



PENNSYLVANIA

HealthChoices

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

HEALTHCHOICES EXAMINATION GUIDE

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

DECEMBER 2022

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

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ATTESTATION EXAMINATION REPORT AND FINANCIAL SCHEDULES

Introduction and Overview

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

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

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

ATTESTATION EXAMINATION REPORT AND FINANCIAL SCHEDULES (Continued)

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

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

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

Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services
Report #2 - Primary Contractor Summary of Transactions
Report: Annual

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

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

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

Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services
Report #3 - Subcontractor Summary of Transactions
Report: Annual

Statement as of: 01/00/1900 _____ (Reporting Date)
 Primary Contractor: 0 _____ (Primary Contractor Name)
 Reported By: _____ (Reporting Entity)

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

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

Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services
Report #4 - Related Party Transactions and Obligations
Report: Annual

Statement as of: 01/00/1900 (Reporting Date)
 Primary Contractor: 0 (Primary Contractor Name)
 Reported By: 0 (Reporting Entity)

Name & Address of Related Party/Affiliate	Description of Relationship or Affiliation	Tran. Code	Income or Receipts	Expense or Distribution	Amount Due From (To) Current	Amount Due From (To) Non-Current
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
			-	\$ -	\$ -	\$ -
TOTALS	N/A	N/A	-	\$ -	\$ -	\$ -

Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services
Report #6 - Claims Payable (RBUCs and IBNRs)
Report: Monthly

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

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

Statement as of: 01/00/1900 (Reporting Date)
 Primary Contractor: 0 (Primary Contractor Name)
 Reported By: 0 (Reporting Entity)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		-----Month In Which Service Was Provided-----													
	Month of Payment	Current	1st Prior	2nd Prior	3rd Prior	4th Prior	5th Prior	6th Prior	7th Prior	8th Prior	9th Prior	10th Prior	11th Prior	12th Prior	
1	Current	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
2	1st Prior		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
3	2nd Prior			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4	3rd Prior				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5	4th Prior					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
6	5th Prior						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
7	6th Prior							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8	7th Prior								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9	8th Prior									\$ -	\$ -	\$ -	\$ -	\$ -	
10	9th Prior										\$ -	\$ -	\$ -	\$ -	
11	10th Prior											\$ -	\$ -	\$ -	
12	11th Prior												\$ -	\$ -	
13	12th Prior													\$ -	
14	13th Prior														
15	14th Prior														
16	15th Prior														
17	16th Prior														
18	17th Prior														
19	18th Prior														
20	19th Prior														
21	20th Prior														
22	21st Prior														
23	22nd Prior														
24	23rd Prior														
25	24th Prior														
26	Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
27	Expense Reported	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
28	Remaining Liability	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

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

Statement as of:

01/00/1900

(Reporting Date)

Primary Contractor:

0

(Primary Contractor Name)

Reported By:

0

(Reporting Entity)

(1)	(2)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
-----Month In Which Service Was Provided-----														
	Month of Payment	13th Prior	14th Prior	15th Prior	16th Prior	17th Prior	18th Prior	19th Prior	20th Prior	21st Prior	22nd Prior	23rd Prior	24th and Prior	*TOTAL
1	Current	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2	1st Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	2nd Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	3rd Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	4th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	5th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	6th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	7th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	8th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	9th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11	10th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12	11th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13	12th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14	13th Prior	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	14th Prior		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16	15th Prior			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17	16th Prior				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18	17th Prior					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19	18th Prior						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20	19th Prior							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21	20th Prior								\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22	21st Prior									\$ -	\$ -	\$ -	\$ -	\$ -
23	22nd Prior										\$ -	\$ -	\$ -	\$ -
24	23rd Prior											\$ -	\$ -	\$ -
25	24th Prior												\$ -	\$ -
26	Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27	Expense Reported	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	Remaining Liability	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services
Report #9, Part A - Analysis of Revenues and Expenses
Report: Annual

Statement as of: 01/00/1900 (Reporting Date)
 Primary Contractor: 0 (Primary Contractor Name)
 Reported By: 0 (Reporting Entity)

Revenues/Expenses	TANF/MAGI - Child	TANF/MAGI - Adult	SSI & Healthy Horizons w/ Medicare	SSI & Healthy Horizons w/o Medicare - Child	SSI & Healthy Horizons w/o Medicare - Adult	HealthChoices Expansion - Newly Eligible		TOTAL
<i>MEMBER MONTH EQUIVALENTS</i>							-	-
REVENUES:								
1. Capitation							\$ -	\$ -
2. Investment Income							\$ -	\$ -
3. Other (Specify)							\$ -	\$ -
4. TOTAL REVENUES (Lines 1 through 3)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXPENSES:								
5. Inpatient Psychiatric:								
a) Freestanding Psych Facilities (22-64)							\$ -	\$ -
b) Other							\$ -	\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Inpatient D & A:								
7. Non-Hospital D & A:								
a) All Treatment							\$ -	\$ -
b) Non-Accredited Room and Board (CISC)							\$ -	\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Outpatient Psychiatric							\$ -	\$ -
9. Outpatient D & A:							\$ -	\$ -
10. BHRS								
a) All Treatment							\$ -	\$ -
b) CRR Host Home Room and Board							\$ -	\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. RTF - Accredited							\$ -	\$ -
12. RTF - Non-Accredited								
a) Treatment							\$ -	\$ -
b) Room and Board							\$ -	\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Ancillary Support							\$ -	\$ -
14. Community Support Services								
a) Crisis Intervention							\$ -	\$ -
b) Family Based Services for Children & Adolescents							\$ -	\$ -
c) Targeted MH Case Management							\$ -	\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services
Report #9, Part A - Analysis of Revenues and Expenses
Report: Annual

Statement as of: 01/00/1900 (Reporting Date)
 Primary Contractor: 0 (Primary Contractor Name)
 Reported By: 0 (Reporting Entity)

Revenues/Expenses	TANF/MAGI - Child	TANF/MAGI - Adult	SSI & Healthy Horizons w/ Medicare	SSI & Healthy Horizons w/o Medicare - Child	SSI & Healthy Horizons w/o Medicare - Adult	HealthChoices Expansion - Newly Eligible		TOTAL
15. Other								
a) Stop-Loss Reinsurance Premiums							\$ -	\$ -
b) Other Medical Services							\$ -	\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL MEDICAL EXPENSES (Lines 5 through 15)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16. Administration:								
a) Compensation							\$ -	\$ -
b) Interest Expense							\$ -	\$ -
c) Occupancy, Depreciation, & Amortization							\$ -	\$ -
d) MCO Assessment							\$ -	\$ -
e) Distributions to Management Corporation/ASO/Subcontractor							\$ -	\$ -
f) Clinical Care/Medical Management							\$ -	\$ -
g) Other (Specify)							\$ -	\$ -
TOTAL ADMINISTRATION	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. TOTAL EXPENSES (Lines 5 through 16)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. INCOME (LOSS) FROM OPERATIONS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

See instructions before completing this line item.

19. Non - Accredited Room & Board C & Y Secondary Funding Sources							\$ -	\$ -
---	--	--	--	--	--	--	------	------

Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services
Report #9, Part B - Analysis of Revenues and Expenses
Report: Annual

Statement as of: 01/00/1900 (Reporting Date)
 Primary Contractor: 0 (Primary Contractor Name)
 Reported By: 0 (Reporting Entity)

Revenues/Expenses	Current Year		Year-To-Date	
	Current Year Amount	PMPM	Year-To-Date Amount	PMPM
<i>MEMBER MONTH EQUIVALENTS</i>				
REVENUES:				
1. Capitation		\$ -		\$ -
2. Investment Income		\$ -		\$ -
3. Other (Specify)		\$ -		\$ -
4. TOTAL REVENUES (Lines 1 through 3)	\$ -	\$ -	\$ -	\$ -
EXPENSES:				
5. Inpatient Psychiatric:				
a) Freestanding Psych Facilities (22-64)		\$ -		\$ -
b) Other		\$ -		\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -
6. Inpatient D & A:		\$ -		\$ -
7. Non-Hospital D & A:				
a) All Treatment		\$ -		\$ -
b) Non-Accredited Room and Board		\$ -		\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -
8. Outpatient Psychiatric		\$ -		\$ -
9. Outpatient D & A:		\$ -		\$ -
10. BHRS				
a) All Treatment		\$ -		\$ -
b) CRR Host Home Room and Board		\$ -		\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -
11. RTF - Accredited		\$ -		\$ -
12. RTF - Non-Accredited				
a) Treatment		\$ -		\$ -
b) Room and Board		\$ -		\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -
13. Ancillary Support		\$ -		\$ -
14. Community Support Services				
a) Crisis Intervention		\$ -		\$ -

Commonwealth of Pennsylvania - Office of Mental Health and Substance Abuse Services
Report #9, Part B - Analysis of Revenues and Expenses
Report: Annual

Statement as of: 01/00/1900 (Reporting Date)
 Primary Contractor: 0 (Primary Contractor Name)
 Reported By: 0 (Reporting Entity)

Revenues/Expenses	Current Year		Year-To-Date	
	Current Year Amount	PMPM	Year-To-Date Amount	PMPM
b) Family Based Services for Children & Adolescents		\$ -		\$ -
c) Targeted MH Case Management		\$ -		\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -
15. Other				
a) Stop-Loss Reinsurance Premiums		\$ -		\$ -
b) Other Medical Services		\$ -		\$ -
SUBTOTAL	\$ -	\$ -	\$ -	\$ -
TOTAL MEDICAL EXPENSES (Lines 5 through 15)	\$ -	\$ -	\$ -	\$ -
16. Administration:				
a) Compensation		\$ -		\$ -
b) Interest Expense		\$ -		\$ -
c) Occupancy, Depreciation, & Amortization		\$ -		\$ -
d) MCO Assessment		\$ -		\$ -
e) Distributions to Management Corporation/ASO/Subcontractor		\$ -		\$ -
f) Clinical Care/Medical Management		\$ -		\$ -
g) Other (Specify)		\$ -		\$ -
TOTAL ADMINISTRATION	\$ -	\$ -	\$ -	\$ -
17. TOTAL EXPENSES (Lines 5 through 16)	\$ -	\$ -	\$ -	\$ -
18. INCOME (LOSS) FROM OPERATIONS	\$ -	\$ -	\$ -	\$ -

See instructions before completing this line item.

19. Non - Accredited Room & Board C & Y Secondary Funding Sources		\$ -		\$ -
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Behavioral Health Schedule - Report 12 Reinvestment Report

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

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

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

- Revised Report, see Adjustment List
 Original Report without Adjustments

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

CBCM Initiative	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			Year to Date Total	Proposed Total Cost
	January	February	March	April	May	June	July	August	September	October	November	December		
1													\$ -	-
2													\$ -	-
3													\$ -	-
4													\$ -	-
5													\$ -	-
6													\$ -	-
7													\$ -	-
8													\$ -	-
9													\$ -	-
10													\$ -	-
11													\$ -	-
12													\$ -	-
13													\$ -	-
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42													\$ -	-
43													\$ -	-
44													\$ -	-
45													\$ -	-
46													\$ -	-
47													\$ -	-
48													\$ -	-
49													\$ -	-
50													\$ -	-
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

CBCM Expenditure Comments:

Behavioral Health Schedule - Report 13

Balance Sheet/STATEMENT OF NETS ASSETS

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

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

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

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

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

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

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

Behavioral Health Schedule - Report 17 Contract Reserves Compliance Report

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

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

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

NOTES TO THE FINANCIAL SCHEDULES

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

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

• **Reinvestment Estimate (Suggested Format)**

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

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

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

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

COMPLIANCE ATTESTATION EXAMINATION REPORT

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

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

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

Report of Management on Compliance

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

1. Claims Processing

Compliance Requirement A

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

Compliance Requirement B

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

Compliance Requirement C

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

Compliance Requirement D

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

- b) Reason b (if applicable)

Compliance Requirement E

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

Compliance Requirement F

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

2. Management Information Systems/Encounter Data Reporting

Compliance Requirement G

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

Compliance Requirement H

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

Compliance Requirement I

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

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

Compliance Requirement J

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

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

Compliance Requirement K

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

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

4. Financial Management Compliance Reports

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

Compliance Requirement L- Report 17 (Contract Reserves Compliance)

