

2009 Encounter Reporting SAMPLE
DETROIT-WAYNE COUNTY COMMUNITY MENTAL HEALTH AGENCY
PIHP/CMHSP ENCOUNTER REPORTING HCPCS and REVENUE CODES
Program Name: PROJECT SAMPLE 2009 Direct Contract Provider: DCP SAMPLE 2009

Service Description (Chapter III & PIHP Contract)	HCPCS Codes	Revenue Codes	Reporting Code Description from HCPCS and CPT Manuals	Reporting Units	(Does this program use this code? Y/N)
Assertive Community Treatment (ACT)	H0039		ACT per 15 min	15 minutes	No
Assessments Health Psychiatric Evaluation Psychological testing Other assessments, tests	T1001		Nursing assessment/evaluation	Refer to code descriptions	Yes
	97802		Medical Nutrition therapy, initial assessment and intervention, individual, face-to-face with the patient	15min	No
	97803		Medical nutrition therapy re-assessment and intervention, individual, face-to-face with the patient	15 min	Yes
	90801		Psychiatric diagnostic interview examination	Encounter	Yes
	90802		Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter or other mechanisms of communication		No
	96101		Psychological testing-(includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg. MMPI, per hour of the psychologist's or physician's time both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Per hour	Yes
	96102		Psychological testing (includes psycho diagnostic assessment of emotionality, intellectual abilities and psychopathology, eg. MMPI and WAIS) with qualified health care professional interpretation and report, administered by technician, per hour of technician time.	Per hour	Yes
	96103		Psychological testing (includes psychogianostic assessment of emotionality, intellectual abilities personality and psychopathology, eg. MMPI) administered by a computer, with qualified health care professional interpretation and report		No

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	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 with the patient and time interpreting test results and preparing the report	Per hour	No
	96118		Neuropsychological testing (eg. Halstead-Reitan Neuropsychological battery, Wechsler Memory Scales and Wisconsin Card Sorting test) per psychologist's or physician's time administering tests to the patient and time interpreting these test results and preparing the report	Per hour	Yes
	96119		Neuropsychological testing eg. Halstead-Reitan Neuropsychological batter, Wechsler Memory Scales and Wisconsin Card sorting test) with qualified health care professional interpretation and report, administered by technician, per hour of technician time	Per hour	No
	96120		Neuropsychological testing eg. Wisconsin Card sorting test) administered by a computer, with qualified health care professional interpretation and report eg. Wisconsin Card sorting test) administered by a computer, with qualified health care professional interpretation and report		Yes
	90887		Other assessments, tests (interpretations or explanation of hospital records, other psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	Refer to code descriptions	No
	96105		Assessment of Aphasia with interpretation and report	Per hour	No

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	96110		Developmental testing limited, with interpretation and report eg. Developmental screening test II early language milestone screen		Yes
	96111		Developmental testing extended, with interpretation and report (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardize developmental instruments)		No
	H0031		H0031: Assessment by non-physician		No
	H0002		Behavioral health screening to determine eligibility for admission to treatment program		Yes
	T1023		Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter		Yes
Behavior Management Review	H2000		Comprehensive multidisciplinary evaluation Service does not require face-to-face with beneficiary for reporting Modifier TS for monitoring activities (does not need to be face-to-face)	Encounter	No
Chore Services	S5120		Chore services; per 15 minutes. Service does not require face-to-face with beneficiary for reporting Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries.	15 minutes	No
Clubhouse Psychosocial Rehabilitation Programs	H2030		Mental Health Clubhouse services, per 15 min.	Per 15 Min.	No
Community Psychiatric Inpatient		0100	All inclusive room and board plus ancillaries	Day	Yes

