input checked="" type="checkbox"/> HN			<input type="checkbox"/> 15 Minutes		
<input type="checkbox"/> HA					
<input checked="" type="checkbox"/> HO					
<input checked="" type="checkbox"/> TE					
<input type="checkbox"/> HB					
<input checked="" type="checkbox"/> HP					
<input type="checkbox"/> HC					
<input checked="" type="checkbox"/> HQ					
<input type="checkbox"/> HD					
<input checked="" type="checkbox"/> HR					
<input type="checkbox"/> HG					
<input type="checkbox"/> HS					
<input type="checkbox"/> HH					
<input type="checkbox"/> HT					
<input type="checkbox"/> 22					
<input type="checkbox"/> 52					
ALLOWED MODE(S) OF DELIVERY					
<input checked="" type="checkbox"/> Face-to-Face		<input checked="" type="checkbox"/> Group (HQ)		<input checked="" type="checkbox"/> Telemedicine	
<input type="checkbox"/> Video Conference		<input type="checkbox"/> Family		<input type="checkbox"/> Teleconference	
<input type="checkbox"/> Telephone		<input checked="" type="checkbox"/> On-Site			
<input checked="" type="checkbox"/> Individual		<input checked="" type="checkbox"/> Off-Site			
MINIMUM STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist		<input checked="" type="checkbox"/> APRN (SA)		<input checked="" type="checkbox"/> Cert Prevention Specialist	
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)		<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC		<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)		<input checked="" type="checkbox"/> MD/DO (AF)	
<input checked="" type="checkbox"/> LPN/LVN (TE)		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)		<input type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> Bachelor's Level (HN)		<input type="checkbox"/> Licensed non-physician practitioner (NPP)		<input checked="" type="checkbox"/> Treatment Facility	
<input checked="" type="checkbox"/> Psych. Tech				<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input checked="" type="checkbox"/> RN (TD)				<input type="checkbox"/> Dentist (only for SBIRT codes)	
<input checked="" type="checkbox"/> RxN (SA)					
				<input checked="" type="checkbox"/> CAC I	
				<input checked="" type="checkbox"/> CAC II	
				<input checked="" type="checkbox"/> CAC III	
				<input checked="" type="checkbox"/> NP (SA)	
				<input checked="" type="checkbox"/> PA	

Prevention				
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H0026		Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
This service is provided through a community-based process that enhances the community's ability to provide prevention services. Community activities may include procurement or funding strategies, community organizing, community planning, collaboration, coalition building, coordination between organizations, and or networking.		<ul style="list-style-type: none"> • Number of participants • Type of service 		
NOTES		EXAMPLE ACTIVITIES		
		<ul style="list-style-type: none"> • Systematic planning • Community or volunteer training • Community team building • Organizational collaboration or coordination • Coalition building • Networking 		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62)				
<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71)				
<input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72)				
<input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99)				
<input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)				
<input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> CIRC (61)				
<input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52)				
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD		<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE		<input type="checkbox"/> 15 Minutes		
<input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF		ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG		<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ)		<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK		<input type="checkbox"/> Video Conference <input type="checkbox"/> Family		<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22		<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site		
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52		<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF)				
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP				
<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility				
<input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing				
<input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes)				
<input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA)				
<input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA				

Prevention				
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H0027		Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Environmental strategies use a broad range of external activities in order to mainstream prevention through policies and law. These strategies establish or change community standards, codes, and attitudes, which decreases the prevalence of alcohol and other drugs within the community.		<ul style="list-style-type: none"> • Number of participants • Type of service 		
NOTES		EXAMPLE ACTIVITIES		
		<ul style="list-style-type: none"> • Review of school policies • Community technical assistance • Revised advertising practices • Pricing strategies • Setting minimum age requirements • Product use restrictions • Workplace substance abuse policies • New or revised environmental codes • New or revised ordinances, regulations, or legislation 		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62)				
<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71)				
<input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72)				
<input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99)				
<input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)				
<input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)				
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD		<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE		<input type="checkbox"/> 15 Minutes		
<input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF		ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG		<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ)		<input checked="" type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK		<input checked="" type="checkbox"/> Video Conference <input type="checkbox"/> Family		<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22		<input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site		
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52		<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist		<input checked="" type="checkbox"/> APRN (SA)		<input checked="" type="checkbox"/> MD/DO (AF)
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)		<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC		<input type="checkbox"/> QMAP
<input checked="" type="checkbox"/> LPN/LVN (TE)		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)		<input checked="" type="checkbox"/> Treatment Facility
<input checked="" type="checkbox"/> Bachelor's Level (HN)		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)		<input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input checked="" type="checkbox"/> Psych. Tech		<input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP)		<input type="checkbox"/> Dentist (only for SBIRT codes)
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)		
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> CAC I		
		<input checked="" type="checkbox"/> CAC II		
		<input checked="" type="checkbox"/> CAC III		
		<input checked="" type="checkbox"/> NP (SA)		
		<input checked="" type="checkbox"/> PA		

Prevention					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0028		Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Alcohol and/or drug prevention problem identification and referral services include screening for tendencies toward substance abuse and referral for preventive treatment for curbing such tendencies if indicated. This service is provided to address the following risk factors: individual attitudes towards substance use, and perceived risks for substance use. Identification and referral programs look at the relationship between substance use and a variety of other problems such as mental health problems, family problems, sexually transmitted diseases, school or employment failures and delinquency.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Number of participants • Type of service • Referral to treatment if necessary 			
NOTES		EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)					
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult (21-64)	
				<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03)		<input checked="" type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)
<input checked="" type="checkbox"/> Shelter (04)		<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> Public Health Clinic (71)
<input checked="" type="checkbox"/> Prison/CF (09)		<input checked="" type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Other POS (99)
<input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Non-Residential SA	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)	Treatment Cntr (57)	
<input checked="" type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)	
MODIFIER		UNIT		DURATION	
<input checked="" type="checkbox"/> AF		<input checked="" type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter	<input type="checkbox"/> 1 Hour
<input checked="" type="checkbox"/> AH		<input checked="" type="checkbox"/> HN	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day	<input type="checkbox"/> 3 Hours
<input type="checkbox"/> HA		<input checked="" type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input checked="" type="checkbox"/> 15 Minutes	Minimum: N/A
<input type="checkbox"/> HB		<input checked="" type="checkbox"/> HP	<input type="checkbox"/> TF		Maximum: N/A
<input type="checkbox"/> HC		<input checked="" type="checkbox"/> HQ	<input type="checkbox"/> TG	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HD		<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input checked="" type="checkbox"/> Face-to-Face	<input checked="" type="checkbox"/> Group (HQ)
<input type="checkbox"/> HG		<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> Video Conference	<input checked="" type="checkbox"/> Family
<input type="checkbox"/> HH		<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input checked="" type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
				<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site
				<input checked="" type="checkbox"/> Telemedicine	<input type="checkbox"/> Teleconference
MINIMUM STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist		<input checked="" type="checkbox"/> APRN (SA)	<input checked="" type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)	
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)		<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC (HP)	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> LPN/LVN (TE)		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HO)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility	
<input checked="" type="checkbox"/> Bachelor's Level (HN)		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input checked="" type="checkbox"/> Psych. Tech		<input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input checked="" type="checkbox"/> Dentist (only for SBIRT codes)	
<input checked="" type="checkbox"/> RN (TD)			<input checked="" type="checkbox"/> NP (SA)		
<input checked="" type="checkbox"/> RxN (SA)			<input checked="" type="checkbox"/> PA		

Prevention					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0029		Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Alternative services provide opportunities for recognition and organized leisure activities that exclude alcohol and drugs. The goal of these alternative services is to halt or reduce risk taking behaviors. Alternative programs include a wide range of social, recreational, cultural and community service activities that would appeal to populations of all ages.		<ul style="list-style-type: none"> • Number of participants • Type of service 			
NOTES		EXAMPLE ACTIVITIES			
		<ul style="list-style-type: none"> • Alcohol/tobacco/drug free social and or recreational events • Community drop in centers • Community services • Leadership functions • Activities involving athletics, art, music, movies, etc. 			
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
				<input checked="" type="checkbox"/> Adult (21-64)	
				<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03)		<input checked="" type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input checked="" type="checkbox"/> Shelter (04)		<input checked="" type="checkbox"/> Temp Lodge (16)		<input checked="" type="checkbox"/> Cust Care (33)	
<input checked="" type="checkbox"/> Prison/CF (09)		<input checked="" type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Indepndt Clinic (49)	
<input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input checked="" type="checkbox"/> FQHC (50)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input type="checkbox"/> Inpt PF (51)	
<input checked="" type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> PF-PHP (52)	
				<input checked="" type="checkbox"/> CMHC (53)	
				<input type="checkbox"/> ICF-MR (54)	
				<input type="checkbox"/> RSATF (55)	
				<input type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input checked="" type="checkbox"/> Other POS (99)	
MODIFIER		UNIT		DURATION	
<input checked="" type="checkbox"/> AF		<input checked="" type="checkbox"/> Encounter		Minimum: N/A	
<input checked="" type="checkbox"/> HM		<input type="checkbox"/> Day		Maximum: N/A	
<input checked="" type="checkbox"/> SA		<input type="checkbox"/> 15 Minutes			
<input checked="" type="checkbox"/> HN					
<input checked="" type="checkbox"/> TD					
<input type="checkbox"/> HA					
<input checked="" type="checkbox"/> HO					
<input type="checkbox"/> HB					
<input checked="" type="checkbox"/> HP					
<input type="checkbox"/> HC					
<input checked="" type="checkbox"/> HQ					
<input type="checkbox"/> HD					
<input type="checkbox"/> HR					
<input type="checkbox"/> HG					
<input type="checkbox"/> HS					
<input type="checkbox"/> HH					
<input type="checkbox"/> HT					
<input type="checkbox"/> 22					
<input type="checkbox"/> 52					
MINIMUM STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist		<input checked="" type="checkbox"/> APRN (SA)		<input checked="" type="checkbox"/> Cert Prevention Specialist	
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)		<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC		<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
<input checked="" type="checkbox"/> LPN/LVN (TE)		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)		<input checked="" type="checkbox"/> CAC I	
<input checked="" type="checkbox"/> Bachelor's Level (HN)		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)		<input checked="" type="checkbox"/> CAC II	
<input checked="" type="checkbox"/> Psych. Tech		<input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP)		<input checked="" type="checkbox"/> CAC III	
<input checked="" type="checkbox"/> RN (TD)				<input checked="" type="checkbox"/> NP (SA)	
<input checked="" type="checkbox"/> RxN (SA)				<input checked="" type="checkbox"/> PA	
				<input checked="" type="checkbox"/> MD/DO (AF)	
				<input type="checkbox"/> QMAP	
				<input checked="" type="checkbox"/> Treatment Facility	
				<input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing	
				<input checked="" type="checkbox"/> Dentist (only for SBIRT codes)	
				<input type="checkbox"/> Telemedicine	
				<input type="checkbox"/> Teleconference	

Screening

Screening can consist of two separate activities, depending upon its purpose. When used as a part of treatment, screening services are often performed through specimen collection to test for the presence of alcohol and/or drugs. Results are discussed with the client during a substance abuse counseling session. If reimbursed by Medicaid, alcohol and drug screenings are limited to 36 specimen collections in a State fiscal year.

Screening is also used to identify individuals whose substance use may put them at increased risk for health problems or other substance use related problems. Providers use a screening tool to obtain information about a client's substance use behaviors, which assists providers in identifying people who may need further assessment of their substance use and related issues. Screenings often provide patients with personal feedback about their increased risks due to substance use and may identify problems that can prompt individuals to change their substance use behavior.

Screening Codes	
Procedure Code	Procedure Code Description
80101	Drug Screen, Qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class
82075	Alcohol (ethanol); Breathalyzer
H0002	Behavioral Health Screening to Determine Eligibility for Admission to Treatment Program
H0003	Alcohol and/or Drug Screening; laboratory analysis of specimens for presence of alcohol and/or drugs
H0048	Alcohol and/or Other Drug Testing; collection and handling only, specimens other than blood

Screening		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
80101	Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
This procedure screens for drugs using a single drug class laboratory analyzer, such as an immunoassay technique or an enzyme assay. Drug screening is used to determine the appropriate treatment for an individual at a particular treatment facility prior to administering differential assessments. Personnel collecting and or performing laboratory analysis on collected specimens must follow established laboratory procedures to prevent contamination and ensure chain of custody.	<ul style="list-style-type: none"> • Date of service • Client consent • Screening results • Client's identified treatment plan (if applicable) • Referral for treatment (if applicable) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
This procedure code is used once per screening for each drug class assessed, but this code is not to be used for drug testing kits that evaluate multiple drug classes in a single procedure. Use code H0048 for collection specimens. If reimbursed by Medicaid, 36 specimen limit per year. Modifier HG only applies for opioid testing.	An immunoassay is a biochemical test that measures the presence and or concentration of a substance in a solution that often contains a complex mixture of substances. Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TE <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TD <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input checked="" type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

Screening				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
82075		Alcohol (ethanol); breath		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Alcohol breathalyzer administered to test for evidence or the degree of alcohol intoxication of an individual.		<ul style="list-style-type: none"> • Date of service • Client consent • Screening results • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
Staff performing breathalyzers shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes.		Breathalyzer administered to test for the degree of alcohol intoxication.		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Geriatric (65+)
<input checked="" type="checkbox"/> Young Adult (18-20)		<input checked="" type="checkbox"/> Adult (21-64)		
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	<input checked="" type="checkbox"/> CORF (62)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)	<input checked="" type="checkbox"/> ICF-MR (54)	<input checked="" type="checkbox"/> Public Health Clinic (71)
<input checked="" type="checkbox"/> Prison/CF (09)	<input checked="" type="checkbox"/> Urgent Care (20)	<input checked="" type="checkbox"/> Hospice (34)	<input checked="" type="checkbox"/> RSATF (55)	<input checked="" type="checkbox"/> Rural Health Clinic (72)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input checked="" type="checkbox"/> Indepndt Clinic (49)	<input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Other POS (99)
<input checked="" type="checkbox"/> Home (12)	<input checked="" type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Non-Residential SA	
<input checked="" type="checkbox"/> ALF (13)	<input checked="" type="checkbox"/> MTF (26)	<input checked="" type="checkbox"/> Inpt PF (51)	<input checked="" type="checkbox"/> Treatment Cntr (57)	
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)	<input checked="" type="checkbox"/> CIRF (61)	
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF	<input checked="" type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter	Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH	<input checked="" type="checkbox"/> HN	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> 1 Hour	
<input type="checkbox"/> HA	<input checked="" type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input type="checkbox"/> Day	
<input type="checkbox"/> HB	<input checked="" type="checkbox"/> HP	<input type="checkbox"/> TF	<input type="checkbox"/> 3 Hours	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Teleconference
			<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
			<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site
			<input type="checkbox"/> Group (HQ)	
			<input type="checkbox"/> Family	
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input checked="" type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)	
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input checked="" type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility	
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input checked="" type="checkbox"/> Psych. Tech	<input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input checked="" type="checkbox"/> Dentist (only for SBIRT codes)	
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)		
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA		

Screening		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H0002	Behavioral health screening to determine eligibility for admission to treatment program	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A preliminary procedure limited in nature and intended to merely indicate whether there is a probability that a MH and/or SA-related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age-relevant.	<ul style="list-style-type: none"> • Date of service • Client demographic information • Referral source and reason(s) for referral • Presenting concern(s)/problem(s) • Brief history • Mini mental status exam – presentation, affect and mood, speech, intellectual/cognitive functioning, thought process/content, insight, judgment, high risk factors (danger to self/others) - result of screening tool • DSM-IV diagnosis, if known • Disposition/outcome – need for BH services, appointment scheduled, referral, etc. • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Screening may require not only the evaluation of a client's treatment needs, but also an evaluation of available treatment options.		
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input checked="" type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input checked="" type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input checked="" type="checkbox"/> ICF-MR (54)
		<input checked="" type="checkbox"/> RSATF (55)
		<input checked="" type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF	<input checked="" type="checkbox"/> Encounter	Minimum: N/A Maximum: N/A
<input type="checkbox"/> HM	<input type="checkbox"/> 1 Hour	
<input checked="" type="checkbox"/> SA	<input type="checkbox"/> 3 Hours	
<input checked="" type="checkbox"/> AH	<input type="checkbox"/> Day	
<input checked="" type="checkbox"/> HN	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HA		
<input checked="" type="checkbox"/> HO	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> TE	<input checked="" type="checkbox"/> Face-to-Face	<input checked="" type="checkbox"/> Telemedicine
<input type="checkbox"/> TF	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Teleconference
<input type="checkbox"/> TG	<input type="checkbox"/> Telephone	
<input type="checkbox"/> UK	<input checked="" type="checkbox"/> Individual	
<input type="checkbox"/> 22	<input type="checkbox"/> Group (HQ)	
<input type="checkbox"/> 52	<input checked="" type="checkbox"/> Family	
	<input checked="" type="checkbox"/> On-Site	
	<input checked="" type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input checked="" type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA
		<input checked="" type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Screening					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0003		Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
An alcohol and/or drug screening occurs when specific instruments or procedures are used to detect the presence of an alcohol and/ or drug problem. The screening should determine the appropriateness for treatment at a specific treatment agency and should occur prior to administering differential assessments.		<ul style="list-style-type: none"> • Date of service • Screening results • Referral for treatment (if applicable) • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
Screening is limited to two occurrences per State Fiscal Year		Screening questionnaire			
APPLICABLE POPULATION(S)					
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
		<input checked="" type="checkbox"/> Adult (21-64)		<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input checked="" type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input checked="" type="checkbox"/> CMHC (53)	
<input checked="" type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Cust Care (33)	
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input type="checkbox"/> Indepndt Clinic (49)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input checked="" type="checkbox"/> FQHC (50)	
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> Inpt PF (51)	
				<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input checked="" type="checkbox"/> Other POS (99)	
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF			<input checked="" type="checkbox"/> Encounter		Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> HM			<input type="checkbox"/> 1 Hour		
<input checked="" type="checkbox"/> SA			<input type="checkbox"/> Day		
<input checked="" type="checkbox"/> TD			<input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HA			<input checked="" type="checkbox"/> 15 Minutes		
<input checked="" type="checkbox"/> HO			ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> HP			<input checked="" type="checkbox"/> Face-to-Face		<input checked="" type="checkbox"/> Telemedicine
<input type="checkbox"/> TF			<input checked="" type="checkbox"/> Group (HQ)		<input type="checkbox"/> Teleconference
<input type="checkbox"/> TG			<input checked="" type="checkbox"/> Video Conference		
<input type="checkbox"/> UK			<input type="checkbox"/> Family		
<input type="checkbox"/> 22			<input checked="" type="checkbox"/> Telephone		
<input type="checkbox"/> 52			<input checked="" type="checkbox"/> On-Site		
<input type="checkbox"/> HH			<input checked="" type="checkbox"/> Individual		
<input type="checkbox"/> HT			<input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist		<input checked="" type="checkbox"/> APRN (SA)		<input checked="" type="checkbox"/> Cert Prevention Specialist	
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)		<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC		<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
<input checked="" type="checkbox"/> LPN/LVN (TE)		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)		<input checked="" type="checkbox"/> MD/DO (AF)	
<input checked="" type="checkbox"/> Bachelor's Level (HN)		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)		<input checked="" type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> Psych. Tech		<input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP)		<input checked="" type="checkbox"/> Treatment Facility	
<input checked="" type="checkbox"/> RN (TD)				<input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input checked="" type="checkbox"/> RxN (SA)				<input checked="" type="checkbox"/> Dentist (only for SBIRT codes)	
				<input checked="" type="checkbox"/> CAC I	
				<input checked="" type="checkbox"/> CAC II	
				<input checked="" type="checkbox"/> CAC III	
				<input checked="" type="checkbox"/> NP (SA)	
				<input checked="" type="checkbox"/> PA	

Screening				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H0048		Alcohol and/or other drug testing; collection of handling only, specimens other than blood		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
<p>“Specimen Collection” means the collection and handling of hair, saliva, or urine for the purposes of analysis for the presence of alcohol and/or other drugs, and does not include the laboratory analysis of such specimens. Appropriate and approved samples for drug testing shall be collected and analyzed in accordance with applicable state and federal statutes and regulations, and OBH rules, policies and procedures.</p>		<ul style="list-style-type: none"> • Date of service • Screening results • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
<p>Staff collecting urine, breath, and blood samples shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes. If reimbursed by Medicaid screening is limited to thirty-six (36) specimens per State FY. Modifier HG only applies for opioid testing.</p>		<p>Collection of hair, saliva, or urine for the purpose of testing for the presence of alcohol or drugs.</p>		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input checked="" type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input checked="" type="checkbox"/> Indepndt Clinic (49) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input checked="" type="checkbox"/> ALF (13) <input checked="" type="checkbox"/> MTF (26) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> CIRF (61)				
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input checked="" type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes		Minimum: N/A Maximum: 36 specimens per State FY
ALLOWED MODE(S) OF DELIVERY				
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site				
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor’s Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> Unlicensed Master’s Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA				

Assessment

The assessment process helps to determine the nature and extent of a person's difficulties with substances. Assessment instruments collect and clinicians evaluate information about a client in order to develop a profile that is used for service planning and referrals to treatment. An assessment instrument is considered to be a diagnostic tool used to gather the necessary information about a client during an assessment process. If reimbursed by Medicaid assessments are limited to three sessions per State fiscal year.

