

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (7/1/2018)

Procedure Code	Procedure Code Description	Unit of Service	Modifiers allowed
90791	Psych Diagnostic Evaluation	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5
90785	Interactive Complexity	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5
90792	Psych Diag Eval w/Med Services	Event	AF, AM, U3, SA, U1
90832	Psytx PT &/Family	30 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
90833	Psychotherapy PT &/Family with E&M Service	30 Min.	AF, AM, U3, SA, U1
90834	Psychotherapy PT &/Family	45 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
90836	Psychotherapy PT &/Family with E&M Service	45 Min.	AF, AM, U3, SA, U1
90837	Psychotherapy PT &/Family	60 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
90838	Psychotherapy PT &/Family with E&M Service	60 Min.	AF, AM, U3, SA, U1
90845	Psychoanalysis	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
90846	Family Psytx w/out Patient	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
90847	Family Psytx w/Patient	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
90853	Group Psychotherapy	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
90865	Narcosynthesis for psych diagnostic & therapeutic purposes	Event	AF, AM, U3, SA, U1
90870	Electroconvulsive Therapy	Event	AF, AM
90875	Individual Psychotherapy w/ biofeedback training	30 Min	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
90876	Individual Psychotherapy w/ biofeedback training	45 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
90887	Collateral Therapy	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
90899	Unlisted psychiatric service or procedure	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
96101	Psychological Testing by Psych/Phys	60 Min.	AH, U8
96102	Psychological Testing administered by a technician	60 Min.	AH, U8
96103	Psychological Testing administered by a computer	60 Min.	AH, U8

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96105	Assessment of Aphasia, per hour	60 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
96110	Developmental Screening, per standardized instrument	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
96111	Developmental Testing w/ Interpretation and Report	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
96116	Neurobehavioral Status Exam, Psychologist or Physician	60 Min.	AF, AM, AH, U8
96118	Neuropsychological Testing, Psychologist or Physician	60 Min.	AF, AM, AH, U8
96119	Neuropsychological Testing, Qualified H C Professional	Event	AH, U3, SA, AJ, HO, U4, U1, U2, HN, U5
96120	Neuropsychological Testing, Computer	Event	AH, U8, SA, AJ, HO, U4, U1, U2, HN, U5
96125	Standardized Cognitive Perf. Testing, Qualified H C Professional	60 Min.	AF, AM, AH, U3, SA, AJ, U8, HO, U4, U1, U2, HN, U5
96127	Brief Emotional/Behavioral Assessment, with scoring and documentation, per standard instrument	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
96150	Health & Behavior Assessment; Initial Assessment	15 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5
96151	Health & Behavior Assessment; Reassessment	15 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5
99213	Evaluation and management of an established patient	15 Min.	AF, AM, U3, SA, U1
99354	Prolonged Services (First Hour, Use with 90837)	30-60 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
99355	Prolonged Services (After 60 minutes of prolonged)	15-30 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
99406	Smoking & Tobacco Use Cessation counseling visit; Intermediate, greater than 3 mins. up to 10 mins.	3-10 Min.	AF, AM, SA, U1
99407	Smoking & Tobacco Use Cessation counseling visit; Intensive, greater than 10 mins.	10 Min. or more	AF, AM, SA, U1

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99408	Alcohol and/or Substance Abuse structured screening and brief intervention, referral to treatment	15-30 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
99409	Alcohol and/or Substance Abuse Screening and brief intervention, referral to treatment	30 Min. or more	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
H0001	Alcohol and/or Drug Assessment	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
H0002	Behavioral Health Screening	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
H0006	Alcohol and/or Drug Services CM	15 min	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HM, U6, HN, U5, UD
H0012	Alcohol and/or Drug Services; Subacute detox	Event	AF, AM, U3, SA
H0015	Alcohol and/or Drug Services IOP	Per Diem	U9
H0018	Alcohol and/or Drug Services; Short-Term Residential	Per Diem	U9
H0019	Alcohol and/or Drug Services; Long-Term Residential	Per Diem	U9
H0024	Alcohol and/or Drug Prevention	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6, HM, UD
H0025	Alcohol and/or Drug Prevention	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6, U7, HM, UD
H0031	Mental Health Assessment	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
H0032	Mental Health Service Plan Development by non-Physician	Event	U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
H0035	Partial Hospitalization under 24 hrs.	Per Diem	U9
H0038	Self Help/Peer Services, per 15 min	15 Min.	U7
H0040	Assertive Community Treatment program- 4 Prof Team	Monthly	U9
H0040 UB	Assertive Community Treatment program- 10 Prof Team	Monthly	U9
H0046	Mental Health Service, NOS	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U2, HN, U5

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H0049	Alcohol and/or Drug Screening and brief intervention, less than 15 minutes	1-14 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
H2011	Crisis Intervention Service	15 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
H2012	Behavioral Health Day Treat, per hr.	1 Hour	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
H2015	Comprehensive Community Support Services	15 min.	AH, AJ, U8, HO, U4, HN, UC
H2019	Therapeutic Behavioral Service	15 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
H2027	Psychoeducational Service	15 Min.	AH, AJ, U8, HO, U4, HN
S9480	Intensive Outpatient Psychiatric Services, per diem	Per Diem	U9
S9484	Crisis Intervention (mobile crisis), per hour	1 Hour	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U2, TD, HN, U5, U6
S9485	Crisis Intervention (CSU), per diem	Per Diem	U9
T1007	Service Planning for Substance Abuse Services	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
T2023	Targeted Case Management for individuals with SED or SMI; Modifier UA will designate SED population	1 Month	Targeted Case Manager
T2023	Targeted Case Management for Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues; Requires modifier TG	1 Month	Targeted Case Manager
T2023	Targeted Case Management for Individuals with Substance Use Disorders; Requires modifier HF	1 Month	Targeted Case Manager

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Modifier key:

Modifier	Practitioner
AF	Psychiatrist
AM	MD/DO
U3	Psy. Resident
SA	APRN
AH	Licensed Psychologist
AJ	LCSW
U8	LPP, LPA
HO	LPCC, LMFT, LPAT, LBA, LCADC
U4	CSW, LPCA, MFTA, LPATA, LABA, LCADCA
U1	PA
U2	Psy RN
TD	RN
HN	PE
U5	MHA
U6	CADC
U7	PSS
UC	CSA
UD	Preg. Wom
U9	Per Diem
GT	Telehealth