

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (Effective 7/1/2019)

Procedure Code	Procedure Code Description	Unit of Service	Modifiers allowed
90785	Interactive Complexity	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5
90791	Psych Diagnostic Evaluation	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5
90792	Psych Diagnostic Evaluation with Medical Services	Event	AF, AM, U3, SA, U1
90832	Psychotherapy 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
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, Use with 90837 & 99354)	15-30 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
90839	Psychotherapy for Crisis, first 60 minutes	60 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
90840	Each additional 30 minutes (Use with 90839)	30 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
90845	Psychoanalysis	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
90846	Family Psychotherapy w/out Patient	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5, U6
90847	Family Psychotherapy 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 Psychophysiological therapy incorporating biofeedback	30 Min	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (Effective 7/1/2019)

	training by any modality, w/ psychotherapy		
90876	Individual Psychophysiological therapy incorporating biofeedback training by any modality, w/ psychotherapy	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
96105	Assessment of Aphasia, w/ interpretation and report, per hour	60 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
96110	Developmental Screening, w/ scoring and documentation, per standardized instrument	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
96112	Developmental test administration, by physician or other qualified HP, with interpretation and report, first hour	60 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
96113	Each additional 30 minutes (Use with 96112)	30 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5
96116	Neurobehavioral Status Exam, Psychologist or Physician, per hour, both face-to-face time with the patient and time interpreting test results and preparing the report	60 Min.	AF, AM, AH, U8
96121	Each additional hour (Use with 96116)	60 Min.	AF, AM, AH, U8
96125	Standardized Cognitive Performance Testing, per hour of the Physician or Qualified HP's time, both face-to-face time administering tests and time interpreting test results and preparing the report	60 Min.	AF, AM, AH, U3, SA, AJ, U8, HO, U4, U1, U2, HN, U5
96127	Brief Emotional/Behavioral Assessment, with scoring and	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, HN, U5

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (Effective 7/1/2019)

	documentation, per standard instrument		
96130	Psychological Testing Evaluation Services by Physician or other Qualified HP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and feedback to the patient, family member(s) or caregiver(s), first hour	60 Min.	AF, AM, AH, U8, U4(LPA/C.Psy only)
96131	Each additional hour (Use with 96130)	60 Min.	AF, AM, AH, U8, U4(LPA/C.Psy only)
96132	Neuropsychological Test Evaluation Services by Physician or other Qualified HP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and feedback to the patient, family member(s) or caregiver(s), first hour	60 Min.	AF, AM, AH, U8
96133	Each additional hour (Use with 96132)	60 Min.	AF, AM, AH, U8
96136	Psychological or Neuropsychological Testing Administration and Scoring by Physician or other Qualified HP, two or more tests, any method; first 30 minutes	30 Min.	AF, AM, AH, U8, U4(LPA/C.Psy only)
96137	Each additional 30 minutes (Use with 96136) *96136 and 96137 may be used with 96130, 96131, 96132, 96133 on the same or different days	30 Min.	AF, AM, AH, U8, U4(LPA/C.Psy only)
96138	Psychological or neuropsychological test administration and scoring by	30 Min.	AF, AM, AH, U8, U4(LPA/C.Psy only)

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (Effective 7/1/2019)

	technician, two or more tests, any method; first 30 minutes		
96139	Each additional 30 minutes (Use with 96138) *96138 and 96139 may be used with 96130, 96131, 96132, 96133 on the same or different days	30 Min.	AF, AM, AH, U8, U4(LPA/C.Psy only)
96146	Psychological or Neuropsychological test administration, with single automated, standardized instrument via electronic platform, w/ automated result only	Event	AF, AM, AH, U8, U4(LPA/C.Psy only)
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; Re-assessment	15 Min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5
97151	Behavior identification assessment, administered by a physician or other qualified HP, each 15 minutes of the practitioner's time face-to-face with patient and/or guardian(s)/ caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	15 Min.	AF, AM, AH, HO, U8
97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified HP, face-to-face with the patient	15 Min.	AF, AM, AH, HO, U8, UC

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (Effective 7/1/2019)

