

Specialty Mental Health Services

Procedure/Service Codes

SmartCare Procedure Name	Procedure Code Detail	Billing Information Minimum Time to Claim One Unit	Definition/More Information	Disciplines
Assessment Services				
Assessment Contribution non-LPHA	Mental health assessment by nonphysician, 15 mins (H0031)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	Assessment work/services completed by non-clinical staff. Assessment means a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health.	All Providers
Assessment LPHA	Psychiatric Diagnostic Evaluation, 60 mins (90791)	Min Time: 31 Mins claims 60 Mins	Integrated biopsychosocial assessment, including history, mental status, and recommendations.	Licensed, Registered, Waivered Clinician
Review of Hospital Records	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, 60 mins (90885)	Min Time: 31 Mins claims 60 Mins Billed: If service extends beyond 68 mins, T2024 can be billed (assessment substitute)	Review of records for psychiatric evaluation without direct patient contact.	MD/DO/NP/ Licensed, Registered, Waivered Clinician
Crisis Services				

SmartCare Procedure Name	Procedure Code Detail	Billing Information Minimum Time to Claim One Unit	Definition/More Information	Disciplines
Psychotherapy for Crisis	Psychotherapy for crisis, first hour 30-74 minutes (90839) 75+ minutes (90840)	Min Time: 30-74 Min Time: 75 Mins Billed: 30 Min increments after 75 mins	Urgent assessment and exploration of an individual in crisis. Includes mental status exam, therapy, mobilization of resources, and implementation of interventions to address the crisis. Client must be present for at least part of the service.	MD/DO/NP/ Licensed, Registered, Waivered Clinician
Crisis Intervention /Mobile Crisis	Crisis intervention Service, 15 mins (H2011)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	A service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit.	All Providers
Evaluation & Management Services				
Prescriber Assessment E/M (OP)	Psychiatric diagnostic evaluation with medical services, 60 minutes (90792)	Min Time: 31 Mins claims 60 Mins Billed: If service extends beyond 68 mins, T2024 can be billed (assessment substitute)	Assessment services scheduled with prescribers. Code can be used again with an existing client if there is an extended break in services (6 months), for post-PHF appointments, for second opinions, or if there is significant change in mental status requiring assessment.	MD/DO/NP

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Prescriber Progress E/M (OP)	Office or other outpatient visit of an established patient 10-19 min (99212) 20-30 min (99213) 30-40 min (99214) 40-84 min (99215)	Min Time: 10 Mins Min Time: 20 Mins Min Time: 30 Mins Min Time: 40 Mins	Evaluation and management medication support services provided to established patients. Use for face-to-face or telehealth (audio and video).	MD/DO/NP
Psychosocial Rehabilitation Individual	Psychosocial rehabilitation, 15 minutes (H2017)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	Prescribers to use this procedure code when providing a E/M service via telephone (audio only).	MD/DO/NP
Prescriber Consult (OP)	Office consultation for a new or established patient 20-29 min (99242) 30-39 min (99243) 40-54 min (99244) 55-84 min (99245)	Min Time: 20 Min Min Time: 30 Min Min Time: 40 Min Min Time: 55 Min	Medical decision making, provider sees a patient for an office or other outpatient consultation involving evaluation and management (E/M).	MD/DO/NP
Physician-to-Physician Consult	Inter-professional telephone/internet/electronic assessment by a consultative physician, 5-15 minutes (99451)	Min Time: 5 Min Billed: Code is Not Extended Past 15 Min Billing: Claims 1 Unit if 5 Min of Service Provided	Consultative physician inter-professional assessment (telephone/internet or electronic).	MD/DO

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Prescriber Psychotherapy E/M	Psychotherapy with a patient when performed with an evaluation and management service, 60 Minutes (90838)	Min Time: 53 Mins claims 60 Mins Billed: Claims 1 Unit if 53 Min of Service Provided	Psychotherapy services provided as part of an evaluation and management service.	MD/DO/NP
Medication Support Services				
Medication Administration	Oral Medication Administration, Direct Observation, 15 minutes (H0033)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	Administration of oral medication or injection medication with direct observation.	Prescriber, RN, LVN/LPT
Medication Injection	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular, 1-15 minutes (96372)	Min Time: 1 Mins to claim 15 Mins Billed: Bills out as one unit, code cannot be extended	Psychiatric medication intramuscular and subcutaneous injections.	MD/DO/NP/RN
Medication Training and Support	Medication Training and Support, per 15 minutes (H0034)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	Medication education, training and support, monitoring/discussing/reviewing side effects.	Prescriber, RN, LVN/LPT
Plan Development Services				

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Plan Development, non-Physician	Mental health service plan development by non-physicians, 15 minutes (H0032)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	Consists of one or more of the following: development of client plans, approval of client plans and/or monitoring of a beneficiary's progress.	All Providers except MD/DO
Targeted Case Management/Intensive Care Coordination				
Targeted Case Management (TCM/ICC)	Targeted Case Management, 15 Mins (T1017)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.	All Providers
Care Coordination Outside System of Care	Community-based wrap-around Services (coordination with other programs, 15 minutes (H2021)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	Use for coordination of care activities with providers who are outside the Mental Health system.	All Providers
Care Management Services for BH Conditions by Physician	Care management services for Behavioral Health conditions by physician, 20 minutes (99484)	Min Time: 20 Min Billing: Claims 1 Unit if 20 Min of Service Provided	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care	MD/DO/PA/NP/RN/LVN/LPT/Licensed, Registered, Waivered Clinician

