

DMC-ODS PAYMENT REFORM 2023

What is payment reform?

The State is moving away from cost-based reimbursement and implementing fee-for-service payments. What this means is that, effective July 1, 2023, there will be an increase in the number of Current Procedural Terminology (CPT) codes that will be more specific to the type of services, the rendering provider's credentials, and the location where the service is provided.

Is this part of CalAIM?

Yes. Payment reform is part of the implementation of CalAIM. It is, however, distinct from the documentation standards that have changed with CalAIM. It is a big adjustment that comes as we are still trying to grapple with the shift in documentation, so it will take some time to get acclimated.

What does this mean for me in working with clients in a substance use disorder program?

There are no changes to how or what services are provided. This will also not impact how services are documented or what is required for completing a progress note. What will be different is how we code the service we provide for the purpose of billing. It will require us to be more specific in identifying what type of activity we are providing so that the appropriate billing code can be attached to that service or session for reimbursement.

The exception will be for residential day rate services, withdrawal management day rate services, and Narcotic Treatment Program (NTP) dosing services, which will remain the same with no changes.

Are there other changes besides the billing codes?

One big change that comes with this payment reform is that documentation and travel time will no longer be billable. For the time being, it will be important to continue to note the minutes spent on these activities in your progress note. Although it will not be billed to the State after July 1st, the minutes entered into the billing system will need to be monitored for potential fiscal implications. The time we can claim must be direct client care, which is the time spent with the client. This time cannot include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after an encounter with a client.

What are lockout codes?

Depending on the regulations, there are some services that are prohibited from being provided to the same client on the same day as well as some procedure codes that should not be billed on the same day for the same client unless certain conditions are met. What this means is that there are some services that are "locked out" from being able to be claimed if a particular service has already been claimed. In some of these cases, there will be a modifier that may be used to override the lockout to allow for both services to be billed. Those services are identified on the orderables spreadsheet with an asterisk * or ** in the lockout column. In other cases, there is no way to bill for both services and we will need to be aware so as to not fall into a situation where one claim will be denied. Existing lockout rules still apply regarding outpatient services during a residential stay only allowed on date of admission or discharge.

DMC-ODS PAYMENT REFORM 2023

DISCLAIMER

This guide is a living document and will be amended as needed, based on changes made by the State as well as any internal program requirements implemented. This current version is based on the current understanding and will be updated or revised as more information and guidance becomes available.

Service Codes

Assessment Services

Assessment is an activity to evaluate or monitor the status of a client's behavioral health and determine the appropriate level of care and course of treatment for that client. Assessment pertains to the initial assessment as well as any subsequent re-assessments.

Assessment may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the client.

Some examples of assessment activities:

- Collecting information needed to evaluate and analyze the cause or nature of the substance use disorder.
- Establishing a diagnosis of substance use disorder(s) utilizing the DSM-5 and assessment of treatment needs for medically necessary treatment services. A physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation may also be included, provided within scope of practice.
- Gathering information in regards to the client's needs and corresponding interventions for the purposes of working towards developing or updating the client's course of treatment as well as monitoring a client's progress.

New Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Psych Diagnostic Eval, 15 min	90791	90791-1
Psych Eval of Hospital Record, 15 Min	90885	90885-1
Psychological Testing Eval, First Hour	96130	96130-1
Psychological Testing Eval, Each Add'l Hour	96131	96131-1
Telephone Assmt and Mgmt Service, 5-10 Min	98966	98966-1
Telephone Assmt and Mgmt Service, 11-20 Min	98967	98967-1
Telephone Assmt and Mgmt Service, 21-30 Min	98968	98968-1

DMC-ODS PAYMENT REFORM 2023

SUD Structured Assmt, 15-30 Min	G0396	70899-100
SUD Structured Assmt, 30+ Min	G0397	70899-101
SUD Structured Assmt, 5-14 Min	G2011	70899-102
SUD Assmt Screening	H0001	70899-103
SUD Screening	H0049	70899-105
SUD Drug Testing POC Tests	H0048	70899-104

New Non Billable Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

SUD Assessment Screening (70899-103) is available for use by non-LPHA and LPHA in accounting for the time spent administering a brief screening tool, such as the SUD Brief LOC Screening Tool.