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

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

Compliance Requirement M

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

Compliance Requirement N

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

Compliance Requirement O

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

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

Date

Signature

PROMISe™ Managed Care Payment System Table
6-25-22 Update

Appendix B

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

PROMISe™ Managed Care Payment System Table
6-25-22 Update

Appendix B

Payment Cell	PROMISe™ Code	PH FRR Report #	PH Rate Cell	BH Rate Cell & Number	Description	Gen	Age Min/Max	Medicare Part A	Category of Assistance group	Program Status Code group						
33	SSW	Report 5C Under Age 1	Under Age 1	SSI & HH w Med A (3)	SSI w Med A - 0 - <1	B	0 - 11 mo	Y	Combination 12/20 applicable for payment cells 33, 34, 35, 43, 78, 79, 45. Combination 76/42 applicable for payment cells 79, 45.							
34		Report 5D Disabled-BCC Ages 1+	Disabled-BCC Ages 1+		SSI w Med A - 1-64		1 - 64									
35					SSI w Med A - 65+		65+									
43	SSN	Report 5C Under Age 1	Under Age 1	SSI & HH w/o Med A Child (4)	SSI w/o Med A - 0 - <1	B	0 - 11 mo	N	12	A, J, M, PA, PAN, PAW, PI, PJ, PJN, PJW, PM, PMN, PMW, PW, TA, TAN, TAW, TJ, TJN, TJW	20	00, 01, 02, 03 , 22, 31, 32, 33, 34, 35, 36, 37, 44, 45, 46, 60, 62, 64, 66, 80, 81, 83, 84, 85				
78					SSI w/o Med A - 1-20		1 - 20									
79		Report 5D Disabled-BCC Ages 1+	Disabled-BCC Ages 1+	SSI & HH w/o Med A Adult (5)	SSI w/o Med A - 21-64		21 - 64									
45					SSI w/o Med A - 65+		65+		76	MG	42	90				
50	FGA	Report 5C Under Age 1	Under Age 1	SSI & HH w/o Med A Child (4)	Fed GA - 0 - <1	B	0 - 11 mo	N/A	07	D	02	05				
51		Report 5B TANF/MAGI Age 1 - 20	TANF/MAGI 1-20		Fed GA - 1-20		1 - 20									
58		Report 5A TANF/MAGI Age 21+	TANF/MAGI 21+	SSI & HH w/o Med A Adult (5)	Fed GA - 21 +		21 +									
18	NE	Report 5G Newly Eligible Age 19 - 44	Newly Eligible 19-44	TANF/MAGI Child (1)	Newly Eligible 0 - 20	N/A	0 - 20	76	Combination 76/42 applicable for payment cells 18 and 19. Combination 76/41 applicable for payment cells 02, 03, 04, 05, 06, 07, 08, 09, 18, 19.							
19															42	90
02																
03																
04																
05									HealthChoices Expansion - Newly Eligible (6)	Newly Eligible 21 - 34	21 - 34					
06					Newly Eligible 35 - 44		35 - 44									
07					Newly Eligible 45 - 54					45 - 54						
08		Report 5F Newly Eligible Age 45+	Newly Eligible 45-64				Newly Eligible 45 - 54		45 - 54							
09							Newly Eligible 55+	55+								

NOTES:

1. Changes in the Table that have been made with this update are shown in red font.

2. The MAWD Workers with Job Success PW 01, PI 01, PW 02, PI 02, PW 03 and PI 03 categories will be dormant (not turned "on") in CIS/eCIS and PROMISe until after the federal COVID Public Health Emergency has ended

Healthchoices Behavioral Health Services Reporting Classification Chart - Revised July 2022

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
INPATIENT PSYCHIATRIC SERVICES							
1	Inpatient Psychiatric Services	01 - Inpatient Facility	010 - Acute Care Hospital	Any*	DRG's: 424-432 Revenue Codes: 0114, 0124, 0134, 0154, 0204, 0760, 0761, 0762, 0769, 0900, 0901, 0902, 0903, 0904, 0909, 0910, 0911, 0914, 0915, 0916, 0917, 0918, 0919, 0920, 0929, 0949	01	01
2	Inpatient Psychiatric Services	01 - Inpatient Facility	011 - Private Psychiatric Hospital or 022 - Private Psychiatric Unit		Revenue Codes: Same as Line Item 1	01	01
3	Inpatient Psychiatric Services	01 - Inpatient Facility	018 - Extended Acute Psych Inpatient	Any*	Revenue Codes: Same as Line Item 1	01	01
INPATIENT DRUG & ALCOHOL WITHDRAWAL MANAGEMENT							
4	Inpatient Drug & Alcohol Withdrawal Management	01 - Inpatient Facility	010 - Acute Care Hospital	Any*	DRG's: 433, 521, 522, 523 Revenue Codes: 0116, 0126, 0136, 0156, 0760, 0761, 0762, 0769, 0949	02	02
5	Inpatient Drug & Alcohol Withdrawal Management	01 - Inpatient Facility	019 - D&A Rehab Hosp or 441 - D&A Rehab Unit		Revenue Codes: 0116, 0126, 0136, 0156, 0760, 0761, 0762, 0769, 0949	02	02
INPATIENT DRUG & ALCOHOL REHABILITATION							
6	Inpatient Drug & Alcohol Rehab	01 - Inpatient Facility	010 - Acute Care Hospital	Any*	DRG's: 433, 521, 522, 523 Revenue Codes: 0118, 0128, 0138, 0158, 0760, 0761, 0762, 0769, 0944, 0945, 0949	04	02
7	Inpatient Drug & Alcohol Rehab	01 - Inpatient Facility	019 - D&A Rehab Hosp or 441 - D&A Rehab Unit		Revenue Codes: 0118, 0128, 0138, 0158, 0760, 0761, 0762, 0769, 0944, 0945, 0949	04	02
NON-HOSPITAL RESIDENTIAL, DETOXIFICATION & REHABILITATION							
8	Non-Hospital Residential, Detoxification, Rehabilitation, Halfway House Services, D&A Dependence/Addiction	11 - Mental Health / Substance Abuse	131 - D&A Halfway House	Any*	Procedure Code: H2034	05	03
			132 - D&A Medically Monitored Detox		Procedure Code: H0013, H0012, H0012/TG		
			185 - D&A Non-Hosp Residential Clinically Managed		Procedure Code: H2036		
			186 - D&A Non-Hosp Residential Medically Monitored		Procedure Code: H2036		
PSYCHIATRIC OUTPATIENT SERVICES							
9	Psychiatric Outpatient Clinic Services	08 - Clinic	110 - Psychiatric Outpatient	Any	Procedure Codes: See Pages 5-8 of Attach G (excluding H0034/HK, H2010/HK, 99407)	06	04
		01 - Inpatient	183 - Hospital Based Med Clinic	Any	Procedure Codes: 90870, G0378, G0379	06	04
43	Psychiatric Outpatient Mobile Services	08 - Clinic	074 - Mobile Mental Health Trtmt	Any	Procedure Codes: See Pages 2 - 3 of Attach G	06	04

Healthchoices Behavioral Health Services Reporting Classification Chart - Revised July 2022

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
10	Psychiatric Outpatient Services	11 - Mental Health / Substance Abuse	113 - Partial Psych Hosp Children or 114 - Partial Psych Hosp Adult	Any*	Procedure Codes: See Page 13-14 of Attach G (excluding H2010/HK)	03	04
11	Psychiatric Outpatient Clinic Services	08 - Clinic	080 - FQHC or 081 - RHC	Any*	Procedure Code: T1015/HE, T1015/HE/HQ, G2215, G2216	06	04
12	Psychiatric Outpatient Services	19 - Psychologist	190 - General Psychologist	Any*	Procedure Codes: See Pages 28-29 of Attach G (excluding 99407)	06	04
		31 - Physician	339 - Psychiatry	Any*	Procedure Codes: See Pages 16-28 of Attach G (excluding H2010/HK/U1 and 99407)	06	04
		31 - Physician	315 - Emergency Medicine	Any*	Procedure Codes: 99281, 99282, 99283, 99284, 99285	06	04
			316 - Family Practice 322 - Internal Medicine 345 - Pediatrics		Procedure Codes: 96127, 96160, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285, 99484, 99492, 99493, 99494		
RESIDENTIAL TREATMENT SERVICES FOR CHILDREN & ADOLESCENTS - JCAHO							
15	Residential Treatment Facilities (RTF) Children & Adolescents - JCAHO	01 - Inpatient	013 - RTF (JCAHO certified) Hospital	Any*	Revenue Codes: 0114, 0124, 0134, 0154, 0185,0204, 0900, 0901, 0902, 0903, 0904, 0909, 0910, 0911, 0914, 0915, 0916, 0917, 0918, 0919, 0920, 0929, 0949	08	07
RESIDENTIAL SERVICES FOR CHILDREN & ADOLESCENTS - NON-JCAHO							
16	Residential Treatment Facilities (RTF) for Children & Adolescents Non-JCAHO	56 - RTF	560 - RTF (Non-JCAHO certified)	Any*	Procedure Code: H0019/SC	09	08
		52 - CRR	520- C&Y Lic Group Home w/ MH	100000120 0045 100728011 0021	Procedure Codes: H0018, H0019/HQ		
OUTPATIENT DRUG & ALCOHOL SERVICES							
17	Outpatient Drug & Alcohol	08 - Clinic	184 - D&A Outpatient	Any*	Procedure Codes: See Pages 3-5 of Attach G (excluding 99407)	10	05
		08 - Clinic	084 - Methadone Maintenance	Any*	Procedure Codes: H0020/HG, H0020/UB, T1015/HG		
18	Outpatient Drug & Alcohol	08 - Clinic	080 - FQHC or 081 - RHC	Any*	Procedure Code: T1015/HF, T1015/HF/HQ, G2215, G2216		
48	Opioid Use Disorder Centers of Excellence	01 - Inpatient Facility	232 - Opioid COE		Procedure Code: G9012	10	05
		08 - Clinic					
		11 - Mental Health/ Substance Abuse					
		19 - Psychologist					
		21 - Case Manager					
31 - Physician							
ANCILLARY SERVICES							

Healthchoices Behavioral Health Services Reporting Classification Chart - Revised July 2022

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
19	Laboratory Studies/Diagnostic Radiology Medical Diagnostic Ordered by BH Physicians	01 - Inpatient Facility	183 - Hospital Based Med Clinic	Any*	Refer to the MA Reference File for available CPT codes.	12	09
		28 - Laboratory	280 - Independent Laboratory				
20	Laboratory Studies/Diagnostic Radiology Medical Diagnostic Ordered by BH Physicians	31 - Physician	339 - Psychiatry	Any*	Refer to the MA Reference File for available CPT codes.	12	09
21	Clozapine	01 - Inpatient Facility	010 - Acute Care Hospital	Any* w/special enroll	N/A	13	09
22	Clozapine Support Services	31 - Physician	339 - Psychiatry	Any*	Procedure Code: H2010//HK/U1	13	09
		08 - Clinic	110 - Psychiatric Outpatient		Procedure Codes: H0034/HK, H2010/HK		
		11 - Mental Health/ Substance Abuse	113 - Partial Psych Hosp Children or 114 - Partial Psych Hosp Adult		Procedure Code: H2010/HK		
					Procedure Code: H2010/HK		
COMMUNITY SUPPORT SERVICES							
23	Crisis Intervention	11 - Mental Health/ Substance Abuse	118 - MH Crisis Intervention	Any*	Procedure Codes: H0030, H2011, H2011/UB/HE, H2011/U9/HK, H2011/U7/HT, S9484, S9485	14	10
24	Family Based Services for Children & Adolescents	11 - Mental Health/ Substance Abuse	115 - Family Based MH	Any*	Procedure Codes: H0004/UB/HE, H0004/UB/HK, H0004/UB/HT, H0004/UB/UK, H0004/UB/HE/HK, T1016/UB, T1016/UB/HK, T1016/UB/HT, T1016/UB/UK	15	10
25	Targeted MH Case Management - Intensive Case Management	21 - Case Manager	222 - MH TCM, Intensive	Any*	Procedure Codes: T1017/UB, T1017/UB/HK, T1017/UB/HE/HK	16	10
27	Targeted MH Case Management - Blended Case Management	21 - Case Manager	222 - MH TCM, Intensive	Any*	Procedure Codes: T1017/UB/UC, T1017/UB/HK/UC, T1017UB/HE/HK/UC	16	10
28	Targeted MH Case Management - Resource Coordination	21 - Case Manager	221 - MH TCM, Resource Coordination	Any*	Procedure Codes: T1017/TF, T1017/TF/HK, T1017/TF/HE/HK	16	10
44	Peer Support Services	11 - Mental Health/ Substance Abuse	076 - Peer Specialist	Any	Procedure Codes: H0038	19	98
OTHER SERVICES (Defined Supplemental)							
Outpatient Psychiatric (Defined Supplemental)							
29	Rehabilitative Services	11 - Mental Health/ Substance Abuse	123 - Psychiatric Rehab	Any*	Procedure Codes: H0036/HB, H2030,	18	98
30	Mental Health General	11 - Mental Health/ Substance Abuse	110 - Psychiatric Outpatient	Any*	Procedure Code: H0031	98/96	98
31 >>>>>	Residential & Housing Support Services	11 - Mental Health/SA	110 - Psychiatric Outpatient	Any*	Procedure Codes: H0018/HE, T2048/HE, T2048	98/96	98
52	Integrated Community Wellness Center	08 - Clinic	111 - Community Mental Health		Procedure Code: W0500	06	98
Community Support (Defined Supplemental)							
33	Mental Health General	11 - Mental Health/	111 - Community Mental Health	Any*	Procedure Codes: H0039/HB, H0039/HE	98/96	98

Healthchoices Behavioral Health Services Reporting Classification Chart - Revised July 2022

