

**PIHP/CMHSP ENCOUNTER REPORTING  
HCPCS and REVENUE CODES**

**Effective 10-1-2003**

<b>Service Description (Chapter III &amp; PIHP Contract)</b>	<b>HCPCS Codes</b>	<b>Revenue Codes</b>	<b>Reporting Code Description</b>	<b>Reporting Units</b>	<b>Reporting Technique</b>	<b>Claim Format (ASC X12N 837)</b>	<b>Coverage</b>
<b>Assertive Community Treatment (ACT)</b>	H0039		H0039 ACT per 15 min face-to-face	15 minutes	Line	Professional	State Plan
<b>Assessments Health Psychiatric Evaluation Psychological testing Other assessments, tests</b>	T1001, 97802, 97803		Nursing or nutrition assessments (refer to code descriptions)	Refer to code descriptions	Line	Professional	State Plan
	90801, 90802		Psychiatric evaluation	Encounter	Line	Professional	State Plan
	96100, 96115, 96117		Psychological testing	Encounter	Line	Professional	State Plan
	96110, 96111, 96105, H0002, H0031, T1023, T2010, T2011		Other assessments, tests (includes PASRR screens, inpatient initial review and re-certifications, vocational assessments, etc. Use modifier TS for re-certifications.)	Refer to code descriptions	Line	Professional	State Plan
<b>Assistance with Challenging Behaviors</b>	H2019		Therapeutic behavioral services per 15 min	15 Minutes	Line	Professional	Alternative Services (DD only)
<b>Behavior Management Review</b>	H2000		Comprehensive multidisciplinary evaluation	Encounter	Line	Professional	State Plan
<b>Chore Services</b>	S5120		Chore services; per 15 minutes. Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries.	15 minutes	Line	Professional	Habilitation/ Supports Waiver
<b>Clubhouse Psychosocial Rehabilitation Programs</b>	H2030		Mental Health Clubhouse Services per 15 min.	15 Minutes	Line	Professional	State Plan
<b>Community Living Supports</b>	H2015, T2036, T2037		H2015-comprehensive Community Support Services per 15 min. T2036 – therapeutic camping overnight, waiver each session T2037 therapeutic camping day, waiver, each session Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Alternative Service beneficiaries.	Refer to code descriptions	Line	Professional	Habilitation/ Supports Waiver & Alternative Services
<b>Crisis Interventions (including Intensive Crisis Stabilization)</b>	S9484		Crisis intervention mental health services, per hour.	Hour	Line	Professional	State Plan

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<b>Crisis Residential Services</b>	H0018		Behavioral health; short-term residential (non-hosp resident treatment program) without R&B per diem Use for both child & adult services.	Day	Series	Professional	State Plan
<b>Crisis Stabilization Services and Response</b>	H2011		Crisis intervention service per 15 minutes	15 minutes	Line	Professional	Alternative Service (DD only)
<b>Day Programs</b>	S5100, S5102		S5100 – Day care services, adult, per 15 minutes S5102 - Day care services, adult; per diem.	15 minutes Day	Line	Professional	
<b>Electroconvulsive Therapy (see Practitioner Manual)</b>	90870, 00104	0901	0901- ECT facility charges 90870- attending physician charges 00104- anesthesia charges	Encounter Encounter Minutes	Series Line Line	Institutional Professional Professional	State Plan
<b>Enhanced Dental</b>			Bill on 837D with ADA CDT codes	Refer to code descriptions.	Line	Dental	Habilitation/ Supports Waiver & Alternative Services (DD only)

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<b>Enhanced Medical Equipment &amp; Supplies</b>	T1999, T2028, T2029, S5199, E1399, T2039		E1399 – DME, miscellaneous (single room air conditioner) T2028 – Specialized supply, not otherwise specified, waiver (allergy control supplies) T2029 – Specialized medical equipment, not otherwise specified, waiver. (environmental safety & control devices) S5199 – Personal care item, NOS. (assistive technology) T2039- Van lifts & wheelchair tie down system T1999 – Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in “remarks” (adaptive/therapeutic toys) Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Alternative Service beneficiaries.	Item	Line	Professional	Habilitation/ Supports Waiver & Alternative Services (DD only)
<b>Enhanced Pharmacy</b>	T1999		Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in “remarks” Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Alternative Service beneficiaries.	Item	Line	Professional	Habilitation/ Supports Waiver & Alternative Services (DD only)
<b>Environmental Modification</b>	S5165		Home modifications, per service. Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Alternative Service beneficiaries.	Service	Line	Professional	Habilitation/ Supports Waiver & Alternative Services (DD only)
<b>Extended Observation Beds</b>		0762	Outpatient extended observation beds (23 hour)	Hour	Series	Institutional	Alternative Services