97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified HP, face-to-face with one patient	15 Min.	AF, AM, AH, HO, U8, UC
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified HP, face-to-face with two or more patients	15 Min.	AF, AM, AH, HO, U8, UC
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified HP, which may include simultaneous direction of technician, face-to-face with one patient	15 Min.	AF, AM, AH, HO, U8
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified HP (with or without the patient present), face-to-face with guardian(s)/caregiver(s)	15 Min.	AF, AM, AH, HO, U8
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified HP (without the patient present), face-to-face with multiple sets of guardian(s)/caregiver(s),	15 Min.	AF, AM, AH, HO, U8
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified HP, face-to-face with multiple patients	15 Min.	AF, AM, AH, HO, U8

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (Effective 7/1/2019)

99203	Evaluation & Management of a new patient, moderate severity (Requiring these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity)	Event	AF, AM, U3, SA, U1
99204	Evaluation & Management of a new patient, moderate to high severity (Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity)	Event	AF, AM, U3, SA, U1
99205	Evaluation & management of a new patient, moderate to high severity (Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)	Event	AF, AM, U3, SA, U1
99213	Evaluation & management of an established patient, low to moderate severity (Requiring at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused evaluation; Medical decision making of low complexity)	Event	AF, AM, U3, SA, U1
99214	Evaluation & management of an established patient, moderate to high severity (Requiring at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity)	Event	AF, AM, U3, SA, U1
99215	Evaluation & management of an established patient, moderate to high severity (Requiring at least 2 of these 3 key components: A	Event	AF, AM, U3, SA, U1

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (Effective 7/1/2019)

	comprehensive history; A comprehensive examination; Medical decision making of high complexity)		
99406	Smoking & Tobacco Use Cessation counseling visit; Intermediate, greater than 3 mins. up to 10 mins.	3-10 Min.	AF, AM, U3, SA, AH, U8, AJ, HO, U1, U4, HN, U5
99407	Smoking & Tobacco Use Cessation counseling visit; Intensive, greater than 10 mins.	10 Min. or more	AF, AM, U3, SA, AH, U8, AJ, HO, U1, U4, HN, U5
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
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
*H0020	Methadone MAT Bundle, weekly (Narcotic Treatment Program only)	Weekly, \$105.00	HF
H0024	Alcohol and/or Drug Prevention	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6, HM
H0025	Alcohol and/or Drug Prevention	Event	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6, U7, HM

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (Effective 7/1/2019)

H0031	Mental Health Assessment by non-physician	Event	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
*H0033	Methadone Induction, limit 4 per calendar year per individual <i>(Narcotic Treatment Program only)</i>	Event, \$200.00	HF
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
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, Limit of 12 units per day, per individual	15 min.	AF, AM, U3, SA, AH, AJ, U8, HO, U4, U1, U2, TD, HN, U5, U6
H2020	Therapeutic Behavioral Service, Services >than 3 hours.	Per Diem	U9
H2027	Psychoeducational Service	15 Min.	AH, AJ, U8, HO, U4, HN
S9446	Peer Support Services, group	Event	U7
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

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (Effective 7/1/2019)

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, Modifier HE will designate SMI population	1 Month, \$334.00	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, \$541.00	Targeted Case Manager
T2023	Targeted Case Management for Individuals with Substance Use Disorders; Requires modifier HF	1 Month, \$334.00	Targeted Case Manager

***Billable by a licensed Narcotic Treatment Program only.** H0020 is a bundled rate code. The following codes are included in the weekly bundled rate and may not be billed outside this bundled code: 80305, 80306, 80307, 90785, 90832, 90833, 90834, 90836, 90837, 99354, 99355, 90838, 90839, 90840, and 90853.

Beginning July 1, 2019, Please include the HF modifier in addition to provider modifier(s) on claims for all services rendered for Substance Use Disorder.

CMHC Mental Health/Substance Abuse Codes and Units of Service Schedule (Effective 7/1/2019)

Modifier key:

Modifier	Practitioner
AF	Psychiatrist
AM	MD/DO
U3	Psy Resident
SA	APRN
AH	Licensed Psychologist
AJ	LCSW
U8	LPP, CPsy w/ Auto. Funct.
HO	LPCC, LMFT, LPAT, LBA, LCADC
U4	CSW, LPA, CPsy, LPCA, MFTA, LPATA, LABA, LCADCA
U1	PA
U2	Psy RN
TD	RN
HN	PE
HM	Prevention Specialist
U5	MHA
U6	CADC
U7	Peer Support Specialist
UC	CSA
UD	Preg. Wom
U9	Per Diem
HF	Substance Use Disorder Service