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT	
		Substance Abuse						
Outpatient Drug and Alcohol (Defined Supplemental)								
34	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	084 - Methadone Maintenance	Any*	Procedure Codes: H0020/HG, H0020/UB, T1015/HG	98/97	98	
			129 - D&A Partial Hospitalization	Any*		Procedure Codes: H0012, H0012/TG, H0020, H0035/HF, H2035	98/97	98
			184 - Outpatient D&A	Any*			Procedure Codes: H0001, H0022	98/97
		21 - Case Manager	138 - D&A Targeted Case Mgmt	Any*	Procedure Codes: H0006, H0006/TF	98/97	98	
35	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	128 - D&A Intensive Outpatient	Any*	Procedure Codes: H0012, H0012/TG, H0015	98/97	98	
Supplemental Other (Defined Supplemental)								
36	Mental Health General	11 - Mental Health/ Substance Abuse	112 -OP Practitioner - MH	Any*	Procedure Code: H0004/HE	98/96	98	
			119 - MH - OMHSAS	Any*	Procedure Code: H0046/HW	98/96	98	
			110 - Psychiatric Outpatient	Any*	Procedure Code: H0037	98/96	98	
37	Outpatient Drug & Alcohol	11 - Mental Health/ Substance Abuse	127 - D&A OP	Any*	Procedure Code: H0004/HF	98/97	98	
			184 - Outpatient D&A	Any*	Procedure Codes: H0047/HA, H0047/HW	98/97	98	
OTHER SERVICES (MA Defined - Non-Behavioral Health)								
38	Case Management Services	21 - Case Manager	212 - MA Case Management for under 21 years of age	Any*	Procedure Code: T1016/U8	98/96	98	
OTHER SERVICES (MA Defined - Behavioral Health)								
39	Outpatient Behavioral Health	17 - Therapist	171 - Occupational Therapist		Procedure Code: 97150/GO	98/96	98	
40	Tobacco Cessation	01 - Inpatient Facility	370 - Tobacco Cessation	Any* w/special enroll	Procedure Code: 99407	98/96	98	
		05 - Home Health						
		08 - Clinic						
		09 - CRNP						
		19 - Psychologist						
		27 - Dentist						
		31 - Physician						
37 - Tobacco Cessation								
OTHER SERVICES (MA Defined - Behavioral Health - Supplemental)								
41	Ancillary Services	31 - Physician	339 - Psychiatry	Any*	Procedure Codes: 99211/UB, 99241/UB	98/96	98	
OTHER SERVICES (Non-MA Behavioral Health)								
42	Other - Outpatient	31 - Physician	339 - Psychiatry	Any*	CPT Codes: 90792/HE	98/96	98	
		19 - Psychologist	190 - General Psychologist	Any*	CPT Codes: 90791/HE	98/96	98	
42	Other - Outpatient continued	01 - Inpatient Facility	010 - Acute Care Hospital	Any*	CPT Codes: 90792/HE, 90832/HE 90834/HE, 90846/HE, 90847/HE, 90853/HE,	98/96	98	
		01 - Inpatient Facility	011 - Private Psych Hosp or 022 - Private Psych Unit	Any*	CPT Codes: 90792/HE, 90832/HE, 90834/HE 90846/HE, 90847/HE, 90853/HE, 90870	98/96	98	

Healthchoices Behavioral Health Services Reporting Classification Chart - Revised July 2022

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
>>>>>		08 - Clinic	080 - FQHC or 081 - RHC	Any*	CPT Codes: 90792/HE, 90846/HE, 90847/HE, 90853/HE	98/96	98
		08 - Clinic	110 - Psychiatric Outpatient	Any*	CPT Codes: 99347/HE, 99348/HE, 99349/HE	98/96	98
		08 - Clinic	110 - Psychiatric Outpatient	Any* with OMHSAS approval for telehealth	CPT Codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, Q3014 - Submit encounters with POS 02 or 10	98/96	98
		08 - Clinic	110 - Psychiatric Outpatient		CPT Codes: 99202/HE, 99203/HE, 99204/HE, 99205/HE, 99211/HE, 99212/HE, 99213/HE, 99214/HE, 99215/HE	98/96	98
		09 - CRNP	103 - Family & Adult Psychiatric Mental Health	Any*	CPT Codes: 90792, 90832, 90834, 90837, 90846/UB/U1, 90847/UB/U1, 90853/UB/U1, 90870, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99291, 99292, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99343, H2010/HK/U1	06	04
		11 - Mental Health/ Substance Abuse	113 - Partial Psych Hosp Child 114 - Partial Psych Hosp Adult		Procedure Codes: H0035/U6, H0035/U5/HB Procedure Codes: H0035/U5	03	04
INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS)							
49	IBHS				ICD 10 CM: any BH ICD-10 code other than intellectual disability codes <u>AND</u>	07	06
		11 - Mental Health/ Substance Abuse	590 - Individual IBHS		Procedure Codes: 90791, H0031/UB, H0031/U9, H0032/UB, H0032/U9, H2014/UB, H2019, H2019/U9, H2019/U6/HA, H2021, H2033		
			591 - Group IBHS		Procedure Codes: 90791, H0031/UB, H0031/U9, H2021/U6/HQ, H2021/U5/HQ, H2021/U4/HQ		

Healthchoices Behavioral Health Services Reporting Classification Chart - Revised July 2022

Line Item	Service	Provider Type	Provider Specialty	Provider ID	Identifiers	ENC CAT	FIN CAT
49	IBHS continued	11 - Mental Health/ Substance Abuse	592 - Applied Behavior Analysis - IBHS		Procedure Codes: H0031/UB, H0031/U9, 90791, 97151, 97151/U7, 97152, 97152/U8, 97153, 97153/U8, 97154, 97154/U5, 97154/U6, 97155, 97155/U7, 97156, 97156/U7, 97158, 97158/U5, 97158/U6		
50	IBHS for Children & Adolescent with ID				ICD 10 CM: any intellectual disability code <u>AND</u>	17	06
		11 - Mental Health/ Substance Abuse	590 - Individual IBHS		Procedure Codes: 90791, H0031/UB, H0031/U9, H0032/UB, H0032/U9, H2014/UB, H2019, H2019/U9, H2019/U6/HA, H2021, H2033		
			591 - Group IBHS		Procedure Codes: 90791, H0031/UB, H0031/U9, H2021/U6/HQ, H2021/U5/HQ, H2021/U4/HQ		
			592 - Applied Behavior Analysis - IBHS		Procedure Codes: H0031/UB, H0031/U9, 90791, 97151, 97151/U7, 97152, 97152/U8, 97153, 97153/U8, 97154, 97154/U5, 97154/U6, 97155, 97155/U7, 97156, 97156/U7, 97158, 97158/U5, 97158/U6		
51	IBHS				ICD-10-CM: R69 <u>AND</u>	07	06
		11 - Mental Health/ Substance Abuse	590 - Individual IBHS		Procedure Code: 90791		
EPSDT							
53	EPSDT	17 - Therapist	174 - Art Therapist		Procedure Code: H2032/UB	07	06
		17 - Therapist	175 - Music Therapist		Procedure Code: G0176/UB		
		19 - Psychologist	190 - General Psychologist		Procedure Codes: 90791		
		52 - CRR	523 - Host Home/Children		Procedure Codes: H0019		

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

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

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

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

Provider ID	Service Location	Provider	Effective Date
001620056	0001	Good Friends Inc	09/04/08
001627736	0001	Libertae Inc	01/15/10
100001584	0057	Path Inc - Drug and Alcohol Clinic	01/25/08
100001996	0004	Penndel Mental Health Center	05/01/08
100228589	0012	Gaudenzia Harrisburg Outpatient Services	10/31/06
100715523	0047	West Philadelphia Community Mental Health Consortium	01/25/08
100715523	0061	West Philadelphia Community Mental Health Consortium	01/25/08
100715523	0084	Consortium - University City	01/25/08
100715523	0085	Consortium Inc - Family Preservation	01/25/08
100742567	0002	UHS Recovery Foundation Inc (Keystone) end-dated 04/30/2022	03/24/08
100755761	0019	Penn Foundation Recovery Center	01/25/08
100762505	0007	Pyramid Healthcare Inc	11/28/06
100772252	0012	Lenape Valley Foundation	01/02/08
100777929	0005	Eagleville Hospital	12/07/07

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
CASE MANAGER - MA CASE MANAGEMENT FOR UNDER 21 YEARS OF AGE								
21	212*	T1016	U8		Case Management, each 15 minutes (CM)	15 min	11, 12, 21	38
CASE MANAGER - MH TARGETED CASE MANAGEMENT, INTENSIVE								
21	222	T1017	UB		Targeted Case Management, each 15 minutes (ICM - MH/MR Case Mgmt)	15 min	02, 10, 11, 12, 99	25
21	222	T1017	UB	HK	Targeted Case Management, each 15 minutes (ICM - MH Svc During Psych Inpatient Admission)	15 min	02, 21	25
21	222	T1017	UB	HE; HK	Targeted Case Management, each 15 minutes (ICM - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	25
21	222	T1017	UB	UC	Targeted Case Management, each 15 minutes (BCM - MH ICM Svc)	15 min	02, 10, 11, 12, 99	27
21	222	T1017	UB	HK; UC	Targeted Case Management, each 15 minutes (BCM - MH Svc During Psych Inpatient Admission)	15 min	02, 21	27
21	222	T1017	UB	HE; HK; UC	Targeted Case Management, each 15 minutes (BCM - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	27
CASE MANAGER - MH TARGETED CASE MANAGEMENT, RESOURCE COORDINATION								
21	221	T1017	TF		Targeted Case Management, each 15 minutes (RC - Resource Coordination)	15 min	02, 10, 11, 12, 99	28
21	221	T1017	TF	HK	Targeted Case Management, each 15 minutes (RC - MH Svc During Psych Inpatient Admission)	15 min	02, 21	28
21	221	T1017	TF	HE; HK	Targeted Case Management, each 15 minutes (RC - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	28
CLINIC - FAMILY PLANNING								
08	370	99407		FP	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 22, 49	40
CLINIC - FEDERALLY QUALIFIED HEALTH CENTER OR RURAL HEALTH CLINIC								
08	080 or 081	G2215			Take-home supply of nasal naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of nasal naloxone	12, 31, 32, 50, 72	18
08	080 or 081	G2216			Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of injectable naloxone	12, 31, 32, 50, 72	18
08	080 or 081	T1015		HE	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	02, 10, 12, 21, 31, 32, 50, 72, 99	11
08	080 or 081	T1015		HF	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	02, 10, 50, 72	18

PT, PC w/ DESCRIPTIONS, MODIFIERS, UOS, AND POS

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	080 or 081	T1015	HE	HQ	Clinic Visit/Encounter, All-inclusive (Behavioral Health Group Therapy)	visit	02, 10, 50, 72	11
08	080 or 081	T1015	HF	HQ	Clinic Visit/Encounter, All-inclusive (Behavioral Health Group Therapy)	visit	02, 10, 50, 72	18
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 12, 49, 99	40
CLINIC - INDEPENDENT MEDICAL/SURGICAL CLINIC								
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 49	40
CLINIC - METHADONE MAINTENANCE								
08	084	H0020	HG		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a license program (take-home)	One unit per day	57	17
08	084	H0020	UB		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	15 min	02, 10, 57	17
08	084	T1015	HG		Clinic Visit/Encounter, All-Inclusive (Methadone Maintenance Comprehensive Svcs - incl transportation)	visit	57	17
CLINIC - MOBILE MENTAL HEALTH TREATMENT								
08	074	90792			Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	15	43
08	074	90832			Psychotherapy, 30 minutes with patient	30 min	15	43
08	074	90834			Psychotherapy, 45 minutes with patient	45 min	15	43
08	074	90837			Psychotherapy, 60 minutes with patient	60 min	15	43
08	074	90846	UB		Family Psychotherapy (without the patient present)	15 min	15	43
08	074	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	15	43
08	074	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	15	43
08	074	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	15	43
08	074	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	15	43
08	074	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	15	9
08	074	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	15	43

PT, PC w/ DESCRIPTIONS, MODIFIERS, UOS, AND POS

Attachment G

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	074	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	15	43
08	074	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	15	43
08	074	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	15	43
08	074	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	15	43
08	074	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	15	43
08	074	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	15	43
08	074	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	15	43
08	074	99211	UB		Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	15	43
08	074	99241	UB		Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	15	43
08	074	H0034			Medication training and support, per 15 minutes (Medication Mgmt Visit)	15 min	15	43
08	074	H0034		HK	Medication training and support, per 15 minutes (Clozaril Monitor & Eval Visit)	15 min	15	43
CLINIC - OUTPATIENT DRUG AND ALCOHOL								
08	184	90792			Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	02, 10 , 12, 57	17
08	184	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10 , 12, 57	17
08	184	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10 , 12, 57	17

PT, PC w/ DESCRIPTIONS, MODIFIERS, UOS, AND POS

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	184	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10 , 12, 57	17
08	184	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10 , 12, 57	17
08	184	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10 , 57	17
08	184	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	57	17
08	184	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10 , 12, 57	17
08	184	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10 , 12, 57	17
08	184	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 12, 57	17
08	184	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10 , 12, 57	17
08	184	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 12, 57	17
08	184	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10 , 12, 57	17
08	184	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10 , 12, 57	17
08	184	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10 , 12, 57	17
08	184	99204	U7		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. (Comprehensive Medical Exam & Eval)	45 min	02, 10 , 12, 57	17