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<b>Family Skills Training and Support</b>	S5111		Home care training, family per session Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Alternative Service beneficiaries.	Encounter (Face to Face)	Line	Professional	Habilitation/ Supports Waiver & Alternative Services
<b>Health Services</b>	97802, 97803, 97804, H0034, S9445, S9446, S9470, T1002		97802-97804 – medical nutrition therapy H0034 Medication training and support S9445 –Pt education NOC non-physician indiv per session S9446 – Pt education NOC non-physician group, per session S9470 – Nutritional counseling dietician visit T1002 – RN services up to 15 min	Refer to code descriptions – some are per 15 minutes, some per encounter	Line	Professional	State Plan
<b>Home Based Services</b>	H0037		Community psychiatric supportive treatment, face-to-face, per 15 minutes	15 minutes (Face to Face)	Line	Professional	State Plan
<b>Housing Assistance</b>	T2038		Community transition, waiver, per service	Month	Line	Professional	Alternative Services
<b>ICF/MR</b>		0100, 0184	0100 - All inclusive room and board plus ancillaries 0184 - leave of absence	Day	Series	Institutional	State Plan
<b>Inpatient Psychiatric Hospital Admissions</b>		0114, 0124, 0134, 0154	Room & Board for Community psychiatric Hospital inpatient days– Board Managed Local and State Psychiatric Hospital Inpatient Days - Board Managed State (Use revenue codes for inpatient ancillary services located on page 9)	Day	Series	Institutional	State Plan
<b>Medication Administration</b>	90782, 90788, 99506		Use this procedure code only when provided as a separate service.	Encounter	Line	Professional	State Plan
<b>Medication Review</b>	90862, M0064		EPS tardive dyskinesia testing is included in medication review services	Encounter (Face-to-face)	Line	Professional	State Plan

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<b>Mental Health Therapy Child &amp; Adult Individual Family Group</b>	90808, 90809, 90814, 90815, 90821, 90822, 90828, 90829		Individual therapy, adult or child, 75-80 minutes	Encounter	Line	Professional	State Plan
	90804, 90805, 90810, 90811, 90816, 90817, 90823, 90824		Individual therapy, adult or child, 20-30 minutes	Encounter	Line	Professional	State Plan
	90806, 90807, 90812, 90813, 90818, 90819, 90826, 90827		Individual therapy, adult or child, 45-50 minutes	Encounter	Line	Professional	State Plan
	90853, 90857		Group therapy, adult or child, per session	Encounter	Line	Professional	State Plan
	90846, 90847		Family therapy, per session	Encounter	Line	Professional	State Plan
<b>Nursing Facility Mental Health Monitoring</b>	T1017		Targeted case management each 15 min	15 minutes	15 minutes	Professional	State Plan
<b>Occupational Therapy</b>	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, S8990		OT individual	Refer to code descriptions – some are per 15 minutes, some per encounter	Line	Professional	State Plan
	97150		OT group, per session	Encounter	Line	Professional	State Plan
	97003, 97004		OT evaluation/re-evaluation	Encounter	Line	Professional	State Plan
<b>Out of Home Non Vocational Habilitation</b>	H2014		Skills training and development, per 15 min Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries.	15 minutes	Line	Professional	Habilitation/ Supports Waiver
<b>Out of Home Prevocational Service</b>	T2015		Habilitation, prevocational, waiver, per hour Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries.	hour	Line	Professional	Habilitation/ Supports Waiver
<b>Outpatient Partial Hospitalization</b>		0912, 0913	Partial hospitalization	Day	Series	Institutional	State Plan

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<b>Peer Directed and Operated Support Services</b>	H0038		Self help/peer services per 15 min.	15 minutes	Line	Professional	Alternative Services
<b>Personal Care in Licensed Specialized Residential Setting</b>	T1020		Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of service. (code may not be used to identify services provided by home health aide or certified nurse assistant)	Day	Series	Professional	State Plan
<b>Personal Emergency Response System (PERS)</b>	S5160, S6161		S5160- Emergency response system; installation and testing S5161- (PERS) Service fee, per month (excludes installation and testing). Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Alternative Service beneficiaries.	Refer to code descriptions	Line	Professional	Habilitation/ Supports Waiver & Alternative Services
<b>Physical Therapy</b>	97001, 97002		PT Evaluation/re-evaluation	Encounter	Line	Professional	State Plan
	97110, 97112, 97113, 97116, 97124, 97139, 97140, 97530, 97532, 97533, 97535, 97537, 97542, S8990		PT individual	Refer to code descriptions – some are per 15 minutes, some per encounter	Line	Professional	State Plan
	97150		PT group	Encounter	Line	Professional	State Plan
<b>Prevention Services - Direct Model</b>	H0025		Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)	Face to Face Contact	Line	Professional	Alternative Services