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		0101	All inclusive room and board (Use revenue codes for inpatient ancillary services located on page 11)		Yes
		0114	- ward size Psychiatric R & B Must use provider type 73 followed by 7-digit Medicaid Provider ID number. See 10/14/04 instructions and Companion Guide for 837 Institutional Encounters for proper placement in 837	Day	Yes
		0124	- ward size - Private Must use provider type 73 followed by 7-digit Medicaid Provider ID number. See 10/14/04 instructions and Companion Guide for 837 Institutional Encounters for proper placement in 837	Day	Yes
		0134	- ward size – Semi-Private Must use provider type 73 followed by 7-digit Medicaid Provider ID number. See 10/14/04 instructions and Companion Guide for 837 Institutional Encounters for proper placement in 837	Day	No
		0154	- ward size Ward Must use provider type 73 followed by 7-digit Medicaid Provider ID number. See 10/14/04 instructions and Companion Guide for 837 Institutional Encounters for proper placement in 837	Day	Yes
Community Living Supports	H0043		Community Living Supports provided in unlicensed independent living setting or own home, per diem Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for B3 Services.	Refer to code descriptions	No
	H2015		Comprehensive Community Support Services	Per 15 min.	Yes

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	H2016		Comprehensive Community Support Services per day in specialized residential settings, or for children with SED in a foster care setting that is not a CCI, or children with DD in either foster care or CCI; use modifiers TG for high need or high cost cases; TF for moderate need or moderate cost cases; no modifier for low need or lost cost cases. Use in conjunction with Personal Care T1020 for unbundling specialized	Per diem	No
	T2036		Therapeutic camping overnight, waiver	Each session	No
	T2037		Therapeutic camping day, waiver	Each session	Yes
Crisis Intervention	H2011		Crisis Intervention Service	Per 15 min.	No
Crisis Observation Care		0762	Outpatient extended observation beds (23 hour)	Hour	No
Crisis Residential Services	H0018		Behavioral health; short-term residential (non-hosp resident treatment program) without R&B per diem Use for both child & adult services.	Per diem	Yes
Electroconvulsive Therapy (see Practitioner Manual)		0370	Anesthesia		No
		0701	Recovery room		Yes
		0901	ECT facility charges	Encounter	No
		00104	anesthesia charges	Minutes	No
		90870	attending physician charges	Encounter	Yes
Enhanced Medical Equipment & Supplies	E1399		DME, miscellaneous	Item	Yes
	S5199		Personal care item, NOS.	Item	No
	T2028		Specialized supply, not otherwise specified, waiver	Item	Yes
	T2029		Specialized medical equipment, not otherwise specified, waiver.	Item	Yes

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	T2039		T2039- Van lifts & wheelchair tie down system Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services.	Item	
Enhanced Pharmacy	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 Additional or "b3" Services.	Item	No
Environmental Modification	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 Additional or "b3" Services.	Service	No
Family Training	S5111		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 Additional or "b3" Services. Modifier HA for Parent Management Training Oregon model Modifier HS when beneficiary is not present Modifier TT when multiple families are served face-to-face simultaneously	Encounter	Yes

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	G0177		G0177 – Family Psycho-education: family educational groups (either single or multi-family) Note: Please use these codes only when implementing this Evidence Based Practice Modifier HS: consumer was not present during the activity with the family	G0177 = session of at least 45 min	No
	S5110		Family Psycho-Education: skills Workshop	15 min.	Yes
	T1015		Family Psycho-Education: joining	Encounter	Yes
Fiscal Intermediary Services	T2025		Waiver service NOS. Use for services performed by a fiscal intermediary. Service does not require face-to-face with beneficiary for reporting	Per Month	Yes
Health Services	97802		Medical nutrition therapy, initial assessment and intervention, individual, face-to-face with the patient	Each per 15 minutes,	No
	97803		Re-assessment and intervention medical nutrition therapy	15 minutes	Yes
	97804		Group medical nutrition therapy; (for medical nutrition therapy assessment and/or intervention performed by a physician.)	each 30 min.	Yes
	H0034		Medication training and support	Per 15 min.	No
	S9445		Pt education NOC non-physician individual per session		
	S9446		S9446 – Pt education NOC non-physician group	Per session	Yes
	S9470		Nutritional counseling dietician visit		Yes
	T1002		RN services up to 15 min		No
Home Based Services	H0036		Community psychiatric supportive treatment, face-to-face with child or family, per 15 minutes Modifier HA for Parent Management Training Oregon model Modifier HS when beneficiary is not present	15 minutes	Yes
Housing Assistance	T2038		Community transition, waiver	Month	Yes