PT, PC w/ DESCRIPTIONS, MODIFIERS, UOS, AND POS

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	184	99211	U7		Office or other outpatient visit for the evaluation and & management of an established patient (Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox)	15 min	02 , 57	17
08	184	99215	U7		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. (Comprehensive Medical Exam & Eval)	40 min	02, 10 , 12, 57	17
08	184	99241	U7		Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox)	visit	02 , 57	17
08	184	G2214			Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	1st 30 min in a month	02, 10 , 12, 57	17
08	184	H0014	HG		Alcohol and/or drug services; ambulatory detoxification (Opiate withdrawal management visit for admin & eval of drugs for ambulatory opiate withdrawal management) (ASAM 1 WM)	15 min	57	17
08	184	H0034			Medication training and support, per 15 minutes (Medication Mgmt Visit)	15 min	02, 10 , 57	17
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 12, 57, 99	40
08	184	T1015	UB		Clinic Visit/Encounter, All-Inclusive (Drug Free Clinic Visit)	visit	02, 10 , 57	17
CLINIC - PSYCHIATRIC OUTPATIENT								
08	110	00104			Anesthesia for electroconvulsive therapy		49	9
08	110	90792			Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	02, 10 , 49	9
08	110	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10 , 49	9
08	110	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10 , 49	9
08	110	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10 , 49	9
08	110	90846	UB		Family Psychotherapy (without the patient present)	15 min	02, 10 , 49	9
08	110	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10 , 49	9
08	110	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	02, 49	9

PT, PC w/ DESCRIPTIONS, MODIFIERS, UOS, AND POS

Attachment G

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	90870			ECT Therapy (includes necessary monitoring)	1 treatment	49	9
08	110	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	49	9
08	110	95700			EEG continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	per procedure	49	9
08	110	95705			EEG without video, review of data, technical description by EEG technologist, 2-12 hours, unmonitored	per procedure	49	9
08	110	95706			EEG without video, review of data, technical description by EEG technologist, 2-12 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95707			EEG without video, review of data, technical description by EEG technologist, 2-12 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95708			EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, unmonitored	per procedure	49	9
08	110	95709			EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95710			EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95711			EEG with video, review of data, technical description by EEG technologist, 2-12 hours, unmonitored	per procedure	49	9
08	110	95712			EEG with video, review of data, technical description by EEG technologist, 2-12 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95713			EEG with video, review of data, technical description by EEG technologist, 2-12 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95714			EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, unmonitored	per procedure	49	9
08	110	95715			EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95716			EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95717			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording, without video	per procedure	49	9

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	95718			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording, with video	per procedure	49	9
08	110	95719			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period, without video	per procedure	49	9
08	110	95720			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period, with video	per procedure	49	9
08	110	95721			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 36 hours, up to 60 hours of EEG recording, without video	per procedure	49	9
08	110	95722			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 36 hours, up to 60 hours of EEG recording, with video	per procedure	49	9
08	110	95723			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 60 hours, up to 84 hours of EEG recording, without video	per procedure	49	9
08	110	95724			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 60 hours, up to 84 hours of EEG recording, with video	per procedure	49	9
08	110	95725			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 84 hours of EEG recording, without video	per procedure	49	9
08	110	95726			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 84 hours of EEG recording, with video	per procedure	49	9
08	110	95813			EEG, extended monitoring, 61-119 minutes	per procedure	49	9
08	110	95816			EEG including recording awake & drowsy	1 treatment	49	9

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	95819			EEG including recording awake & asleep	1 treatment	49	9
08	110	95822			EEG recording in coma or sleep only	1 treatment	49	9
08	110	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10 , 49	9
08	110	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10 , 49	9
08	110	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10 , 49	9
08	110	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 49	9
08	110	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10 , 49	9
08	110	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 49	9
08	110	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10 , 49	9
08	110	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10 , 49	9
08	110	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10 , 49	9
08	110	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10 , 49	9
08	110	99211	UB		Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	02 , 49	9

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	99241	UB		Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	02, 49	9
08	110	G2214			Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	1st 30 min in a month	02, 10, 49	9
08	110	H0034			Medication training and support, per 15 minutes (Medication Mgmt Visit)	15 min	02, 10, 49	9
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 49	40
CLINIC - PSYCHIATRIC OUTPATIENT - CLOZAPINE								
08	110	H0034		HK	Medication training and support, per 15 minutes (Clozaril Monitor & Eval Visit)	15 min	02, 10, 49	22
08	110	H2010		HK	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10, 49	22
CRNP								
09	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 11, 12, 31, 32, 99	40
DENTIST								
27	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 11, 12, 31, 32, 99	40
HOME HEALTH								
05	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02,12	40
INPATIENT FACILITY - ACUTE CARE HOSPITAL								
01	010	N/A			Inpatient Psych Svcs	N/A	N/A	1
01	010	N/A			Inpatient D&A Withdrawal Management	N/A	N/A	4
01	010	N/A			Inpatient D&A Rehab	N/A	N/A	6
01	010	N/A			Clozapine	N/A	N/A	21
01	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 22	40
INPATIENT FACILITY - DRUG AND ALCOHOL REHABILITATION HOSPITAL/UNIT								
01	019 or 441	N/A			Inpatient D&A Withdrawal Management	N/A	N/A	5
01	019 or 441	N/A			Inpatient D&A Rehab	N/A	N/A	7

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
01	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 22	40
INPATIENT FACILITY - EXTENDED ACUTE PSYCHIATRIC CARE								
01	018	N/A			Inpatient Psych Svcs	N/A	N/A	3
INPATIENT FACILITY - HOSPITAL BASED MEDICAL CLINIC								
01	183	Refer to the MA reference file			Studies Ordered by Behavioral Health Physicians	Refer to the MA reference file	Refer to the MA reference file	19
01	183	90870			ECT Therapy (includes necessary monitoring)	1 treatment	22	9
01	183	G0378			Hospital observation service, per hour	1 unit	22	9
01	183	G0379			Direct admission of patient for hospital observation care	1 unit	22	9
INPATIENT FACILITY - PRIVATE PSYCHIATRIC HOSPITAL/UNIT								
01	011 or 022	N/A			Inpatient Psych Svcs	N/A	N/A	2
INPATIENT FACILITY - RESIDENTIAL TREATMENT FACILITY - JCAHO								
01	013	N/A			RTF for Children & Adolescent	N/A	N/A	15
LABORATORY								
28	280	Refer to the MA reference file			Laboratory Studies Ordered by Behavioral Health Physicians	Refer to the MA reference file	Refer to the MA reference file	19
MENTAL HEALTH - CRISIS INTERVENTION								
11	118	H0030			Behavioral health hotline service (Telephone Crisis)	15 min	02, 10, 11	23
11	118	H2011			Crisis intervention service, per 15 minutes (Walk-in Crisis)	15 min	02, 10, 11	23
11	118	H2011	UB	HE	Crisis intervention service, per 15 minutes (Mobile Crisis - Individual Delivered)	15 min	02, 10, 15	23
11	118	H2011	U9	HK	Crisis intervention service, per 15 minutes (Medical Mobile Crisis - Team Delivered)	15 min	02, 10, 15	23
11	118	H2011	U7	HT	Crisis intervention service, per 15 minutes (Mobile Crisis - Team Delivered)	15 min	02, 10, 15	23
11	118	S9484			Crisis intervention mental health services, per hour (Crisis In-Home Support)	per hour	02, 10, 12, 99	23
11	118	S9485			Crisis intervention mental health services, per diem (Crisis Residential)	per diem	02, 10, 12	23
MENTAL HEALTH - FAMILY BASED REHAB SERVICES								
11	115	H0004	UB	HE	Behavioral health counseling and therapy, per 15 minutes (Team member w/ Consumer)	15 min	02, 10, 12, 99	24

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	115	H0004	UB	HE; HK	Behavioral health counseling and therapy, per 15 minutes (MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	24
11	115	H0004	UB	HK	Behavioral health counseling and therapy, per 15 minutes (MH Svc During Psych Inpatient Admission)	15 min	02, 21	24
11	115	H0004	UB	HT	Behavioral health counseling and therapy, per 15 minutes (Team w/ Consumer and/or Family)	15 min	02, 10 , 12, 99	24
11	115	H0004	UB	UK	Behavioral health counseling and therapy, per 15 minutes (Team Member w/ Family of Consumer)	15 min	02, 10 , 12, 99	24
11	115	T1016	UB		Case management, each 15 minutes (MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	24
11	115	T1016	UB	HK	Case management, each 15 minutes (MH Svc During Psych Inpatient Admission)	15 min	02, 21	24
11	115	T1016	UB	HT	Case management, each 15 minutes (Team w/ Collateral and/or Other Agencies)	15 min	02, 10 , 12, 99	24
11	115	T1016	UB	UK	Case management, each 15 minutes (Team Member w/ Collateral and/or Other Agencies)	15 min	02, 10 , 12, 99	24
MENTAL HEALTH - INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS)								
11	590, 591, 592	90791			Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	02, 10 , 11, 12, 99	49, 50
11	592	97151			Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Consultation - ABA)	15 min	02, 10 , 03, 11, 12, 99	49, 50
11	592	97151	U7		Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 10 , 03, 11, 12, 99	49, 50
11	592	97152			Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes (Behavior Health Technician - ABA)	15 min	03, 11, 12, 99	49, 50

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	592	97152	U8		Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes (Assistant Behavior Consultation - ABA)	15 min	02, 10 , 03, 11, 12, 99	49, 50
11	592	97153			Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (Behavior Health Technician - ABA)	15 min	02, 10 , 03, 11, 12, 99	49, 50
11	592	97153	U8		Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (Assistant Behavior Consultation - ABA)	15 min	02, 10 , 03, 11, 12, 99	49, 50
11	592	97154	U6		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (2 to 3 group members)	15 min	02, 03, 11, 99	49, 50
11	592	97154	U5		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (4 to 6 group members)	15 min	02, 03, 11, 99	49, 50
11	592	97154			Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (7 to 12 group members)	15 min	02, 03, 11, 99	49, 50
11	592	97155			Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Consultation - ABA)	15 min	02, 10 , 03, 11, 12, 99	49, 50
11	592	97155	U7		Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 10 , 03, 11, 12, 99	49, 50
11	592	97156			Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Behavior Consultation - ABA)	15 min	02, 10 , 11, 12, 99	49, 50
11	592	97156	U7		Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 10 , 11, 12, 99	49, 50

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	592	97158	U6		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (2 to 3 group members)	15 min	02, 03, 11, 99	49, 50
11	592	97158	U5		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (4 to 6 group members)	15 min	02, 03, 11, 99	49, 50
11	592	97158			Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (7 to 12 group members)	15 min	02, 03, 11, 99	49, 50
11	590, 591, 592	H0031	U9		Mental health assessment by non-physician (Licensed Practitioner)	30 min	02, 10, 11, 12, 99	49, 50
11	590, 591, 592	H0031	UB		Mental health assessment by non-physician (Other Licensed Practitioner)	30 min	02, 10, 11, 12, 99	49, 50
11	590	H0032	U9		Mental health service plan development by non-physician (Behavior Consultation - Licensed Practitioner)	15 min	02, 10, 03, 11, 12, 99	49, 50
11	590	H0032	UB		Mental health service plan development by non-physician (Behavior Consultation - Unlicensed Practitioner)	15 min	02, 10, 03, 11, 12, 99	49, 50
11	590	H2014	UB		Skills training and development, per 15 minutes (Onsite Supervision)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	590	H2019			Therapeutic behavioral services, per 15 minutes (Mobile Therapy - Unlicensed Practitioner)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	590	H2019	U9		Therapeutic behavioral services, per 15 minutes (Mobile Therapy - Licensed Practitioner)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	590	H2019	U6	HA	Therapeutic behavioral services, per 15 minutes (Functional Family Therapy)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	590	H2021			Community-based wrap-around services, per 15 minutes (Behavioral Health Technician)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	591	H2021	U6	HQ	Community-based wrap-around services, per 15 minutes (Group Service - 2 to 8 group members)	15 min	02, 03, 11, 99	49, 50
11	591	H2021	U5	HQ	Community-based wrap-around services, per 15 minutes (Group Service - 9 to 12 group members)	15 min	02, 03, 11, 99	49, 50
11	591	H2021	U4	HQ	Community-based wrap-around services, per 15 minutes (Group Service - 13 to 20 group members)	15 min	02, 03, 11, 99	49, 50
11	590	H2033			Multisystemic therapy for juveniles, per 15 minutes	15 min	02, 03, 10, 11, 12, 99	49, 50
MENTAL HEALTH - PARTIAL PSYCH HOSPITALIZATION								
11	114	H0035	U7		Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Adult)	1 hour	02, 10, 52	10

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	114	H0035	UB	HA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Child or Licensed Adult Psych Partial Hosp Program - Child 0-20 years of age, services beyond 270 hours)	1 hour	02, 10 , 52	10
11	114	H0035	U7	U2	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Adult)	1 hour	02, 10 , 52	10
11	113	H0035		U2; UA	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Child age 0-14)	1 hour	02, 10 , 52	10
11	113	H0035	U7	HB; UA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Adult)	1 hour	02, 10 , 52	10
11	113	H0035	UB	UA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Child or Licensed Child Psych Partial Hosp Program - Child 15 thru 20 years of age or Licensed Child Psych Partial Hosp Program - Child 0-14 years of age, services beyond 720 hours or Licensed Child Psych Partial Hosp Program - Child 15-20 years of age, services beyond 720 hours)	1 hour	02, 10 , 52	10
11	113	H0035	U6		Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Program serving ages 0-14) BH-MCO use only	15 min	02, 10 , 52	42
11	113	H0035	U5	HB	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Program serving ages 15-120) BH-MCO use only	15 min	02, 10 , 52	42
11	114	H0035	U5		Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Program serving any age) BH-MCO use only	15 min	02, 10 , 52	42
11	113, 114	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10	10
11	113, 114	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10	10
11	113, 114	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10	10
11	113, 114	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10	10
11	113, 114	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10	10