Assessment Codes	
Procedure Code	Procedure Code Description
H0001	Alcohol and/or Drug Assessment
H1000	Prenatal Care, At Risk Assessment
H1011	Family Assessment

Assessment					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0001		Alcohol and/or drug assessment or evaluation to determine the extent of abuse/misuse/or addiction			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
The evaluation of a client by a clinician to determine the presence, nature and extent of the client's abuse, misuse and/or addiction to AOD, with the goal of formulating a plan for services (if such services are offered) and treating the client in the most appropriate environment, including making necessary referrals and completing forms.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client's identified needs • Outcome/plan • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
If reimbursed by Medicaid, assessment is limited to three (3) sessions per State FY.					
APPLICABLE POPULATION(S)					
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
		<input checked="" type="checkbox"/> Adult (21-64)		<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input checked="" type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input checked="" type="checkbox"/> CMHC (53)	
<input checked="" type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Cust Care (33)	
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input type="checkbox"/> Indepndt Clinic (49)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input checked="" type="checkbox"/> FQHC (50)	
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> Inpt PF (51)	
				<input type="checkbox"/> PF-PHP (52)	
				<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input type="checkbox"/> Other POS (99)	
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF			<input checked="" type="checkbox"/> Encounter		Minimum: N/A Maximum: N/A
<input type="checkbox"/> HM			<input type="checkbox"/> 1 Hour		
<input checked="" type="checkbox"/> AH			<input type="checkbox"/> Day		
<input type="checkbox"/> HN			<input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HA			<input checked="" type="checkbox"/> 15 Minutes		
<input checked="" type="checkbox"/> HO			ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HP			<input checked="" type="checkbox"/> Face-to-Face		<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HQ			<input type="checkbox"/> Group (HQ)		<input type="checkbox"/> Teleconference
<input type="checkbox"/> HR			<input type="checkbox"/> Video Conference		
<input type="checkbox"/> UK			<input type="checkbox"/> Family		
<input type="checkbox"/> HS			<input checked="" type="checkbox"/> Telephone		
<input type="checkbox"/> 22			<input checked="" type="checkbox"/> On-Site		
<input type="checkbox"/> HT			<input checked="" type="checkbox"/> Individual		
<input type="checkbox"/> 52			<input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist		<input type="checkbox"/> APRN (SA)		<input type="checkbox"/> Cert Prevention Specialist	
<input type="checkbox"/> Less than Bachelor's Level (HM)		<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC		<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
<input type="checkbox"/> LPN/LVN (TE)		<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)		<input type="checkbox"/> CAC I	
<input type="checkbox"/> Bachelor's Level (HN)		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)		<input checked="" type="checkbox"/> CAC II	
<input type="checkbox"/> Psych. Tech		<input type="checkbox"/> Licensed non-physician practitioner (NPP)		<input checked="" type="checkbox"/> CAC III	
<input type="checkbox"/> RN (TD)				<input checked="" type="checkbox"/> NP (SA)	
<input type="checkbox"/> RxN (SA)				<input type="checkbox"/> PA	
				<input checked="" type="checkbox"/> MD/DO (AF)	
				<input type="checkbox"/> QMAP	
				<input checked="" type="checkbox"/> Treatment Facility	
				<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
				<input type="checkbox"/> Dentist (only for SBIRT codes)	

Assessment (non Special Connections)		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H1000	Prenatal Care, At Risk Assessment	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Prenatal assessment that is designed to determine the level of drug/alcohol abuse or dependence and the comprehensive treatment needs of a drug/alcohol abusing pregnant client.	<ul style="list-style-type: none"> • Date of service • Start and stop time (Duration) • Pregnancy verification and documentation of issues • Documentation of prenatal care • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Duration or start/stop time ○ Progress towards treatment goals ○ Goal attainment • Treatment plan goals and objectives • Service plan • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Face to face risk assessment	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	Minimum: N/A
<input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD	<input type="checkbox"/> Day <input checked="" type="checkbox"/> 3 Hours	Maximum: N/A
<input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input checked="" type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Off-Site
		<input checked="" type="checkbox"/> Telemedicine
		<input type="checkbox"/> Teleconference
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA
		<input type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Assessment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H1011	Family assessment by a licensed behavioral health professional for State defined purposes	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A non-medical educational visit with a client's family conducted by a health professional other than a physician (e.g. RN/a trained medical, psychiatric/SW), for a State-defined purpose.	<ul style="list-style-type: none"> • Date of service • Client/family demographic information • Family's presenting concern(s)/problem(s) • Family history – physical health status, medical, mental illness and treatment with dates, locations and provider name(s), if available; psychosocial (interpersonal and peer relationships, cultural and communication variables, vocational/ school/military service, physical/sexual abuse/perpetration and current risk, legal status/problems, violence, family history; family problems and strengths in areas of emotional, behavioral, vocational and social needs; growth and development (for child/ adolescent); family's strengths and vulnerabilities/ needs. • Mental status exam – presentation/ appearance, attitude toward examiner, affect and mood, speech, cognitive functioning, thought process/content, insight, judgment, risk factors • DSM-IV diagnosis • Disposition – need for BH services, referral, etc. • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Functional/risk assessments, genograms, and/or ecomaps may be utilized as part of the family assessment.		
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input checked="" type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input checked="" type="checkbox"/> ALF (13) <input checked="" type="checkbox"/> MTF (26) <input checked="" type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> PA		

Intervention

Intervention services provide advice or counseling to individuals with minor or risky substance use disorders, and are also used to encourage individuals with a serious dependence problem to seek or accept a more intensive treatment regimen. Brief interventions can be provided within a primary care setting or screeners can refer someone to a specialized alcohol and / or drug treatment program. An intervention is an activity used to assist patients with recognizing that substance use is putting them at risk and to encourage them to change their behavior in order to reduce or discontinue their substance use.

Intervention Codes	
Procedure Code	Procedure Code Description
H0007	Alcohol and/or Drug Services; Crisis Intervention (outpatient)
H0022	Alcohol and/or Drug Intervention Service (planned facilitation)
H0030	Hotline Services

Intervention				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H0007		<ul style="list-style-type: none"> Alcohol and/or drug services; crisis intervention (outpatient) 		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
A planned alcohol and/or drug crisis intervention used to assist a person to abstain from alcohol and or drug usage.		<ul style="list-style-type: none"> Date of service Client demographic information Specific intervention service used Clients response Referral for treatment (if necessary) Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
APPLICABLE POPULATION(S)				
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indeprndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)				
MODIFIER			UNIT	
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	
ALLOWED MODE(S) OF DELIVERY				
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site				
MINIMUM STAFF REQUIREMENTS				
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> PA				

Intervention				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H0022		Alcohol and/or drug intervention service (planned facilitation)		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
A planned alcohol and/or drug intervention service (often an early intervention) used to assist a person with abstaining from alcohol and or drug usage.		<ul style="list-style-type: none"> • Date of service • Client demographic information • Specific intervention service used • Clients response • Referral for treatment (if necessary) • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
		Staff time spent talking to involuntary commitment manager involving involuntary commitment clients.		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Geriatric (65+)
		<input checked="" type="checkbox"/> Young Adult (18-20)		<input checked="" type="checkbox"/> Adult (21-64)
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input checked="" type="checkbox"/> CMHC (53)
<input checked="" type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input type="checkbox"/> Indepndt Clinic (49)
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input checked="" type="checkbox"/> FQHC (50)
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
				<input type="checkbox"/> PF-PHP (52)
				<input type="checkbox"/> CIRF (61)
				<input type="checkbox"/> CORF (62)
				<input type="checkbox"/> Public Health Clinic (71)
				<input type="checkbox"/> Rural Health Clinic (72)
				<input type="checkbox"/> Other POS (99)
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF		<input checked="" type="checkbox"/> Encounter		Minimum: N/A Maximum: N/A
<input type="checkbox"/> HM		<input type="checkbox"/> Day		
<input checked="" type="checkbox"/> AH		<input type="checkbox"/> 1 Hour		
<input type="checkbox"/> HN		<input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HA		<input type="checkbox"/> 15 Minutes		
<input checked="" type="checkbox"/> SA		ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> TD		<input checked="" type="checkbox"/> Face-to-Face		<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HO		<input checked="" type="checkbox"/> Group (HQ)		<input type="checkbox"/> Teleconference
<input type="checkbox"/> HP		<input type="checkbox"/> Video Conference		
<input type="checkbox"/> TF		<input checked="" type="checkbox"/> Family		
<input type="checkbox"/> TG		<input type="checkbox"/> Telephone		
<input type="checkbox"/> UK		<input checked="" type="checkbox"/> On-Site		
<input type="checkbox"/> 22		<input checked="" type="checkbox"/> Individual		
<input type="checkbox"/> 52		<input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS				
<input type="checkbox"/> Peer Specialist		<input checked="" type="checkbox"/> APRN (SA)		<input checked="" type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)		<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC (HP)		<input type="checkbox"/> QMAP
<input checked="" type="checkbox"/> LPN/LVN (TE)		<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HO)		<input checked="" type="checkbox"/> Treatment Facility
<input type="checkbox"/> Bachelor's Level (HN)		<input type="checkbox"/> Unlicensed Master's Level (HO)		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech		<input type="checkbox"/> Licensed non-physician practitioner (NPP)		<input type="checkbox"/> Dentist (only for SBIRT codes)
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> Cert Prevention Specialist (AH)		
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)		
		<input checked="" type="checkbox"/> CAC I		
		<input checked="" type="checkbox"/> CAC II		
		<input checked="" type="checkbox"/> CAC III		
		<input checked="" type="checkbox"/> NP (SA)		
		<input checked="" type="checkbox"/> PA		

Intervention				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H0030		Hotline Services		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Hotline Services are provided through a program with telephone support services that are available twenty-four (24) hours per day, seven (7) days per week. Callers often call a hotline anonymously during a crisis situation. There is no requirement for the caller to become a client of the hotline program.		<ul style="list-style-type: none"> • Date of service • Intervention or support services provided • Clients response • Referral for treatment (if necessary) • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult (21-64)	<input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)
<input checked="" type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> Public Health Clinic (71)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Other POS (99)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)	<input type="checkbox"/> CIRF (61)	
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)		
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF	<input checked="" type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter	Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH	<input checked="" type="checkbox"/> HN	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day	
<input type="checkbox"/> HA	<input checked="" type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input type="checkbox"/> 1 Hour	
<input type="checkbox"/> HB	<input checked="" type="checkbox"/> HP	<input type="checkbox"/> TF	<input type="checkbox"/> 3 Hours	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
			<input checked="" type="checkbox"/> Telephone	<input type="checkbox"/> On-Site
			<input type="checkbox"/> Individual	<input type="checkbox"/> Off-Site
				<input type="checkbox"/> Telemedicine
				<input type="checkbox"/> Teleconference
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input checked="" type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)	
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility	
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input checked="" type="checkbox"/> Psych. Tech	<input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input checked="" type="checkbox"/> Dentist (only for SBIRT codes)	
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)		
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA		

Social Ambulatory Detoxification

Social Ambulatory Detoxification services are rendered to clients whose intoxication or withdrawal signs and / or symptoms are severe enough to require a 24-hour structured program. These services are not provided to clients that require hospitalization for their intoxication or withdrawal symptoms. Medicaid reimbursed services are provided on a residential basis by a facility that is licensed by the Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) based on the American Society of Addiction Medicine (ASAM) criteria. These services do not include room and board. Social/Ambulatory Detoxification Services may include any of the following: a physical assessment of detoxification progression (i.e., vital signs monitoring); a safety assessment (i.e., suicidal ideation [SI] and other behavioral health [BH] issues); a level of motivation assessment for treatment evaluation; or the provision of daily living needs (i.e., hydration, nutrition, cleanliness, and toiletry). Other rehabilitative substance abuse treatment services are not reimbursed on the same date of service. If reimbursed by Medicaid Social/Ambulatory Detoxification is limited to 12 units per day, not to exceed seven days per State fiscal year.

Detoxification in a non-Medicaid reimbursed facility can be provided in a facility greater than 16 beds.

Social Ambulatory Detoxification Codes	
Procedure Code	Procedure Code Description
H0010	Alcohol and/or Drug Services; Sub-acute Detoxification (residential addiction program inpatient)
H0011	Alcohol and/or Drug Services; Acute Detoxification (residential addiction program inpatient)
H0012	Alcohol and/or Drug Services; Sub-acute Detoxification (residential addiction program outpatient)
H0013	Alcohol and/or Drug Services; Acute Detoxification (residential addiction program outpatient)
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification
S3005	Performance Measurement, Evaluation of Patient Self-assessment, Depression
T1007	Physical Assessment of Detoxification Progression including Vital Signs Monitoring
T1019	Personal Care Services, per 15 minutes, (not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment- code may not be used to identify services provided by home health aide or CNA)
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

Social Ambulatory Detoxification Services				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H0010		Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Medically monitored inpatient sub-acute detoxification for alcohol and or drug services conducted in a licensed health care or addiction treatment facility. Individuals receive face-to-face interactions to medically manage and monitor withdrawal symptoms (including severe physical and psychological symptoms) that require medical management with medications and 24 hour medical care from medical professionals. The program shall be staffed with the appropriate personnel to meet the needs of residents 24 hours per day.		<ul style="list-style-type: none"> • Date of service • Start and stop time (Duration) • Admission criteria • Patient informed consent • Medical evaluations and monitoring activities • Protocols for usual and customary detoxification (individualized detoxification plan) • Discharge planning • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
Service should be provided for a minimum of 24 Hours. A treatment Facility providing this service should have a maximum of 25% of its staff with, or working towards, a CAC I certification.		<ul style="list-style-type: none"> • Safe withdrawal • Motivational counseling • Referral for treatment • Additional service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ • Assessment(s) of client readiness for treatment • Clinical interventions based on service plan • Admission documentation • All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) • Routine monitoring of physical and mental status <p>Discharge information communicated to client (effects of AOD, risk factors associated with AOD abuse for HIV/AIDS, TB and other infectious diseases, and pregnancy; information about availability of testing and pre-/post-test counseling for HIV/AIDS, TB, Hep C and other infectious diseases, and pregnancy; and the availability of AOD treatment services)</p> <p>CAC II or better</p>		
APPLICABLE POPULATION(S)				
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)
				<input checked="" type="checkbox"/> Adult (21-64)
				<input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)				
<input type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)
<input type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input type="checkbox"/> Cust Care (33)
<input type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Hospice (34)
<input type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Indepndt Clinic (49)
<input type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> PF-PHP (52)
				<input type="checkbox"/> CMHC (53)
				<input type="checkbox"/> ICF-MR (54)
				<input checked="" type="checkbox"/> RSATF (55)
				<input type="checkbox"/> PRTF (56)
				<input type="checkbox"/> Non-Residential SA Treatment Cntr (57)
				<input type="checkbox"/> CIRF (61)
				<input type="checkbox"/> CORF (62)
				<input type="checkbox"/> Public Health Clinic (71)
				<input type="checkbox"/> Rural Health Clinic (72)
				<input type="checkbox"/> Other POS (99)
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF	<input type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter	Minimum: 24 Hours Maximum: 7 Days
<input checked="" type="checkbox"/> AH	<input checked="" type="checkbox"/> HN	<input checked="" type="checkbox"/> TD	<input checked="" type="checkbox"/> Day	
<input type="checkbox"/> HA	<input checked="" type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB	<input type="checkbox"/> HP	<input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Off-Site
				<input type="checkbox"/> Telemedicine
				<input type="checkbox"/> Teleconference

MINIMUM STAFF REQUIREMENTS

<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)	
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA	

Social Ambulatory Detoxification Services				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H0011		Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
This service requires face-to-face interactions with an individual for the purpose of alcohol and/or drug detoxification in an alcohol and drug addiction residential program certified by the State Substance Abuse Authority that provides detoxification services and is staffed with an employee who is a registered nurse and/or licensed practical nurse (working at the direction of a licensed physician or registered nurse) on the premises 24 hours per day, with a licensed physician on call 24 hours per day, and the detoxification services component of the program supervised by a licensed physician.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Documentation of all monitoring activities • Log of vital signs (taken every two (2) hours until the patient remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged. • At discharge, documentation procedures (information shall be communicated to the patient about the effects of alcohol and drugs; risk factors associated with alcohol and drug abuse such as acquiring or transmitting HIV/AIDS; availability of testing and counseling for HIV/AIDS, TB, Hepatitis C, other infectious diseases, and pregnancy; availability of alcohol and drug abuse treatment services). • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
Service should be provided for a minimum of 24 Hours. A treatment Facility providing this service should have maximum of 25% of its staff with, or working towards, a CAC I certification. This code is for non Medicaid eligible clients.		Administer medications Medical evaluations All other detox activities that do not necessarily require medical personnel to complete.		
APPLICABLE POPULATION(S)				
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)				
MODIFIER		UNIT		DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52		<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes		Minimum: 24 Hours Maximum: N/A
ALLOWED MODE(S) OF DELIVERY				
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site				
MINIMUM STAFF REQUIREMENTS				
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA				

Social Ambulatory Detoxification Services				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H0012		Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Provided through face-to-face interactions with an individual for the purpose of medically managing and monitoring withdrawal symptoms from alcohol and/or drug addiction as an outpatient through a residential addiction program with appropriate accreditation, certification, and licensure. The program shall be staffed with a sufficient number of personnel on a 24-hour per day basis to meet the health care needs of the residents served by personnel trained, authorized, and credentialed (where applicable) to carry out assigned job responsibilities consistent with scopes of practice, resident population characteristics and the resident's individual plan of care/treatment.</p>		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Admission criteria • Patient informed consent including date and time • Medical evaluations • Protocols for usual and customary detoxification (individualized detoxification plan) • Discharge planning and procedures (information shall be communicated to the patient about the effects of alcohol and drugs; risk factors associated with alcohol and drug abuse such as acquiring or transmitting HIV/AIDS; availability of testing and counseling for HIV/AIDS, TB, Hepatitis C, other infectious diseases, and pregnancy; availability of alcohol and drug abuse treatment services). • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
<p>A treatment Facility providing this service should have a maximum of 25% of its staff with, or working towards, a CAC I certification. Non-hospital environments: require a client/staff ratio that does not exceed 10 to one (10:1) and each shift requires a minimum of (2) staff members. This code is for non Medicaid eligible clients.</p>		<p>Unless staffed with medical personnel – Medical evaluations cannot be completed.</p> <ul style="list-style-type: none"> • Safe withdrawal • Motivational counseling • Referral for treatment • Additional service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ • Assessment(s) of client readiness for treatment • Clinical interventions based on service plan • Admission documentation • All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) • Routine monitoring of physical and mental status <p>Discharge information communicated to client (effects of AOD, risk factors associated with AOD abuse for HIV/AIDS, TB and other infectious diseases, and pregnancy; information about availability of testing and pre-/post-test counseling for HIV/AIDS, TB, Hep C and other infectious diseases, and pregnancy; and the availability of AOD treatment services) CACII or better</p>		
APPLICABLE POPULATION(S)				
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Geriatric (65+)
		<input checked="" type="checkbox"/> Young Adult (18-20)		<input checked="" type="checkbox"/> Adult (21-64)
PLACE OF SERVICE (POS)				
<input type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)
<input type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input type="checkbox"/> Cust Care (33)
<input type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Hospice (34)
<input type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Indepndt Clinic (49)
<input type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> PF-PHP (52)
				<input type="checkbox"/> CMHC (53)
				<input type="checkbox"/> ICF-MR (54)
				<input checked="" type="checkbox"/> RSATF (55)
				<input type="checkbox"/> PRTF (56)
				<input type="checkbox"/> Non-Residential SA Treatment Cntr (57)
				<input type="checkbox"/> CIRF (61)
				<input type="checkbox"/> CORF (62)
				<input type="checkbox"/> Public Health Clinic (71)
				<input type="checkbox"/> Rural Health Clinic (72)
				<input type="checkbox"/> Other POS (99)

MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF	<input type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter	<input type="checkbox"/> 1 Hour	Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH	<input checked="" type="checkbox"/> HN	<input type="checkbox"/> TD	<input checked="" type="checkbox"/> Day	<input type="checkbox"/> 3 Hours	
<input type="checkbox"/> HA	<input checked="" type="checkbox"/> HO	<input type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes		
<input type="checkbox"/> HB	<input checked="" type="checkbox"/> HP	<input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)		
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP		
<input type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility		
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing		
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)		
<input type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)			
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA			