An example of when to use the SUD Assessment Screening code:

- ✓ When administering a brief screening tool for the purpose of identifying the next level of care placement.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or a different provider.

SUD Screening (70899-105) is available for use by non-LPHA and LPHA for the purposes of screening a client for appropriateness to receive DMC-ODS services.

Some examples of when to use the SUD Screening code:

- ✓ Until further clarification, this code may also be used to claim the time spent conducting an intake service/session where there is a brief screening for the purposes of admission to treatment, but the significant portion of the time is utilized towards reviewing and signing intake paperwork.

DMC-ODS PAYMENT REFORM 2023

- ✓ This code may be utilized as an alternative to the SUD Structured Assessment 15-30/30/5-14 Min (70899-100/70899-101/70899-102) for when an assessment service is claimed by two providers on the same day.

SUD Structured Assessment, 5-14 Min (70899-102) is available for use by non-LPHA and LPHA for the purposes of administering the ASAM based assessment. This may be face-to-face or non-face-to-face time. This code is restricted to use only one time per day. Use this code when the total service minutes are 5-14 minutes.

SUD Structured Assessment, 15-30 Min (70899-100) is available for use by non-LPHA and LPHA for the purposes of administering the ASAM based assessment. This may be face-to-face or non-face-to-face time. This code is restricted to use only one time per day. Use this code when the total service minutes are 15-30 minutes.

SUD Structured Assessment, 30 Min (70899-101) is available for use by non-LPHA and LPHA for the purposes of administering the ASAM based assessment. This may be face-to-face or non-face-to-face time. This code is restricted to use only one time per day. Use this code when the total service minutes are 31 minutes or more.

Some examples of when to use the SUD Structured Assessment codes:

- ✓ The non-LPHA or LPHA's direct (in person, via telehealth, or telephone) provision of an assessment service with the client to gather information needed to determine access criteria or level of care placement. Remember, for the non-LPHA, this would mean gathering information to be presented/delivered to the LPHA.
- ✓ The non-LPHA or LPHA's time spent theorizing information across the ASAM Criteria dimensions 1-6 and the associated risk ratings.
- ✓ The non-LPHA's time spent formulating the clinical recommendations in preparation for the required consultation with the LPHA.

One progress note for the day – If multiple instances of a particular service are provided on a single day by the same provider, those instances should all be documented in one progress note for the corresponding billing code. For example, if a provider met with the client for the ASAM assessment for 49 minutes (face-to-face time) and then worked on synthesizing the dimensions of the ASAM Criteria for 53 minutes (non-face-to-face time) on the same day. In this scenario, the Structured Assessment 30+ min code (70899-101) is appropriate because in total, there were over 30 minutes of service time provided on this day by this provider.

SUD Structured Assessment, 15-30/30/5-14 Min (70899-100/70899-101/70899-102) cannot be used together or on the same day.

These codes cannot be used on the same day as the following services:

- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**

DMC-ODS PAYMENT REFORM 2023

- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**

These codes may be used on the same day with the following services, if the appropriate modifiers are used:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Psychiatric Diagnostic Evaluation, 15 minutes (90791-1) is only available for LPHA to use to claim an assessment activity. This may be face-to-face or non-face-to-face time. This code is restricted to use only one time per day. Although the maximum number of minutes that can be claimed for this service is 15 minutes, the actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

Some examples of when to use the Psychiatric Diagnostic Evaluation code:

- ✓ Time spent by the LPHA conceptualizing the Case Formulation or LPHA narrative necessary to establish the client's DSM-5 substance use disorder diagnosis and/or the justification for the level of care that is needed

If the amount of time spent diagnosing or developing the Case Formulation exceeds 15 minutes, the SUD Structured Assessment, 15-30/30 Min (70899-100/70899-101) or the SUD Screening (70899-105) may be used.

LPHAs who complete the entire assessment process, not just diagnosing or determining level of care placement, should use the SUD Structured Assessment, 15-30/30/5-14 Min (70899-100/70899-101/70899-102).