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	113, 114	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10	10
11	113, 114	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10 , 12, 52	10
11	113, 114	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10 , 12, 52	10
MENTAL HEALTH - PARTIAL PSYCH HOSPITALIZATION - CLOZAPINE SUPPORT								
11	113 or 114	H2010		HK	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10 , 52	22
MENTAL HEALTH - PEER SPECIALIST								
11	076	H0038			Self help/peer services, per 15 minutes	15 min	02, 10 , 11, 12, 21, 23, 31, 32, 49, 52, 99	44
MENTAL HEALTH / SUBSTANCE ABUSE - SUPPLEMENTAL								
11	184	H0001			Alcohol and/or drug assessment (D&A Level of Care Assessment)	15 min	02, 10 , 99	34
11	112	H0004		HE	Behavioral health counseling and therapy, per 15 minutes (MH Outpatient Practitioner)	15 min	02, 10 , 31, 32, 99	36
11	127	H0004		HF	Behavioral health counseling and therapy, per 15 minutes (D&A Outpatient Practitioner)	15 min	02, 10 , 99	37
21	138	H0006			Alcohol and/or drug services; case management (D&A ICM)	15 min	02, 10 , 99	34
21	138	H0006		TF	Alcohol and/or drug services; case management (D&A RC)	15 min	02, 10 , 99	34
11	128, 129, 132	H0012			Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) (Low intensive) (ASAM 2 WM)	per diem	57, 99	8
11	128, 129, 132	H0012		TG	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) (High intensive) (ASAM 2 WM)	per diem	57, 99	8
11	132	H0013			Alcohol and/or drug services; acute detoxification (residential addiction program outpatient) (ASAM 3.7 WM)	per diem	99	8
11	128*	H0015			Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education (Intensive Outpatient D&A Clinic) (ASAM 2.1)	15 min	02, 10 , 99	35
11	110	H0018		HE	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem (Adult Residential Treatment Facility)	per diem	99	31
11	084	H0020		HG	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a license program) (take-home)	One unit per day	57, 99	34

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	084	H0020	UB		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	15 min	02, 10 , 57, 99	34
11	184	H0022			Alcohol and/or drug intervention service (planned facilitation) (D&A - Intervention)	30 min	02, 10 , 99	34
11	110	H0031			Mental health assessment, by non-physician (MH Diagnostic Assessment)	15 min	02, 10 , 31, 32, 99	30
11	129	H0035		HF	Mental health partial hospitalization, treatment, less than 24 hours (ASAM 2.5)	15 min	02, 10 , 11, 22, 99	34
11	123	H0036		HB	Community psychiatric supportive treatment, face to face, per 15 minutes (Psych Rehab - Site Based or Mobile)	15 min	02, 10 , 15, 31, 32, 99	29
11	110	H0037			Community psychiatric supportive treatment program, per diem (Adult Outpatient Services in an Alternative Setting)	per diem	02, 10 , 99	36
11	111	H0039		HB	Assertive community treatment, face to face, per 15 minutes (Community Treatment Teams)	15 min	02, 10 , 31, 32, 99	33
11	111	H0039		HE	Assertive community treatment, face to face, per 15 minutes (ACT)	15 min	02, 10 , 31, 32, 99	33
11	119	H0046		HW	Mental health services, not otherwise specified (Community MH Svc - Other - Requires Service Description Approved by OMHSAS)	15 min	02, 10 , 31, 32, 99	36
11	184	H0047		HA	Alcohol and/or other drug abuse services, not otherwise specified (D&A Outpatient Treatment in an Alternative Setting)	15 min	02, 10 , 03, 99	37
11	184	H0047		HW	Alcohol and/or other drug abuse svcs, not otherwise specified (D&A - Other - Requires Service Description Approved by OMHSAS)	15 min	02, 10 , 99	37
11	123	H2030			Mental health clubhouse services, per 15 minutes (Psych Rehab - Clubhouse)	15 min	02, 10 , 99	29
11	131	H2034			Alcohol and/or drug abuse halfway house services, per diem (ASAM 3.1)	per diem	99	8
11	185	H2036			Alcohol and/or other drug treatment program, per diem (ASAM 3.5)	per diem	99	8
11	186	H2036			Alcohol and/or other drug treatment program, per diem (ASAM 3.7)	per diem	99	8
11	084	T1015	HG		Clinic Visit/Encounter, All-Inclusive (Methadone Maintenance Comprehensive Svcs - incl transportation)	visit	57, 99	17
11	110	T2048			Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) with room and board, per diem (Adult Residential Treatment Facility with Room & Board) effective 07/01/22	per diem	99	31
11	110	T2048		HE	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) with room and board, per diem (Long Term Structured Residential)	per diem	99	31
08	111	W0500			Integrated Community Wellness Center	monthly	02, 10 , 49	52

OPIOID USE DISORDER CENTERS OF EXCELLENCE - Coding is not new to the chart but is being added to Attachment G and H

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
01	232	G9012			<i>Other specified case management service not elsewhere classified</i>	per month	02, 11, 12, 22, 23, 99	48
08	232	G9012			<i>Other specified case management service not elsewhere classified</i>	per month	02, 11, 12, 49, 50, 57, 58, 72, 99	48
11	232	G9012			<i>Other specified case management service not elsewhere classified</i>	per month	02, 11, 12, 52, 99	48
19	232	G9012			<i>Other specified case management service not elsewhere classified</i>	per month	02, 11, 12, 99	48
21 or 31	232	G9012			<i>Other specified case management service not elsewhere classified</i>	per month	02, 11, 12, 31, 32, 99	48
PHYSICIAN								
31	339	00104		U1	Anesthesia for electroconvulsive therapy		11, 21, 99	12
31	339	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10, 11	12
31	339	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10, 11	12
31	339	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10, 11	12
31	339	90846	UB	U1	Family Psychotherapy (without the patient present)	15 min	02, 10, 11	12
31	339	90847	UB	U1	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10, 11	12
31	339	90853	UB	U1	Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10, 11	12
31	339	90870			ECT Therapy (includes necessary monitoring) (POS 99 - Special Treatment Room)	1 treatment	11, 21, 99	12
31	339	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	11, 21	12
31	339	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 11, 21	12
31	339	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10, 11, 21	12
31	316, 322, 339, 345	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 11, 12	12
31	339	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10, 11, 12	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 11, 21	12
31	339	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10 , 11, 21	12
31	339	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 11, 21	12
31	339	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10 , 11, 21	12
31	339	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10 , 11, 21	12
31	339	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10 , 11, 21	12
31	316, 322, 339 , 345	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 11, 12	12
31	339	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10 , 11, 12	12
31	316, 322, 339 , 345	99202			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	visit	02, 11	12
31	339	99202			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	visit	02, 10 , 11	12
31	316, 322, 339 , 345	99203			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	visit	02, 11	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99203			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	visit	02, 10 , 11	12
31	339	99203		U1	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	visit	11	12
31	316, 322, 339 , 345	99204			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	visit	02, 11	12
31	339	99204			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	visit	02, 10 , 11	12
31	339	99204		U1	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	visit	11	12
31	316, 322, 339 , 345	99205			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	visit	02, 11	12
31	339	99205			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	visit	02, 10 , 11	12
31	339	99205		U1	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	visit	11	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	316, 322, 339 , 345	99211			Office or 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. Usually, the presenting problem(s) are minimal.	visit	02, 11	12
31	339	99211			Office or 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. Usually, the presenting problem(s) are minimal.	visit	02, 10 , 11	12
31	339	99211		U1	Office or 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. Usually, the presenting problem(s) are minimal.	visit	02, 11	12
31	316, 322, 339 , 345	99212			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	339	99212			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 10 , 11	12
31	339	99212		U1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	316, 322, 339 , 345	99213			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	339	99213			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 10 , 11	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99213		U1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection , 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	316, 322, 339 , 345	99214			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	339	99214			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 10 , 11	12
31	339	99214		U1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	316, 322, 339 , 345	99215			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	339	99215			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 10 , 11	12
31	339	99215		U1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	339	99217			Observation care discharge day management	1 unit	02, 10 , 22	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99218			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99219			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99220			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99221			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12
31	339	99222			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making that of moderate complexity. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12
31	339	99223			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making that of high complexity. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99224			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: problem focused interval history; problem focused examination; medical decision making that is straightforward or of low complexity. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99225			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99226			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99231			Subsequent hospital care, per day, for evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Usually the patient is stable, recovering or improving. Typically 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12
31	339	99232			Subsequent hospital care, per day, for evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Usually the patient is responding inadequately to therapy or has developed a minor complication. Typically 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12
31	339	99233			Subsequent hospital care, per day, for evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Usually the patient is unstable or has developed a significant complication or a significant new problem. Typically 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99234			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Usually the presenting problem(s) requiring admission are of low severity. Typically 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99235			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually the presenting problem(s) requiring admission are of moderate severity. Typically 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99236			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually the presenting problem(s) requiring admission are of high severity. Typically 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99238			Hospital discharge day management, 30 minutes or less	Visit	02, 21	12
31	339	99241			Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 11, 12, 22, 23, 24, 31, 32, 54, 65	12
31	339	99242			Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 11, 12, 22, 23, 24, 31, 32, 54, 65	12
31	339	99243			Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 11, 12, 22, 23, 24, 31, 32, 54, 65	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99244			Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 11, 12, 22, 23, 24, 31, 32, 54, 65	12
31	339	99245			Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family	visit	02, 10 , 11, 12, 22, 23, 24, 31, 32, 54, 65	12
31	339	99251			Inpatient consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21, 31, 32	12
31	339	99252			Inpatient consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21, 31, 32	12
31	339	99253			Inpatient consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21, 31, 32	12
31	339	99254			Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21, 31, 32	12
31	339	99255			Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21, 31, 32	12
31	315, 316, 322, 339, 345	99281			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor.	visit	02, 23	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	315, 316, 322, 339, 345	99282			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity.	visit	02, 23	12
31	315, 316, 322, 339, 345	99283			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate severity.	visit	02, 23	12
31	315, 316, 322, 339, 345	99284			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of high severity.	visit	02, 23	12
31	315, 316, 322, 339, 345	99285			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the presenting problem(s) are of high severity.	visit	02, 23	12
31	339	99291			Critical care, evaluation and management	1 hour	21, 23	12
31	339	99292			Critical care, evaluation and management, each additional 30 minutes	30 min	21, 23	12
31	339	99304			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99305			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99306			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99307			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99308			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99309			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99310			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99341			Home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 12	12
31	339	99342			Home 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; and medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 12	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99343			Home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 12	12
31	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 11, 12, 31, 32, 99	40
31	316, 322, 339 , 345	99484			Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	per procedure	02, 11, 12	12
31	339	99484			Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	per procedure	02, 10 , 11, 12	12

PT, PC w/ DESCRIPTIONS, MODIFIERS, UOS, AND POS

Attachment G

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	316, 322, 339 , 345	99492			Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	per procedure	02, 11, 12	12
31	339	99492			Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	per procedure	02, 10 , 11, 12	12

PT, PC w/ DESCRIPTIONS, MODIFIERS, UOS, AND POS

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	316, 322, 339 , 345	99493			Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidenced-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	per procedure	02, 11, 12	12
31	339	99493			Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidenced-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	per procedure	02, 10 , 11, 12	12

PT, PC w/ DESCRIPTIONS, MODIFIERS, UOS, AND POS

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	316, 322, 339 , 345	99494			Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional (List separately in addition to code for primary procedure)	per procedure	02, 11, 12	12
31	339	99494			Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional (List separately in addition to code for primary procedure)	per procedure	02, 10 , 11, 12	12
31	339	G2214			Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	1st 30 min in a month	02, 10 , 11, 12	12
31	339	G2215			Take-home supply of nasal naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of nasal naloxone	11	12
31	339	G2216			Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of injectable naloxone	11	12
31	339	Refer to the MA reference file			Studies Ordered by a Behavioral Health Physician Refer to Line 20 of the BHSRCC	Refer to the MA reference file	Refer to the MA reference file	20
PHYSICIAN/CLOZAPINE SUPPORT								
31	339	H2010		HK: U1	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10 , 11, 12	22
PHYSICIAN BH - SUPPLEMENTAL								
31	339	99211	UB		Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	02 , 11	41
31	339	99241	UB		Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	02 , 11	41

PT, PC w/ DESCRIPTIONS, MODIFIERS, UOS, AND POS

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
PSYCHOLOGIST								
19	190	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10 , 11	12
19	190	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10 , 11	12
19	190	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10 , 11	12
19	190	90846	UB		Family Psychotherapy (without the patient present)	15 min	02, 10 , 11	12
19	190	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10 , 11	12
19	190	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10 , 11	12
19	190	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	11	12
19	190	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg. acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10 , 11, 12, 21, 99	12
19	190	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10 , 11, 12, 21, 99	12
19	190	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10 , 11	12
19	190	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 11, 12, 21, 99	12
19	190	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10 , 11, 12, 21, 99	12
19	190	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 11, 12, 21, 99	12
19	190	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10 , 11, 12, 21, 99	12
19	190	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10 , 11, 12, 21, 99	12

PT, PC w/ DESCRIPTIONS, MODIFIERS, UOS, AND POS

Attachment G

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
19	190	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10 , 11, 12, 21, 99	12
19	190	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10 , 11	12
19	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 11, 12, 31, 32, 99	40
THERAPIST								
17	171	97150		GO	Therapeutic procedure(s), group (2 or more individuals) (Collage Program)	15 min	02, 10 , 11	39

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
TOBACCO CESSATION								
37	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 11, 12, 31, 32, 99	40
EPSDT SERVICES								
19	190	90791			Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	02, 10 , 11, 12, 21, 99	49, 50
17	175	G0176	UB		Activity therapy, such as music, dance, art, or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) (use for Music Therapy)	1 hour	02, 10 , 11	53
52	520	H0018^			Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem (BH Waiver Service - Other Short Term Residential Service not listed elsewhere)	per diem	12	16
52	523	H0019			Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem (Host Home)	per diem	12	53
52	520	H0019^		HQ	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem (Group Home)	per diem	12	16
56	560	H0019^		SC	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem (RTF - Non-JCAHO - No R&B)	per diem	56	16
17	174	H2032	UB		Activity therapy, per 15 minutes (use for Art Therapy)	15 min	02, 10 , 11	53

The national code definitions listed above are not verbatim for all entries. Please refer to the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural

With the issuance of MA Bulletin, OMHSAS-21-09, titled "Guidelines for the Delivery of Behavioral Health Services Through Telehealth" effective September 30, 2021, place of service 02 has been added to Attachment G throughout. When services are provided by "telephone only" modifier 95 should be added to the encounter along with using POS 02. Lines to include modifier 95 were not added to Attachment G.