Social Ambulatory Detoxification Services					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0013		Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Medically monitored outpatient acute detoxification for alcohol and or drug services conducted in a licensed health care or addiction treatment facility. Individuals receive face-to-face interactions to medically manage and monitor withdrawal symptoms (including severe physical and psychological symptoms) that require medical management with medications and 24 hour medical care from medical professionals. The goal of acute outpatient detoxification services is to stabilize the patient. The program shall be staffed with the appropriate personnel to meet the needs of residents 24 hours per day.		<ul style="list-style-type: none"> • Date of service • Start and Stop time (duration) • Documentation of all monitoring activities and evaluations • Log of vital signs (taken every two (2) hours until the patient remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged. • Documentation of discharge procedures (information shall be communicated to the patient about the effects of alcohol and drugs; risk factors associated with alcohol and drug abuse such as acquiring or transmitting HIV/AIDS; availability of testing and counseling for HIV/AIDS, TB, Hepatitis C, other infectious diseases, and pregnancy; availability of alcohol and drug abuse treatment services). • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
Service should be provided for a minimum of 24 Hours. A treatment Facility providing this service should have a maximum of 25% of its staff with, or working towards, a CAC I certification. Social ambulatory detoxification services are limited to seven (7) days per state fiscal year. This code is for non Medicaid eligible clients.		<ul style="list-style-type: none"> • Safe withdrawal • Motivational counseling • Referral for treatment • Additional service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ • Assessment(s) of client readiness for treatment • Clinical interventions based on service plan • Admission documentation • All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) • Routine monitoring of physical and mental status <p>Discharge information communicated to client (effects of AOD, risk factors associated with AOD abuse for HIV/AIDS, TB and other infectious diseases, and pregnancy; information about availability of testing and pre-/post-test counseling for HIV/AIDS, TB, Hep C and other infectious diseases, and pregnancy; and the availability of AOD treatment services)</p>			
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input type="checkbox"/> Cust Care (33)	
<input type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Hospice (34)	
<input type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Indepndt Clinic (49)	
<input type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input type="checkbox"/> FQHC (50)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input type="checkbox"/> Inpt PF (51)	
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> CMHC (53)	
				<input type="checkbox"/> ICF-MR (54)	
				<input checked="" type="checkbox"/> RSATF (55)	
				<input type="checkbox"/> PRTF (56)	
				<input type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input type="checkbox"/> Other POS (99)	
MODIFIER			UNIT		DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HH <input checked="" type="checkbox"/> SA			<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour		Minimum: 24 Hours Maximum: 7 Days per state fiscal year
<input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD			<input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE			<input type="checkbox"/> 15 Minutes		
<input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF			ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG			<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ)		<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK			<input type="checkbox"/> Video Conference <input type="checkbox"/> Family		<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22			<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site		
<input type="checkbox"/> HM <input type="checkbox"/> HT <input type="checkbox"/> 52			<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		

MINIMUM STAFF REQUIREMENTS

<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input checked="" type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)	
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA	

Social Ambulatory Detoxification Services					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0014		Alcohol and/or drug services; ambulatory detoxification			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>The face-to-face medical monitoring of the physical process of withdrawal from AOD for those clients with an appropriate level of readiness for behavioral change and level of community/social support. Indicated when the client experiences physiological dysfunctions during withdrawal, but life or significant bodily functions are not threatened (i.e., mild to moderate withdrawal symptoms). Services are supervised by an MD/DO in a residential setting. The focus is on rapid stabilization and entry into the appropriate level of care/treatment.</p> <p>Social/Ambulatory Detoxification includes supervision, observation and support for individuals whose intoxication/withdrawal signs and symptoms are severe enough to require a 24 hour structured program but do not require hospitalization.</p>		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Safe withdrawal • Motivational counseling • Referral for treatment • Additional service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ • Assessment(s) of client readiness for treatment • Clinical interventions based on service plan • Admission documentation • All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) • Routine monitoring of physical and mental status • Discharge information communicated to client (effects of AOD, risk factors associated with AOD abuse for HIV/AIDS, TB and other infectious diseases, and pregnancy; information about availability of testing and pre-/post-test counseling for HIV/AIDS, TB, Hep C and other infectious diseases, and pregnancy; and the availability of AOD treatment services) • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
Social/Ambulatory Detox services must be ordered by an MD/DO or NP. Other rehabilitative substance abuse treatment services are not reimbursed on the same DOS. Client/staff ratios are not to exceed 10:1. This code is for non Medicaid eligible clients.					
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
				<input checked="" type="checkbox"/> Adult (21-64)	
				<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input type="checkbox"/> Cust Care (33)	
<input type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Indepndt Clinic (49)	
<input type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input type="checkbox"/> FQHC (50)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input type="checkbox"/> Inpt PF (51)	
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> CMHC (53)	
				<input type="checkbox"/> ICF-MR (54)	
				<input checked="" type="checkbox"/> RSATF (55)	
				<input type="checkbox"/> PRTF (56)	
				<input type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input type="checkbox"/> Other POS (99)	
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF			<input type="checkbox"/> Encounter		Minimum: N/A Maximum: 12 hour
<input type="checkbox"/> HM			<input type="checkbox"/> 1 Hour		
<input checked="" type="checkbox"/> AH			<input checked="" type="checkbox"/> Day		
<input type="checkbox"/> HN			<input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HA			<input type="checkbox"/> 15 Minutes		
<input checked="" type="checkbox"/> HO			ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HB			<input checked="" type="checkbox"/> Face-to-Face		<input type="checkbox"/> Telemedicine
<input checked="" type="checkbox"/> HP			<input type="checkbox"/> Video Conference		<input type="checkbox"/> Teleconference
<input type="checkbox"/> HQ			<input type="checkbox"/> Group (HQ)		
<input type="checkbox"/> HR			<input type="checkbox"/> Family		
<input type="checkbox"/> HD			<input type="checkbox"/> On-Site		
<input type="checkbox"/> HS			<input checked="" type="checkbox"/> Individual		
<input type="checkbox"/> HG			<input type="checkbox"/> Off-Site		
<input type="checkbox"/> HH					
<input type="checkbox"/> HT					
<input type="checkbox"/> SA					
<input type="checkbox"/> TD					
<input type="checkbox"/> TE					
<input type="checkbox"/> TF					
<input type="checkbox"/> TG					
<input type="checkbox"/> UK					
<input type="checkbox"/> 22					
<input type="checkbox"/> 52					

MINIMUM STAFF REQUIREMENTS

<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)	
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA	

Social Ambulatory Detoxification Services		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
S3005	Performance measurement, evaluation of patient self-assessment, depression	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Performance measurement, evaluation of patient self-assessment, depression	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Result(s) of client self-assessment(s), including SI and other BH issues • Clinical interventions based on client self-assessment results • Routine monitoring of physical and mental status • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Part of detox when client is no longer intoxicated or impaired, and required prior to discharge.	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AH <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AF <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> PA		

Social Ambulatory Detoxification Services					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
T1007		Physical assessment of detoxification progression including vital signs monitoring			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>A treatment plan development and or modification-means there is a design or modification of the treatment or service plan for substance use disorders. This may be the initial plan for a client beginning treatment or the modification of a plan for a client already in treatment. It is typically a scheduled service that is not necessarily delivered in conjunction with another treatment. This service may require the participation of clinicians and specialists in addition to those usually providing treatment.</p>		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Assessment of detox progression <ul style="list-style-type: none"> ○ Degree of AOD intox as evidenced by breathalyzer, UA, self-report, observation or other accepted means ○ Initial vital signs ○ Need for emergency medical and/or psychiatric services ○ Current state of substance abuse disorders, including drug types and amounts ○ Substance use disorder history and degree of personal and social dysfunction, as soon as clinically feasible ○ Pregnancy screen ○ Clinical Institute Withdrawal Assessment of Alcohol – Revised (CIWA-AR) or comparable instrument • Detox monitoring <ul style="list-style-type: none"> ○ All monitoring activities ○ Vital signs taken at least every 2 hours until remaining normal range for at least 4 hours; than every 8 hours until discharge ○ Routine monitoring of physical and mental status • Medical interventions based on assessment and monitoring • Signed with 1st initial, last name & credentials 			
NOTES			EXAMPLE ACTIVITIES		
<p>At least fifty percent (50%) of detoxification staff including on-call staff shall consist of Certified Addiction Counselors or staff in the process of obtaining certification. Plans for certification shall be available for review. Full-time staff shall obtain at least a CAC I within 18 months of employment. The staff person overseeing day-to-day operations shall be certified as a CAC III.</p>			<p>Another example of the services provided in a social model detox</p>		
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)					
PLACE OF SERVICE (POS)					
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA Treatment Cntr (57) <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> CIRF (61) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52)					
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY					
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site					

MINIMUM STAFF REQUIREMENTS

<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility
<input type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)	
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA	

Social Ambulatory Detoxification Services					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
T1019		Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualize plan of treatment (code may not be used to identify services provided by home health aide or CNA)			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Provision of daily living needs including hydration, nutrition, cleanliness and toiletries for client.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client's identified personal care service needs, as reflected in the treatment/service plan • Outcome/plan • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
		Discharge summary-Not always a part of detox experience, but helpful for some clients and should be evaluated for need prior to discharge.			
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
				<input checked="" type="checkbox"/> Adult (21-64)	
				<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input type="checkbox"/> Cust Care (33)	
<input type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Indepndt Clinic (49)	
<input type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input type="checkbox"/> FQHC (50)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input type="checkbox"/> Inpt PF (51)	
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> CMHC (53)	
				<input type="checkbox"/> ICF-MR (54)	
				<input checked="" type="checkbox"/> RSATF (55)	
				<input type="checkbox"/> PRTF (56)	
				<input type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input type="checkbox"/> Other POS (99)	
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF			<input type="checkbox"/> Encounter		Minimum: N/A Maximum: N/A
<input type="checkbox"/> HM			<input type="checkbox"/> Day		
<input checked="" type="checkbox"/> AH			<input type="checkbox"/> 1 Hour		
<input checked="" type="checkbox"/> SA			<input type="checkbox"/> 3 Hours		
<input type="checkbox"/> TD			<input checked="" type="checkbox"/> 15 Minutes		
<input type="checkbox"/> TE			ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> TF			<input checked="" type="checkbox"/> Face-to-Face		
<input type="checkbox"/> TG			<input type="checkbox"/> Group (HQ)		
<input type="checkbox"/> UK			<input type="checkbox"/> Video Conference		
<input type="checkbox"/> 22			<input type="checkbox"/> Family		
<input type="checkbox"/> 52			<input type="checkbox"/> Telephone		
			<input checked="" type="checkbox"/> On-Site		
			<input type="checkbox"/> Individual		
			<input type="checkbox"/> Off-Site		
			<input type="checkbox"/> Telemedicine		
			<input type="checkbox"/> Teleconference		
MINIMUM STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist		<input type="checkbox"/> APRN (SA)		<input type="checkbox"/> Cert Prevention Specialist	
<input type="checkbox"/> Less than Bachelor's Level (HM)		<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC		<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)		<input checked="" type="checkbox"/> CAC I	
<input type="checkbox"/> LPN/LVN (TE)		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)		<input checked="" type="checkbox"/> CAC II	
<input checked="" type="checkbox"/> Bachelor's Level (HN)		<input type="checkbox"/> Licensed non-physician practitioner (NPP)		<input checked="" type="checkbox"/> CAC III	
<input type="checkbox"/> Psych. Tech				<input checked="" type="checkbox"/> NP (SA)	
<input type="checkbox"/> RN (TD)				<input type="checkbox"/> PA	
<input type="checkbox"/> RxN (SA)				<input checked="" type="checkbox"/> MD/DO (AF)	
				<input type="checkbox"/> QMAP	
				<input checked="" type="checkbox"/> Treatment Facility	
				<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
				<input type="checkbox"/> Dentist (only for SBIRT codes)	

Social Ambulatory Detoxification Services					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
T1023		Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Level of motivation assessment for treatment evaluation.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Service plan addresses, at minimum: <ul style="list-style-type: none"> ○ Safe withdrawal ○ Motivational counseling ○ Referral for treatment ○ Additional service planning, as required: <ul style="list-style-type: none"> • Medical conditions/Pregnancy • SI/Psychiatric conditions • Other conditions placing client at additional risk • Assessment(s) of client readiness for treatment • Clinical interventions based on level of motivation assessment • Client response • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
		This is about as extensive as treatment planning gets in detox.			
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)					
PLACE OF SERVICE (POS)					
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)					
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY					
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input checked="" type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site					
MINIMUM STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA					

Treatment

Treatment services utilize a variety of methods to treat mental, behavioral, and substance use disorders. The goal is to alleviate emotional disturbances and reverse or change maladaptive patterns of behavior in order to encourage a client's personal growth and development. Treatment services often utilize assessments to formulate and implement an individualized comprehensive written treatment plan that is used to promote the client's highest possible level of independent functioning. Treatment can include relapse planning, information about the process of addiction, and assist clients to understand some of the underlying issues that lead them to use substances.

Treatment Codes	
Procedure Code	Procedure Code Description
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular.
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity.
99211	Office of other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key

	components: a comprehensive history; a comprehensive examination; medical decision making of high complexity.
H0004	Behavioral Health Counseling and Therapy, per 15 minutes
H0005	Alcohol and/or Drug Services; group counseling by a clinician
H0020	Alcohol and/ or Drug Services; methadone administration and/ or service (provisions of the drug by a licensed program)
H0033	Oral Medication Administration, Direct Observation
H0038	Self Help / Peer
H0047	Alcohol and/ or Other Drug Abuse Services; Not Otherwise Specified (NOS)
H1004	Prenatal Follow-up Home Visit
H1010	Non-medical Family Planning
H2021	Community-based Wrap Services
H2033	Multisystemic Therapy for Juveniles, per 15 minutes
H2035	Alcohol and/or Drug Treatment Program, per hour
H2036	Alcohol and/or Drug Treatment Program, per diem
H2037	Developmental Delay Prevention Activities, dependent child of client per 15 minutes
M0064	A brief office visit for the sole purpose of monitoring or changing drug prescriptions used in treatment of mental, psychoneurotic, and personality disorders. This code should be used for a lesser level of drug monitoring such as simple dosage adjustment.
S9445	Drug Screening and Monitoring
T1006	Alcohol and/or Substance Abuse Services, Family/Couple Counseling
T1012	Alcohol and/or Substance Abuse Services, Skills Development

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A therapeutic, prophylactic/diagnostic injection for the administration of medications.	<ul style="list-style-type: none"> • Date of Service (DOS) • Administration time • Client demographic information • Written physician order (required) • Injection site • Medication administered • Provider administering injection • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
This code may be used in a clinic/CMHC, even if client brings in the medication to be administered. Pharmacies cannot bill for the administration of drugs in a practitioner's office/clinic. Injectable drugs intended for self-administration/use in the client's home/ administration for a client in a LTC facility may be billed by a pharmacy		
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input checked="" type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input checked="" type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input checked="" type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input checked="" type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	Minimum: N/A
<input type="checkbox"/> AH <input type="checkbox"/> HN <input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours	Maximum: N/A
<input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input type="checkbox"/> CAC II
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed non-physician practitioner (NPP)	<input type="checkbox"/> CAC III
<input checked="" type="checkbox"/> Psych. Tech		<input checked="" type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> PA
<input checked="" type="checkbox"/> RxN (SA)		<input type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Office or other outpatient visit for the evaluation and management of a new patient, which required these 3 key components: <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; and • Straightforward medical decision making. 	<ul style="list-style-type: none"> • Date of Service • Start and stop time (duration) • Reason for encounter and relevant history, physical examination findings and prior diagnostic tests • Specifically document time with patient (ie. 10 of the 50 minutes was used counseling and coordinating care) • Assessment, clinical impression/diagnosis • Outcome/plan • Past and present diagnoses • Appropriate health risk factors • Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable • Counseling and/or activities performed to coordinate patient care • Provider's dated signature, degree, title/position 	
NOTES	EXAMPLE ACTIVITIES	
Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems(s) and the patient's and or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.		
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	Minimum: N/A
<input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD	<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours	Maximum: N/A
<input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site	

MINIMUM STAFF REQUIREMENTS

<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I	<input type="checkbox"/> Treatment Facility
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)	
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA	

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Office or other outpatient visit for the evaluation and management of a new patient, which required these 3 key components: <ul style="list-style-type: none"> • An expanded problem focused history; • An expanded problem focused examination; and • Straightforward medical decision making. 	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Specifically document time with patient (ie. 20 of the 50 minutes was used counseling and coordinating care) • Reason for encounter and relevant history, physical examination findings and prior diagnostic tests • Assessment, clinical impression/diagnosis • Outcome/plan • Past and present diagnoses • Appropriate health risk factors • Patient’s progress, response to and changes in treatment, and revision in diagnosis if applicable • Counseling and/or activities performed to coordinate patient care • Provider’s dated signature, degree, title/position 	
NOTES	EXAMPLE ACTIVITIES	
Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems(s) and the patient’s and or/or family’s needs. Usually the presenting problems(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.		
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input type="checkbox"/> PRTF (56)
		<input type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	Minimum: N/A
<input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD	<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours	Maximum: N/A
<input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site	

MINIMUM STAFF REQUIREMENTS			
<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I	<input type="checkbox"/> Treatment Facility
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)	
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA	

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99203	Office or other outpatient visit for the evaluation and management of a new low complexity patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
An office or other outpatient visit for the evaluation and management of a new patient. This visit requires three key components: <ul style="list-style-type: none"> • A detailed history; • A detailed examination; and • Medical decision making of low complexity. 	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client's comprehensive history (stated in code description) • Specifically document time with patient (ie. 30 of the 50 minutes was used counseling and coordinating care) • Results of comprehensive examination (stated in code description) • Documentation of highly complex medical decision making (stated in code description) • Client's dated signature • Provider's dated signature, degree, title/position 	
NOTES	EXAMPLE ACTIVITIES	
Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems(s) and the patient's and or/ family's needs. Usually the presenting problems(s) are of low to moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.		
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99204	Office or other outpatient visit for the evaluation and management of a new low complexity patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; moderately complex medical decision making.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>An office or other outpatient visit for the evaluation and management of a new patient. This visit requires three key components:</p> <ul style="list-style-type: none"> • A detailed history; • A detailed examination; and • Medical decision making of moderate complexity. 	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client's comprehensive history (stated in code description) • Results of comprehensive examination (stated in code description) • Specifically document time with patient (ie. 45 of the 50 minutes was used counseling and coordinating care) • Documentation of highly complex medical decision making (stated in code description) • Client's dated signature • Provider's dated signature, degree, title/position 	
NOTES	EXAMPLE ACTIVITIES	
Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems(s) and the patient's and or/ family's needs. Usually the presenting problems(s) are of low to moderate severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.		
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA		

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>An office or other outpatient visit for the evaluation and management of a new patient. This visit requires three key components:</p> <ul style="list-style-type: none"> • A detailed history; • A detailed examination; and • Medical decision making of high complexity. 	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client's comprehensive history (stated in code description) • Specifically document time with patient (ie. 60 of the 60 minutes was used counseling and coordinating care) • Results of comprehensive examination (stated in code description) • Documentation of highly complex medical decision making (stated in code description) • Client's dated signature • Provider's dated signature, degree, title/position 	
NOTES	EXAMPLE ACTIVITIES	
Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problems(s) and the patient's and or/ family's needs. Usually the presenting problems(s) are of low to moderate severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Case staffing for client involuntary committed to treatment.	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

Treatment (SBIRT)		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99211	Office of other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Office of other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Evidence of evaluation (history and exam) • Evidence of decision making • ICD-9-CM Diagnosis Code • Place of Service • Start and stop time must be documented in medical records 	
NOTES	EXAMPLE ACTIVITIES	
Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Independt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF	<input checked="" type="checkbox"/> Encounter	Minimum: N/A
<input type="checkbox"/> AH	<input type="checkbox"/> Day	Maximum: N/A
<input type="checkbox"/> HA	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB		
<input type="checkbox"/> HC		
<input type="checkbox"/> HD		
<input type="checkbox"/> HG		
<input type="checkbox"/> HH		
<input type="checkbox"/> HM	<input type="checkbox"/> 1 Hour	
<input type="checkbox"/> HN	<input type="checkbox"/> 3 Hours	
<input checked="" type="checkbox"/> SA		
<input checked="" type="checkbox"/> TD		
<input type="checkbox"/> TE		
<input type="checkbox"/> TF		
<input type="checkbox"/> TG		
<input type="checkbox"/> UK		
<input type="checkbox"/> 22		
<input type="checkbox"/> 52		
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)	<input checked="" type="checkbox"/> Telemedicine
<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> Telephone	<input type="checkbox"/> On-Site	
<input type="checkbox"/> Individual	<input type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input type="checkbox"/> CAC II
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA
		<input type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Treatment (SBIRT)		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99212	Office or other outpatient visit for the evaluation and management of an established patient which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, straightforward medical decision making.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: <ul style="list-style-type: none"> • A problem focused history; • A problem focused examination; and • Straightforward medical decision making 	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Evidence of evaluation (history and exam) • Evidence of decision making • ICD-9-CM Diagnosis Code • Place of service • Start and stop time must be documented in medical records 	
NOTES	EXAMPLE ACTIVITIES	
Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> PA		

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused detailed examination; medical decision making of low complexity.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: <ul style="list-style-type: none"> • Expanded problem focused history; • Expanded problem focused examination; and • Medical decision making of low complexity. 	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client consent • Provider's dated signature degree, title/position • Documentation of client's progress, additional resources needed, expected duration of continued services 	
NOTES	EXAMPLE ACTIVITIES	
Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC (HP) <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HO) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA		