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Intensive Crisis Stabilization	S9484		Crisis intervention mental health services, per hour. Use for the DCH-approved program only.	Per hour	No
ICF/MR		0100	0100 - All inclusive room and board plus ancillaries. Must use provider type PT 65 followed by the 7-digit Medicaid Provider ID number. See October 14, 2004 instructions and Companion Guide for 837 Institutional Encounters for proper placement in the 837	Day	No
Inpatient Psychiatric Hospital State Facility Admissions		0100	Room & Board Managed State Psychiatric Hospital Inpatient Days - Board Managed State - All inclusive room and board plus ancillaries - ward size Must use provider type 22 followed by the 7-digit Medicaid Provider ID number. See October 14, 2004 instructions and Companion Guide for 837 Institutional Encounters for proper placement in 837	Day	Yes
		0101	All inclusive room and board (Use revenue codes for inpatient ancillary services located on page 11)	Day	No
		0114	ward size Psychiatric	Day	Yes
		0124	ward size Private	Day	Yes
		0134	ward size Semi-private	Day	No
		0154	ward size Ward	Day	Yes
Institution for Mental Disease Inpatient Psychiatric Services		0100	All inclusive room and board plus ancillaries proper placement in 837 - ward size Must use provider type 68 followed by the 7-digit Medicaid Provider ID number. See October 14, 2004 instructions and Companion Guide for 837 Institutional Encounters for - All inclusive room and board (Use	Day	Yes

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			revenue codes for inpatient ancillary services located on page 11)		
		0101	All inclusive room and board plus ancillaries proper placement in 837		No
		0114	Must use provider type 68 followed by the 7-digit Medicaid Provider ID number. See October 14, 2004 instructions and Companion Guide for 837 Institutional Encounters for – All inclusive room and board (Use revenue codes for inpatient ancillary services located on page 11)	Day	No
		0124	Ward size Private	Day	Yes
		0134	Ward size Semi-private	Day	No
		0154	Ward size Ward	Day	Yes
Medication Administration	90772		Therapeutic, prophylactic or diagnostic injection (specify substance or drug) for non-antineoplastic hormonal therapy injections)	Encounter	No
	99211		Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services	5 minutes	No
	99506		Home visit for intramuscular injections		Yes
Medication Review	90862		Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy	Encounter (Face-to- face)	No
	M0064		Brief assessment (generally less than 10 minutes), med monitoring or change by nurse, or physician, or plus a nurse		No
	H2010		Comprehensive Medication Services Please use only with Evidence Based Practice – Medication Algorithm	15 minutes	Yes
Nursing Facility Mental Health Monitoring	T1017SE		Targeted case management each 15 min Use modifier SE to distinguish from case management	15 minutes	Yes

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Occupational Therapy	97003		OT evaluation/-evaluation	Encounter	No
	97004		OT evaluation/ re-evaluation	Encounter	No
	97110		OT individual one or more areas, therapeutic exercises to develop strength and endurance, range of motion and flexibility	some are per 15 minutes, some per encounter	No
	97112		Neuromuscular reeducation of movement, balance, coordination kinesthetic sense, posture and/or proprioception for sitting and standing activities		Yes
	97113		Aquatic therapy with therapeutic exercises		Yes
	97116		Gait training (includes stair climbing)		Yes
	97124		Massage including effleurage, petrissage and/or tapotement (stoking, compression, percussion)		Yes
	97140		Manual therapy techniques (one or more regions)	15 minutes each	No
	97150		OT group therapy procedures involve constant attendance of the physician or therapist, but by definition do not require one-on-one patient contact by the physician or therapist (2 or more per session)	Encounter	Yes
	97530		Therapeutic activities, direct (one-on- one) patient contact by the provider	Each 15 minutes	No
	97532		Development of cognitive skills to improve attention, memory, problem solving direct (one-on-one) patient contact by provider	Each 15 minutes	Yes
	97533		Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, one-on-one patient contact by provider	Each 15 minutes	No
	97535		Self care, home management training (eg. Activities related to daily living (direct one-on-one by provider)	Each 15 minutes	No

