

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

Effective **10-01-2007**

Service Description (Chapter III & PIHP Contract)	HCPCS Codes	Revenue Codes	Reporting Code Description from HCPCS and CPT Manuals	Reporting Units	Reporting Technique	Claim Format (ASC X12N 837)	Coverage
Assertive Community Treatment (ACT)	H0039		ACT per 15 min	15 minutes	Line	Professional	State Plan
Assessments Health Psychiatric Evaluation Psychological testing Other assessments, tests	T1001, 97802, 97803		Nursing or nutrition assessments (refer to code descriptions)	Refer to code descriptions	Line	Professional	State Plan
	90801, 90802		Psychiatric evaluation/assessment (may be used by a variety of disciplines such as MD, licensed psychologist, CSW, when Medicare rules for content of assessment are applied)	Encounter	Line	Professional	State Plan
	96101, 96102, 96103, 96116, 96118, 96119, 96120		Psychological testing	Per hour	Line	Professional	State Plan
	96110, 96111, 96105, 90887,		Other assessments, tests (includes inpatient initial review and re- certifications, vocational assessments, interpretations of tests to family, etc. Use modifier TS for re-certifications.)	Refer to code descriptions	Line	Professional	State Plan
	H0031 H0002 T1023		H0031: Assessment by non-physician H0002: Brief screening to non-inpatient programs T1023: Screening for inpatient program				
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	Line	Professional	State Plan
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	Line	Professional	Habilitation/ Supports Waiver
Clubhouse Psychosocial Rehabilitation Programs	H2030		Mental Health Clubhouse Services per 15 min.	15 Minutes	Line	Professional	State Plan
Community Psychiatric Inpatient		0100, 0101, 0114, 0124,	0100 – All inclusive room and board plus ancillaries	Day	Series	Institutional	State Plan

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		0134, 0154	0101 – All inclusive room and board (Use revenue codes for inpatient ancillary services located on page 11) 0114, 0124, 0134, 0154 – ward size 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				
Community Living Supports	H2015, H2016, H0043, T2036, T2037,		H2015-comprehensive Community Support Services per 15 min. 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 residential per diem. H0043 – Community Living Supports provided in unlicensed independent living setting or own home, per day 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 B3 Services. Modifier TT when multiple consumers are served face-to-face	Refer to code descriptions	H2015, T2036, T2037: Line H2016, H0043: Series	Professional	Habilitation/ Supports Waiver & Additional or “b3” Services

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			simultaneously for codes H2015, H2016, H0043.				
Crisis Intervention	H2011		H2011: Crisis Intervention Service per 15 minutes	15 minutes	Line	Professional	State Plan
Crisis Observation Care		0762	Outpatient extended observation beds (23 hour)	Hour	Series	Institutional	Additional "b3"Services
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.	Day	Series	Professional	State Plan
Electroconvulsive Therapy (see Practitioner Manual)	90870, 00104	0901	0901- ECT facility charges 90870- attending physician charges 00104- anesthesia charges 0701- Recovery room 0370-anesthesia	Encounter Encounter Minutes	Series Line Line	Institutional Professional Professional	State Plan
Enhanced Medical Equipment & Supplies	T2028, T2029, S5199, E1399, T2039		E1399 – DME, miscellaneous T2028 – Specialized supply, not otherwise specified, waiver T2029 – Specialized medical equipment, not otherwise specified, waiver. S5199 – Personal care item, NOS. 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	Line	Professional	Habilitation/ Supports Waiver & Additional "b3"Services
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	Line	Professional	Habilitation/ Supports Waiver & Additional "b3"Services
Environmental Modification	S5165		Home modifications, per service. Modifier HK (specialized mental health programs for high-risk populations)	Service	Line	Professional	Habilitation/ Supports Waiver & Additional

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			must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or “b3” Services.				“b3”Services
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	Line	Professional	Habilitation/ Supports Waiver & Additional “b3”Services
	S5110, G0177, T1015		S5110 – Family Psycho-Education: skills workshop G0177 – Family Psycho-education: family educational groups (either single or multi-family) T1015 – Family Psycho-Education: joining Note: Please use these codes only when implementing this Evidence Based Practice Modifier HS: consumer was not present during the activity with the family	S5110 = 15 min G0177 = session of at least 45 min T1015 = encounter	Line	Professional	Additional “b3’ service
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	Line	Professional	Additional “b3’ service
Health Services	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	Refer to code descriptions – some are per 15 minutes, some per encounter	Line	Professional	State Plan