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: <ul style="list-style-type: none"> • A detailed history; • A detailed examination; and • Medical decision making of moderate complexity. 	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client consent • Provider's dated signature degree, title/position • Documentation of client's progress, additional resources needed, expected duration of continued services 	
NOTES	EXAMPLE ACTIVITIES	
Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 25 minutes are spent face-to-face with the patient and/or family.		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> PA		

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: <ul style="list-style-type: none"> • A detailed history; • A detailed examination; and • Medical decision making of moderate complexity. 	<ul style="list-style-type: none"> • Date of Service • Start and Stop Time (Duration) • Client consent • Provider's dated signature degree, title/position • Documentation of client's progress, additional resources needed, expected duration of continued services 	
NOTES	EXAMPLE ACTIVITIES	
Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Case staffing for client involuntary committed to treatment	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

Treatment (non Special Connections)					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0004		Behavioral health counseling and therapy, per 15 minutes			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Individual counseling/therapy in the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management, reduction/resolution of the identified problem(s).		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Session setting (office/outpatient facility) • Client demographic information • Reason for encounter and pertinent interval history • Pertinent themes discussed • Interventions used • Client progress/regression • Any changes in treatment plan/diagnosis • Expected treatment outcomes • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
H0004 offers flexibility in terms of time increments and POS. H0004 may include unplanned telephone contact and/or planned contact if medically necessary, clinically justified, and included in the treatment/service plan.					
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11) <input type="checkbox"/> Adol (12-17) <input type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input checked="" type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input checked="" type="checkbox"/> ALF (13) <input checked="" type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)					
MODIFIER			UNIT		DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes		Minimum: 8 Minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY					
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site					
MINIMUM STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA					

Treatment					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0005		Alcohol and/or drug services; group counseling by a clinician			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
A planned therapeutic or counseling activity conducted by a clinician with a group (i.e., more than 1 but not more than 12) of unrelated clients. Activities are designed to assist clients and/or their families/significant others to achieve treatment objectives.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Focus of session • Progress toward treatment/service plan goals and objectives • Intervention strategies utilized • Client response • Outcome/plan • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
Group therapy may be up to and including 3 hours per session. Medicaid reimbursement is limited to 36 sessions per State FY for Group therapy. Client/clinician ratios are not to exceed 12:1. If only one group member is present, document and report/bill as individual therapy (H0004).		<ul style="list-style-type: none"> • Exploration of AOD problems and/or addiction(s) and their ramifications • Examination of attitudes and feelings • Consideration of alternative solutions and decision-making Discussion of didactic materials regarding AOD-related problems 			
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)					
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes		Minimum: N/A Maximum: 3 hours
ALLOWED MODE(S) OF DELIVERY					
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site					
MINIMUM STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA					

Treatment					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H0020		Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
The administration of the drug methadone (suboxone) by an alcohol and/or other drug program licensed by the State of Colorado to administer or dispense methadone.		<ul style="list-style-type: none"> • Date of service • Medication take-home agreements (if applicable) • Daily dosage • Collection of fee (if applicable) • Daily acknowledgement form signed by client • Daily observation by a medical professional • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
Must obtain a controlled substance license from the Office of Behavioral Health and be registered with the Drug Enforcement Administration (DEA). Designated medical directors to authorize and oversee other Opioid Treatment Program (OTP) physicians. Staff must be licensed through the Office of Behavioral Health and be certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as opioid medication assisted treatment providers.		Administration of Methadone or another approved controlled substance to an opioid dependent person for the purpose of decreasing or eliminating dependence on opioid substances.			
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
				<input checked="" type="checkbox"/> Adult (21-64)	
				<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input checked="" type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input checked="" type="checkbox"/> CMHC (53)	
<input checked="" type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Cust Care (33)	
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input type="checkbox"/> Indepndt Clinic (49)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input checked="" type="checkbox"/> FQHC (50)	
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> Inpt PF (51)	
				<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input type="checkbox"/> Other POS (99)	
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF			<input checked="" type="checkbox"/> Encounter		Minimum: N/A Maximum: N/A
<input type="checkbox"/> HM			<input type="checkbox"/> Day		
<input checked="" type="checkbox"/> AH			<input type="checkbox"/> 1 Hour		
<input type="checkbox"/> HN			<input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HA			<input checked="" type="checkbox"/> 15 Minutes		
<input checked="" type="checkbox"/> HO			ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HB			<input checked="" type="checkbox"/> Face-to-Face		<input type="checkbox"/> Telemedicine
<input checked="" type="checkbox"/> HP			<input type="checkbox"/> Video Conference		<input type="checkbox"/> Teleconference
<input type="checkbox"/> HQ			<input type="checkbox"/> Telephone		
<input type="checkbox"/> HR			<input checked="" type="checkbox"/> Individual		
<input type="checkbox"/> UK			<input type="checkbox"/> Group (HQ)		
<input type="checkbox"/> TG			<input type="checkbox"/> Family		
<input type="checkbox"/> TF			<input checked="" type="checkbox"/> On-Site		
<input type="checkbox"/> TE			<input type="checkbox"/> Off-Site		
<input type="checkbox"/> TD					
<input checked="" type="checkbox"/> SA					
<input type="checkbox"/> TD					
<input type="checkbox"/> TE					
<input type="checkbox"/> TF					
<input type="checkbox"/> TG					
<input type="checkbox"/> TH					
<input type="checkbox"/> TI					
<input type="checkbox"/> TJ					
<input type="checkbox"/> TK					
<input type="checkbox"/> TL					
<input type="checkbox"/> TM					
<input type="checkbox"/> TN					
<input type="checkbox"/> TO					
<input type="checkbox"/> TP					
<input type="checkbox"/> TQ					
<input type="checkbox"/> TR					
<input type="checkbox"/> TS					
<input type="checkbox"/> TT					
<input type="checkbox"/> TU					
<input type="checkbox"/> TV					
<input type="checkbox"/> TW					
<input type="checkbox"/> TX					
<input type="checkbox"/> TY					
<input type="checkbox"/> TZ					
<input type="checkbox"/> AA					
<input type="checkbox"/> AB					
<input type="checkbox"/> AC					
<input type="checkbox"/> AD					
<input type="checkbox"/> AE					
<input type="checkbox"/> AF					
<input type="checkbox"/> AG					
<input type="checkbox"/> AH					
<input type="checkbox"/> AI					
<input type="checkbox"/> AJ					
<input type="checkbox"/> AK					
<input type="checkbox"/> AL					
<input type="checkbox"/> AM					
<input type="checkbox"/> AN					
<input type="checkbox"/> AO					
<input type="checkbox"/> AP					
<input type="checkbox"/> AQ					
<input type="checkbox"/> AR					
<input type="checkbox"/> AS					
<input type="checkbox"/> AT					
<input type="checkbox"/> AU					
<input type="checkbox"/> AV					
<input type="checkbox"/> AW					
<input type="checkbox"/> AX					
<input type="checkbox"/> AY					
<input type="checkbox"/> AZ					
<input type="checkbox"/> BA					
<input type="checkbox"/> BB					
<input type="checkbox"/> BC					
<input type="checkbox"/> BD					
<input type="checkbox"/> BE					
<input type="checkbox"/> BF					
<input type="checkbox"/> BG					
<input type="checkbox"/> BH					
<input type="checkbox"/> BI					
<input type="checkbox"/> BJ					
<input type="checkbox"/> BK					
<input type="checkbox"/> BL					
<input type="checkbox"/> BM					
<input type="checkbox"/> BN					
<input type="checkbox"/> BO					
<input type="checkbox"/> BP					
<input type="checkbox"/> BQ					
<input type="checkbox"/> BR					
<input type="checkbox"/> BS					
<input type="checkbox"/> BT					
<input type="checkbox"/> BU					
<input type="checkbox"/> BV					
<input type="checkbox"/> BW					
<input type="checkbox"/> BX					
<input type="checkbox"/> BY					
<input type="checkbox"/> BZ					
<input type="checkbox"/> CA					
<input type="checkbox"/> CB					
<input type="checkbox"/> CC					
<input type="checkbox"/> CD					
<input type="checkbox"/> CE					
<input type="checkbox"/> CF					
<input type="checkbox"/> CG					
<input type="checkbox"/> CH					
<input type="checkbox"/> CI					
<input type="checkbox"/> CJ					
<input type="checkbox"/> CK					
<input type="checkbox"/> CL					
<input type="checkbox"/> CM					
<input type="checkbox"/> CN					
<input type="checkbox"/> CO					
<input type="checkbox"/> CP					
<input type="checkbox"/> CQ					
<input type="checkbox"/> CR					
<input type="checkbox"/> CS					
<input type="checkbox"/> CT					
<input type="checkbox"/> CU					
<input type="checkbox"/> CV					
<input type="checkbox"/> CW					
<input type="checkbox"/> CX					
<input type="checkbox"/> CY					
<input type="checkbox"/> CZ					
<input type="checkbox"/> DA					
<input type="checkbox"/> DB					
<input type="checkbox"/> DC					
<input type="checkbox"/> DD					
<input type="checkbox"/> DE					
<input type="checkbox"/> DF					
<input type="checkbox"/> DG					
<input type="checkbox"/> DH					
<input type="checkbox"/> DI					
<input type="checkbox"/> DJ					
<input type="checkbox"/> DK					
<input type="checkbox"/> DL					
<input type="checkbox"/> DM					
<input type="checkbox"/> DN					
<input type="checkbox"/> DO					
<input type="checkbox"/> DP					
<input type="checkbox"/> DQ					
<input type="checkbox"/> DR					
<input type="checkbox"/> DS					
<input type="checkbox"/> DT					
<input type="checkbox"/> DU					
<input type="checkbox"/> DV					
<input type="checkbox"/> DW					
<input type="checkbox"/> DX					
<input type="checkbox"/> DY					
<input type="checkbox"/> DZ					
<input type="checkbox"/> EA					
<input type="checkbox"/> EB					
<input type="checkbox"/> EC					
<input type="checkbox"/> ED					
<input type="checkbox"/> EE					
<input type="checkbox"/> EF					
<input type="checkbox"/> EG					
<input type="checkbox"/> EH					
<input type="checkbox"/> EI					
<input type="checkbox"/> EJ					
<input type="checkbox"/> EK					
<input type="checkbox"/> EL					
<input type="checkbox"/> EM					
<input type="checkbox"/> EN					
<input type="checkbox"/> EO					
<input type="checkbox"/> EP					
<input type="checkbox"/> EQ					
<input type="checkbox"/> ER					
<input type="checkbox"/> ES					
<input type="checkbox"/> ET					
<input type="checkbox"/> EU					
<input type="checkbox"/> EV					
<input type="checkbox"/> EW					
<input type="checkbox"/> EX					
<input type="checkbox"/> EY					
<input type="checkbox"/> EZ					
<input type="checkbox"/> FA					
<input type="checkbox"/> FB					
<input type="checkbox"/> FC					
<input type="checkbox"/> FD					
<input type="checkbox"/> FE					
<input type="checkbox"/> FF					
<input type="checkbox"/> FG					
<input type="checkbox"/> FH					
<input type="checkbox"/> FI					
<input type="checkbox"/> FJ					
<input type="checkbox"/> FK					
<input type="checkbox"/> FL					
<input type="checkbox"/> FM					
<input type="checkbox"/> FN					
<input type="checkbox"/> FO					
<input type="checkbox"/> FP					
<input type="checkbox"/> FQ					
<input type="checkbox"/> FR					
<input type="checkbox"/> FS					
<input type="checkbox"/> FT					
<input type="checkbox"/> FU					
<input type="checkbox"/> FV					
<input type="checkbox"/> FW					
<input type="checkbox"/> FX					
<input type="checkbox"/> FY					
<input type="checkbox"/> FZ					
<input type="checkbox"/> GA					
<input type="checkbox"/> GB					
<input type="checkbox"/> GC					
<input type="checkbox"/> GD					
<input type="checkbox"/> GE					
<input type="checkbox"/> GF					
<input type="checkbox"/> GG					
<input type="checkbox"/> GH					
<input type="checkbox"/> GI					
<input type="checkbox"/> GJ					
<input type="checkbox"/> GK					
<input type="checkbox"/> GL					
<input type="checkbox"/> GM					
<input type="checkbox"/> GN					
<input type="checkbox"/> GO					
<input type="checkbox"/> GP					
<input type="checkbox"/> GQ					
<input type="checkbox"/> GR					
<input type="checkbox"/> GS					
<input type="checkbox"/> GT					
<input type="checkbox"/> GU					
<input type="checkbox"/> GV					
<input type="checkbox"/> GW					
<input type="checkbox"/> GX					
<input type="checkbox"/> GY					
<input type="checkbox"/> GZ					
<input type="checkbox"/> HA					
<input type="checkbox"/> HB					
<input type="checkbox"/> HC					
<input type="checkbox"/> HD					
<input type="checkbox"/> HE					
<input type="checkbox"/> HF					
<input type="checkbox"/> HG					
<input type="checkbox"/> HH					
<input type="checkbox"/> HI					
<input type="checkbox"/> HJ					
<input type="checkbox"/> HK					
<input type="checkbox"/> HL					
<input type="checkbox"/> HM					
<input type="checkbox"/> HN					
<input type="checkbox"/> HO					
<input type="checkbox"/> HP					
<input type="checkbox"/> HQ					
<input type="checkbox"/> HR					
<input type="checkbox"/> HS					
<input type="checkbox"/> HT					
<input type="checkbox"/> HU					
<input type="checkbox"/> HV					
<input type="checkbox"/> HW					
<input type="checkbox"/> HX					
<input type="checkbox"/> HY					
<input type="checkbox"/> HZ					
<input type="checkbox"/> IA					
<input type="checkbox"/> IB					
<input type="checkbox"/> IC					
<input type="checkbox"/> ID					
<input type="checkbox"/> IE					
<input type="checkbox"/> IF					
<input type="checkbox"/> IG					
<input type="checkbox"/> IH					
<input type="checkbox"/> II					
<input type="checkbox"/> IJ					
<input type="checkbox"/> IK					
<input type="checkbox"/> IL					
<input type="checkbox"/> IM					
<input type="checkbox"/> IN					
<input type="checkbox"/> IO					
<input type="checkbox"/> IP					
<input type="checkbox"/> IQ					
<input type="checkbox"/> IR					
<input type="checkbox"/> IS					
<input type="checkbox"/> IT					
<input type="checkbox"/> IU					
<input type="checkbox"/> IV					
<input type="checkbox"/> IW					
<input type="checkbox"/> IX					
<input type="checkbox"/> IY					
<input type="checkbox"/> IZ					
<input type="checkbox"/> JA					
<input type="checkbox"/> JB					
<input type="checkbox"/> JC					
<input type="checkbox"/> JD					
<input type="checkbox"/> JE					
<input type="checkbox"/> JF					
<input type="checkbox"/> JG					
<input type="checkbox"/> JH					
<input type="checkbox"/> JI					
<input type="checkbox"/> JJ					
<input type="checkbox"/> JK					
<input type="checkbox"/> JL					
<input type="checkbox"/> JM					
<input type="checkbox"/> JN					
<input type="checkbox"/> JO					
<input type="checkbox"/> JP					
<input type="checkbox"/> JQ					
<input type="checkbox"/> JR					
<input type="checkbox"/> JS					
<input type="checkbox"/> JT					
<input type="checkbox"/> JU					
<input type="checkbox"/> JV					
<input type="checkbox"/> JW					
<input type="checkbox"/> JX					
<input type="checkbox"/> JY					
<input type="checkbox"/> JZ					
<input type="checkbox"/> KA					
<input type="checkbox"/> KB					
<input type="checkbox"/> KC					
<input type="checkbox"/> KD					
<input type="checkbox"/> KE					
<input type="checkbox"/> KF					
<input type="checkbox"/> KG					
<input type="checkbox"/> KH					
<input type="checkbox"/> KI					
<input type="checkbox"/> KJ					
<input type="checkbox"/> KK					
<input type="checkbox"/> KL					
<input type="checkbox"/> KM					
<input type="checkbox"/> KN					
<input type="checkbox"/> KO					
<input type="checkbox"/> KP					
<input type="checkbox"/> KQ					
<input type="checkbox"/> KR					
<input type="checkbox"/> KS					
<input type="checkbox"/> KT					
<input type="checkbox"/> KU					
<input type="checkbox"/> KV					
<input type="checkbox"/> KW					
<input type="checkbox"/> KX					
<input type="checkbox"/> KY					
<input type="checkbox"/> KZ					
<input type="checkbox"/> LA					
<input type="checkbox"/> LB					
<input type="checkbox"/> LC					
<input type="checkbox"/> LD					
<input type="checkbox"/> LE					
<input type="checkbox"/> LF					
<input type="checkbox"/> LG					
<input type="checkbox"/> LH					
<input type="checkbox"/> LI					
<input type="checkbox"/> LJ					
<input type="checkbox"/> LK					
<input type="checkbox"/> LL					
<input type="checkbox"/> LM					
<input type="checkbox"/> LN					
<input type="checkbox"/> LO					
<input type="checkbox"/> LP					
<input type="checkbox"/> LQ					
<input type="checkbox"/> LR					
<input type="checkbox"/> LS					
<input type="checkbox"/> LT					
<input type="checkbox"/> LU					
<input type="checkbox"/> LV					
<input type="checkbox"/> LW					
<input type="checkbox"/> LX					
<input type="checkbox"/> LY					
<input type="checkbox"/> LZ					
<input type="checkbox"/> MA					
<input type="checkbox"/> MB					

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H0033	Oral medication administration, direct observation	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Patients are observed by a professional medical staff member during the administration of an oral medication.	<ul style="list-style-type: none"> • Date of service • Client demographic information • Client's response to medication, side effects, interactions, etc. • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
This service is used to facilitate medication compliance and positive outcomes. It is often used for clients newly prescribed to a medication or those with a history of low medication compliance.	<ul style="list-style-type: none"> • Face-to-face one-on-one observation of client taking prescribed medications 	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input checked="" type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input checked="" type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)
<input type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)	<input type="checkbox"/> ICF-MR (54)
<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Public Health Clinic (71)	<input type="checkbox"/> PRTF (56)
<input type="checkbox"/> Non-Residential SA	<input type="checkbox"/> Rural Health Clinic (72)	<input type="checkbox"/> Treatment Cntr (57)
<input type="checkbox"/> CIRF (61)	<input checked="" type="checkbox"/> Other POS (99)	
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	Minimum: N/A
<input type="checkbox"/> AH <input type="checkbox"/> HN <input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours	Maximum: N/A
<input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input type="checkbox"/> CAC II
<input checked="" type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA
		<input checked="" type="checkbox"/> MD/DO (AF)
		<input checked="" type="checkbox"/> QMAP
		<input type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H0038	Self Help/Peer Services, per 15 minutes	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
This is a scheduled therapeutic activity lead by a trained client who is self identified as receiving behavioral health services. Activities should encourage hope, wellness, recovery, self-advocacy, and socialization while promoting a natural support system and skills that are necessary to build a positive community. Activities could assist clients with obtaining meaningful employment, relapse prevention planning, or with developing and or strengthening personal skills that are necessary for recovery.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client demographic information • Service provided • Client's response • Client's progress towards treatment goals • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
These are peer counselor/mentor/specialist rendered and facilitated activities.	<ul style="list-style-type: none"> • Advocacy • Recovery groups • Peer-run employment services • Peer counseling and support services • Peer mentoring for children and adolescents 	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input checked="" type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input checked="" type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input checked="" type="checkbox"/> Inpt PF (51)
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input checked="" type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input checked="" type="checkbox"/> PRTF (56)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	Minimum: 8 minutes
<input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD	<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours	Maximum: N/A
<input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE	<input checked="" type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ)	<input checked="" type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input type="checkbox"/> CAC II
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input type="checkbox"/> CAC III
<input type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA
		<input type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Treatment				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H0047		Alcohol and/or other drug abuse services; not otherwise specified		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Services provided to persons with alcohol and/or other drug problems in outpatient settings, not elsewhere classified.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)
<input checked="" type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> Public Health Clinic (71)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input type="checkbox"/> PRTF (56)	<input type="checkbox"/> Other POS (99)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)		
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)	
MODIFIER			UNIT	
<input checked="" type="checkbox"/> AF	<input type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter	<input type="checkbox"/> 1 Hour
<input checked="" type="checkbox"/> AH	<input type="checkbox"/> HN	<input type="checkbox"/> TD	<input type="checkbox"/> Day	<input type="checkbox"/> 3 Hours
<input type="checkbox"/> HA	<input checked="" type="checkbox"/> HO	<input type="checkbox"/> TE	<input checked="" type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB	<input checked="" type="checkbox"/> HP	<input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face	<input checked="" type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input checked="" type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Off-Site
<input type="checkbox"/> Telemedicine	<input type="checkbox"/> Teleconference			
MINIMUM STAFF REQUIREMENTS				
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)	
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP	
<input type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility	
<input type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)	
<input type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)		
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA		

Treatment	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
H1004	Prenatal follow up home visit
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Prenatal Care Coordination follow-up visits provided in the home	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Description of service rendered • Recommendations • Signed with 1st initial, last name & credentials
NOTES	EXAMPLE ACTIVITIES
Use procedure code H1004 for follow-up visits provided in the home. The only valid POS (place of service) for H1004 is "12" (home).	
APPLICABLE POPULATION(S)	
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)	
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)	
MODIFIER	UNIT
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes
	DURATION
	Minimum: N/A Maximum: N/A
	ALLOWED MODE(S) OF DELIVERY
	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site
MINIMUM STAFF REQUIREMENTS	
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA	