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	97537		Community/ work reintegration training (eg. Shopping, transportation, money management, avocational activities and/or work environment / modifications analysis (direct one-on-one by provider	Each 15 minutes	Yes
	97542		Wheelchair management (eg. Assessment, fitting, training	Each 15 minutes	No
	97750		Physical performance test or measurement (eg. Musculoskeletal, function capacity) with written report	Each 15 minutes	No
	97755		Assistive technology assessment(eg. to Restore, augment or compensate for existing function, optimize functional tasks and /or maximize environmental accessibility (direct one-on-one by provider with written report	Each 15 minutes	Yes
	97760		Orthotic(s) management and training including assessment and fitting when not otherwise reported) upper extremity(s), lower and/or lower trunk	Each 15 minutes	No
	97762		Check out orthotic/prosthetic use, established patient	Each 15 minutes	Yes
	S8990		Physical or manipulative therapy performed by maintenance rather than restoration		No
Out of Home Non Vocational Habilitation	H2014		Skills training and development, per 15 minutes Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. Modifier TT when multiple consumers are served face-to-face simultaneously	15 minutes	No
Out of Home Prevocational Service	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	Yes

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Outpatient Partial Hospitalization		0912	Partial hospitalization – less intensive	Day	Yes
		0913	Partial hospitalization - intensive	Day	No
Peer Directed and Operated Support Services	H0023		Drop-in Center attendance, encounter [Note: Optional to report on Encounter report]	Encounters 15 minutes	Yes
	H0038		Self help/Peer specialist services	Per 15 min.	Yes
Personal Care in Licensed Specialized Residential Setting	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 treatment. (code may not be used to identify services provided by home health aide or certified nurse assistant) Use modifier TG for high need or high cost cases; TF for moderate need or moderate need cases; no modifier for low need or low cost cases	Day	No
Personal Emergency Response System (PERS)	S5160		Emergency response system; 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 Additional or “b3” Services.	Refer to code descriptions	Yes
	S5161		(PERS) Service fee, per month (excludes installation and testing).	Per month	Yes
Physical Therapy	97001		PT Evaluation/ - evaluation	Encounter	Yes
	97002		PT Evaluation/ re-evaluation		Yes
	97110		PT individual procedures, one or more areas, therapeutic exercises to develop strength and endurance, range of motion and flexibility, per 15 minutes	some are, some per encounter	Yes
	97112		Neuromuscular reeducation of movement, balance, coordination for standing / sitting activities		No
	97113		Aquatic therapy with therapeutic exercises		No

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	97116		Gait training (includes stair climbing)		Yes
	97124		Massage, including effleurage, petrissage and/or tapotement		No
	97140		Manual therapy techniques (eg. Mobilization, manipulation, manual lymphatic drainage, manual traction)	Each 15 min.	No
	97150		OT group therapy procedures involve constant attendance of the physician or therapist, but by definition do not require one-on-one patient contact by the physician or therapist (2 or more per session)	Encounter	No
	97530		Therapeutic activities, direct by the Provider (use of dynamic activities to improve functional performance)	Each 15 min.	Yes
	97532		Development of cognitive skills to improve attention, memory, problem solving, direct	Each 15 min.	No
	97533		Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct	Each 15 min.	Yes
	97535		Self care/ home management training (eg. Activities of daily living and compensatory training, meal preparation, safety instructions, direct	Each 15 min.	No
	97537		Community/ work reintegration (eg. Shopping, transportation, money management, direct by provider	Each 15 min.	No
	97542		Wheelchair management (eg. Assessment, fitting, training)	Each 15 min.	No
	S8990		Physical or manipulative therapy performed for maintenance rather than restoration		No
Prevention Services - Direct Model	H0025		Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior); approved MDCH models only	Face to Face Contact with family or child	Yes

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Private Duty Nursing	S9123		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	No
	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	Yes
	T1000		Private duty nursing (Habilitation Supports Waiver) T1000 – private duty/independent nursing service(s), licensed Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries Modifier TD – registered nurse Modifier TE – licensed practical nurse or licensed visiting nurse	Up to 15 minutes	No