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1) and Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code may be used on the same day as the following services, if the appropriate modifiers are used:

- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Psychiatric Evaluation of Hospital Record, 15 Min (90885-1)**

DMC-ODS PAYMENT REFORM 2023

- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**
- **Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)**
- **Medical Team Conference by non-MD, Patient/Family not present, 30 Min+ (99368-1)**
- **Telephone Evaluation & Management Service, 5-10/11-20/21-30 Min (99441-1/99442-1/99443-1)**
- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Min (99451-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**

Note: In those rare instances where both the non-LPHA and LPHA need to bill an assessment service on the same day [i.e., Psychiatric Diagnostic Evaluation, 15 min (90791-1) and SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102) described below], an appropriate modifier will need to be used to allow for the billing of both services. If there is no modifier attached, the second claim will be denied. The other option is to use the SUD Assessment Screening (70899-105). Please note that this is a County recommendation, based on our understanding of the information that is currently available.

Psychiatric Evaluation of Hospital Record, 15 Min (90885-1) may only be used by LPHA to claim for review of documents that are specific to psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes. This code may only be used once per day. Although the maximum number of minutes that can be claimed for this service is 15 minutes, the actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**

DMC-ODS PAYMENT REFORM 2023

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)**

This code may be used on the same day as the following service, if the appropriate modifiers are used:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Psychological Testing Evaluation, First Hour (96130-1) may only be used by a Psychologist, Licensed Physician, Physician Assistant, or Nurse Practitioner to conduct a psychological and/or neuropsychological testing evaluation services. Psychological evaluation domains: emotional and interpersonal functioning, intellectual function, thought processes, personality, and psychopathology. Neuropsychological testing evaluation domains: intellectual function, attention, executive function, language and communication, memory, visual-spatial function, sensorimotor function, emotional and personality features, and adaptive behavior. This code may be used for claiming time spent on integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour. Please be sure the documentation clearly supports the medical necessity for this service as it relates to substance use disorder treatment. Service minutes less than 30 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code. This code may only be used once per day.

This code cannot be claimed on the same day as the following services:

- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**

Psychological Testing Evaluation, Each Additional Hour (96131-1) may be used for each additional hour.

Telephone Assessment and Management Service, 5-10 Min (98966-1) may only be used by a Physician Assistant, Nurse Practitioner, Psychologist, Licensed Clinical Social Worker, Marriage and Family Therapist, and Licensed Professional Clinical Counselor to provide contact with a client or collateral for the purpose of assessment and management of the client's substance use disorder treatment, only if not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment. This code may only be used once per day for services that range from 5-10 minutes in duration.

DMC-ODS PAYMENT REFORM 2023

Telephone Assessment and Management Service, 11-20 Min (98967-1) is to be used for services that range from 11-20 minutes in duration. This code can only be used once per day.

Telephone Assessment and Management Service, 21-30 Min (98968-1) is to be used for services that range from 21-30 minutes in duration. This code can only be used once per day.

The Telephone Assessment and Management Service, 5-10/11-20/21-30 Min (98966-1/98967-1/98968-1) codes cannot be used together or on the same day.

These codes also cannot be used on the same day as **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1)** and **Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**

SUD Drug Testing Point of Care Tests (70899-104) may only be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse to claim for providing point of care alcohol and/or other drug testing.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or a different provider.

Individual Counseling Services

Individual Counseling consists of contacts with a client focusing on the specific treatment needs. It can also include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on supporting the client's achievement of treatment goals.

New Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
SUD Brief Intervention, 15 Min	H0050	70899-117
Skills Training and Dev, Indv, per 15 Min	H2014	70899-113
Psychoeducational Svc, per 15 Min	H2027	70899-115
SUD Family Counseling	T1006	70899-116
SUD Recovery Incentives, 15 Min	H0050	70899-118
Family Psychotherapy (w/o Pt Present), 26-50 Min	90846	90846-1

DMC-ODS PAYMENT REFORM 2023

Family Psychotherapy (w/ Pt Present), 26-50 Min	90847	90847-1
Multiple-Family Group Psychotherapy, 15 Min	90849	90849-1
SUD Individual Counseling, 15 Min	H0004	70899-130

New Non Billable Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Individual Counseling	n/a	70899-309
Non Billable SUD Family Therapy	n/a	70899-307

SUD Brief Intervention, 15 Min (70899-117) may be used by non-LPHA and LPHA. It is primarily for use in Recovery Incentives programs, however, it is available for use at the outpatient levels of care. How it should be utilized at the outpatient levels of care will be forthcoming, based on further clarification from the State.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

SUD Individual Counseling, 15 Min (70899-130) may be used by non-LPHA and LPHA and is the equivalent to what was previously used for all behavioral health counseling and therapy services/sessions. Now, this code will be solely for sessions with the client (in person, via telehealth, or telephone) to address the client's specific treatment needs related to the substance use disorder.