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			professional, per calendar month, with the following required elements: • Initial assessment or follow-up monitoring, including the use of applicable validated rating scales • Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes • Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation • Continuity of care with a designated member of the care team. This procedure/service can be used when: • When a client is being opened to services, during the site authorization review discussion, when the client is being assigned a treatment team and treatment goals are discussed. • During an annual review of the client's progress in treatment,	

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			when the annual progress summary is being completed. For Care planning for patients that are not progressing or have status changes.	
Case Conferences				
Medical Team Conference, Participation by Physician . Pt and/or Family Not Present	Medical Team Conference with Interdisciplinary Team of HealthCare Professionals, Participation by Physician. Patient and/or Family Not Present, 30 mins or More (99367)	Min Time: 30 Mins (Up to 1440 Mins) Billing: Claims 1 Unit if 30 Min of Service Provided	Medical team conference participation by a physician, with patient and/or family not present.	MD/DO
Team Case Conference with Client/Family Absent	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present, 30 Minutes or More (99368)	Min Time: 30 Mins (Up to 1440 Mins) Billing: Claims 1 Unit if 30 Min of Service Provided	Team conference with interdisciplinary team, participation by a non-physician, with patient and/or family not present.	NP/RN/Licensed, Registered, Waivered Clinician
Team Case Conference with Client/Family Present	Medical team case conference with interdisciplinary team of health care professionals, face-to-	Min Time: 30 Mins (Up to 1440 Mins) Billing: Claims 1 Unit if 30 Min of Service	Team conference with interdisciplinary team, participation by a non-physician, with patient and/or family present.	NP/RN/Licensed, Registered, Waivered Clinician

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	face with patient and/or family, participation by nonphysician health care professional, 30 minutes (99366)	Provided		
MDT/CFT	Comprehensive multidisciplinary evaluation, 15 minutes (H2000)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	• MDT = Multidisciplinary Team • CFT = Child & Family Team • Comprehensive multidisciplinary evaluation.	All Providers
Psychosocial Rehabilitation				
Psychosocial Rehabilitation – Individual	Psychosocial Rehabilitation, 15 minutes (H2017)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	Includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.	All Providers
Psychosocial Rehabilitation Group	Psychosocial Rehabilitation, 15 minutes (H2017)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	Service provided to a group of beneficiaries which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and	All Providers

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			support resources; and/or medication education.	
Therapeutic Behavioral Services				
TBS	Therapeutic behavioral services, 15 minutes (H2019)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	- TBS = Therapeutic Behavioral Services - Intensive, individualized, one-to-one behavioral health service.	All Providers
Peer Services				
Self-Help Peer Service	Self-help/peer services (individual), 15 minutes (H0038)	Min Time: 8 Mins claims 15 Mins, 23 Mins claims 30 Mins Billed: 15 Minute Increments	- Self-help/peer services. - Engagement, therapeutic activity.	Certified Peer Specialist
Therapy Services				
Individual Therapy	Psychotherapy with patient 16-37 minutes (90832) 38-52 minutes (90834) 53-68 minutes (90837)	Min Time: 16 Mins Min Time: 38 Mins Min Time: 53 Mins Billed: If service extends beyond 68 mins, T2021 can be billed (therapy substitute)	Focused primarily on symptom reduction and restoration of functioning to improve coping and adaptation and reduce functional impairments. The beneficiary must be present for this service.	MD/DO/NP/Licensed, Registered, Waivered Clinician

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Family Therapy – Client Present	Family psychotherapy [conjoint psychotherapy] (with patient present), 50 minutes (90847)	Min Time: 26 minutes bills 50 minutes Billed: If service extends beyond 58 mins, T2021 can be billed (therapy substitute)	Directed at improving the beneficiary's functioning and at which the beneficiary is present.	MD/DO/NP/ Licensed, Registered, Waivered Clinician
Group Therapy	Group psychotherapy (other than of a multiple-family group), 50 minutes (90853)	Min Time: 26 Mins claims 50 Mins Billed: If service extends beyond 58 mins, T2021 can be billed (therapy substitute)	Therapy services that include multiple beneficiaries.	MD/DO/NP/ Licensed, Registered, Waivered Clinician
Multiple Family Group Psychotherapy	Multiple-family group psychotherapy, 84 minutes (90849)	Min Time: 43 Mins claims 84 Mins Billed: If service extends beyond 92 mins, T2021 can be billed (therapy substitute)	Documentation of groups that include multiple families vs. a single family. Therapy may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present.	MD/DO/NP/ Licensed, Registered, Waivered Clinician

Add On Code Name	Description	Procedures this add on can be added to
Interactive Complexity	Used to document communication difficulties including: • Managing maladaptive communications that complicate service delivery (high anxiety, confrontation/disagreement, reactivity, repeated questions, etc.). • Caregiver emotions or behavior that interferes with ability to support the treatment of the individual in care. • Use of play equipment or other devices to overcome barriers to therapeutic interaction.	Only used by LPHA staff documenting Assessment, Medication Support, & Therapy services
Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons	Used to document interpretation or explanation of results of psychiatric or other medical procedures to a family/collateral source.	Only used by LPHA staff documenting Alcohol and/or substance (other than tobacco) abuse screening, Multi-Family Group Therapy, & Medication Support services
Sign Language or Oral Interpretive Services	Utilized when interpretation services are utilized but does not include interpretation by the provider – it must be a person external to the session. The external person providing interpretation services can be a county or CBO employee.	Can be used by all staff for all services when an interpreter is utilized to provide treatment.