Treatment	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
H1010	Non-medical family planning
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Family planning services include sexuality education, the prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Description of service rendered • Recommendations • Signed with 1st initial, last name & credentials
NOTES	EXAMPLE ACTIVITIES
APPLICABLE POPULATION(S)	
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)	
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)	
MODIFIER	UNIT
<input type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes
	ALLOWED MODE(S) OF DELIVERY
	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site
MINIMUM STAFF REQUIREMENTS	
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA	

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H2021	Community-based wrap-around services, per 15 minutes	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Individualized, community-based clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client demographic information • Related to treatment/service plan goals and objectives • Description of service rendered, POS, and others involved • Interventions and interactions between provider and client, with client's response • Rationale for activity selected, expectations, and outcome • Recommendations • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Community-based wrap-around services up to 4 hours (16 units) is reported/billed as H2021		
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input checked="" type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF	<input type="checkbox"/> Encounter	Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH	<input type="checkbox"/> Day	
<input checked="" type="checkbox"/> HA	<input checked="" type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB	<input type="checkbox"/> 1 Hour	
<input type="checkbox"/> HC	<input type="checkbox"/> 3 Hours	
<input type="checkbox"/> HD	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HG	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HH	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Teleconference
	<input type="checkbox"/> Telephone	
	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Group (HQ)	
	<input checked="" type="checkbox"/> Family	
	<input checked="" type="checkbox"/> On-Site	
	<input checked="" type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input checked="" type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA
		<input checked="" type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Treatment					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H2033		Multi-systemic therapy for juveniles per 15 minutes			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
An intensive, home-, family- and community-based treatment focusing on factors in an adolescent's environment that contribute to his/her anti-social behavior, including adolescent characteristics, family relations, peer relations, and school performance.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Progress toward goals and objectives • Intervention and client's response • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery.		<ul style="list-style-type: none"> • Strategic family therapy • Structural family therapy • Behavioral parent training 			
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)					
MODIFIER			UNIT		DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes		Minimum: 8 minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY					
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site					
MINIMUM STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA					

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H2035	Alcohol and/or drug treatment program, per hour	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management, reduction, or resolution of the identified problem(s).	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client demographic information • Client's response • Progress toward treatment/service plan goals and objectives • Client program orientation form • Document all physician contacts (i.e., medication prescription/administration) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input checked="" type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> PA <input checked="" type="checkbox"/> RxN (SA)		

Treatment (non Special Connections)					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H2036		Alcohol and/or drug treatment program, per diem			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Structured alcohol and/or drug treatment program to provide therapy and treatment toward rehabilitation. A planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and/or drug addiction disorders.		<ul style="list-style-type: none"> • Date of service • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Start and stop time (duration) ○ Progress towards treatment goals ○ Goal Attainment • Treatment plan goals and objectives • Service plan • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
				<input checked="" type="checkbox"/> Adult (21-64)	
				<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input type="checkbox"/> Cust Care (33)	
<input type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Indepndt Clinic (49)	
<input type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input type="checkbox"/> FQHC (50)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input type="checkbox"/> Inpt PF (51)	
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> CMHC (53)	
				<input type="checkbox"/> ICF-MR (54)	
				<input checked="" type="checkbox"/> RSATF (55)	
				<input type="checkbox"/> PRTF (56)	
				<input type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input type="checkbox"/> Other POS (99)	
MODIFIER		UNIT		DURATION	
<input type="checkbox"/> AF		<input type="checkbox"/> Encounter		Minimum: N/A	
<input type="checkbox"/> AH		<input checked="" type="checkbox"/> Day		Maximum: N/A	
<input type="checkbox"/> HA		<input type="checkbox"/> 15 Minutes			
<input type="checkbox"/> HB					
<input type="checkbox"/> HC					
<input type="checkbox"/> HD					
<input type="checkbox"/> HG					
<input type="checkbox"/> HH					
<input type="checkbox"/> HM					
<input type="checkbox"/> HN					
<input type="checkbox"/> HO					
<input type="checkbox"/> HP					
<input type="checkbox"/> HQ					
<input type="checkbox"/> HR					
<input type="checkbox"/> HS					
<input type="checkbox"/> HT					
<input type="checkbox"/> SA					
<input type="checkbox"/> TD					
<input type="checkbox"/> TE					
<input type="checkbox"/> TF					
<input type="checkbox"/> TG					
<input type="checkbox"/> UK					
<input type="checkbox"/> 22					
<input type="checkbox"/> 52					
ALLOWED MODE(S) OF DELIVERY					
<input checked="" type="checkbox"/> Face-to-Face		<input type="checkbox"/> Group (HQ)		<input type="checkbox"/> Telemedicine	
<input type="checkbox"/> Video Conference		<input type="checkbox"/> Family		<input type="checkbox"/> Teleconference	
<input type="checkbox"/> Telephone		<input checked="" type="checkbox"/> On-Site			
<input checked="" type="checkbox"/> Individual		<input type="checkbox"/> Off-Site			
MINIMUM STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist		<input type="checkbox"/> APRN (SA)		<input type="checkbox"/> Cert Prevention Specialist	
<input type="checkbox"/> Less than Bachelor's Level (HM)		<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC		<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
<input type="checkbox"/> LPN/LVN (TE)		<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)		<input type="checkbox"/> CAC I	
<input type="checkbox"/> Bachelor's Level (HN)		<input type="checkbox"/> Unlicensed Master's Level (HO)		<input checked="" type="checkbox"/> CAC II	
<input type="checkbox"/> Psych. Tech		<input type="checkbox"/> Licensed non-physician practitioner (NPP)		<input checked="" type="checkbox"/> CAC III	
<input type="checkbox"/> RN (TD)				<input type="checkbox"/> NP (SA)	
<input type="checkbox"/> RxN (SA)				<input type="checkbox"/> PA	
				<input type="checkbox"/> MD/DO (AF)	
				<input type="checkbox"/> QMAP	
				<input checked="" type="checkbox"/> Treatment Facility	
				<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
				<input type="checkbox"/> Dentist (only for SBIRT codes)	

All staff must operate within an OBH-licensed treatment agency

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A visit with a client's dependent child conducted by a health professional to provide developmental delay prevention activities. These may include: occupational and physical therapy, speech/language therapy, or psychotherapy and psychiatric therapy.	<ul style="list-style-type: none"> Date of service Start and stop time (duration) Client/family demographic information Family's presenting concern(s)/problem(s) Family history – physical health status, medical; mental illness and treatment with dates, locations and provider name(s), if available; psychosocial (interpersonal and peer relationships, cultural and communication, vocational/school/military service, physical/sexual abuse/perpetration and current risk, legal status/ problems, violence, family history); family problems and strengths in areas of emotional, behavioral, vocational and social needs; growth and development (for child/ adolescent); family's strengths and needs (this is only required on the initial visit) Mental status exam – presentation/ appearance, attitude toward examiner, affect and mood, speech, intellectual/ cognitive functioning, thought process/content, insight, judgment, high risk factors (danger to self/others) DSM-IV diagnosis Disposition – need for BH services, referral, etc. Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input checked="" type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input checked="" type="checkbox"/> ALF (13) <input checked="" type="checkbox"/> MTF (26) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: 8 Minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> PA		

Treatment				
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
M0064		A brief office visit for the sole purpose of monitoring or changing drug prescriptions used in treatment of mental, psychoneurotic, and personality disorders. This code should be used for a lesser level of drug monitoring such as simple dosage adjustment.		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
M0064 describes a physician service and cannot be billed by a non-physician or "incident to" a physician's service, with the exception of Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs) and Physician Assistants (PAs) whose scope of license in their states permits them to prescribe.		<ul style="list-style-type: none"> • Date of service • Client demographic information • Diagnosis • Pertinent signs and symptoms • Medication(s) prescribed and managed, including dosage(s) • Response to treatment • Rationale for maintaining/changing drug regimen • Interval history, including pertinent changes since last encounter (e.g., medication side effects, drug interactions, drug allergies) • Management of any interactions between general medical conditions and psychotropic medications • Ordering/reviewing pertinent laboratory studies • Client/family education • Relevant client education • Initial treatment/service plan goals with any changes documented in subsequent progress notes • Medical necessity of treatment • Provider's dated signature, degree, title/position 		
NOTES		EXAMPLE ACTIVITIES		
		<ul style="list-style-type: none"> • Face-to-face interview with client reviewing response to psychotropic medications • Review of laboratory results with client that are related to client's psychotropic medications • Psychiatrist manages pharmacological therapy for a client whose psychotherapy is being managed by a non-physician MHP (e.g., psychologist, LCSW, LPC, etc.). 		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult (21-64)	<input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)	<input checked="" type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> Public Health Clinic (71)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input checked="" type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Other POS (99)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Non-Residential SA	
<input checked="" type="checkbox"/> ALF (13)	<input checked="" type="checkbox"/> MTF (26)	<input checked="" type="checkbox"/> Inpt PF (51)	Treatment Cntr (57)	
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)	
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF	<input type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter	Minimum: 8 Minutes Maximum: N/A
<input type="checkbox"/> AH	<input type="checkbox"/> HN	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day	
<input type="checkbox"/> HA	<input type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB	<input type="checkbox"/> HP	<input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input checked="" type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Teleconference
			<input checked="" type="checkbox"/> Off-Site	

MINIMUM STAFF REQUIREMENTS

<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I	<input type="checkbox"/> Treatment Facility
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)	
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA	

Treatment				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
S9445		Patient education, not otherwise classified, non-physician provider, individual, per session		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
A brief one-on-one session in which concerns about a client's AOD use are expressed, and advice regarding behavior change is given. The intervention usually follows immediately after a client has been screened for the presence of AOD. Feedback is given on AOD use patterns. The intervention focuses on increasing motivation for behavior change. Intervention strategies include education, simple advice, brief counseling, continued monitoring, or referral to more intensive substance abuse treatment services.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Results of AOD screening • Feedback given • Intervention strategies utilized • Client response • Outcome/plan • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
Substance abuse counseling services shall be provided along with screening to discuss results with client.				
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult (21-64)	<input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)
<input checked="" type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> Public Health Clinic (71)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indeprndt Clinic (49)	<input type="checkbox"/> PRTF (56)	<input type="checkbox"/> Other POS (99)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)		
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)	
MODIFIER		UNIT		DURATION
<input type="checkbox"/> AF	<input type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter	<input type="checkbox"/> 1 Hour
<input checked="" type="checkbox"/> AH	<input checked="" type="checkbox"/> HN	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day	<input type="checkbox"/> 3 Hours
<input type="checkbox"/> HA	<input checked="" type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
<input type="checkbox"/> HB	<input checked="" type="checkbox"/> HP	<input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site
<input type="checkbox"/> Telemedicine				
<input type="checkbox"/> Teleconference				
MINIMUM STAFF REQUIREMENTS				
<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input type="checkbox"/> MD/DO (AF)	
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility	
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)	
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)		
<input checked="" type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA		

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
T1006	Alcohol and/or substance abuse services, family/couple counseling	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Utilization of special skills in sessions with individuals and their family members and/or significant others under the guidance of a counselor to address family and relationship issues related to alcohol and other drug abuse and/or dependence for the purpose of promoting recovery from addiction.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Focus of session • Progress toward treatment/service plan goals and objectives • Intervention strategies utilized • Client response • Outcome/plan Signed with 1 st initial, last name & credentials	
NOTES	EXAMPLE ACTIVITIES	
Use HR modifier for family/couple when client is present. Use HS modifier for family/couple without client present.		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input checked="" type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input checked="" type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

Treatment				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
T1012		Alcohol and/or substance abuse services, skills development		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
For those involved in Alcohol and/or substance treatment, this component helps facilitate their management of day to day activities. The skills development is aimed at fostering self-sufficiency and independence.		<ul style="list-style-type: none"> • Date of service • Start and stop times (duration) • Description of service rendered • Recommendations • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
		<ul style="list-style-type: none"> • Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment) • Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal • Development of basic language skills necessary to enable client to function independently 		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult (21-64)	<input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> Public Health Clinic (71)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Other POS (99)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)		
<input checked="" type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)	
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF	<input checked="" type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter	Minimum: 15 minutes Maximum: N/A
<input checked="" type="checkbox"/> AH	<input checked="" type="checkbox"/> HN	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day	
<input type="checkbox"/> HA	<input checked="" type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input checked="" type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB	<input checked="" type="checkbox"/> HP	<input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site
<input type="checkbox"/> Telemedicine	<input type="checkbox"/> Teleconference			
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)	
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input checked="" type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility	
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input checked="" type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)	
<input checked="" type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)		
<input checked="" type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA		

Case Management

Case Management services are provided through a licensed substance use disorder treatment program. These services help clients gain access to necessary medical, social, educational, and other necessary services. Services may include any of the following: assessment of an eligible individual; development of a specific care plan; referral to services; and monitoring and follow-up activities, and benefits acquisition and maintenance.

Case Management Codes	
Procedure Code	Procedure Code Description
H0006	Alcohol and/or Drug Services; Case Management
H1002	Care Coordination Prenatal/Case Management

Case Management					
CPT ®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION		
H0006			Alcohol and/or drug services; case management		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Services rendered to assist and support a client in gaining access to or to develop his/her skills for gaining access to needed medical, social, educational, and other services essential to meeting basic human needs, as appropriate. Monitoring progress and overall service delivery. Targeted Case Management (TCM) includes: Assessing service needs (client history, ID client needs, completing related documents, gathering information from other sources); Service plan development (specifying goals and actions to address client needs, ensuring client participation, identifying course of action); Referral and related activities to obtain needed services (arranging initial appointments for client with service providers or informing client of services available, addresses and telephone numbers of agencies providing services; working with client and/or service providers to secure access to services, including contacting agencies for appointments/ services after initial referral process); Monitoring and follow-up (contacting client/others to ensure client is following the agreed upon service plan and monitoring progress and impact of plan).</p>			<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Name of provider agency, if relevant, and staff rendering TCM service(s) • Nature, content, units of TCM services rendered/received • Whether goals specified in care plan have been achieved • Whether client has declined services in care plan • Need for, and occurrences of, coordination with other case managers • Timeline for obtaining needed services • Timeline for re-evaluation of care plan • Signed with 1st initial, last name & credentials 		
NOTES			EXAMPLE ACTIVITIES		
<p>TCM may include contacts with non-eligible individuals that are directly related to identifying the needs and supports necessary to help the eligible client access services. TCM does not include the direct delivery of an underlying medical, educational, social or other service to which an eligible client has been referred. TCM does not include time spent transporting the client to required services or time spent waiting while the client attends a scheduled appointment.</p> <p>If reimbursed by Medicaid, targeted Case Management is limited to 36 contacts per state fiscal year. Services may include service planning, advocacy and linkage to other medical services related to substance abuse diagnosis, monitoring, and care coordination.</p>			<ul style="list-style-type: none"> • Assessing the need for TCM services • Identifying and investigating available resources • Explaining options to the client • Assisting the client with the application process for needed services 		
APPLICABLE POPULATION(S)					
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
		<input checked="" type="checkbox"/> Adult (21-64)		<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03)		<input checked="" type="checkbox"/> Mobile Unit (15)		<input checked="" type="checkbox"/> NF (32)	
<input checked="" type="checkbox"/> Shelter (04)		<input checked="" type="checkbox"/> Temp Lodge (16)		<input checked="" type="checkbox"/> Cust Care (33)	
<input checked="" type="checkbox"/> Prison/CF (09)		<input checked="" type="checkbox"/> Urgent Care (20)		<input checked="" type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Office (11)		<input checked="" type="checkbox"/> ER Hosp (23)		<input checked="" type="checkbox"/> Indepndt Clinic (49)	
<input checked="" type="checkbox"/> Home (12)		<input checked="" type="checkbox"/> Amb Surg Ctr (24)		<input checked="" type="checkbox"/> FQHC (50)	
<input checked="" type="checkbox"/> ALF (13)		<input checked="" type="checkbox"/> MTF (26)		<input checked="" type="checkbox"/> Inpt PF (51)	
<input checked="" type="checkbox"/> Group Home (14)		<input checked="" type="checkbox"/> SNF (31)		<input checked="" type="checkbox"/> PF-PHP (52)	
				<input checked="" type="checkbox"/> CMHC (53)	
				<input checked="" type="checkbox"/> ICF-MR (54)	
				<input checked="" type="checkbox"/> RSATF (55)	
				<input checked="" type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input checked="" type="checkbox"/> CIRF (61)	
				<input checked="" type="checkbox"/> CORF (62)	
				<input checked="" type="checkbox"/> Public Health Clinic (71)	
				<input checked="" type="checkbox"/> Rural Health Clinic (72)	
				<input checked="" type="checkbox"/> Other POS (99)	
MODIFIER			UNIT		DURATION
<input checked="" type="checkbox"/> AF			<input checked="" type="checkbox"/> Encounter		Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH			<input type="checkbox"/> Day		
<input type="checkbox"/> HA			<input type="checkbox"/> 15 Minutes		
<input checked="" type="checkbox"/> HM			<input type="checkbox"/> 1 Hour		ALLOWED MODE(S) OF DELIVERY
<input checked="" type="checkbox"/> HN			<input type="checkbox"/> 3 Hours		
<input checked="" type="checkbox"/> HO			<input checked="" type="checkbox"/> Face-to-Face		
<input type="checkbox"/> HB			<input type="checkbox"/> Group (HQ)		<input checked="" type="checkbox"/> Telemedicine
<input type="checkbox"/> HC			<input type="checkbox"/> TF		<input type="checkbox"/> Teleconference
<input type="checkbox"/> HD			<input type="checkbox"/> TG		
<input type="checkbox"/> HG			<input type="checkbox"/> UK		
<input type="checkbox"/> HH			<input type="checkbox"/> 22		
			<input type="checkbox"/> 52		
			<input checked="" type="checkbox"/> Telephone		
			<input checked="" type="checkbox"/> Individual		
			<input checked="" type="checkbox"/> On-Site		
			<input checked="" type="checkbox"/> Off-Site		

MINIMUM STAFF REQUIREMENTS

<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)	
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA	

Case Management (Non Special Connections)					
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			
H1002		Care coordination prenatal/case management			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Case management means services provided by a certified drug/alcohol treatment counselor to include service planning, linkage to other service agencies and monitoring. Case management means medically necessary coordination and planning services provided with or on behalf of a client with a substance use disorder.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Duration or start/stop time ○ Progress towards treatment goals ○ Goal Attainment • Signed with 1st initial, last name & credentials 			
NOTES		EXAMPLE ACTIVITIES			
		Referring a current client to a residential treatment program (making sure she gets there) and obtaining benefits on behalf of the client.			
APPLICABLE POPULATION(S)					
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)					
MODIFIER			UNIT		DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY					
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site					
MINIMUM STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA					

Support

Support services provide choices, assistance, and opportunities to individuals with substance use disorders. Services that target an individual's recovery will promote the self-management of psychiatric symptoms, prevent relapses, provide treatment choices, offer mutual support, offer enrichment, and promote the protection of one's rights. Support services will provide social supports and a lifeline for individuals having difficulties stemming from substance abuse disorders. Recovery services are generally provided by behavioral health peers or family members in addition to licensed counselors.