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Respite Care	T1005		Respite care services, up to 15 minutes. No modifier = all providers (including unskilled, and Family Friend) 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 Additional or "b3" Services.	15 minutes	No
	H0045		Respite care services, day in out-of-home setting Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services.	Day	Yes
	S5150		Respite care by unskilled person, per 15 minutes (use also for "Family Friend" respite)	15 minutes	Yes
	S5151		Respite care, day, in-home Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services.	Per diem	No
Skill Building Assistance	H2014		Skills training and development, per 15 min Modifier TT when multiple consumers are served face-to-face simultaneously	15 minutes	Yes
Speech & Language Therapy	92506		Evaluation of Speech & language, voice communication and/or auditory processing	Encounter	Yes

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	92507		S&L treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Encounter	No
	92508		S&L therapy, group or 2 or more individuals	Encounter	No
	92526		Treatment of swallowing dysfunction and/or oral function for feeding	Encounter	Yes
	92610		Evaluation of oral and pharyngeal swallowing function	Encounter	No
Substance abuse: Individual Assessment	H0001		Alcohol and/or drug assessment (done by provider)	Encounter	Yes
	H0002		Behavioral health screening to determine eligibility for admission to treatment program, face-to-face	Encounter	No
	H0049		AMS Alcohol and/or drug screening for appropriateness for treatment	Encounter	No
Substance abuse: Outpatient Treatment Facility Care	H0004		Behavioral health counseling and therapy	Refer to code descriptions	Yes
	90804		Psychotherapy (individual) insight oriented, behavior modifying and/or supportive, in an office or outpatient facility approximately 20-30 minutes face-to-face	Per 15 minutes	Yes
	90815		Psychotherapy (individual) with medical evaluation and management services	Per 15 minutes	No
		0900	Alcohol and/or drug services; group counseling by a clinician – General Psychiatric Services		Yes
		0914	Alcohol and/or drug services; Individual counseling/therapy by a Clinician		Yes
		0915	Alcohol and/or drug services; Group counseling/therapy by a Clinician		No
		0916	Alcohol and/or drug services; Family counseling/therapy by a Clinician		No
		0919	Alcohol and/or drug services; group counseling by a Clinician		Yes

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			Alcohol and/or drug services; group counseling by a Clinician	H0005 = Encounter	No
		0906	Intensive Outpatient Services – Chemical dependency	Encounter	Yes
			Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education	H0015 = Day	No
	H2035		Outpatient alcohol/other drug treatment program per hour	Per Hour	No
	H2036		Outpatient alcohol/other drug treatment Program per diem	Per Diem	Yes
			Peer Recovery		Yes
			Interactive individual psychotherapy		No
			Family psychotherapy		Yes
			Group psychotherapy		Yes
			Interactive group psychotherapy		No
			Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program)	Encounter	No
		1002	Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7.D)Residential treatment – chemical dependency	Day	Yes
			Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	Day	No

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Service Description (Chapter III & PIHP Contract)	HCPCS Codes	Revenue Codes	Reporting Code Description from HCPCS and CPT Manuals	Reporting Units	(Does this program use this code? Y/N)
			Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level I.D)	Day	Yes
	H0018	1002	Alcohol and/or drug services; short term residential (non-hospital residential treatment program)	Day	No
			Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	Day	No
Supported Employment Services			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 Additional or "b3" Service. Modifier TT when multiple consumers are served face-to-face simultaneously	15 minutes	Yes
Supports Coordination	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 Additional or "b3" Services.	15 minutes	Yes