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<b>Private Duty Nursing</b>	S9123, S9124		Private duty nursing, habilitation supports waiver (individual nurse only) 21 years and over ONLY Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. Modifier TT – use for multiple patients in same setting	hour	Line	Professional	Habilitation/ Supports Waiver
	S9132, S9124	0582	Private duty nursing, habilitation supports waiver (private duty agency only) Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. Modifier TT – use for multiple patients in same setting	hour	Line	Institutional	Habilitation/ Supports Waiver
<b>Respite Care</b>	T1005		Respite care services, up to 15 minutes. No modifier = all providers except RN & LPN TD modifier = RN only TE modifier = LPN only Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Alternative Service beneficiaries.	15 minutes	Line	Professional	Habilitation/ Supports Waiver & Alternative Services
<b>Skill Building Assistance</b>	H2014		Skills training and development, per 15 min	15 minutes	Line	Professional	Alternative Services
<b>Specialized Residential</b>	S5140, S5145		S5140- Foster care, adult; per diem. S5145- Foster care, therapeutic, child; per diem. (licensed setting only) Note: only report for bundled services – otherwise see personal care in specialized residential setting.	Day	Series	Professional	
<b>Speech &amp; Language Therapy</b>	92506		Speech & language evaluation	Encounter	Line	Professional	State Plan
	92507, 92526, 92610		S&L therapy, individual, per session	Encounter	Line	Professional	State Plan
	92508		S&L therapy, group, per session	Encounter	Line	Professional	State Plan

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<b>Supported Employment Services</b>	H2023		Supported employment per 15 min Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Alternative Service beneficiaries.	15 minutes	Line	Professional	Habilitation/ Supports Waiver & Alternative Services
<b>Supported Independent Housing</b>	H0043		Supported housing per diem (non-licensed setting)	Day	Series	Professional	Alternative Services
<b>Supports Coordination</b>	T1016		Case management, each 15 minutes. Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Alternative Service beneficiaries.	15 minutes	Line	Professional	Habilitation/ Supports Waiver & Alternative Services (DD only)
<b>Targeted Case Management</b>	T1017		Targeted Case management each 15 minutes	15 minutes (Face to Face)	Line	Professional	State Plan
<b>Transportation</b>	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215 T2001-T2005		Non-emergency transportation services. Refer to code descriptions. Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Alternative Service beneficiaries.	Refer to code descriptions	Line	Professional	State Plan, Habilitation/ Supports Waiver & Alternative Services
<b>Treatment Planning</b>	H0032		Mental health service plan development by non-physician	Encounter	Line	Professional	State Plan
<b>Wraparound Services</b>	H2022		Community-based Wrap-Around services, per diem.	Month	Line	Professional	Alternative Services

**Additional Codes for Reporting**

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<b>Dental Services (routine)</b>			Refer to ADA CDT codes		Line	Dental	
<b>Laboratory Services Related to Mental Health</b>			Refer to HCPCS codes in 80000 range		Line	Professional	
<b>Pharmacy (Drugs &amp; Biologicals)</b>			NDC codes for prescription drugs		Line	Pharmacy - NCPDP	GF only services

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<b>Physician Services Related to Mental Health</b>	90887		Psychiatric service. Refer to code descriptions	Encounter	Line	Professional	
	99201 - 99215		E & M visits. Refer to code descriptions	Encounter	Line	Professional	
	99221 - 99233		Inpatient hospital care. Refer to code descriptions	Day	Line	Professional	
	99241 - 99275		Consultations. Refer to code descriptions	Encounter	Line	Professional	
<b>Revenue Codes for Inpatient Hospital Ancillary Services</b>		0144, 0183, 0250, 0251, 0252, 0253, 0254, 0257, 0258, 0270, 0271, 0272, 0300, 0301, 0302, 0305, 0306, 0307, 0320, 0370, 0410, 0420, 0421, 0422, 0423, 0424, 0430, 0431, 0432, 0433, 0434, 0440, 0441, 0442, 0443, 0444, 0450, 0460, 0470, 0471, 0472, 0610, 0611, 0636, 0710, 0730, 0731, 0740, 0762, 0900, 0901, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0918, 0919, 0925, 0940, 0941, 0942	Revenue Codes for ancillary Services. Refer to the State Uniform Billing Manual for code descriptions	Refer to code descriptions.	Series	Institutional	
<b>Transportation</b>	A0160, A0180, A0190, A0200, A0210,		Non Medicaid-funded transportation.	Refer to code descriptions.	Line	Professional	GF only services