Some examples of when to use the SUD Individual Counseling code:

- ✓ Processing the client's addiction history and factors impacting or impacted by use
- ✓ Relapse prevention activities
- ✓ Skill building

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

DMC-ODS PAYMENT REFORM 2023

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Skills Training and Development, Individual, per 15 Min (70899-113) may be used by non-LPHA or LPHA and is specific to services/sessions where Patient Education is provided in an individual setting.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Psychoeducational Service, per 15 Min (70899-115) may be used by non-LPHA or LPHA and is to be utilized for those one-on-one services/sessions where psychoeducation regarding substance use is provided. Topics may include, but are not limited to, physiological and/or psychological effects of substance use, withdrawal, factors that may support or hinder recovery or contribute to return to use.

Recommendation: For those services/sessions where there may be some elements of a regular individual counseling as well as some psychoeducation that is provided, utilize the billing code for the predominant service activity. In other words, if the majority of the session involved psychoeducation, use the psychoeducational services code.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Family Psychotherapy (w/o Pt Present), 26-50 Min (90846-1) and **Family Psychotherapy (w/ Pt Present), 26-50 Min (90847-1)** may only be used by LPHA. The definition of family therapy remains the same in that it is a rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the client's recovery as well as the holistic recovery of the family system. The client may or may not be present, but the service/session will revolve around the client and their treatment needs. Therefore, there is a code for when the client is present and another code for when the client is not present. This code may only be used once per day. The expectation is that family therapy services/sessions are at minimum 26 minutes in duration. In those rare instances where a family therapy service/session is less than 26 minutes, the SUD Family Counseling (70899-116) should be used.

DMC-ODS PAYMENT REFORM 2023

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code may be used on the same day as the following services, if the appropriate modifiers are used:

- **Family Psychotherapy (w/o Pt Present), 26-50 Min (90846-1)** and **Family Psychotherapy (w/ Pt Present), 26-50 Min (90847-1)**
- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**
- **SUD Structured Assessment, 5-14/15-30/30 Min (70899-102/70899-100/70899-101)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**

SUD Family Counseling (70899-116) may be used by non-LPHA and LPHA for services/sessions working with the client's family, with or without the client's presence. The focus of the service/sessions must be around the client's substance use disorder treatment needs. Collateral services/sessions as well as couples work may also be claimed using this code. This code may also be used by the LPHA for family therapy services/sessions that are less than 26 minutes.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Multiple-Family Group Psychotherapy, 15 Min (90849-1) may only be used by LPHA for services/sessions where multiple families are involved to address particular themes and common experiences related to substance use and its impact on the family unit. This code can only be used once per day. Non-LPHA may work with multiple families together using the SUD Family Counseling (70899-116). A progress note should be completed for each client whose family is participating in the encounter. Each progress note should account for the total duration of the group, the number of clients/client families in attendance, and the number of therapists. For

DMC-ODS PAYMENT REFORM 2023

example, if the Multiple-Family Group was a 64-minute session with five client families and one provider, each of the progress notes will reflect the total service minutes of 64 minutes, a total of 5 participants, and 1 provider. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1) and Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code may be used on the same day as the following services, if the appropriate modifiers are used:

- **Family Psychotherapy (w/o Pt Present), 26-50 Min (90846-1) and Family Psychotherapy (w/ Pt Present), 26-50 Min (90847-1)**
- **SUD Structured Assessment, 5-14/15-30/30 Min (70899-102/70899-100/70899-101)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**

SUD Recovery Incentives, 15 Min (70899-118) may be used by non-LPHA and LPHA for only those programs designated by the State to provide a Contingency Management or Recovery Incentives program.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Crisis Services

Crisis Intervention consists of contacts with a client in crisis. There is no change in the definition of a crisis. A crisis means an actual relapse or an unforeseen event or circumstance, which presents to the client an imminent threat of relapse. The focus of the service is on alleviating the crisis problem and limited to the stabilization of the client's immediate situation. It is intended to be provided in the least intensive level of care that is medically necessary to treat the client's condition.

