

SECTION 4

PROCEDURE CODES

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MEDICAID BILLABLE SERVICES

The following table includes Community Mental Health program services typically billed to Medicaid, their abbreviations, the procedure code for the service, the time per unit of service, and the maximum amount of units billable per day.

Services and Approved Abbreviation	Procedure Code	Unit Time	Maximum Units/Day
Behavioral Health Day Treatment (BH-DT)	H2012	60 minutes	8
Behavioral Health Prevention-Education Service (BHP-ES)	H0025	1 Day	1
Community-Based Wrap-Around Services (WRAPS-CG, WRAPS-BI)	H2021	15 minutes	64/per day
(WRAPS-CSS)	H2022	1 Day	1 Day
Temp. Deescal. Care/Crisis Stabilization (WRAPS-TDC)	H2022 TG	1 Day	1 Day
Comprehensive Community Support (CCS)	H2015	15minutes	48
Crisis Intervention Service (CI)	H2011	15 minutes	20
Crisis Intervention MH Services (CI-MHS)	S9484	60 minutes	12*
Family Therapy, client not present	90846	30 minutes	4
Family Therapy, client present (Fm Tx)	90847	30 minutes	4
Group Therapy (Gp Tx)	90853	30 minutes	8
Individual Therapy (Ind Tx)	90804	30 minutes	4
Injectable Medication Administration (Med. Adm.)	See Injection table below	N/A	N/A
MH Assessment by Non Physician (Assmt) Assessment - MHP (Assess.)	H0031	30 minutes	6
MH Services NOS (MHS-NOS)	H0046	15 minutes	20
MH Service Plan Development by Non Physician (SPD)	H0032	15 minutes	2

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Services and Approved Abbreviation	Procedure Code	Unit Time	Maximum Units/Day
Nursing Services (NS)	T1002	15 minutes	7
Peer Support Service (PSS)	H0038	15 minutes	16
Psychiatric Medical Assessment (PMA)	90801	15 minutes	6
Psychiatric Medical Assessment-Advanced Practice Registered Nurse (PMA-APRN)	90801 TD	15 minutes	6
Psychosocial Rehabilitation Services (PRS)	H2017	15 minutes	24
Skills Training and Development (STAD)	H2014	15 minutes	20
Targeted Case Management-Adult (TCM-A)	T1017	15 minutes **	8
Case Management	T1016	15 minutes	8

* A maximum of fifteen (15) days for each episode of treatment may be billed for 7 units and above.

** A full fifteen (15) minutes must be rendered in order to be billed. Service delivery contacts occurring on the same day may be combined until a full unit is reached.

Place of Service Codes Index:

11 - Doctor's Office
12 - Patient's Home
21 - Inpatient Hospital

22 - Outpatient Hospital
23 - Emergency Room

51 - Inpatient Psychiatric Facility
53 - Community Mental Health Center
99 - Other Unlisted Facility (use only when no other code exists)

Modifier Index:

TD – Nurse
TG – Complex High Tech Loc

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REIMBURSABLE MEDICAID CODES FOR INJECTIONS

The following table lists reimbursable Medicaid Codes for injections approved for use in the Community Mental Health Services program and their reimbursement dosages.

REIMBURSABLE MEDICAID CODES FOR INJECTIONS	
J2060	Ativan, to 4 mg
J1200	Diphenhydramine, up to 50 mg
J0515	Benztropine, up to 1 mg
J1630	Haldol, up to 5 mg.
J1631	Haldol Decanoate to 50 mg. IM.
J1990	Librium, up to 100 mg.
J2330	Navane IM., up to 4 mg
J2680	Prolixin Decanoate, Fluphenazine, up to 25 mg
J3230	Torazine, Chlorpromazine, up to 50 mg
J3310	Perphenazine, up to 5 mg
J3360	Valium, up to 5 mg
J3410	Vistaril, up to 25 mg
J2794	Risperidone, 0.5 mg
J3490	Unclassified Drugs (Document)

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REIMBURSABLE MEDICAID CODES FOR INJECTIONS

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V CODES

In the absence of a full clinical assessment and evaluation, the use of a V Code may be appropriate. A more thorough diagnosis and the corresponding diagnosis code should replace the V Code when available. For the purposes of Children's Behavioral Health Services, the following V Codes may be used:

- **V61.20** Parent-child relational problem
- **V61.21** Neglect/Abuse of child
- **V61.9** Relational problem related to a mental disorder
- **V62.81** Interpersonal problems, not elsewhere classified
- **V62.82** Bereavement
- **V71.02** Child or adolescent antisocial behavior

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