Support Service Codes	
Procedure Code	Procedure Code Description
H1003	Prenatal Care, at Risk Enhanced Service, Education
T1009	Child Sitting Services for the children of the individual receiving Alcohol and/or Substance Abuse Services
T1010	Meals for Individuals receiving Alcohol and/or Substance Abuse Services
T1013	Sign Language or Oral Interpreter for Alcohol and/or Substance Abuse Services
T1027	Family Training and Counseling for Child Development /per 15 minutes
T1999	Miscellaneous Therapeutic Items and Supplies
T2001	Non-emergency Transportation

Support Service (non Special Connections)				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H1003		Prenatal Care, at risk enhanced service, education		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Services facilitated by a certified drug/alcohol treatment counselor to help a client develop health and life management skills.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Attendance documentation • Documentation of topics covered • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
		HIV Prevention class delivered with the context of a substance user disorder treatment program.		
APPLICABLE POPULATION(S)				
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)				
MODIFIER		UNIT		DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY				
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Webinar <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site				
MINIMUM STAFF REQUIREMENTS				
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA				

All staff must operate within an OBH-licensed treatment agency

Support Services				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
T1009		Child sitting services for the children of the individual receiving alcohol and/or substance abuse services		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Care of the children of clients undergoing treatment for alcoholism or drug abuse while the client is in treatment		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62)				
<input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71)				
<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72)				
<input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indeprndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99)				
<input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)				
<input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)				
<input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31)				
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA		<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD		<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE		ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF		<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine		
<input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG		<input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference		
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK		<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site		
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22		<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52				
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF)				
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> QMAP				
<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility				
<input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing				
<input checked="" type="checkbox"/> Psych. Tech <input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes)				
<input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA)				
<input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA				

Support Services							
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION					
T1010		Meals for individuals receiving alcohol and/or substance abuse services					
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS					
<p>For those receiving alcohol and/or substance abuse services who arrive at their schedule times hungry.</p> <p>For example, lunch is sometimes provided to pregnant women who come to treatment hungry.</p>		<ul style="list-style-type: none"> • Date of service • Description of service rendered • Type of food provided • Explanation as to why food was needed / had been un-consumed until this point. • Signed with 1st initial, last name & credentials 					
NOTES		EXAMPLE ACTIVITIES					
		Offering and preparing meals or snacks.					
APPLICABLE POPULATION(S)							
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult (21-64)			
<input checked="" type="checkbox"/> Geriatric (65+)							
PLACE OF SERVICE (POS)							
<input type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)			
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> Public Health Clinic (71)			
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)			
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Other POS (99)			
<input type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Non-Residential SA				
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)	Treatment Cntr (57)				
<input checked="" type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)				
MODIFIER		UNIT		DURATION			
<input type="checkbox"/> AF	<input checked="" type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter	<input type="checkbox"/> 1 Hour			
<input checked="" type="checkbox"/> AH	<input checked="" type="checkbox"/> HN	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day	<input type="checkbox"/> 3 Hours			
<input type="checkbox"/> HA	<input checked="" type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	<input checked="" type="checkbox"/> 1 meal			
<input type="checkbox"/> HB	<input checked="" type="checkbox"/> HP	<input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY				
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG				<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK				<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22				<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52				<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site
						<input type="checkbox"/> Telemedicine	<input type="checkbox"/> Teleconference
MINIMUM STAFF REQUIREMENTS							
<input checked="" type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input type="checkbox"/> MD/DO (AF)				
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input checked="" type="checkbox"/> QMAP				
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility				
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing				
<input checked="" type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)				
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)					
<input checked="" type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA					

Support Services					
CPT ®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION		
T1013			Sign language or oral interpreter for alcohol and/or substance abuse services		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
An additional service to assure the treatment for behavioral health clients is understood or received for clients who require sign language or oral interpretation, including but limited to those services required by the Americans with Disabilities Act.			<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Signed with 1st initial, last name & credentials 		
NOTES			EXAMPLE ACTIVITIES		
			Sign language or oral interpretation provided to a client to assure they understand the treatment or services being provided to them in relation to alcohol and/or drug abuse services		
APPLICABLE POPULATION(S)					
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Young Adult (18-20)	
		<input checked="" type="checkbox"/> Adult (21-64)		<input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)					
<input type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15)		<input type="checkbox"/> NF (32)	
<input type="checkbox"/> Shelter (04)		<input type="checkbox"/> Temp Lodge (16)		<input type="checkbox"/> Cust Care (33)	
<input type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Urgent Care (20)		<input type="checkbox"/> Hospice (34)	
<input checked="" type="checkbox"/> Office (11)		<input type="checkbox"/> ER Hosp (23)		<input type="checkbox"/> Indepndt Clinic (49)	
<input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Amb Surg Ctr (24)		<input checked="" type="checkbox"/> FQHC (50)	
<input type="checkbox"/> ALF (13)		<input type="checkbox"/> MTF (26)		<input type="checkbox"/> Inpt PF (51)	
<input type="checkbox"/> Group Home (14)		<input type="checkbox"/> SNF (31)		<input type="checkbox"/> PF-PHP (52)	
				<input checked="" type="checkbox"/> CMHC (53)	
				<input type="checkbox"/> ICF-MR (54)	
				<input type="checkbox"/> RSATF (55)	
				<input type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
				<input type="checkbox"/> CIRF (61)	
				<input type="checkbox"/> CORF (62)	
				<input type="checkbox"/> Public Health Clinic (71)	
				<input type="checkbox"/> Rural Health Clinic (72)	
				<input type="checkbox"/> Other POS (99)	
MODIFIER			UNIT		DURATION
<input type="checkbox"/> AF			<input type="checkbox"/> Encounter		Minimum: 15 minutes Maximum: N/A
<input type="checkbox"/> AH			<input type="checkbox"/> Day		
<input type="checkbox"/> HA			<input type="checkbox"/> 1 Hour		
<input type="checkbox"/> HB			<input type="checkbox"/> 3 Hours		
<input type="checkbox"/> HC			<input checked="" type="checkbox"/> 15 Minutes		
<input type="checkbox"/> HD			ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HG			<input checked="" type="checkbox"/> Face-to-Face		<input checked="" type="checkbox"/> Telemedicine
<input type="checkbox"/> HH			<input checked="" type="checkbox"/> Video Conference		<input type="checkbox"/> Teleconference
			<input type="checkbox"/> Telephone		
			<input checked="" type="checkbox"/> Individual		
			<input checked="" type="checkbox"/> Group (HQ)		
			<input checked="" type="checkbox"/> Family		
			<input checked="" type="checkbox"/> On-Site		
			<input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist		<input type="checkbox"/> APRN (SA)		<input type="checkbox"/> Cert Prevention Specialist	
<input type="checkbox"/> Less than Bachelor's Level (HM)		<input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC		<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
<input type="checkbox"/> LPN/LVN (TE)		<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)		<input type="checkbox"/> CAC I	
<input type="checkbox"/> Bachelor's Level (HN)		<input type="checkbox"/> Unlicensed Master's Level (HO)		<input type="checkbox"/> CAC II	
<input type="checkbox"/> Psych. Tech		<input type="checkbox"/> Licensed non-physician practitioner (NPP)		<input type="checkbox"/> CAC III	
<input type="checkbox"/> RN (TD)				<input type="checkbox"/> NP (SA)	
<input type="checkbox"/> RxN (SA)				<input type="checkbox"/> PA	
				<input type="checkbox"/> MD/DO (AF)	
				<input type="checkbox"/> QMAP	
				<input type="checkbox"/> Treatment Facility	
				<input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing	
				<input type="checkbox"/> Dentist (only for SBIRT codes)	

Support Services		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
T1027	Family Training and counseling for child development / per 15 minutes	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A non-medical educational visit with family members, either as a group, pair or individually, conducted by a health professional to provide skill enhancement linked to the care and development of children.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Description of service rendered • Description of development skill needed and type of suggestion/training provided. • Recommendations • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Providing child caregivers with educational concepts of benefit to children, including such things as motor skills, behavior, training, learning tools and social skills.	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input checked="" type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input checked="" type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: 15 Minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

Support Services				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
T1999		Miscellaneous therapeutic items and supplies (initiatives)		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Providing nominal items to aid in the treatment and development of the patient, as related to making the rehabilitation experience more seamless and less stressful.		<ul style="list-style-type: none"> • Date of service • Description of service rendered • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
		Such items could include journals and writing tools for patients to log their development and concerns, literature of an educational nature to cope with anxiety or inspirational literature for overcoming challenging situations.		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Geriatric (65+)
<input checked="" type="checkbox"/> Young Adult (18-20)		<input checked="" type="checkbox"/> Adult (21-64)		
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)	<input checked="" type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> Public Health Clinic (71)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input checked="" type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Other POS (99)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)	
<input checked="" type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input checked="" type="checkbox"/> Inpt PF (51)		
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)	
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF	<input checked="" type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter	Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH	<input checked="" type="checkbox"/> HN	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> 1 Hour	
<input type="checkbox"/> HA	<input checked="" type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input type="checkbox"/> Day	
<input type="checkbox"/> HB	<input checked="" type="checkbox"/> HP	<input type="checkbox"/> TF	<input type="checkbox"/> 3 Hours	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
			<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
			<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site
				<input type="checkbox"/> Telemedicine
				<input type="checkbox"/> Teleconference
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)	
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility	
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)	
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)		
<input checked="" type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA		

Support Services				
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
T2001		Non-emergency transportation		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Providing transportation service for those who are not able to reach their destination independently, be it for competency issues, age of patient, or unavailability of means to reach destination.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Description of service rendered • Reason for transportation • Origin of pick up and destination • Purpose of transportation to destination • Signed with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Geriatric (65+)
		<input checked="" type="checkbox"/> Young Adult (18-20)		<input checked="" type="checkbox"/> Adult (21-64)
PLACE OF SERVICE (POS)				
<input type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)
<input type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> Public Health Clinic (71)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)
<input type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Other POS (99)
<input type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input type="checkbox"/> FQHC (50)	<input type="checkbox"/> Non-Residential SA	
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)	Treatment Cntr (57)	
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)	
MODIFIER		UNIT		DURATION
<input type="checkbox"/> AF	<input checked="" type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter	1 trip, length necessary to destination and/or from destination
<input checked="" type="checkbox"/> AH	<input checked="" type="checkbox"/> HN	<input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day	
<input type="checkbox"/> HA	<input checked="" type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	<input checked="" type="checkbox"/> 1 ride
<input type="checkbox"/> HB	<input checked="" type="checkbox"/> HP	<input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> Telephone	<input type="checkbox"/> On-Site
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input type="checkbox"/> Individual	<input type="checkbox"/> Off-Site
				<input type="checkbox"/> Telemedicine
				<input type="checkbox"/> Teleconference
				<input checked="" type="checkbox"/> Mechanized and non-mechanized vehicles
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input type="checkbox"/> MD/DO (AF)	
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC (HM)	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input checked="" type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input type="checkbox"/> Treatment Facility	
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input checked="" type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)	
<input checked="" type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)		
<input checked="" type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA		

Room & Board

Room and Board Services are provided to patients residing in a facility. Patients must reside in the facility for at least 24 hours while they are provided with lodging and meals.

Room and Board Codes	
Procedure Code	Procedure Code Description
H2034	Halfway House
S9976	Lodging, Per Diem, Not Otherwise Specified (NOS)

Room and Board				
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
H2034		Halfway house		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
In-home behavioral health support for clients living in a halfway house to foster the client's development of independence and eventually move to independent living. The client has the opportunity to live in a less restrictive living situation while continuing to receive BH treatment, training, support, and a limited amount of supervision.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client demographic information • Shift notes • Consent for emergency medical treatment • Client program orientation form • Sign with 1st initial, last name & credentials 		
NOTES		EXAMPLE ACTIVITIES		
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2034.				
APPLICABLE POPULATION(S)				
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)				
MODIFIER		UNIT		DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52		<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes		Minimum: N/A Maximum: 8 hours
ALLOWED MODE(S) OF DELIVERY				
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site				
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA				

Room and Board		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
S9976	Lodging, per diem, not otherwise specified	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Room and board costs per day.	<ul style="list-style-type: none"> Date of service Start and stop time (duration) Sign with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Room and board provided to client.	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> ALF (13) <input type="checkbox"/> Group Home (14)	<input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> MTF (26) <input type="checkbox"/> SNF (31)	<input type="checkbox"/> NF (32) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> PF-PHP (52)
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Rural Health Clinic (72) <input type="checkbox"/> Other POS (99)	<input type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Non-Residential SA Treatment Cntr (57)	<input type="checkbox"/> CIRC (61)
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: 24 hours Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Psych. Tech <input type="checkbox"/> RN (TD) <input type="checkbox"/> RxN (SA)	<input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input type="checkbox"/> Cert Prevention Specialist (AH) <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> PA <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Dentist (only for SBIRT codes)

Procedure Coding Best Practices

Coding consistency is a major initiative in the quest to improve quality reporting and accurate claims submission for substance use disorder (SUD) services. Adherence to industry standards and approved coding principles ensure quality along with consistency in the reporting of these services. Ensuring accuracy of coding is a shared responsibility among all substance use disorder (SUD) practitioners. Through coding accuracy, behavioral health organizations (BHOs), community mental health centers (CMHCs), substance use disorder providers and other community-based practitioners, are able to measure standards of care, assess quality outcomes, manage business activities, and receive timely reimbursement. This section provides an overview of best practice guidance for coding substance use disorder (SUD) services.

Clinical Coding Systems

The clinical coding systems currently used in the United States are the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)^{xi} and the Healthcare Common Procedure Coding System (HCPCS)^{xii}. These clinical coding systems are used by the Department of Health Care Policing and Financing (HCPF) for both the Colorado Medicaid Community Mental Health Services Program and the Colorado Medical Assistance Program (MAP) and by the Colorado Office of Behavioral Health.

- **ICD-9-CM** is the official system of assigning codes to diagnoses and procedures used by all health care settings, including hospitals, physicians, nursing homes (NHs), home health agencies and other providers. ICD-9-CM procedure codes are used to collect hospital inpatient procedural data. ICD-9-CM code selection follows the *Official ICD-9-CM Guidelines for Coding and Reporting*^{xiii}, developed cooperatively by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare & Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). These guidelines are a companion document to the ICD-9-CM, and while not exhaustive, assist the user in situations where the ICD-9-CM does not provide direction. The ICD-9-CM is updated annually, effective October 1st.

The procedure codes contained in this Uniform Service Coding Standards Manual are part of the Healthcare Common Procedure Coding System (HCPCS). HCPCS is the standardized coding system for describing the supplies and services provided in the delivery of health care. Use of HCPCS codes was voluntary until the implementation of Health Insurance Portability and Accountability Act (HIPAA), when the use of HCPCS codes for health care information transactions became mandatory^{xliii}. HCPCS currently includes two levels of codes:

- **HCPCS Level I** consists of the *Current Procedural Terminology (CPT®), Fourth Edition*^{xliv}, a numeric coding system maintained by the American Medical Association (AMA). The CPT® is a uniform coding system comprised of descriptive terms and more than 8,000 codes used to identify medical services and procedures rendered by physicians and other health care professionals. CPT® code selection follows the guidelines set forth in the current CPT® manual and in the AMA CPT® Assistant newsletters. The CPT® is updated annually by the AMA CPT® Editorial Panel, effective January 1st.
- **HCPCS Level II** (commonly referred to as HCPCS) is a standardized alphanumeric (a single alphabetical letter followed by four numeric digits) coding system used to describe and identify equipment, supplies, and services not included in the Level I (CPT®) codes. HCPCS code selection follows the guidelines set forth by CMS in *HCPCS Level II Coding Procedures*^{xlv}. The more than

8,000 Level II codes are maintained and revised by CMS annually, effective January 1st, with quarterly updates.

These clinical coding systems serve an important function for provider reimbursement, hospital payments, quality review, benchmarking measurement, and the collection of general statistical data. Current and updated ICD-9-CM, CPT® and HCPCS Level II code books are an invaluable resource used by all professionals assigning procedure codes, and thus a printed and/or electronic copy of the coding manuals should be available for reference by qualified staff. For additional detailed information and guidance, providers are strongly encouraged to refer to the most recently published editions of the standardized manuals for each procedure code set.

Responsibility for Code Assignments

The ultimate responsibility for procedure code assignment lies with the rendering behavioral health (BH) services provider. Policies and procedures may document instances where procedure codes may be selected and assigned by authorized individuals (e.g., coders), who may change a procedure code to more accurately reflect the provider's documentation. However, collaboration with the provider is required, as the provider is ultimately responsible for the coding and documentation.

General Procedure Coding Requirements

The following are general procedure coding requirements that are applicable to behavioral health organizations (BHOs), community mental health centers (CMHCs), and substance abuse (SA) treatment service providers:

- Instructions for payer-specific (e.g., Medicaid, Medicare, third party insurance) procedure coding requirements should be readily accessible to all staff. These instructions should also be regularly reviewed and updated as needed to accurately reflect current payer-specific standards.
- Specific and detailed procedure coding guidelines should be utilized to report all services to payers. These guidelines should also be regularly reviewed and updated as needed.
- All clinicians should interpret clinical documentation and apply procedure coding principles in the same manner.

According to the American Medical Association (AMA) Current Procedural Terminology (CPT®) instructions, providers should “select the name of a procedure that *accurately* identifies the service performed. Do *not* select a CPT® code that *merely approximates* the service provided.”^{xlvi} When an “accurate” procedure code does *not* exist to describe the service or procedure, the provider should do one (1) of the following:

1. Use an unlisted CPT® procedure code (e.g., 90899) and include a “special report” as supporting documentation
2. Append a CPT® procedure code with an appropriate modifier (e.g., 22, 52)
3. Use an appropriate Healthcare Common Procedure Coding System (HCPCS) procedure code^{xlvii}

- Procedure codes should not be assigned, modified, or excluded solely for maximizing reimbursement.

For reporting and/or billing purposes, the clinical record documentation should always precede the CPT® or HCPCS procedure code(s) selection. The following steps, in sequential order, are essential to the process of rendering, documenting, and reporting or billing behavioral health (BH) services:

1. Determine that the service or procedure is medically necessary.
 2. Render the service or procedure needed to meet the client's needs.
 3. Document the service rendered in the clinical record.
 4. Select the most appropriate CPT® or HCPCS procedure code for the service or procedure.
 5. Report the service or procedure encounter, or submit a claim for the service or procedure rendered.^{xlviii}
- Clinical service or procedure codes should not be changed or amended due to a provider's or client's request to have the service in question covered by a payer.
 - If the initial procedure code assignment does not reflect the actual service(s), procedure codes may be revised based on supporting documentation.
 - Procedure coding references, BHO- and/or CMHC-specific guidelines, and regulatory requirements outlining reporting procedures should be readily accessible to all staff. These documents should also be regularly reviewed and updated as needed

Correcting Inaccurate Code Assignments & Processing Claim Rejections

Each behavioral health organization (BHO), community mental health center (CMHC), and substance abuse (SA) treatment service provider should have a defined written procedure for correcting inaccurate code assignments, both in the clinical record (electronic or hard copy) and with the payer and/or agency to whom the code is reported. In the event an error is discovered after claim submission, a correction should be facilitated on a claim amendment and re-submitted with appropriate documentation, following the payer-specific instructions. Additionally, all rejected claims pertaining to diagnosis and procedure codes should be reviewed and corrected promptly (within one (1) week).

Coding Audits

Audits are generally performed for two (2) reasons:

- **Revenue reasons** – To ensure that the provider is properly reporting and/or billing services or procedures
- **Compliance reasons** – To ensure that the provider is only reporting and/or billing the services or procedure rendered^{xlix}

Audits can provide a wide variety of information, including but not limited to:

- Incorrect levels of service
- Under- and over-coding
- Improper use of modifiers
- Compliance concerns
- Comparison of coding patterns and trends
- Documentation/electronic health record (EHR) issues^l

While the Office of the Inspector General (OIG) recommends that providers should, at a minimum, audit at least five (5) progress notes every year, many coding professionals recommend auditing more frequently and with more records to ensure that the parameters for accurate coding are being met. Standard audits should be performed at least quarterly. A minimum of thirty (30) random records per provider per year. Target audits should be performed for specific areas of concern based on the standard audit. The audit frequency and scope of review should be determined according to behavioral health organization (BHO), community mental health center (CMHC), and/or substance abuse (SA) treatment service provider policies and procedures, as applicable.^{li} For example, standard audits that reveal a high level of accuracy may not need to be done as frequently, whereas audits that uncover an unusual level of variance may need to be done more frequently in order to identify the root cause of the exception [*note this requires a footnote reference*]. Audit results should be reported to leadership, compliance staff, and providers. Data from the audit process should be used by management to provide the information necessary for relevant changes and data quality improvements.

“Rules” for Coding Audits	
Rule #1	Select clinical records randomly
Rule #2	Do not review your own documentation
Rule #3	Use the same rules and regulations as the auditors
Rule #4	Keep coding audit results professional and educational
Rule #5	Work to correct errors

Data Quality

Inaccurate and/or missing data poses increased challenges for data quality, which in turn affects client care. While various information networks are developing and implementing information exchange networks, data accuracy and quality often becomes an issue.

Consequently, data quality affects statistical reporting and reimbursement. When data is improperly coded or does not meet coding compliance, it not only affects the client, but also the submitting or billing provider. By maximizing coding efforts, data quality will improve and ultimately increase the quality of client care.

Client privacy is also a critical issue in a network environment. Data inaccuracy is propagated to other data sets, systems and warehouses. Data errors can compromise personal health information (PHI). Practicing accurate data quality by focusing on errors and initiating corrections promptly maintains compliance, as well as cost effectiveness.

It is critical to address data quality issues by reviewing areas for improvement and developing strategies to minimize inaccurate data. The behavioral health organizations (BHOs), community mental health centers (CMHCs), and substance abuse (SA) treatment service providers should continue to develop cultures of data consciousness and quality.

Coding Code of Ethics

Standards of ethical coding are relevant to individuals responsible for coding and to individuals responsible for overseeing the medical coding process. Ethical coding standards are designed to assist coders with making decisions while facing ethical challenges in the workplace. There are several national professional coding organizations that place an emphasis on ethical coding:

- The American Academy of Professional Coders (AAPC) online at www.aapc.com
- The American College of Medical Coding Specialists (ACMCS) online at www.acmcs.org
- The American Health Information Management Association (AHIMA) online at www.ahima.org

One example of a coding code of ethics is supplied by the AHIMA. The AHIMA Standards of Ethical Coding (http://library.ahima.org/xpedio/groups/public/documents/ahima/bok2_001166.hcsp?dDocName=bok2_001166) state that coding professionals should:

1. “Apply accurate, complete, and consistent coding practices for the production of high-quality healthcare data.
2. Report all healthcare data elements (e.g., diagnosis and procedure codes, present on admission indicator, discharge status) required for external reporting purposes (e.g., reimbursement and other administrative uses, population health, quality and patient safety measurement, and research) completely and accurately, in accordance with regulatory and documentation standards and requirements and applicable official coding conventions, rules, and guidelines.
3. Assign and report only the codes and data that are clearly and consistently supported by health record documentation, in accordance with applicable code set and abstraction conventions, rules, and guidelines.
4. Query providers (e. g., physician or other qualified healthcare practitioner) for clarification and additional documentation prior to code assignment when there is conflicting, incomplete, or ambiguous information in the health record regarding a significant reportable condition or procedure or other reportable data element dependent on health record documentation (e.g., present on admission indicator).
5. Refuse to change reported codes or the narratives of codes so that meanings are misrepresented.