DMC-ODS PAYMENT REFORM 2023

New Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Mobile Crisis Intervention Svcs	H2011	70899-108
SUD Crisis Intervention (outPt)	H0007	70899-107

New Non Billable Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Crisis Intervention	n/a	70899-301

Mobile Crisis Intervention Services (70899-108) may be used by non-LPHA and LPHA for specifically the mobile crisis intervention program. This code can only be used once per day.

SUD Crisis Intervention (outpatient) [70899-107] may be used by non-LPHA and LPHA to address a client experiencing a crisis situation.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Group Counseling Services

Group Counseling consists of contacts with multiple clients at the same time, the focus of which is on the substance use disorder treatment needs of the participants as a whole.

New Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Skills training and dev, Group, per 15 Min	H2014	70899-114
SUD Group Counseling	H0005	70899-131

DMC-ODS PAYMENT REFORM 2023

New Non Billable Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Group Counseling	n/a	70899-310

Skills Training and Development, Group, per 15 Min (70899-114) may be used by non-LPHA and LPHA to specifically bill for Patient Education groups. The definition of Patient Education remains the same: it is education for the client on addiction, treatment, recovery and associated health risks. Patient Education groups may be billed even if the total number of participants exceeds twelve (12).

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

SUD Group Counseling (70899-131) may be used by non-LPHA and LPHA and continues to apply to all clinical groups, except Patient Education, that address the substance use disorder treatment needs of its participants. The minimum number of clients is two (2) and the maximum number of clients is still twelve (12) in order to bill for a group service. A progress note for each participant in the group is needed with the total number of service minutes and total number of clients present.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Care Coordination Services

Care Coordination may include:

- Coordinating with primary care and mental health care providers to monitor and support comorbid health conditions;
- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary/ specialty medical providers;
- Ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social,

DMC-ODS PAYMENT REFORM 2023

prevocational, vocational, housing, nutritional, criminal justice, transportation, child care, child development, family/marriage education, and mutual aid support groups.

Care Coordination continues to include review of documents and consultations based on medical necessity.

New Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Environmental Intervention for Med Mgmt Purposes	90882	90882-1
Preparation of Report of Pt's Psych Status	90889	90889-1
Admin of Pt-Focused Health Risk Assmt Instrument	96160	96160-1
Med Team Conf by Non-MD, Pt/Fam not Present, 30 Min+	99368	99368-1
Prenatal Care, At Risk Assmt	H1000	70899-119
Targeted Case Management, Each 15 Min	T1017	70899-120
SUD Treatment Plan Development/Modification	T1007	70899-125

New Non Billable Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Care Coordination	n/a	70899-304
Non Billable SUD Treatment Planning	n/a	70899-303
Non Billable SUD Discharge Svcs	n/a	70899-306

Environmental Intervention for Medical Management Purposes (90882-1) may be used by a non-LPHA and LPHA. It is to be used for coordinating with agencies, employers, or institutions on behalf of the client for the purpose of medical management. It is advised that this code be utilized specifically for coordination of care of medical or physical health care issues relevant to the client.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**

DMC-ODS PAYMENT REFORM 2023

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1) and Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code is not available for use at the OTP/NTP level of care.

Preparation of Report of Patient's Psychiatric Status (90889-1) may only be used by an LPHA for claiming time spent in preparing reports on the client's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carriers. This code may only be used once per day.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1) and Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code is not available for use at the OTP/NTP level of care.

Administration of Patient-Focused Health Risk Assessment Instrument (96160-1) may only be used by an LPHA. This code can only be used ONE TIME PER YEAR BY ANY PROVIDER WITHIN THE NETWORK. It is intended to be used for an annual wellness visit. If it is found to have been used by another provider or another county within the calendar year, the claim will be denied.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1) and Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code is not available for use at the OTP/NTP level of care.