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	00104		U1	Anesthesia for electroconvulsive therapy		11, 21, 99	12
08	110	00104			Anesthesia for electroconvulsive therapy		49	9
19	190	90791			Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	02, 10 , 11, 12, 21, 99	49, 50
11	590, 591, 592	90791			Psychiatric diagnostic evaluation (Psychological Evaluation)	30 min	02, 10 , 11, 12, 99	49, 50
08	110	90792			Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	02, 10 , 49	9
08	184	90792			Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	02, 10 , 12, 57	17
08	074	90792			Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	occurrence	15	43
08	110	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10 , 49	9
08	184	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10 , 12, 57	17
19	190	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10 , 11	12
31	339	90832			Psychotherapy, 30 minutes with patient	30 min	02, 10 , 11	12
08	074	90832			Psychotherapy, 30 minutes with patient	30 min	15	43
08	110	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10 , 49	9
08	184	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10 , 12, 57	17
19	190	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10 , 11	12
31	339	90834			Psychotherapy, 45 minutes with patient	45 min	02, 10 , 11	12
08	074	90834			Psychotherapy, 45 minutes with patient	45 min	15	43
08	110	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10 , 49	9
08	184	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10 , 12, 57	17
19	190	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10 , 11	12
31	339	90837			Psychotherapy, 60 minutes with patient	60 min	02, 10 , 11	12
08	074	90837			Psychotherapy, 60 minutes with patient	60 min	15	43
31	339	90846	UB	U1	Family Psychotherapy (without the patient present)	15 min	02, 10 , 11	12
08	110	90846	UB		Family Psychotherapy (without the patient present)	15 min	02, 10 , 49	9
19	190	90846	UB		Family Psychotherapy (without the patient present)	15 min	02, 10 , 11	12
08	074	90846	UB		Family Psychotherapy (without the patient present)	15 min	15	43
31	339	90847	UB	U1	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10 , 11	12
08	110	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10 , 49	9
19	190	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10 , 11	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	074	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	15	43
08	184	90847	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	02, 10 , 12, 57	17
31	339	90853	UB	U1	Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10 , 11	12
08	110	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	02, 49	9
19	190	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10 , 11	12
08	074	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	15	43
08	184	90853	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	02, 10 , 57	17
08	110	90870			ECT Therapy (includes necessary monitoring)	1 treatment	49	9
01	183	90870			ECT Therapy (includes necessary monitoring)	1 treatment	22	9
31	339	90870			ECT Therapy (includes necessary monitoring) (POS 99 - Special Treatment Room)	1 treatment	11, 21, 99	12
08	110	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	49	9
08	184	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	57	17
19	190	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	11	12
31	339	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	11, 21	12
08	074	90875			Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg. Insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	occurrence	15	43
08	110	95700			EEG continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	per procedure	49	9
08	110	95705			EEG without video, review of data, technical description by EEG technologist, 2-12 hours, unmonitored	per procedure	49	9
08	110	95706			EEG without video, review of data, technical description by EEG technologist, 2-12 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95707			EEG without video, review of data, technical description by EEG technologist, 2-12 hours, with continuous, real time monitoring and maintenance	per procedure	49	9

Procedure Code Detail From Attachment G Sorted by Procedure Code

Attachment H

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	95708			EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, unmonitored	per procedure	49	9
08	110	95709			EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95710			EEG without video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95711			EEG with video, review of data, technical description by EEG technologist, 2-12 hours, unmonitored	per procedure	49	9
08	110	95712			EEG with video, review of data, technical description by EEG technologist, 2-12 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95713			EEG with video, review of data, technical description by EEG technologist, 2-12 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95714			EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, unmonitored	per procedure	49	9
08	110	95715			EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with intermittent monitoring and maintenance	per procedure	49	9
08	110	95716			EEG with video, review of data, technical description by EEG technologist, each increment of 12-26 hours, with continuous, real time monitoring and maintenance	per procedure	49	9
08	110	95717			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording, without video	per procedure	49	9
08	110	95718			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording, with video	per procedure	49	9
08	110	95719			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period, without video	per procedure	49	9
08	110	95720			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period, with video	per procedure	49	9

Procedure Code Detail From Attachment G Sorted by Procedure Code

Attachment H

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	95721			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 36 hours, up to 60 hours of EEG recording, without video	per procedure	49	9
08	110	95722			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 36 hours, up to 60 hours of EEG recording, with video	per procedure	49	9
08	110	95723			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 60 hours, up to 84 hours of EEG recording, without video	per procedure	49	9
08	110	95724			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 60 hours, up to 84 hours of EEG recording, with video	per procedure	49	9
08	110	95725			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 84 hours of EEG recording, without video	per procedure	49	9
08	110	95726			EEG, continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study, greater than 84 hours of EEG recording, with video	per procedure	49	9
08	110	95813			EEG, extended monitoring, 61-119 minutes	per procedure	49	9
08	110	95816			EEG including recording awake & drowsy	1 treatment	49	9
08	110	95819			EEG including recording awake & asleep	1 treatment	49	9
08	110	95822			EEG recording in coma or sleep only	1 treatment	49	9
08	110	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10, 49	9

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	184	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10 , 12, 57	17
19	190	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10 , 11, 12, 21, 99	12
31	339	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10 , 11, 21	12
08	074	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	15	43
11	113, 114	96116			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	hour	02, 10	10
08	110	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10 , 49	9
08	184	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10 , 12, 57	17
19	190	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10 , 11, 12, 21, 99	12
31	339	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10 , 11, 21	12
08	074	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	15	9
11	113, 114	96121			each additional hour (List separately in addition to code for primary procedure 96116)	hour	02, 10	10
08	110	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10 , 49	9

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
19	190	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10 , 11	12
31	339	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 10 , 11, 12	12
08	074	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	15	43
31	316, 322, 339 , 345	96127			Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	occurrence	02, 11, 12	12
08	110	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 49	9
08	184	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 12, 57	17
19	190	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 11, 12, 21, 99	12
31	339	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 11, 21	12
08	074	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	15	43

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	113, 114	96130			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10	10
08	110	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10 , 49	9
08	184	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10 , 12, 57	17
19	190	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10 , 11, 12, 21, 99	12
31	339	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10 , 11, 21	12
08	074	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	15	43
11	113, 114	96131			each additional hour (List separately in addition to code for primary procedure 96130)	hour	02, 10	10
08	110	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 49	9
08	184	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 12, 57	17
19	190	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 11, 12, 21, 99	12
31	339	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10 , 11, 21	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	074	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	15	43
11	113, 114	96132			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	hour	02, 10	10
08	110	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10 , 49	9
08	184	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10 , 12, 57	17
19	190	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10 , 11, 12, 21, 99	12
31	339	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10 , 11, 21	12
08	074	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	15	43
11	113, 114	96133			each additional hour (List separately in addition to code for primary procedure 96132)	hour	02, 10	10
08	110	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10 , 49	9
08	184	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10 , 12, 57	17
19	190	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10 , 11, 12, 21, 99	12
31	339	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10 , 11, 21	12
08	074	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	15	43
11	113, 114	96136			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 min	02, 10 , 12, 52	10

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10 , 49	9
08	184	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10 , 12, 57	17
19	190	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10 , 11, 12, 21, 99	12
31	339	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10 , 11, 21	12
08	074	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	15	43
11	113, 114	96137			each additional 30 minutes (List separately in addition to code for primary procedure 96136)	30 min	02, 10 , 12, 52	10
08	110	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10 , 49	9
19	190	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10 , 11	12
31	339	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 10 , 11, 12	12
08	074	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	15	43
31	316, 322, 339 , 345	96160			Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	occurrence	02, 11, 12	12
17	171	97150		GO	Therapeutic procedure(s), group (2 or more individuals) (Collage Program)	15 min	02, 10 , 11	39
11	592	97151	U7		Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 10 , 03, 11, 12, 99	49, 50

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	592	97151			Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (Behavior Consultation - ABA)	15 min	02, 10, 03, 11, 12, 99	49, 50
11	592	97152	U8		Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes (Assistant Behavior Consultation - ABA)	15 min	02, 10, 03, 11, 12, 99	49, 50
11	592	97152			Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes (Behavior Health Technician - ABA)	15 min	03, 11, 12, 99	49, 50
11	592	97153	U8		Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (Assistant Behavior Consultation - ABA)	15 min	02, 10, 03, 11, 12, 99	49, 50
11	592	97153			Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (Behavior Health Technician - ABA)	15 min	02, 10, 03, 11, 12, 99	49, 50
11	592	97154	U5		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (4 to 6 group members)	15 min	02, 03, 11, 99	49, 50
11	592	97154	U6		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (2 to 3 group members)	15 min	02, 03, 11, 99	49, 50
11	592	97154			Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (7 to 12 group members)	15 min	02, 03, 11, 99	49, 50
11	592	97155	U7		Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 10, 03, 11, 12, 99	49, 50

Procedure Code Detail From Attachment G Sorted by Procedure Code

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	592	97155			Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient, each 15 minutes (Behavior Consultation - ABA)	15 min	02, 10, 03, 11, 12, 99	49, 50
11	592	97156	U7		Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Behavior Analytic / Behavior Consultation by BCBA)	15 min	02, 10, 11, 12, 99	49, 50
11	592	97156			Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (Behavior Consultation - ABA)	15 min	02, 10, 11, 12, 99	49, 50
11	592	97158	U5		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (4 to 6 group members)	15 min	02, 03, 11, 99	49, 50
11	592	97158	U6		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (2 to 3 group members)	15 min	02, 03, 11, 99	49, 50
11	592	97158			Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (7 to 12 group members)	15 min	02, 03, 11, 99	49, 50
31	339	99202			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	visit	02, 10, 11	12
31	316, 322, 339, 345	99202			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	visit	02, 11	12
31	339	99203		U1	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	visit	11	12
31	339	99203			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	visit	02, 10, 11	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	316, 322, 339 , 345	99203			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	visit	02, 11	12
08	184	99204	U7		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. (Comprehensive Medical Exam & Eval)	45 min	02 , 10, 12, 57	17
31	339	99204		U1	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	visit	11	12
31	339	99204			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	visit	02, 10 , 11	12
31	316, 322, 339 , 345	99204			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	visit	02, 11	12
31	339	99205		U1	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. (Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility)	visit	11	12
31	339	99205			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	visit	02, 10 , 11	12
31	316, 322, 339 , 345	99205			Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	visit	02, 11	12
08	184	99211	U7		Office or other outpatient visit for the evaluation and & management of an established patient (Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox)	15 min	02 , 57	17

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	110	99211	UB		Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	02 , 49	9
31	339	99211	UB		Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	02 , 11	41
08	074	99211	UB		Office or other outpatient visit for the evaluation and & management of an established patient (Psychiatric clinic medication visit for drug administration and evaluation)	15 min	15	43
31	339	99211		U1	Office or 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. Usually, the presenting problem(s) are minimal.	visit	02, 11	12
31	339	99211			Office or 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. Usually, the presenting problem(s) are minimal.	visit	02, 10 , 11	12
31	316, 322, 339 , 345	99211			Office or 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. Usually, the presenting problem(s) are minimal.	visit	02, 11	12
31	339	99212		U1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	339	99212			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 10 , 11	12
31	316, 322, 339 , 345	99212			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent of the date of the encounter.	visit	02, 11	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99213		U1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection , 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	339	99213			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 10 , 11	12
31	316, 322, 339 , 345	99213			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	339	99214		U1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	339	99214			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 10 , 11	12
31	316, 322, 339 , 345	99214			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
08	184	99215	U7		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. (Comprehensive Medical Exam & Eval)	40 min	02, 10 , 12, 57	17
31	339	99215		U1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 11	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99215			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 10 , 11	12
31	316, 322, 339 , 345	99215			Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent of the date of the encounter.	visit	02, 11	12
31	339	99217			Observation care discharge day management	1 unit	02, 10 , 22	12
31	339	99218			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99219			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99220			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99221			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99222			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making that of moderate complexity. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12
31	339	99223			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making that of high complexity. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12
31	339	99224			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: problem focused interval history; problem focused examination; medical decision making that is straightforward or of low complexity. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99225			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99226			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99231			Subsequent hospital care, per day, for evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Usually the patient is stable, recovering or improving. Typically 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99232			Subsequent hospital care, per day, for evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Usually the patient is responding inadequately to therapy or has developed a minor complication. Typically 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12
31	339	99233			Subsequent hospital care, per day, for evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Usually the patient is unstable or has developed a significant complication or a significant new problem. Typically 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21	12
31	339	99234			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Usually the presenting problem(s) requiring admission are of low severity. Typically 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99235			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually the presenting problem(s) requiring admission are of moderate severity. Typically 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99236			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually the presenting problem(s) requiring admission are of high severity. Typically 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	1 unit	02, 22	12
31	339	99238			Hospital discharge day management, 30 minutes or less	Visit	02, 21	12