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Targeted Case Management			Targeted Case management each 15 minutes	15 minutes (Face to Face)	No
Therapy (mental health) Child & Adult, Individual, Family, Group			Individual therapy, adult or child, 75-80 minutes	Encounter	Yes
			Individual therapy, adult or child, 20-30 minutes	Encounter	Yes
	90806		Individual therapy, adult or child, 45-50 minutes	Encounter	No
	90807		Individual therapy, adult or child with medical evaluation and management services	Encounter	No
	90812		Interactive individual psychotherapy using physical devices 45-50 minutes face-to-face	Encounter	Yes
	90813		Individual therapy, adult or child with medical evaluation and management services	Encounter	No
	90818		Interactive individual psychotherapy using physical devices 45-50 minutes face-to-face	Encounter	Yes
	90819		Individual therapy, adult or child with medical evaluation and management services	Encounter	No
	90826		Interactive individual psychotherapy using physical devices 45-50 minutes face-to-face	Encounter	No
	90827		Individual therapy, adult or child with medical evaluation and management services	Encounter	Yes
	90853		Group therapy, adult or child, per session Modifier HA: Parent Management Training Oregon model	Encounter	Yes
	90857		Group therapy, adult or child, per session Modifier HA: Parent Management Training Oregon model	Encounter	No

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	90846		Family therapy, per session Modifier HA: Parent Management Training Oregon model Modifier HS: consumer was not present during activity with family	Encounter	Yes
Therapy (mental health) Child & Adult, Individual, Family, Group	90847		Family psychotherapy (conjoint with patient present)		Yes
	90849		Multiple-family group psychotherapy		No
Transportation	A0080		[Note: Optional to report on Encounter report] Non-emergency transportation services. Refer to code descriptions. Do not report transportation as a separate Habilitation Supports Waiver service	Refer to code descriptions	No
	A0090		Non-emergency transportation services. (family member, self, neighbor) with vested interest Refer to code descriptions.	Refer to code descriptions	Yes
	A0100		Non-emergency transportation services Taxi. Refer to code descriptions.	Refer to code descriptions	No
	A0110		Non-emergency transportation, bus intra- inter-state carrier services. Refer to code descriptions.	Refer to code descriptions	Yes
	A0120		Non-emergency transportation services, mini bus, mountain area transports, or other transportation services. Refer to code descriptions.	Refer to code descriptions	No
	A0130		Non-emergency transportation services: wheelchair van. Refer to code descriptions.	Refer to code descriptions	No
	A0140		Non-emergency transportation services and air travel (private or commercial) intra-or-intra state. Refer to code descriptions.	Refer to code descriptions	Yes
	A0170		Transportation ancillary: parking fees, tolls, other	Refer to code descriptions	Yes
	S0209		Wheelchair van, mileage, per mile	Refer to code descriptions	No

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Additional Codes for Reporting

Service Description	HCPCS Codes	Revenue Codes	Reporting Code Description	Reporting Units	Does this program use this code? Y/N
Dental Services (routine)			Refer to ADA CDT codes		No
Electro-convulsive therapy Refer to Practitioners' Policy Manual	90870		Electroconvulsive therapy (includes necessary monitoring)	Encounter	No
		0901	Electroshock treatment	Encounter	No
	00104		Anesthesia charges for ECT	Minutes	No
Foster care	S5140		Foster care, adult, per diem (use for residential IMD) Licensed settings only. Report only for per diem bundled rate that does not include Medicaid-funded personal care and/or community living supports	Day	No
	S5145		Foster care, therapeutic, child, per diem (use for CCI)		No
Laboratory Services Related to Mental Health			Refer to HCPCS codes in 80000 range		No
Pharmacy (Drugs & Biologicals)			NDC codes for prescription drugs		No
Physician Services Related to Mental Health	90805		Psychiatric service with medical evaluation and management services. Refer to code descriptions	Encounter	Yes
	90887		Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient		Yes

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Service Description	HCPCS Codes	Revenue Codes	Reporting Code Description	Reporting Units	Does this program use this code? Y/N
	99201		E & M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: - a problem focused history; - a problem focused examination, - straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family needs.	Encounter	Yes
	99215		E & M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: - a comprehensive history; - a comprehensive examination, - medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family needs.	Encounter	Yes
	99221		Initial Hospital Inpatient Care, per day for the evaluation and management of a patient, which requires these 3 components: - A detailed or comprehensive history; - A detailed or comprehensive examination and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family needs	Day	No