Medical Team Conference by Non-MD, Patient/Family not Present, 30 Min+ (99368-1) may only be used by non-medical LPHA for a Clinician Consultation service to elicit additional expertise on complex cases pertaining to a client's medication or level of care placement. This code can only be used once per day when the duration of the service is over 30 minutes. For claiming services less than 30 minutes, the Targeted Case Management (70899-120) should be used.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and Transitional Care**

DMC-ODS PAYMENT REFORM 2023

Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)

Prenatal Care, At Risk Assessment (70899-119) may be used by a non-LPHA or LPHA when the service or session is related to assessing the client's access to prenatal care as well as in consideration of a possible referral to a perinatal-specific program.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Targeted Case Management, Each 15 Min (70899-120) may be used by a non-LPHA or LPHA. This is the equivalent to what was previously Care Coordination. The service/session can be with or without the presence of the client.

Some examples of when to use Targeted Case Management:

- ✓ Educating and connecting the client to community resources
- ✓ Coordinating with other providers to assist in a smooth transition for clients moving from one level of care or program to another
- ✓ Discharge planning to help ensure success post-discharge with regards to internal and external resources
- ✓ Time spent reviewing documents pertinent to the client's substance use disorder treatment, such as
 - assessments from the client's previous provider
 - LPHA's review of the non-LPHA's assessment
 - Physician's review of the client's physical exam
- ✓ Time spent consulting with other providers
- ✓ Coordinating care with other professionals at external entities, agencies, or organizations (i.e., social workers, probation officers, teachers, etc.)
- ✓ Time spent on completion of a discharge summary for a client with an unplanned discharge

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Targeted Case Management is not available for use at the OTP/NTP.

DMC-ODS PAYMENT REFORM 2023

SUD Treatment Plan Development/Modification (70899-125) may be used by non-LPHA and LPHA for services/sessions addressing the creation of a new treatment plan or problem list or change to an existing treatment plan or problem list. Treatment planning is an activity that consists of developing and updating the plans or interventions for addressing the client's needs and monitoring a client's progress. Previously, treatment planning was part of individual counseling. However, now treatment planning will be considered a care coordination activity. This code may be used at any point during a client's episode of care.

Recommendation: If, during the course of an individual counseling service/session, there is discussion that leads to an update or change in the client's course of treatment (i.e., resulting in a change to the treatment plan or problem list), the code used for that service/session should be the SUD Treatment Plan Development/Modification (70899-125) code.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Perinatal Codes

All of new billing codes have a corresponding Perinatal code that may be utilized by providers in a State-designated Perinatal program. Please remember that in order to claim services using the Perinatal code, there must be medical documentation on file that evidences the client's pregnant or postpartum status.

Perinatal Assessment Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Psych Diagnostic Eval, 15 min	90791	90791-2
Peri Psych Eval of Hospital Record, 15 Min	90885	90885-2
Peri Psychological Testing Eval, First Hour	96130	96130-2
Peri Psychological Testing Eval, Each Add'l Hour	96131	96131-2
Peri Telephone Assmt and Mgmt Service, 5-10 Min	98966	98966-2
Peri Telephone Assmt and Mgmt Service, 11-20 Min	98967	98967-2

DMC-ODS PAYMENT REFORM 2023

Peri Telephone Assmt and Mgmt Service, 21-30 Min	98968	98968-2
Peri SUD Structured Assmt, 15-30 Min	G0396	70899-200
Peri SUD Structured Assmt, 30+ Min	G0397	70899-201
Peri SUD Structured Assmt, 5-14 Min	G2011	70899-202
Peri SUD Assmt Screening	H0001	70899-203
Peri SUD Screening	H0049	70899-205
Peri SUD Drug Testing POC Tests	H0048	70899-204

Perinatal Individual Counseling Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Skills Training and Dev, Indv, per 15 Min	H2014	70899-213
Peri Psychoeducational Svc, per 15 Min	H2027	70899-215
Peri SUD Family Counseling	T1006	70899-216
Peri SUD Recovery Incentives, 15 Min	H0050	70899-218
Peri Family Psychotherapy (w/o Pt Present), 26-50 Min	90846	90846-2
Peri Family Psychotherapy (w/ Pt Present), 26-50 Min	90847	90847-2
Peri Multiple-Family Group Psychotherapy, 15 Min	90849	90849-2
SUD Individual Counseling, 15 Min	H0004	70899-230

Perinatal Crisis Service Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Mobile Crisis Intervention Svcs	H2011	70899-208
Peri SUD Crisis Intervention (outPt)	H0007	70899-207