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Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	184	99241	U7		Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox)	visit	02 , 57	17
08	110	99241	UB		Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	02 , 49	9
31	339	99241	UB		Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	02 , 11	41
08	074	99241	UB		Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (Psychiatric clinic medication visit for drug administration and evaluation)	visit	15	43
31	339	99241			Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 11, 12, 22, 23, 24, 31, 32, 54, 65	12
31	339	99242			Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 11, 12, 22, 23, 24, 31, 32, 54, 65	12
31	339	99243			Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 11, 12, 22, 23, 24, 31, 32, 54, 65	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99244			Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 11, 12, 22, 23, 24, 31, 32, 54, 65	12
31	339	99245			Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family	visit	02, 10 , 11, 12, 22, 23, 24, 31, 32, 54, 65	12
31	339	99251			Inpatient consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21, 31, 32	12
31	339	99252			Inpatient consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21, 31, 32	12
31	339	99253			Inpatient consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21, 31, 32	12
31	339	99254			Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21, 31, 32	12
31	339	99255			Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.	visit	02, 21, 31, 32	12
31	315, 316, 322, 339, 345	99281			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor.	visit	02, 23	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	315, 316, 322, 339, 345	99282			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity.	visit	02, 23	12
31	315, 316, 322, 339, 345	99283			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate severity.	visit	02, 23	12
31	315, 316, 322, 339, 345	99284			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of high severity.	visit	02, 23	12
31	315, 316, 322, 339, 345	99285			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the presenting problem(s) are of high severity.	visit	02, 23	12
31	339	99291			Critical care, evaluation and management	1 hour	21, 23	12
31	339	99292			Critical care, evaluation and management, each additional 30 minutes	30 min	21, 23	12
31	339	99304			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99305			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99306			Initial nursing facility care, per day, for the evaluation and management of a patient which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99307			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99308			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99309			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99310			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	visit	02, 31, 32	12
31	339	99341			Home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 12	12
31	339	99342			Home 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; and medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 12	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99343			Home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	visit	02, 10 , 12	12
08	370	99407		FP	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 22, 49	40
01	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 22	40
05	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02,12	40
08	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 12, 49, 57, 99	40
09	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 11, 12, 31, 32, 99	40
19	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 11, 12, 31, 32, 99	40
27	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 11, 12, 31, 32, 99	40
31	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 11, 12, 31, 32, 99	40
37	370	99407			Smoking and tobacco use cessation counseling visit; intensive, greater than 10 min.	visit	02, 11, 12, 31, 32, 99	40
31	339	99484			Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	per procedure	02, 10 , 11, 12	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	316, 322, 339 , 345	99484			Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	per procedure	02, 11, 12	12
31	339	99492			Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	per procedure	02, 10 , 11, 12	12
31	316, 322, 339 , 345	99492			Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	per procedure	02, 11, 12	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99493			Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidenced-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	per procedure	02, 10 , 11, 12	12
31	316, 322, 339 , 345	99493			Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidenced-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	per procedure	02, 11, 12	12

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	99494			Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional (List separately in addition to code for primary procedure)	per procedure	02, 10 , 11, 12	12
31	316, 322, 339 , 345	99494			Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional (List separately in addition to code for primary procedure)	per procedure	02, 11, 12	12
17	175	G0176	UB		Activity therapy, such as music, dance, art, or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) (use for Music Therapy)	1 hour	02, 10 , 11	53
01	183	G0378			Hospital observation service, per hour	1 unit	22	9
01	183	G0379			Direct admission of patient for hospital observation care	1 unit	22	9
08	110	G2214			Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	1st 30 min in a month	02, 10 , 49	9
08	184	G2214			Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	1st 30 min in a month	02, 10 , 12, 57	17
31	339	G2214			Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	1st 30 min in a month	02, 10 , 11, 12	12
08	080 or 081	G2215			Take-home supply of nasal naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of nasal naloxone	12, 31, 32, 50, 72	18
31	339	G2215			Take-home supply of nasal naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of nasal naloxone	11	12
08	080 or 081	G2216			Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of injectable naloxone	12, 31, 32, 50, 72	18

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
31	339	G2216			Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	per supply of injectable naloxone	11	12
01	232	G9012			Other specified case management service not elsewhere classified	per month	02, 11, 12, 22, 23, 99	48
08	232	G9012			Other specified case management service not elsewhere classified	per month	02, 11, 12, 49, 50, 57, 58, 72, 99	48
11	232	G9012			Other specified case management service not elsewhere classified	per month	02, 11, 12, 52, 99	48
19	232	G9012			Other specified case management service not elsewhere classified	per month	02, 11, 12, 99	48
21 or 31	232	G9012			Other specified case management service not elsewhere classified	per month	02, 11, 12, 31, 32, 99	48
11	184	H0001			Alcohol and/or drug assessment (D&A Level of Care Assessment)	15 min	02, 10, 99	34
11	115	H0004	UB	HE	Behavioral health counseling and therapy, per 15 minutes (Team member w/ Consumer)	15 min	02, 10, 12, 99	24
11	115	H0004	UB	HE; HK	Behavioral health counseling and therapy, per 15 minutes (MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	24
11	115	H0004	UB	HK	Behavioral health counseling and therapy, per 15 minutes (MH Svc During Psych Inpatient Admission)	15 min	02, 21	24
11	115	H0004	UB	HT	Behavioral health counseling and therapy, per 15 minutes (Team w/ Consumer and/or Family)	15 min	02, 10, 12, 99	24
11	115	H0004	UB	UK	Behavioral health counseling and therapy, per 15 minutes (Team Member w/ Family of Consumer)	15 min	02, 10, 12, 99	24
11	112	H0004		HE	Behavioral health counseling and therapy, per 15 minutes (MH Outpatient Practitioner)	15 min	02, 10, 31, 32, 99	36
11	127	H0004		HF	Behavioral health counseling and therapy, per 15 minutes (D&A Outpatient Practitioner)	15 min	02, 10, 99	37
21	138	H0006		TF	Alcohol and/or drug services; case management (D&A RC)	15 min	02, 10, 99	34
21	138	H0006			Alcohol and/or drug services; case management (D&A ICM)	15 min	02, 10, 99	34
11	128, 129, 132	H0012	TG		Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) (High intensive) (ASAM 2 WM)	per diem	57, 99	8
11	128, 129, 132	H0012			Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) (Low intensive) (ASAM 2 WM)	per diem	57, 99	8
11	132	H0013			Alcohol and/or drug services; acute detoxification (residential addiction program outpatient) (ASAM 3.7 WM)	per diem	99	8

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
08	184	H0014	HG		Alcohol and/or drug services; ambulatory detoxification (Opiate withdrawal management visit for admin & eval of drugs for ambulatory opiate withdrawal management) (ASAM 1 WM)	15 min	57	17
11	128*	H0015			Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education (Intensive Outpatient D&A Clinic) (ASAM 2.1)	15 min	02, 10, 99	35
11	110	H0018		HE	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem (Adult Residential Treatment Facility)	per diem	99	31
52	520	H0018^			Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem (BH Waiver Service - Other Short Term Residential Service not listed elsewhere)	per diem	12	16
52	523	H0019			Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem (Host Home)	per diem	12	53
52	520	H0019^		HQ	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem (Group Home)	per diem	12	16
56	560	H0019^		SC	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board, per diem (RTF - Non-JCAHO - No R&B)	per diem	56	16
08	084	H0020	HG		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a license program (take-home)	One unit per day	57	17
11	084	H0020	HG		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a license program (take-home)	One unit per day	57, 99	34
08	084	H0020	UB		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	15 min	02, 10, 57	17
11	084	H0020	UB		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	15 min	02, 10, 57, 99	34
11	184	H0022			Alcohol and/or drug intervention service (planned facilitation) (D&A - Intervention)	30 min	02, 10, 99	34
11	118	H0030			Behavioral health hotline service (Telephone Crisis)	15 min	02, 10, 11	23
11	590, 591, 592	H0031	U9		Mental health assessment by non-physician (Licensed Practitioner)	30 min	02, 10, 11, 12, 99	49, 50
11	590, 591, 592	H0031	UB		Mental health assessment by non-physician (Other Licensed Practitioner)	30 min	02, 10, 11, 12, 99	49, 50
11	110	H0031			Mental health assessment, by non-physician (MH Diagnostic Assessment)	15 min	02, 10, 31, 32, 99	30

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	590	H0032	U9		Mental health service plan development by non-physician (Behavior Consultation - Licensed Practitioner)	15 min	02, 10, 03, 11, 12, 99	49, 50
11	590	H0032	UB		Mental health service plan development by non-physician (Behavior Consultation - Unlicensed Practitioner)	15 min	02, 10, 03, 11, 12, 99	49, 50
08	110	H0034		HK	Medication training and support, per 15 minutes (Clozaril Monitor & Eval Visit)	15 min	02, 10, 49	22
08	074	H0034		HK	Medication training and support, per 15 minutes (Clozaril Monitor & Eval Visit)	15 min	15	43
08	110	H0034			Medication training and support, per 15 minutes (Medication Mgmt Visit)	15 min	02, 10, 49	9
08	074	H0034			Medication training and support, per 15 minutes (Medication Mgmt Visit)	15 min	15	43
08	184	H0034			Medication training and support, per 15 minutes (Medication Mgmt Visit)	15 min	02, 10, 57	17
11	113	H0035	U5	HB	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Program serving ages 15-120) BH-MCO use only	15 min	02, 10, 52	42
11	114	H0035	U5		Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Program serving any age) BH-MCO use only	15 min	02, 10, 52	42
11	113	H0035	U6		Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Program serving ages 0-14) BH-MCO use only	15 min	02, 10, 52	42
11	113	H0035	U7	HB; UA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Adult)	1 hour	02, 10, 52	10
11	114	H0035	U7	U2	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Adult)	1 hour	02, 10, 52	10
11	114	H0035	U7		Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Adult)	1 hour	02, 10, 52	10
11	114	H0035	UB	HA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Child or Licensed Adult Psych Partial Hosp Program - Child 0-20 years of age, services beyond 270 hours)	1 hour	02, 10, 52	10
11	113	H0035	UB	UA	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Child or Licensed Child Psych Partial Hosp Program - Child 15 thru 20 years of age or Licensed Child Psych Partial Hosp Program - Child 0-14 years of age, services beyond 720 hours or Licensed Child Psych Partial Hosp Program - Child 15-20 years of age, services beyond 720 hours)	1 hour	02, 10, 52	10
11	129	H0035		HF	Mental health partial hospitalization, treatment, less than 24 hours (ASAM 2.5)	15 min	02, 10, 11, 22, 99	34
11	113	H0035		U2; UA	Mental health partial hospitalization, treatment, less than 24 hrs (Psych Partial Program - Non-Covered Medicare Hours - Child age 0-14)	1 hour	02, 10, 52	10
11	123	H0036		HB	Community psychiatric supportive treatment, face to face, per 15 minutes (Psych Rehab - Site Based or Mobile)	15 min	02, 10, 15, 31, 32, 99	29