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Service Description	HCPCS Codes	Revenue Codes	Reporting Code Description	Reporting Units	Does this program use this code? Y/N
	99233		Subsequent Hospital 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. Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family needs	Day	No
	99241		Office and other Outpatient Consultations of a new or established patient which requires these 3 key components: a problem focused history; - a problem focused examination, - straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family needs.	Encounter	No
	99275			Encounter	No
Residential Room and Board	S9976		Lodging, per diem, not otherwise specified	Day	No
Revenue Codes for Inpatient Hospital Ancillary Services		0144	Revenue Codes for ancillary Services. Refer to the State Uniform Billing Manual for code descriptions	Refer to code descriptions.	No
Revenue Codes for Inpatient Hospital Ancillary Services		0183	Leave of Absence (LOA)		No
		0250	General classification - Pharmacy		No
		0251	Pharmacy - Generic drugs		No
		0252	Pharmacy - Non-generic drugs		No
		0253	Pharmacy - Drugs / Take home		No
		0254	Pharmacy - Drugs incident to other Diagnostic services		No
		0257	Pharmacy - Non-prescription		No
		0258	Pharmacy - IV Solutions		No
		0270	Med-Surgical supplies and devices		No
		0271	Non-sterile supply		No
		0272	Sterile supply		No
		0300	General classifications lab or laboratory		No

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		0301	Lab/chemistry		No
		0302	Immunology / Lab		No
		0305	Lab/ Hematology		No
		0306	Lab / Bacteriology and Microbiology		No
		0307	Lab / Urology		No
		0320	General classifications DX X-ray		No
		0370	General classification - Anesthesia		No
		0410	General classification – Respiratory services		No
		0420	General classifications – Physical therapy		No
		0421	Physical therapy – visit charge		No
		0422	Physical therapy – hourly		No
		0423	Physical therapy – Group rate		No
		0424	Physical therapy – evaluation / re-evaluation		No
		0430	General classification - Occupational therapy		No
		0431	Occupational therapy – visit charge		No
		0432	Occupational therapy - hourly		No
		0433	Occupational therapy – Group rate		No
		0434	Occupational therapy – evaluation/re-evaluation		No
		0440	General classification – Speech Pathology		No
		0441	Speech Pathology – visit charge		No
		0442	Speech Pathology – hourly		No
		0443	Speech Pathology – Group rate		No
		0444	Speech Pathology – evaluation/ re-evaluation		No
		0450	General classification – Emergency Room		No
		0460	Emergency Room – Pulmonary Function		No
		0470	General classification – Audiology		No
		0471	Audiology – Diagnostic		No
		0472	Audiology - Treatment		No
		0610	General classification - MRI		No
		0611	MRI – Brain (including brainstem)		No
		0636	Drugs requiring specific identification (detail code)		No
		0710	General classification – Recovery Room		No

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Service Description	HCPCS Codes	Revenue Codes	Reporting Code Description	Reporting Units	Does this program use this code? Y/N
		0730	General classification – EKG/ECG		No
		0731	Holter Monitor		No
		0740	General classification - EEG		No
		0762	Observation Room		No
		0900	General classification – Psychiatric treatments		No
		0901	Electroshock Treatment		No
		0902	Play Therapy		No
		0903	Activity Therapy		No
		0904	Activity Therapy		No
		0911	Psychiatric Rehabilitation		No
		0914	Psychiatric Services – Individual therapy		No
		0915	Psychiatric Services – Group therapy		No
		0916	Psychiatric Services – Family therapy		No
		0917	Psychiatric Services - Bio Feedback		No
		0918	Psychiatric Services - Testing		No
		0919	Psychiatric Services - Other		No
		0925	Other Diagnostic Services – Pregnancy test		No
		0940	General classification – Other therapeutic services		No
		0941	Other therapeutic services – Recreational therapy		No
		0942	Other therapeutic services – Education / training		No
Substance Abuse – Suboxone	H0033		Oral medication administration, direct observation	Direct observation	No
Transportation	A0425		Ground mileage, per statute mile Non Medicaid-funded ambulance	Refer to code descriptions.	No
	A0427		Ambulance service, advanced life support, emergency transport, level 1 (ALS 1-emergency) Non Medicaid-funded ambulance	Refer to code descriptions.	No
Wraparound	H2022		Community-based Wrap-Around services, per diem	Day	No

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