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			visit T1002 – RN services up to 15 min				
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	Line	Professional	State Plan
Housing Assistance	T2038		Community transition, waiver, per service	Month	Line	Professional	Additional “b3”Services
Intensive Crisis Stabilization	S9484		S9484: Crisis intervention mental health services, per hour. Use for the DCH- approved program only.	Hour	Line	Professional	State Plan
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	Series	Institutional	State Plan
Inpatient Psychiatric Hospital State Facility Admissions		0100, 0101, 0114, 0124, 0134, 0154	Room & Board Managed State Psychiatric Hospital Inpatient Days - Board Managed State 0100 – All inclusive room and board plus ancillaries 0101 – All inclusive room and board (Use revenue codes for inpatient ancillary services located on page 11) 0114, 0124, 0134, 0154 – 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	Series	Institutional	State Plan
Institution for Mental Disease Inpatient Psychiatric Services		0100, 0101, 0114, 0124, 0134, 0154	0100 – All inclusive room and board plus ancillaries 0101 – All inclusive room and board	Day	Series	Institutional	In lieu of Medicaid state plan inpatient services

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			(Use revenue codes for inpatient ancillary services located on page 11) 0114, 0124, 0134, 0154 – 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 proper placement in 837				
Medication Administration	90772, 99506, 99211		Report using this procedure code only when provided as a separate service.	Encounter	Line	Professional	State Plan
Medication Review	90862, M0064		90862 brief assessment, dosage adjustment, minimal psychotherapy, TD testing by physician, or physician plus a nurse M0064 brief assessment (generally less than 10 minutes), med monitoring or change by nurse, or physician, or plus a nurse EPS tardive dyskinesia testing is included in medication review services	Encounter (Face-to-face)	Line	Professional	State Plan
	H2010		Comprehensive Medication Services Please use only with Evidence Based Practice – Medication Algorithm	15 minutes	Line	Professional	State Plan
Nursing Facility Mental Health Monitoring	T1017SE		Targeted case management each 15 min Use modifier SE to distinguish from case management	15 minutes	Line	Professional	State Plan
Occupational Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, S8990, 97750, 97755, 97760, 97762		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

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Out of Home Non Vocational Habilitation	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. Modifier TT when multiple consumers are served face-to-face simultaneously	15 minutes	Line	Professional	Habilitation/ Supports Waiver
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	Line	Professional	Habilitation/ Supports Waiver
Outpatient Partial Hospitalization		0912, 0913	Partial hospitalization	Day	Series	Institutional	State Plan
Peer Directed and Operated Support Services	H0023, H0038		H0023- Drop-in Center attendance, encounter [Note: Optional to report on Encounter report] H0038- Peer specialist services, 15 min.	Encounters 15 minutes	Line	Professional	Additional "b3"Services
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	Series	Professional	State Plan

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Personal Emergency Response System (PERS)	S5160, S5161		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 Additional or “b3” Services.	Refer to code descriptions	Line	Professional	Habilitation/ Supports Waiver & Additional “b3” Services
Physical Therapy	97001, 97002		PT Evaluation/re-evaluation	Encounter	Line	Professional	State Plan
	97110, 97112, 97113, 97116, 97124, 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
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	Line	Professional	Additional “b3” Services
Private Duty Nursing	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

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	S9123, 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
	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	Line	Professional	Habilitation/Supports Waiver
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	Line	Professional	Habilitation/ Supports Waiver & Additional “b3”Services
	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	Line	Professional	Habilitation/ Supports Waiver & Additional “b3”Services

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	S5150		Respite care by unskilled person, per 15 minutes (use also for "Family Friend" respite)	15 minutes	Line	Professional	GF only
	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	Line	Professional	Habilitation/Supports Waiver & Additional "b3" Services
Skill Building Assistance	H2014		Skills training and development, per 15 min Modifier TT when multiple consumers are served face-to-face simultaneously	15 minutes	Line	Professional	Additional "b3" Services
Speech & Language Therapy	92506, 92610		Speech & language evaluation	Encounter	Line	Professional	State Plan
	92507, 92526,		S&L therapy, individual, per session	Encounter	Line	Professional	State Plan
	92508		S&L therapy, group, per session	Encounter	Line	Professional	State Plan
Substance abuse: Individual Assessment	H0001, H0002, H0049		H0001 – Alcohol and/or drug assessment (done by provider) H0002 – Face-to-face behavioral health screening to determine eligibility for admission to treatment program H0049 – AMS Alcohol and/or drug screening for appropriateness for treatment	Encounter	Line	Professional	State Plan
Substance abuse: Outpatient Treatment Care	H0004, 90804 - 90815	0900, 0914, 0915, 0916, 0919	H0004 -Behavioral health counseling and therapy, per 15 minutes 90804-90815 – Psychotherapy (individual)	Refer to code descriptions	Series/Line (depends on other payers)	Institutional or Professional (depends on other payers)	State Plan