Procedure Code Detail From Attachment G Sorted by Procedure Code

Attachment H

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	110	H0037			Community psychiatric supportive treatment program, per diem (Adult Outpatient Services in an Alternative Setting)	per diem	02, 10, 99	36
11	076	H0038			Self help/peer services, per 15 minutes	15 min	02, 10, 11, 12, 21, 23, 31, 32, 49, 52, 99	44
11	111	H0039		HB	Assertive community treatment, face to face, per 15 minutes (Community Treatment Teams)	15 min	02, 10, 31, 32, 99	33
11	111	H0039		HE	Assertive community treatment, face to face, per 15 minutes (ACT)	15 min	02, 10, 31, 32, 99	33
11	119	H0046		HW	Mental health services, not otherwise specified (Community MH Svc - Other - Requires Service Description Approved by OMHSAS)	15 min	02, 10, 31, 32, 99	36
11	184	H0047		HA	Alcohol and/or other drug abuse services, not otherwise specified (D&A Outpatient Treatment in an Alternative Setting)	15 min	02, 10, 03, 99	37
11	184	H0047		HW	Alcohol and/or other drug abuse svcs, not otherwise specified (D&A - Other - Requires Service Description Approved by OMHSAS)	15 min	02, 10, 99	37
08	110	H2010		HK	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10, 49	22
11	113 or 114	H2010		HK	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10, 52	22
31	339	H2010		HK: U1	Comprehensive medication services, per 15 minutes (Clozapine Support Svc)	15 min	02, 10, 11, 12	22
11	118	H2011	U7	HT	Crisis intervention service, per 15 minutes (Mobile Crisis - Team Delivered)	15 min	02, 10, 15	23
11	118	H2011	U9	HK	Crisis intervention service, per 15 minutes (Medical Mobile Crisis - Team Delivered)	15 min	02, 10, 15	23
11	118	H2011	UB	HE	Crisis intervention service, per 15 minutes (Mobile Crisis - Individual Delivered)	15 min	02, 10, 15	23
11	118	H2011			Crisis intervention service, per 15 minutes (Walk-in Crisis)	15 min	02, 10, 11	23
11	590	H2014	UB		Skills training and development, per 15 minutes (Onsite Supervision)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	590	H2019	U6	HA	Therapeutic behavioral services, per 15 minutes (Functional Family Therapy)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	590	H2019	U9		Therapeutic behavioral services, per 15 minutes (Mobile Therapy - Licensed Practitioner)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	590	H2019			Therapeutic behavioral services, per 15 minutes (Mobile Therapy - Unlicensed Practitioner)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	591	H2021	U4	HQ	Community-based wrap-around services, per 15 minutes (Group Service - 13 to 20 group members)	15 min	02, 03, 11, 99	49, 50
11	591	H2021	U5	HQ	Community-based wrap-around services, per 15 minutes (Group Service - 9 to 12 group members)	15 min	02, 03, 11, 99	49, 50

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	591	H2021	U6	HQ	Community-based wrap-around services, per 15 minutes (Group Service - 2 to 8 group members)	15 min	02, 03, 11, 99	49, 50
11	590	H2021			Community-based wrap-around services, per 15 minutes (Behavioral Health Technician)	15 min	02, 03, 10, 11, 12, 99	49, 50
11	123	H2030			Mental health clubhouse services, per 15 minutes (Psych Rehab - Clubhouse)	15 min	02, 10, 99	29
17	174	H2032	UB		Activity therapy, per 15 minutes (use for Art Therapy)	15 min	02, 10, 11	53
11	590	H2033			Multisystemic therapy for juveniles, per 15 minutes	15 min	02, 03, 10, 11, 12, 99	49, 50
11	131	H2034			Alcohol and/or drug abuse halfway house services, per diem (ASAM 3.1)	per diem	99	8
11	185	H2036			Alcohol and/or other drug treatment program, per diem (ASAM 3.5)	per diem	99	8
11	186	H2036			Alcohol and/or other drug treatment program, per diem (ASAM 3.7)	per diem	99	8
31	339	Refer to the MA reference file			Studies Ordered by a Behavioral Health Physician Refer to Line 20 of the BHSRCC	Refer to the MA reference file	Refer to the MA reference file	20
11	118	S9484			Crisis intervention mental health services, per hour (Crisis In-Home Support)	per hour	02, 10, 12, 99	23
11	118	S9485			Crisis intervention mental health services, per diem (Crisis Residential)	per diem	02, 10, 12	23
08	080 or 081	T1015	HE	HQ	Clinic Visit/Encounter, All-inclusive (Behavioral Health Group Therapy)	visit	02, 10, 50, 72	11
08	080 or 081	T1015	HF	HQ	Clinic Visit/Encounter, All-inclusive (Behavioral Health Group Therapy)	visit	02, 10, 50, 72	18
08	084	T1015	HG		Clinic Visit/Encounter, All-Inclusive (Methadone Maintenance Comprehensive Svcs - incl transportation)	visit	57	17
11	084	T1015	HG		Clinic Visit/Encounter, All-Inclusive (Methadone Maintenance Comprehensive Svcs - incl transportation)	visit	57, 99	17
08	184	T1015	UB		Clinic Visit/Encounter, All-Inclusive (Drug Free Clinic Visit)	visit	02, 10, 57	17
08	080 or 081	T1015		HE	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	02, 10, 12, 21, 31, 32, 50, 72, 99	11
08	080 or 081	T1015		HF	Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit)	visit	02, 10, 50, 72	18
21	212*	T1016	U8		Case Management, each 15 minutes (CM)	15 min	11, 12, 21	38
11	115	T1016	UB	HK	Case management, each 15 minutes (MH Svc During Psych Inpatient Admission)	15 min	02, 21	24
11	115	T1016	UB	HT	Case management, each 15 minutes (Team w/ Collateral and/or Other Agencies)	15 min	02, 10, 12, 99	24
11	115	T1016	UB	UK	Case management, each 15 minutes (Team Member w/ Collateral and/or Other Agencies)	15 min	02, 10, 12, 99	24

Procedure Code Detail From Attachment G Sorted by Procedure Code

Pvr Type	Specialty	Proc. Code	Price Mod.	Info Modifier	Service Description	Units	Place of Service	Refer to Line Item
11	115	T1016	UB		Case management, each 15 minutes (MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	24
21	221	T1017	TF	HE; HK	Targeted Case Management, each 15 minutes (RC - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	28
21	221	T1017	TF	HK	Targeted Case Management, each 15 minutes (RC - MH Svc During Psych Inpatient Admission)	15 min	02, 21	28
21	221	T1017	TF		Targeted Case Management, each 15 minutes (RC- Resource Coordination)	15 min	02, 10 , 11, 12, 99	28
21	222	T1017	UB	HE; HK	Targeted Case Management, each 15 minutes (ICM - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	25
21	222	T1017	UB	HE; HK; UC	Targeted Case Management, each 15 minutes (BCM - MH Svc During Non-Psych Inpatient Admission)	15 min	02, 21, 31, 32	27
21	222	T1017	UB	HK	Targeted Case Management, each 15 minutes (ICM - MH Svc During Psych Inpatient Admission)	15 min	02, 21	25
21	222	T1017	UB	HK; UC	Targeted Case Management, each 15 minutes (BCM - MH Svc During Psych Inpatient Admission)	15 min	02, 21	27
21	222	T1017	UB	UC	Targeted Case Management, each 15 minutes (BCM - MH ICM Svc)	15 min	02, 10 , 11, 12, 99	27
21	222	T1017	UB		Targeted Case Management, each 15 minutes (ICM - MH/MR Case Mgmt)	15 min	02, 10 , 11, 12, 99	25
11	110	T2048		HE	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) with room and board, per diem (Long Term Structured Residential)	per diem	99	31
11	110	T2048			Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days) with room and board, per diem (Adult Residential Treatment Facility with Room & Board) effective 07/01/22	per diem	99	31
08	111	W0500			Integrated Community Wellness Center	monthly	02, 10 , 49	52

OMHSAS Desk Reference

Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description
01	Inpatient Facility	010	Acute Care Hospital
		011	Private Psych Hosp
		013	RTF (JCAHO Certified) Hospital
		018	Extended Acute Psych Inpatient Unit
		019	D&A Rehab Hosp
		022	Private Psych Unit
		183	Hospital Based Medical Clinic
		232	Opioid Center of Excellence
		370	Tobacco Cessation
		441	D&A Rehab Unit
05	Home Health	370	Tobacco Cessation
07	Capitation	072	MCO - BH
08	Clinic	074	Mobile Mental Health Treatment
		076	Peer Specialist
		080	Federally Qualified Health Center
		081	Rural Health Clinic
		084	Methadone Maintenance
		110	Psychiatric Outpatient
		111	Community MH (Integrated Community Wellness Ctr)
		184	D&A Outpatient
		232	Opioid Center of Excellence
		370	Tobacco Cessation
09	CRNP	093	CRNP
		103	Family and Adult Psychiatric Mental Health
		370	Tobacco Cessation
11	Mental Health/Substance Abuse	076	Peer Specialist
		084	Methadone Maintenance
		110	Psychiatric Outpatient
		111	Community Mental Health
		112	Outpatient Practitioner - MH - This provider specialty is for LSW, LCSW, LPC, and LMFT to enroll
		113	Partial Psych Hosp - Children
		114	Partial Psych Hosp - Adult
		115	Family Based Mental Health
		118	Mental Health Crisis Intervention
		119	MH - OMHSAS
		123	Psychiatric Rehabilitation
		127	D&A Outpatient
		128	D&A Intensive Outpatient
		129	D&A Partial Hospitalization
		131	D&A Halfway House
		132	D&A Medically Monitored Detox
184	Outpatient D&A		
185	D&A Non-Hosp Residential Clinically Managed		
186	D&A Non-Hosp Residential Medically Monitored		

OMHSAS Desk Reference

Attachment K

11	Mental Health/Substance Abuse continued	232	Opioid Center of Excellence
		590	Individual IBHS
		591	Group IBHS
		592	Applied Behavior Analysis IBHS
17	Therapist	171	Occupational Therapist
		174	Art Therapist
		175	Music Therapist
19	Psychologist	190	General Psychologist
		232	Opioid Center of Excellence
		370	Tobacco Cessation
21	Case Manager	076	Peer Specialist
		138	D&A Targeted Case Management
		212	MA Case Management for under 21 years of age
		221	MH TCM - Resource Coordination
		222	MH TCM - Intensive
		232	Opioid Center of Excellence
27	Dentist	370	Tobacco Cessation
28	Laboratory	280	Independent Laboratory
31	Physician	232	Opioid Center of Excellence
		315	Emergency Medicine
		316	Family Practice
		322	Internal Medicine
		339	Psychiatry
		345	Pediatrics
		370	Tobacco Cessation
37	Tobacco Cessation	370	Tobacco Cessation
52	Community Residential Rehab	520	Children & Youth Licensed Group Home with a Mental Health Treatment Component
		523	Host Home/Children
56	Residential Treatment Facility	560	RTF (Non-JCAHO certified)
<p>Highlights are not behavioral health provider type/provider specialty but encounters are permitted to be submitted as defined throughout this document</p>			

Modifiers	Modifier Descriptions	Modifiers	Modifier Descriptions
AH	Clinical psychologist	TF	Intermediate level of care
FQ	A telehealth service was furnished using real-time audio-only communication technology Effective 07/01/2022	TG	Complex/high tech level of care
		TJ	Program group, child and/or adolescent
		TT	Individualized service provided to more than one patient in same setting
GO	OP Occupational Therapy Service	UA	Licensed children's program
GT	Via interactive audio and video telecommunication systems	UB	Medicaid Pricing Modifier
HA	Child/adolescent program	UC	Pilot program
HB	Adult program, non geriatric	UK	Services provided on behalf of the client to someone other than the client (collateral relationship)
HE	Mental health program		
HF	Substance abuse program	U1	Psychiatric
HG	Opioid addiction treatment program	U2	Medicare/TPL contractual disallowance
HK	Specialized mental health programs for high-risk populations	U4	Medicaid Pricing Modifier
		U5	Medicaid Pricing Modifier
HO	Masters degree level	U6	Medicaid Pricing Modifier
HP	Doctoral level	U7	Medicaid Pricing Modifier
HQ	Group setting	U8	Medicaid Pricing Modifier
HT	Multi-disciplinary team	U9	Medicaid Pricing Modifier
HW	Funded by state mental health agency	95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System - End-dated 06/30/2022
SC	Medically necessary service or supply		
Pricing Modifiers			

POS	Place of Service Description	POS	Place of Service Description
02	Telehealth Provided Other than in Patient's Home	31	Skilled Nursing Facility
		32	Nursing Facility
03	School	49	Independent Clinic
10	Telehealth Provided in Patient's Home	50	Federally Qualified Health Ctr
11	Office	52	Psychiatric Facility - PH
12	Home	54	ICF/MR
15	Mobile Unit	56	Psychiatric RTF
19	Off Campus - Outpatient Hospital	57	Non-Residential Substance Abuse Treatment Fac
20	Urgent Care Facility	58	Non-Residential Opioid Treatment Facility
21	Inpatient Hospital	65	End-Stage Renal Disease Treatment Facility
22	Outpatient Hospital	72	Rural Health Clinic
23	Emergency Room - Hospital	81	Independent Laboratory
24	Ambulatory Surgical Center	99	Other POS

BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK PHILADELPHIA COUNTY

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

BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK PHILADELPHIA COUNTY

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

BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK
SOUTHWEST: Beaver, Fayette, Southwest Behavioral Health Management
LEHIGH CAPITAL: Capital Area Behavioral Health Collaborative
NBHCC, NC County Option: Tuscarora Managed Care Alliance, Bedford/Somerset, Northwest Behavioral Health Partnership, Blair

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

BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK
SOUTHWEST: Beaver, Fayette, Greene, Southwest Behavioral Health Management
LEHIGH CAPITAL: Capital Area Behavioral Health Collaborative
NBHCC, NC County Option: Tuscarora Managed Care Alliance, Bedford/Somerset, Northwest Behavioral Health Partnership, Blair

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

BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK
Adams/York Joinder Board, Allegheny, Behavioral Health Alliance of Rural PA, Berks, Bucks, Lehigh,
Northampton, Montgomery, Lycoming/Clinton, Carbon/Monroe/Pike, Erie

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

BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK
Adams/York Joinder Board, Allegheny, Behavioral Health Alliance of Rural PA, Berks, Bucks, Lehigh,
Northampton, Montgomery, Lycoming/Clinton, Carbon/Monroe/Pike, Erie

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

**BH HEALTHCHOICES ZONES FINANCIAL REPORTING CROSSWALK
Delaware, Chester, Cambria**

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

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