6. Refuse to participate in or support coding or documentation practices intended to inappropriately increase payment, qualify for insurance policy coverage, or skew data by means that do not comply with Federal and State statutes, regulations and official rules and guidelines.
7. Facilitate interdisciplinary collaboration in situations supporting proper coding practices.
8. Advance coding knowledge and practice through continuing education.
9. Refuse to participate in or conceal unethical coding or abstraction practices or procedures.
10. Protect the confidentiality of the health record at all times and refuse to access protected health information not required for coding-related activities (examples of coding-related activities include completion of code assignment, other health record data abstraction, coding audits, and educational purposes).
11. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.”

Requesting Procedure Code Revisions

There are three processes interested parties can follow to request a procedure code revision, one of these is only used if the revision applies to the current Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) *Uniform Coding Standards (USCS) Manual for Substance Use Disorders (SUD)*, while the other two processes are used if a suggested revision should be implemented at the national level.

If a suggested revision is applicable to this manual, then interested parties should contact the OBH and provide a brief statement with referenced material explaining the rationale for adding, deleting, or modifying one or more suggested Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) procedure code(s). The statement should also include the following information:

- Current approved CPT/HCPCS procedure code, if applicable
- Suggested CPT/HCPCS procedure code(s) and description(s)
- Service description
- Minimum documentation requirements
- Notes, if applicable
- Example(s), if available
- Applicable modifier(s), populations, mode(s) of delivery, and place(s) of service (POS)
- Units of service (days, hours, minutes, or encounters)
- Durations (minimum and maximum), if applicable
- Minimum staff requirements

OBH will review and discuss suggested procedure code revisions with the appropriate SUD stakeholders. If a recommendation is accepted, then a revised list of approved procedure codes will be distributed to the appropriate SUD providers and treatment facilities along with an updated *Uniform Coding Standards (USCS) Manual for Substance Use Disorders (SUD)*.

If a suggested revision is applicable at the national level, then a request should be submitted to the American Medical Association (AMA), for CPT procedure codes, or through the Centers for Medicare & Medicaid Services (CMS), for HCPCS procedure codes. The AMA and CMS have formal procedures that must be followed when requesting procedure code revisions, additions, and / or deletions; these procedures are briefly described in this section.

CPT Procedure Code Revisions

The American Medical Association (AMA) requires interested parties to follow a specific process in order to submit a revision to the set of Current Procedural Terminology (CPT) procedure codes. For additional information on the CPT procedure coding revision process or to obtain an application interested parties may:

- Request Forms from the AMA online (www.ama-assn.org)

HCPCS Procedure Code Revisions

The Centers for Medicare & Medicaid (CMS) also require interested parties to follow a specific process in order to submit a revision to the Healthcare Common Procedure Coding System (HCPCS) codes. For additional information on the HCPCS procedure coding revision process or to obtain an application interested parties may:

- Review and access documents online at www.cms.gov/medhcpcsgeninfo
- Submit inquiries to HCPCS@cms.hhs.gov

Appendix A

Special Connections

Special Connections is a substance use disorder treatment program for pregnant women that is funded by Medicaid and is jointly managed by the Department of Health Care Policy and Financing (HCPF) and the Colorado Department of Human Services (CDHS), Office for Behavioral Health (OBH). The goal of the program is to help facilitate a healthy pregnancy and post-partum period for at-risk women and their infants. The program offers assessment services, individual and group therapies, care coordination and case management services, health education services and residential services. Assessments are performed by certified drug/alcohol treatment counselors. The assessment is designed to determine the level of drug and/or alcohol abuse or dependence, and the comprehensive treatment needs of a drug/alcohol abusing pregnant client. Clients eligible for the Special Connections program must be medically verified as pregnant and be at risk of a poor birth outcome and in need of special assistance in order to reduce the risk. Authorization to provide services is managed by the Office of Behavioral Health (OBH), which contracts for direct services with appropriately licensed treatment programs.

The Office of Behavioral Health (OBH) is the only entity to receive reimbursement for assessments and drug/alcohol treatment services provided to program-enrolled clients. This allows the Special Connections program to monitor for program quality and to audit billing information for quality control purposes. All treatment bills are reconciled against billing information provided by the Department of Health Care Policy and Financing (HCPF).

Special Connections Codes		
Procedure Code	Procedure Code Description	Page Number
H0004	Behavioral Health Counseling and Therapy, per 15 minutes (Individual)	120
H0004	Behavioral Health Counseling and Therapy, per 15 minutes (Group)	121
H1000	Prenatal Care, At Risk Assessment	122
H1002	Care Coordination Prenatal/Case Management	123
H1003	Prenatal Care, at Risk Enhanced Service, Education	124
H2036	Alcohol and/or Drug Residential Treatment Program, Per Diem	125

Special Connections			
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	
H0004 (Individual)		Behavioral health counseling and therapy, per 15 minutes (Individual)	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
Individual counseling/therapy in the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management, reduction/resolution of the identified problem(s).		<ul style="list-style-type: none"> • Pregnancy verification and documentation of issues • Documentation of prenatal care • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Duration or start/stop time ○ Progress towards treatment goals ○ Goal Attainment • Treatment plan goals and objectives • Service plan • Sign with 1st initial, last name & credentials 	
NOTES		EXAMPLE ACTIVITIES	
Special Connections services are available to Medicaid-eligible pregnant women who begin their enrollment with the program while they are still pregnant. Special Connections clients are eligible for services through this program until they are 12 months post-partum, assuming continued Medicaid eligibility. HD modifier is only used with the Special Connections program.			
APPLICABLE POPULATION(S)			
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)			
<input type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input type="checkbox"/> CMHC (53)
<input type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input type="checkbox"/> PRTF (56)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input type="checkbox"/> FQHC (50)	<input type="checkbox"/> Non-Residential SA
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)	<input type="checkbox"/> Treatment Cntr (57)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)
<input type="checkbox"/> CORF (62)	<input type="checkbox"/> Public Health Clinic (71)	<input type="checkbox"/> Rural Health Clinic (72)	<input type="checkbox"/> Other POS (99)
MODIFIER		UNIT	
<input type="checkbox"/> AF	<input type="checkbox"/> HM	<input type="checkbox"/> SA	<input type="checkbox"/> Encounter
<input type="checkbox"/> AH	<input type="checkbox"/> HN	<input type="checkbox"/> TD	<input type="checkbox"/> Day
<input type="checkbox"/> HA	<input type="checkbox"/> HO	<input type="checkbox"/> TE	<input checked="" type="checkbox"/> 15 Minutes
<input type="checkbox"/> HB	<input type="checkbox"/> HP	<input type="checkbox"/> TF	<input type="checkbox"/> 1 Hour
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input type="checkbox"/> 3 Hours
<input checked="" type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input type="checkbox"/> 15 Minutes
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> 15 Minutes
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input type="checkbox"/> 15 Minutes
ALLOWED MODE(S) OF DELIVERY			
<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine	
<input checked="" type="checkbox"/> Video Conference	<input type="checkbox"/> Family	<input type="checkbox"/> Teleconference	
<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site		
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS			
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I	<input type="checkbox"/> Treatment Facility
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)	
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA	

Special Connections		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H0004 (Group)	Behavioral health counseling and therapy, per 15 minutes (Group)	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Group counseling/therapy in the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management, reduction/resolution of the identified problem(s).	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Pregnancy verification and documentation of issues • Documentation of prenatal care • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Duration or start/stop time ○ Progress towards treatment goals ○ Goal Attainment • Treatment plan goals and objectives • Service plan • Sign with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Special Connections services are available to Medicaid-eligible pregnant women who begin their enrollment with the program while they are still pregnant. Special Connections clients are eligible for services through this program until they are 12 months post-partum, assuming continued Medicaid eligibility. HD modifier is only used with the Special Connections program. HQ modifier is used for group sessions.		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input checked="" type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

Special Connections			
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	
H1000		Prenatal Care, at risk assessment	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
Prenatal assessment that is designed to determine the level of drug/alcohol abuse or dependence and the comprehensive treatment needs of a drug/alcohol abusing pregnant client.		<ul style="list-style-type: none"> • Date of service • Pregnancy verification and documentation of issues • Documentation of prenatal care • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Duration or start/stop time ○ Goal establishment ○ Goal attainment • Treatment plan goals and objectives • Service plan • Sign with 1st initial, last name & credentials 	
NOTES		EXAMPLE ACTIVITIES	
Special Connections services are available to Medicaid-eligible pregnant women who begin their enrollment with the program while they are still pregnant. Special Connections clients are eligible for services through this program until they are 12 months post-partum, assuming continued Medicaid eligibility. Only one risk assessment is allowable per pregnancy. This rate is calculated on a 3 hour unit.		Face to face risk assessment	
APPLICABLE POPULATION(S)			
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)			
<input type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input type="checkbox"/> CMHC (53)
<input type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input type="checkbox"/> PRTF (56)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input type="checkbox"/> FQHC (50)	<input type="checkbox"/> Non-Residential SA
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)	<input type="checkbox"/> Treatment Cntr (57)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)
<input type="checkbox"/> CORF (62)	<input type="checkbox"/> Public Health Clinic (71)	<input type="checkbox"/> Rural Health Clinic (72)	<input type="checkbox"/> Other POS (99)
MODIFIER		UNIT	
<input type="checkbox"/> AF	<input type="checkbox"/> HM	<input checked="" type="checkbox"/> Encounter	<input type="checkbox"/> 1 Hour
<input type="checkbox"/> AH	<input type="checkbox"/> HN	<input type="checkbox"/> Day	<input type="checkbox"/> 3 Hours
<input type="checkbox"/> HA	<input type="checkbox"/> HO	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB	<input type="checkbox"/> HP		
<input type="checkbox"/> HC	<input type="checkbox"/> HQ		
<input checked="" type="checkbox"/> HD	<input type="checkbox"/> HR		
<input type="checkbox"/> HG	<input type="checkbox"/> HS		
<input type="checkbox"/> HH	<input type="checkbox"/> HT		
<input type="checkbox"/> SA	<input type="checkbox"/> TD		
<input type="checkbox"/> TE	<input type="checkbox"/> TF		
<input type="checkbox"/> TG	<input type="checkbox"/> UK		
<input type="checkbox"/> 22	<input type="checkbox"/> 52		
ALLOWED MODE(S) OF DELIVERY			
<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine	
<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family	<input type="checkbox"/> Teleconference	
<input checked="" type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site		
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS			
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)	
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA	

Special Connections			
CPT ®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	
H1002		Care Coordination Prenatal/Case Management	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
Case management means services provided by a certified drug/alcohol treatment counselor to include service planning, linkage to other service agencies and monitoring. Case management means medically necessary coordination and planning services provided with or on behalf of a client with a substance use disorder.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Start /stop time (duration) ○ Progress towards treatment goals ○ Goal Attainment • Sign with 1st initial, last name & credentials 	
NOTES		EXAMPLE ACTIVITIES	
Special Connections services are available to Medicaid-eligible pregnant women who begin their enrollment with the program while they are still pregnant. Special Connections clients are eligible for services through this program until they are 12 months post-partum, assuming continued Medicaid eligibility. HD is only used during pregnancy.		Referring a current client to a residential treatment program (making sure she gets there) and obtaining benefits on behalf of the client.	
APPLICABLE POPULATION(S)			
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)			
PLACE OF SERVICE (POS)			
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62)			
<input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71)			
<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72)			
<input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99)			
<input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA			
<input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57)			
<input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)			
MODIFIER			DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA			Minimum: N/A Maximum: N/A
<input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD			
<input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE			ALLOWED MODE(S) OF DELIVERY
<input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF			
<input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG			<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine
<input checked="" type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK			
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22			<input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site			
MINIMUM STAFF REQUIREMENTS			
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF)			
<input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP			
<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility			
<input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing			
<input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes)			
<input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA)			
<input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA			

Special Connections		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H1003	Prenatal Care, at risk enhanced service, education	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Services facilitated by a certified drug/alcohol treatment counselor to help a client develop health and life management skills.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Attendance documentation • Documentation of topics covered • Sign with 1st initial, last name 	
NOTES	EXAMPLE ACTIVITIES	
Special Connections services are available to Medicaid-eligible pregnant women who begin their enrollment with the program while they are still pregnant. Special Connections clients are eligible for services through this program until they are 12 months post-partum, assuming continued Medicaid eligibility.	HIV Prevention class delivered with the context of a substance user disorder treatment program.	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input checked="" type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Webinar <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

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Special Connections		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H2036	Alcohol and/or drug treatment program, per diem	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Structured alcohol and/or drug treatment program to provide therapy and treatment toward rehabilitation. A planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and/or drug addiction disorders.	<ul style="list-style-type: none"> • Date of service • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Start/stop time (duration) ○ Progress towards treatment goals ○ Goal Attainment • Treatment plan goals and objectives • Service plan • Sign with 1st initial, last name 	
NOTES	EXAMPLE ACTIVITIES	
Special Connections services are available to Medicaid-eligible pregnant women who begin their enrollment with the program while they are still pregnant. Special Connections clients are eligible for services through this program until they are 12 months post-partum, assuming continued Medicaid eligibility.		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input checked="" type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

All staff must operate within an OBH-licensed treatment agency

Appendix B

Screening, Brief Intervention and Referral to Treatment (SBIRT) Program

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a comprehensive, integrated public health approach to the delivery of early intervention and treatment services for persons who are at high risk of developing substance use disorders, as well as those who have already developed such disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Screening and intervention services are designed for early detection and intervention to prevent members from developing a substance abuse disorder. These services are not intended to treat individuals who are already diagnosed with a substance abuse disorder or those who are already receiving substance abuse treatment services. SBIRT services are not designed to address smoking and tobacco cessation services unless it is a co-occurring diagnosis.

The codes used to report SBIRT services were introduced during the annual American Medical Association (AMA) PCT Symposium in November 2007 and became effective on January 1, 2008 and have consistent reimbursement tiers across all levels of providers. Screening and Brief Intervention services lasting for fifteen (15) to thirty (30) minutes are billed using CPT code 99408 or HCPCS code H0049. Screening and Brief Intervention services lasting longer than thirty (30) minutes are billed using CPT code 99409 or HCPCS code H0050. SBIRT services that do not meet the minimum fifteen (15) minute threshold are not separately reimbursable. It is important to note these are time based codes and thus documentation must denote stop and start times or the total amount of time spent with the client. When billing for a SBIRT service, providers may submit for reimbursement using either the CPT or HCPCS codes, but not both codes together.

Prior to conducting screening and brief intervention, providers may conduct a brief screen or pre-screen consisting of several short validated questions related to the client's substance use. A brief or pre-screen is designed to determine if a full screen is necessary. Brief pre-screens are not covered services.

Typical components include:

- The use of a standardized screening tool;
- The patient receives feedback concerning the screening results;
- Discussion of negative consequences of substance use and the overall severity of the problem;
- Motivating the patient toward behavioral change;
- A joint decision-making process regarding alcohol and/or drug use; and
- Plans for follow up are discussed and agreed to with the client.

All licensed individuals must be trained through a minimum of four (4) hours of SBIRT specific training in order to provide or supervise individuals receiving SBIRT services. All non-licensed individuals must also receive formal training in addition to being under the direct supervision of a SBIRT services provider. In addition, unlicensed individuals must document a minimum of sixty (60) hours of professional experience such as coursework, internship, practicum, education or professional work within their respective field. This experience should include a minimum of four (4) hours of training that is directly related to Screening, Brief Intervention and Referral to Treatment services. Additionally, unlicensed individuals must document a minimum of thirty (30) hours of face-to-face client contact within their respective field. This may include internships, on the job training, or professional experience. This contact may include, but

does not have to be directly related to Screening, Brief Intervention and Referral to Treatment services training.

Ancillary staff and health educators may perform SBIRT services under the supervision of a credentialed provider. The services must relate to a plan of care and require billing under the credentialed provider. Providers are required to retain documentation concerning the health care professional's education, training, and supervision for provision of SBIRT services.

Intervention Requirements

For any Colorado Medical Assistance Program client, the intervention services are limited to four (4) hours per rolling twelve (12) months, which means that over an eleven (11) month period, a total of four (4) hours of intervention can be billed. A unit of service is fifteen (15) minutes, so the four (4) hour limit is equal to sixteen (16) units of intervention services that may be provided per patient, per day for a total of sixteen (16) units per client under the Mental Health and Substance Abuse Screening benefit. Intervention services may be provided on the same date or a later date than the screening.

SBIRT Codes		
Procedure Code	Procedure Code Description	Page Number
99212	Outpatient Visit for the Evaluation and Management (E&M) of a patient with a problem focused history and examination	128
99408	Alcohol and/or Substance Use Structured Screening (e.g., AUDIT, DAST, CRAAFT), and a brief intervention services; 15-30 minutes. FQHC	129
99409	Alcohol and/or Substance Use Structured Screening (e.g., AUDIT, DAST, CRAAFT), and brief intervention services; Greater than 30 minutes. FQHC	130
H0049	Alcohol and/or Substance Abuse Structured Screening (e.g., AUDIT, DAST, CRAAFT), and brief intervention services; 15 – 30 minutes. Non FQHC	131
H0050	Alcohol and/or Substance Use Structured Screening (e.g., AUDIT, DAST, CRAAFT), and brief intervention services; Greater than 30 minutes. Non FQHC	132

SBIRT				
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		
99212		Office or other outpatient visit for the evaluation and management of an established patient which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, straightforward medical decision making.		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Office of other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components (history, exam, and medical decision making)		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Evidence of evaluation (history and exam) • Evidence of decision making • ICD-9-CM Diagnosis Code • Place of service • Sign with 1st initial, last name 		
NOTES		EXAMPLE ACTIVITIES		
Usually, the presenting problem... (CPT book) In the event counseling and/or coordination of care dominates more than 50% of the face-to-face time, it is considered the key or controlling factor in determining the LOS. The start and stop time or total length of the E&M must be documented in the medical record. Face-to-face counseling and/or activities involved in coordinating care must be described and documented in the medical record.		Counseling and/or coordination of care... (CPT book)		
APPLICABLE POPULATION(S)				
<input type="checkbox"/> Child (0-11)		<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)	
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	
<input type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)	
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input type="checkbox"/> PRTF (56)	
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input type="checkbox"/> Non-Residential SA	
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)	<input checked="" type="checkbox"/> Treatment Cntr (57)	
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)	
<input type="checkbox"/> CORF (62)	<input type="checkbox"/> Public Health Clinic (71)	<input type="checkbox"/> Rural Health Clinic (72)	<input checked="" type="checkbox"/> Other POS (99)	
MODIFIER		UNIT		
<input type="checkbox"/> AF	<input type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter	
<input checked="" type="checkbox"/> AH	<input type="checkbox"/> HN	<input type="checkbox"/> TD	<input checked="" type="checkbox"/> 1 Hour	
<input type="checkbox"/> HA	<input type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input type="checkbox"/> Day	
<input type="checkbox"/> HB	<input type="checkbox"/> HP	<input type="checkbox"/> TF	<input checked="" type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input type="checkbox"/> Telephone	<input type="checkbox"/> On-Site
			<input type="checkbox"/> Individual	<input type="checkbox"/> Off-Site
				<input checked="" type="checkbox"/> Telemedicine
				<input type="checkbox"/> Teleconference
MINIMUM STAFF REQUIREMENTS				
<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input type="checkbox"/> MD/DO (AF)	
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I	<input type="checkbox"/> Treatment Facility	
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input checked="" type="checkbox"/> Dentist (only for SBIRT codes)	
<input type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)		
<input type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA		

SBIRT	
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
99408	Alcohol and/or substance abuse structured screening (e.g., AUDIT, DAST, CRAAFT), and brief intervention services; 15-30 minutes
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Brief intervention means a provider interaction with a client that is intended to induce a positive change in a health-related behavior. Follow-up intervention means services to reassess a client's status, assess progress and promote or sustain a reduction in substance use. Full screen means the use of a Colorado Medicaid approved evidence-based screening tool to identify clients at risk for substance abuse problems. Brief screens and pre-screens are non-covered services.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • ICD-9-CM Diagnosis Code • Place of service • Results of screen/ outcomes • Referral for treatment as indicated • Recommendations going forward
NOTES	EXAMPLE ACTIVITIES
Full screens using a Colorado Medicaid approved screening tool are limited at two (2) per client per state fiscal year. Brief intervention services are limited to two (2) sessions per client per state fiscal year. Each session is limited to two (2) units per session, at 15 minutes per unit. This code is intended for use by Federally Qualified Health Centers.	Initial intervention, a follow up intervention, and an assessment of a client's needs for additional services or referral