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	H0005, H0015, H2035, H2036, T1012 , 90847, 90853, 90857	0900, 0914, 0915, 0916, 0919, 0906	H0005 – Alcohol and/or drug services; group counseling by a clinician H0015 – 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 H2035 – Outpatient alcohol/other drug treatment services per hour H2036 – Outpatient alcohol/other drug treatment services per diem T1012 – Peer Recovery 90826 – Interactive individual psychotherapy 90847 – Family psychotherapy 90853 – Group psychotherapy 90857 – Interactive group psychotherapy 0906 – Intensive Outpatient Services – Chemical dependency	H0005 = Encounter H0015 = Day H2035 = Hour H2036 = Day Encounter Encounter Encounter	Series/Line (depends on other payers)	Institutional or Professional (depends on other payers)	
Substance abuse: Methadone	H0020		Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program)	Encounter	Line	Professional	State Plan
Substance abuse: Sub- Acute Detoxification	H0010, H0012, H0014	1002	H0010 – Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7.D) H0012 – Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) H0014 - Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level I.D) 1002 – Residential treatment – chemical dependency	Day	Series	Institutional	Additional “b3” Services
Substance abuse: Residential Services	H0018, H0019	1002	H0018 Alcohol and/or drug services; short term residential (non-hospital	Day	Series	Institutional	Additional “b3” Services

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			residential treatment program) H0019 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)				
Supported Employment Services	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 Additional or "b3" Service. Modifier TT when multiple consumers are served face-to-face simultaneously	15 minutes	Line	Professional	Habilitation/ Supports Waiver & Additional "b3" Services
Supports Coordination	T1016		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	Line	Professional	Habilitation/ Supports Waiver & Additional "b3" Services

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Targeted Case Management	T1017		Targeted Case management each 15 minutes	15 minutes (Face to Face)	Line	Professional	State Plan
Therapy (mental health) Child & Adult, Individual, Family, Group	90808, 90809, 90814, 90815, 90821, 90822, 90828, 90829		Individual therapy, adult or child, 75-80 minutes	Encounter	Line	Professional	State Plan
	90804, 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 Modifier HA: Parent Management Training Oregon model	Encounter	Line	Professional	State Plan
	90846, 90847 90849		Family therapy, per session 90849: Please use only for Evidence Based Practice: Family Psycho- Education/Joining Modifier HA: Parent Management Training Oregon model Modifier HS: consumer was not present during activity with family	Encounter	Line	Professional	State Plan
Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215 T2001-T2005		[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	Line	Professional	State Plan, Additional "b3"Services
Treatment Planning	H0032		Mental health service plan development by non-physician Modifier TS for clinician monitoring of treatment, face-to-face	Encounter	Line	Professional	State Plan
Wraparound Services	H2021		Specialized Wraparound Facilitation	15 minutes	Line	Professional	Additional "b3"Services

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Additional Codes for Reporting

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Dental Services (routine)			Refer to ADA CDT codes		Line	Dental	
Electro-convulsive therapy Refer to Practitioners' Policy Manual	90870 00104	0901	Physician Facility charge Anesthesia charges for ECT	Encounter Encounter Minutes	Line Series Line	Professional Institutional Professional	State Plan
Foster care	S5140, S5145		S5140- Foster care, adult, per diem (use for residential IMD) S5145- Foster care, therapeutic, child, per diem (use for CCI) Licensed settings only. Report only for per diem bundled rate that does not include Medicaid-funded personal care and/or community living supports	Day	Series	Professional	GF only
Laboratory Services Related to Mental Health			Refer to HCPCS codes in 80000 range		Line	Professional	
Pharmacy (Drugs & Biologicals)			NDC codes for prescription drugs		Line	Pharmacy - NCPDP	GF only services
Physician Services Related to Mental Health	90805, 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	
Residential Room and Board	S9976		Lodging, per diem, not otherwise specified	Day	Series		
Revenue Codes for Inpatient Hospital Ancillary Services		0144, 0183, 0250, 0251, 0252, 0253, 0254, 0257, 0258, 0270, 0271, 0272, 0300, 0301, 0302, 0305, 0306, 0307, 0320, 0370, 0410, 0420, 0421, 0422,	Revenue Codes for ancillary Services. Refer to the State Uniform Billing Manual for code descriptions	Refer to code descriptions.	Series	Institutional	

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Substance Abuse – Suboxone	H0033		Oral medication administration	Direct observation	Line	Professional	
Transportation	A0427, A0425		Non Medicaid-funded ambulance	Refer to code descriptions.	Line	Professional	GF only services
Wraparound	H2022		Community-based Wrap-Around services, per diem	Day	Line	Professional	GF only services

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