APPLICABLE POPULATION(S)				
<input type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult (21-64)	<input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input checked="" type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)
<input type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> Public Health Clinic (71)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input checked="" type="checkbox"/> Independt Clinic (49)	<input type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Other POS (99)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)	<input type="checkbox"/> Non-Residential SA	
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)	<input checked="" type="checkbox"/> Treatment Cntr (57)	
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)	
MODIFIER		UNIT		DURATION
<input type="checkbox"/> AF	<input type="checkbox"/> HM	<input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter	Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH	<input type="checkbox"/> HN	<input type="checkbox"/> TD	<input type="checkbox"/> Day	
<input type="checkbox"/> HA	<input type="checkbox"/> HO	<input checked="" type="checkbox"/> TE	<input checked="" type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB	<input type="checkbox"/> HP	<input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC	<input type="checkbox"/> HQ	<input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD	<input type="checkbox"/> HR	<input type="checkbox"/> UK	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HG	<input type="checkbox"/> HS	<input type="checkbox"/> 22	<input type="checkbox"/> Telephone	<input type="checkbox"/> On-Site
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52	<input type="checkbox"/> Individual	<input type="checkbox"/> Off-Site
<input type="checkbox"/> HH	<input type="checkbox"/> HT	<input type="checkbox"/> 52		<input checked="" type="checkbox"/> Telemedicine
				<input type="checkbox"/> Teleconference
MINIMUM STAFF REQUIREMENTS				
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input type="checkbox"/> MD/DO (AF)	
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I	<input type="checkbox"/> Treatment Facility	
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing	
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input checked="" type="checkbox"/> Dentist (only for SBIRT codes)	
<input type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)		
<input type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA		

Intervention (SBIRT)		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
99409	Alcohol and/or substance use structured screening (e.g., AUDIT, DAST, CRAAFT), and brief intervention services; Greater than 30 minutes	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Brief intervention means a provider interaction with a client that is intended to induce a positive change in a health-related behavior. Follow-up intervention means services to reassess a client's status, assess progress and promote or sustain a reduction in substance use. Full screen means the use of a Colorado Medicaid approved evidence-based screening tool to identify clients at risk for substance abuse problems. Brief screens and pre-screens are non-covered services.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • ICD-9-CM Diagnosis Code • Place of service • Results of screen/ outcomes • Referral for treatment as indicated • Recommendations going forward 	
NOTES	EXAMPLE ACTIVITIES	
Full screens using a Colorado Medicaid approved screening tool are limited at two (2) per client per state fiscal year. Brief intervention services are limited to two (2) sessions per client per state fiscal year. This code is intended for use by Federally Qualified Health Centers.	Initial intervention, a follow up intervention, a referral, and an assessment of a client's needs for additional service. This code is intended to be used following a positive screen on 99408.	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: 30 minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> PA		

SBIRT		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H0049	Alcohol and/or substance abuse structured screening (e.g., AUDIT, DAST, CRAAFT), and brief intervention services	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Brief intervention means a provider interaction with a client that is intended to induce a positive change in a health-related behavior. Follow-up intervention means services to reassess a client's status, assess progress and promote or sustain a reduction in substance use. Follow-up services may also be used to assess a client's need for additional services. Full screen means the use of a Colorado Medicaid approved evidence-based screening tool to identify clients at risk for substance abuse problems.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Diagnosis Code V82.9 • Place of service • Results of screen/outcomes • Referral for treatment (if necessary) and recommendations going forward • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
This code is for use by non-Federally Qualified Health Centers. If you bill this code you cannot also bill for 99408 or 99409. Health Educators must perform services under the direct supervision of a credentialed provider & documents should be co-signed.	SBIRT services are covered for risky substance use or abuse including alcohol and drugs. Tobacco use alone is not an SBIRT benefit. Tobacco must be co-occurring with another substance such as drug or alcohol.	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> PA		

SBIRT		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
H0050	Alcohol and/or substance use structured screening (e.g., AUDIT, DAST, CRAAFT), and brief intervention services; Greater than 30 minutes	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Brief intervention means a provider interaction with a client that is intended to induce a positive change in a health-related behavior. Brief intervention may include an initial intervention, a follow-up intervention and/or a referral. Brief screens and pre-screens are non-covered services.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • ICD-9-CM Diagnosis Code V65.42 • Place of service • Procedure code (CPT) • Results of screen/outcomes • Referral for treatment and recommendations going forward (if indicated) • Sign with 1st initial, last name 	
NOTES	EXAMPLE ACTIVITIES	
Brief intervention services may be provided on the same date of services as the full screen, or on subsequent days. The Brief Intervention shall be limited to two (2) sessions per client per state fiscal year. Each session is limited to 2 units per session at 15 minutes per unit. To report intervention under the SBIRT benefit the appropriate diagnosis is V65.42, Other counseling, Substance Use and Abuse. This code is for use by non-Federally Qualified Health Centers. If you bill this code you cannot also bill for 99408 or 99409.	SBIRT services are covered for risky substance use or abuse including alcohol and drugs. This code is intended to be used following a positive screen on H0049.	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA		

Appendix C

Medicaid Approved Codes

CPT/HCPCS Procedure Code	Short Description
H0001	Alcohol and/or Drug Assessment
H0002	Behavioral Health Screening to determine eligibility for admission to treatment plan
H0003	Alcohol and/or Drug Screening; laboratory analysis of specimens for presence of alcohol and/or drugs
H0004	Behavioral Health Counseling and Therapy, per 15 minutes
H0005	Alcohol and/or Drug Services; Group Counseling by a Clinician
H0006	Alcohol and/or Drug Services; Case Management
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification
H0025	Behavioral Health Prevention Education Service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0033	Oral Medication Administration, Direct Observation
H0038	Self Help / Peer
H2021	Community-based Wrap Services
M0064	A brief office visit for the sole purpose of monitoring or changing drug prescriptions used in treatment of mental, psychoneurotic, and personality disorders. This code should be used for a lesser level of drug monitoring such as simple dosage adjustment
S3005	Performance Measurement, Evaluation of Patient Self-assessment, Depression
S9445	Drug Screening and Monitoring
T1007	Physical Assessment of Detoxification Progression including vital signs monitoring
T1019	Personal Care Services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or CNA)
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

Appendix D

Medication Procedure Codes

CPT/HCPCS Procedure Code	Procedure Code Description	Modifiers	Unit
J0592	Injection, Buprenorphine Hydrochloride, 0.1 Mg	n/a	E
J1630	Injection, Haloperidol, up to 5 mg	n/a	E
J1631	Injection, Haloperidol Decanoate, per 50 mg	n/a	E
J2300	Injection, nalbuphine hydrochloride, per 10 mg	n/a	E
J2315	Injection, Naltrexone, Depot Form, 1 Mg	n/a	E
J2680	Injection, Fluphenazine Decanoate, up to 25 mg	n/a	E
J2794	Injection, Risperidone, long acting, 0.5 mg	n/a	E
J3490	Unclassified Drugs	n/a	E

Appendix E

Urine Analysis Screening Codes

CPT/HCPCS Procedure Code	Procedure Code Description	Modifiers	Unit
80101	Drug Urine Screening	n/a	E
80102	Drug Confirmation, each procedure	TF	E
81020	Urinalysis; 2 or 3 glass test	TF	E
81099	Unlisted Urinalysis Procedure	TF	E
82055	Alcohol (ethanol); specimen not breath	n/a	E
82541	Clm chrmtgrphy/mss spctrmtry, anlyt nos	TF	E
82542	Clm chr/mss spctr, anlyt nos qntv, sngl stnry mb	TF	E
84999	Unlisted Chemistry Procedure	TF	E
86586	Unlisted Antigen, each	n/a	E

Appendix F

Unit Codes Key

Unit Codes Key	
D	Day
E	Encounter (Session/Visit)
15 M	15 Minutes
1 HR	1 Hour
3 HR	3 Hours

Appendix G

Approved Procedure Code List

CPT/HCPCS Procedure Code	Short Description	Service Domain	Modifiers	Units	Page #	Covered by Medicaid (HCPF)
80101	Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class	Screening	AF, AH, HG, SA	Encounter	35	No
82075	Alcohol (ethanol); breathalyzer	Screening	AF, AH, HM, HN, HO, HP, SA, TD, TE	Encounter	36	No
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	Treatment	AF, SA, TD, TE	Encounter	65	No
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making.	Treatment	AF, SA	Encounter	66	No
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making.	Treatment	AF, SA	Encounter	68	No
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity.	Treatment	AF, SA	Encounter	70	No
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity.	Treatment	AF, SA	Encounter	71	No

CPT/HCPCS Procedure Code	Short Description	Service Domain	Modifiers	Units	Page #	Covered by Medicaid (HCPF)
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity.	Treatment	AF, SA	Encounter	72	No
99211	Office of other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.	Treatment	SA, TD	Encounter	73	No
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making.	Treatment	AF, SA	Encounter	74	No
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity.	Treatment	AF, SA	Encounter	75	No
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity.	Treatment	AF, SA	Encounter	76	No
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity.	Treatment	AF, SA	Encounter	77	No
H0001	Alcohol and/or drug assessment	Assessment	AF, AH, HO, SA	Encounter	41	Yes

CPT/HCPCS Procedure Code	Short Description	Service Domain	Modifiers	Units	Page #	Covered by Medicaid (HCPF)
H0002	Behavioral health screening to determine eligibility for admission to treatment program	Screening	AF, AH, HN, HO, HP, SA, TD, TE	Encounter	37	Yes
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	Screening	AF, AH, HM, HN, HO, HP, HQ, SA, TD, TE	Encounter	38	No
H0004	Behavioral health counseling and therapy, per 15 minutes	Treatment	AH, HO, HP, HQ,	15 Minutes	78	Yes
H0005	Alcohol and/or drug services; group counseling by a clinician	Treatment	AF, HA, HO, HP, SA	1 Hour	79	Yes
H0006	Alcohol and/or drug services; case management	Case Management	AF, AH, HM, HN, HO, HP, SA, TD, TE	Encounter	97	Yes
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	Intervention	AF, AH, HP, HQ, SA, TD, TE	Encounter	45	No
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	Social Ambulatory Detoxification	AF, AH, HN, HO, SA, TD, TE	Day	49	No
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Social Ambulatory Detoxification	AH, HN, HO, HP, TD, TE	Day	51	No
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	Social Ambulatory Detoxification	AF, AH, HN, HO, HP, SA	Day	52	No
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	Social Ambulatory Detoxification	AH, HN, HO, HP, SA, TD, TE	Day	54	No
H0014	Alcohol and/or drug services; ambulatory detoxification	Social Ambulatory Detoxification	AF, AH, HN, HO, HP, SA	Day	56	Yes
H0020	Alcohol and/ or drug services; methadone administration and/ or service (provisions of the drug by a licensed program)	Treatment	AF, AH, HG, HO, HP, SA	Encounter	80	No

CPT/HCPCS Procedure Code	Short Description	Service Domain	Modifiers	Units	Page #	Covered by Medicaid (HCPF)
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	Prevention	AF, AH, HM, HN, HO, HP, HQ, SA, TE, TD	15 Minutes	27	No
H0022	Alcohol and/or drug intervention service (planned facilitation)	Intervention	AF, AH, HQ, SA, TD, TE	Encounter	46	No
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with service Audiences to Affect Knowledge and Attitude)	Prevention	AF, AH, HM, HN, HO, HP, HQ, SA, TD, TE	Encounter	28	No
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Prevention	AF, AH, HM, HN, HO, HP, HQ, SA, TD, TE	Encounter	29	Yes
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	Prevention	AF, AH, HM, HN, HO, HP, HQ, SA, TD, TE	Encounter	30	No
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	Prevention	AF, AH, HM, HN, HO, HP, HQ, SA, TD, TE	Encounter	31	No
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment	Prevention	AF, AH, HM, HN, HO, HP, HQ, SA, TD, TE	15 Minutes	32	No
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)	Prevention	AF, AH, HM, HN, HO, HP, HQ, SA, TD, TE	Encounter	33	No
H0030	Hotline Services	Intervention	AF, AH, HM, HN, HO, HP, SA, TD, TE	Encounter	47	No
H0033	Oral medication administration, direct observation	Treatment	AF, SA, TD, TE	Encounter	81	Yes
H0038	Self Help / Peer	Treatment	HQ	15 Minutes	82	Yes

CPT/HCPCS Procedure Code	Short Description	Service Domain	Modifiers	Units	Page #	Covered by Medicaid (HCPF)
H0047	Alcohol and/ or other drug abuse services; not otherwise specified	Treatment	AF, AH, HO, HP, SA	15 Minutes	83	No
H0048	Alcohol and/or other drug testing; collection and handling only, specimens other than blood	Screening	AF, AH, HG, HM, HN, HO, HP, SA, TD, TE	Encounter	39	No
H1000	Prenatal Care, At Risk Assessment	Assessment	n/a	3 Hours	42	No
H1002	Care Coordination Prenatal/Case Management	Case Management	HQ	15 Minutes	99	No
H1003	Prenatal Care, at Risk Enhanced Service, Education	Support	HQ	1 Hour	101	No
H1004	Prenatal follow up home visit	Treatment	AF, AH, HM, HN, HO, HP, SA, TD, TE	15 Minutes	84	No
H1010	Non-medical family planning	Treatment	AH, HM, HN, HO, HP	Encounter	85	No
H1011	Family Assessment	Assessment	AF, AH, SA, TD, TE	Encounter	43	No
H2021	Community based wrap services	Treatment	AF, AH, HA, HM, HN, HO, HP, SA, TD, TE	15 Minutes	86	Yes
H2033	Multisystemic therapy for juveniles / 15 min	Treatment	AH, HO, HP	15 Minutes	87	No
H2034	Halfway House	Room and Board	AF, AH, HM, HN, HO, HP, SA, TD, TE	Day	109	No
H2035	Alcohol and/or drug treatment program, per hour	Treatment	AF, AH, HM, HN, HO, HP, SA, TD, TE	1 Hour	88	No
H2036	Alcohol and/or drug treatment program, per diem	Treatment	n/a	Day	89	No
H2037	Developmental delay prevention activities, dependent child of client / 15 min	Treatment	AF, AH, SA, TD, TE	15 Minutes	90	No

CPT/HCPCS Procedure Code	Short Description	Service Domain	Modifiers	Units	Page #	Covered by Medicaid (HCPF)
M0064	A brief office visit for the sole purpose of monitoring or changing drug prescriptions used in treatment of mental, psychoneurotic, and personality disorders. This code should be used for a lesser level of drug monitoring such as simple dosage adjustment.	Treatment	AF, SA, TD, TE	Encounter	91	Yes
S3005	Performance measurement, evaluation of patient self-assessment, depression	Social Ambulatory Detoxification	AH, AF, HO, SA	15 Minutes	58	Yes
S9445	Drug screening and monitoring	Treatment	AH, HN, HO, HP, SA, TD, TE	Encounter	93	Yes
S9976	Lodging, per diem, not otherwise specified	Room and Board	AH, HM, HN, HO, HP, SA	Day	110	No
T1006	Alcohol and/or Substance Abuse Services, Family/Couple Counseling	Treatment	AH, HO, HP, HR, HS, SA	1 Hour	94	No
T1007	Physical assessment of detoxification progression including vital signs monitoring	Social Ambulatory Detoxification	AF, AH, HO, HP, SA	15 Minutes	59	Yes
T1009	Child sitting services for the children of the individual receiving alcohol and/or substance abuse services	Support	AF, AH, HM, HN, HO, HP, HQ, SA, TD, TE	15 Minutes	102	No
T1010	Meals for individuals receiving alcohol and/or substance abuse services	Support	AH, HM, HN, HO, HP, SA, TD, TE	1 Meal	103	No
T1012	Alcohol and/or substance abuse services, skills development	Treatment	AF, AH, HM, HN, HO, HP, SA, TD, TE	15 Minutes	95	No
T1013	Sign language or oral interpreter for alcohol and/or substance abuse services	Support	HQ	15 Minutes	104	No

CPT/HCPCS Procedure Code	Short Description	Service Domain	Modifiers	Units	Page #	Covered by Medicaid (HCPF)
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or CNA)	Social Ambulatory Detoxification	AF, AH, HN, HO, HP, SA	15 Minutes	61	Yes
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Social Ambulatory Detoxification	AF, AH, HO, HP, SA	15 Minutes	62	Yes
T1027	Family training and counseling for child development / 15min	Support	AF, AH, HN, HO, HP, HQ, SA, TD, TE	15 Minutes	105	No
T1999	Miscellaneous therapeutic items and supplies	Support	AF, AH, HM, HN, HO, HP, SA, TD, TE	Encounter	106	No
T2001	Non-emergency transportation	Support	AH, HM, HN, HO, HP, SA, TD, TE	1 Ride	107	No

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- ⁱ US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) (2008). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-9-CM)*. Washington, DC: US Government Printing Office (GPO).
- ⁱⁱ US DHHS, CDC and CMS (2008). *ICD-9-CM Official Guidelines for Coding and Reporting*. In *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-9-CM)*. Washington, DC: US Government Printing Office (GPO).
- ⁱⁱⁱ American Psychiatric Association (APA) (2000). *Diagnostic & Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-4-TR)*. Washington, DC: American Psychiatric Association (APA).
- ^{iv} § 12-43-404, CRS.
- ^v § 12-43-401(4), CRS.
- ^{vi} For Social Workers (SWs), the practice of psychotherapy is limited to LCSWs or LSWs supervised by LCSWs.
- ^{vii} §§ 12-43-406(1) and 12-43-409, CRS.
- ^{viii} § 12-43-603, CRS.
- ^{ix} §12-43-601(5)(a)-(b), CRS.
- ^x § 12-43-601(2), CRS.
- ^{xi} § 12-43-504, CRS.
- ^{xii} § 12-43-503, CRS.
- ^{xiii} Washtenaw County Community Support & Treatment Services/Washtenaw Community Health Organization (December, 2008). *What is a Peer Specialist?* Network News, 1:4, page 2.
- ^{xiv} Ibid.
- ^{xv} Florida Peer Network, retrieved from <http://www.floridapeernetwork.org/certifiedpeerspecialist.htm>.
- ^{xvi} Washtenaw County Community Support & Treatment Services/Washtenaw Community Health Organization (December, 2008). *What is a Peer Specialist?* Network News, 1:4, page 2.
- ^{xvii} Ibid.
- ^{xviii} § 12-38-103(8), CRS.
- ^{xix} §12-38-103(9), CRS.
- ^{xx} § 12-42-102(4), CRS.
- ^{xxi} Occupational Information Network (O*NET) (2008). Standard Occupational Classification (SOC) System: Psychiatric Technician (29-2053.00). Retrieved from <http://www.onetcenter.org>.

^{xxii} § 12-42-102(4), CRS.

^{xxiii} § 12-38-103(11), CRS, 2 CCR 502.1, 102.21.

^{xxiv} § 12-38-103(10)(a), CRS.

^{xxv} § 12-38-103(10)(b)(I) – (VI), CRS.

^{xxvi} 3 CCR 716-1-14, 1.14.

^{xxvii} § 12-38-111.6, CRS, State Board of Nursing (January 2007). *Nursing Board Policy #30-05: Overview of the Scope of Practice of Advanced Practice Nursing*. Denver, CO: State Board of Nursing.

^{xxviii} 3 CCR 716-1-14, 1.2. , § 12-38-111.5, CRS.

^{xxix} § 12-43-701(4), CRS.

^{xxx} § 12-43-202, CRS.

^{xxxi} §12-43-215(8), CRS.

^{xxxii} § 12-43-304, CRS.

^{xxxiii} § 12-43-303, CRS.

^{xxxiv} § 12-36-106, CRS.

^{xxxv} Ibid.

^{xxxvi} 6 CCR 1011-1, 24,2.

^{xxxvii} Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 4.

^{xxxviii} “There is a special exemption in the law that authorizes individuals trained and employed in residential or day program services for persons with developmental disabilities (DD) to administer medications through gastrostomy or naso-gastric tubes. These residential and day program services must be provided through service agencies approved by the Colorado Department of Human Services (CDHS).” See Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 2.

^{xxxix} Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 15.

^{xl} US Department of Health & Human Services (DHHS), Centers for Disease Control & Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) (2008). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-9-CM)*. Washington, DC: US Government Printing Office (GPO).

^{xli} The current list of Healthcare Common Procedure Coding System (HCPCS) procedure codes is available on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.hhs.gov/HCPCSReleaseCodeSets/>.

^{xlii} US DHHS, CDC and CMS (2008). *ICD-9-CM Official Guidelines for Coding and Reporting*, International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-9-CM). Washington, DC: US Government Printing Office (GPO).

^{xliii} US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), Public Affairs Office (October 6, 2004). *Medicare News: New CMS Coding Changes Will Help Beneficiaries* (Press Release). Baltimore, MD: US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

^{xliv} American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA).

^{xlv} US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (August 15, 2008). *Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures*. Baltimore, MD: US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

^{xlvi} American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA).

^{xlvii} Straheli, W.L. (Editor) (2008). *2008 Behavioral Health Multibook*. Dammeron Valley, UT: InstaCode Institute, page C.3.

^{xlviii} TrailBlazer Health Enterprises, LLC (May, 2008). *The Five-Step Process*.

^{xlix} Krivda, M.S. (June 15, 2006). *Is a Coding Audit Worth It?* *Skin & Aging: Practical & Clinical Issues in Dermatology*, 14:6.