DMC-ODS PAYMENT REFORM 2023

Peri SUD Individual Counseling, 15 Min	H0004	70899-230
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Perinatal Group Counseling Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Skills training and dev, Group, per 15 Min	H2014	70899-214
Peri SUD Group Counseling	H0005	70899-231

Perinatal Care Coordination Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Environmental Intervention for Med Mgmt Purposes	90882	90882-2
Peri Preparation of Report of Pt's Psych Status	90889	90889-2
Peri Admin of Pt-Focused Health Risk Assmt Instrument	96160	96160-2
Peri Med Team Conf by Non-MD, Pt/Fam not Present, 30 Min+	99368	99368-2
Peri Prenatal Care, At Risk Assmt	H1000	70899-219
Targeted Case Management, Each 15 Min	T1017	70899-220
SUD Treatment Plan Development/Modification	T1007	70899-225

Perinatal Non Billable Codes (same as regular Non Billable Codes):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300
Non Billable SUD Crisis Intervention	n/a	70899-301
Non Billable SUD Treatment Planning	n/a	70899-303
Non Billable SUD Care Coordination	n/a	70899-304
Non Billable SUD Discharge Svcs	n/a	70899-306

DMC-ODS PAYMENT REFORM 2023

Non Billable SUD Family Therapy	n/a	70899-307
Non Billable SUD Individual Counseling	n/a	70899-309
Non Billable SUD Group Counseling	n/a	70899-310

Recovery Services

Recovery Services are designed to support recovery and prevent relapse with the objective of restoring the client to their best possible functional level. Recovery Services emphasize the client's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to clients.

New Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Community Support Svcs, per 15 Min	H2015	70899-121
Psychosocial Rehabilitation, Indv, per 15 Min	H2017	70899-122
Psychosocial Rehabilitation, Group, per 15 Min	H2017	70899-123
Recovery Svcs, 1 Hr	H2035	70899-124

New Non Billable Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Recovery Svcs	n/a	70899-305

Community Support Services, per 15 Min (70899-121) may be used by non-LPHA and LPHA for care coordination activities at the recovery services level of care. See the care coordination section above for examples that are also applicable to recovery services.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

DMC-ODS PAYMENT REFORM 2023

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Psychosocial Rehabilitation, Individual, per 15 Min (70899-122) and **Psychosocial Rehabilitation, Group, per 15 Min (70899-123)** may be used by non-LPHA and LPHA, within scope of practice, for assessment, counseling, family therapy, recovery monitoring, and relapse prevention services/sessions provided individually and the group setting.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Recovery Services, 1 Hr (70899-124) may be used by non-LPHA and LPHA for services at this level of care that are at most one hour (minimum should be at least the midpoint or 30 minutes) in duration in a one-on-one setting with a client. Service minutes less than 30 minutes in duration should be coded using the **Psychosocial Rehabilitation, Individual, per 15 Min (70899-122)** code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Important note about Recovery Services: Recovery services may be provided as a standalone service or part of the treatment level of care. However, the provision of recovery services to clients who are also receiving a treatment level of care is not a common scenario and must be clinically appropriate. At the residential levels of care, recovery services may be provided as part of the bundle of services for the treatment day. There is no additional billing of recovery services permitted. Once a client is no longer receiving the residential levels of care (i.e., no treatment days are being claimed), recovery services may be billable as a standalone service. In such cases, the client's episode of care would be closed at the residential level and opened under a recovery services episode of care.

Perinatal Recovery Services Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Community Support Svcs, per 15 Min	H2015	70899-221
Peri Psychosocial Rehabilitation, Indv, per 15 Min	H2017	70899-222
Peri Psychosocial Rehabilitation, Group, per 15 Min	H2017	70899-223

DMC-ODS PAYMENT REFORM 2023

Peri Recovery Svcs, 1 Hr	H2035	70899-224
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Perinatal Recovery Non Billable Code (same as regular Non Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Recovery Svcs	n/a	70899-305

Supplemental Codes

Supplemental Codes are codes that describe additional and simultaneous services that were provided to the client during the visit or codes that describe the additional severity of the client's condition. Supplemental codes cannot be billed independently. They have to be billed with a/another (primary) service.

New Supplemental Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Health Bx Int, Fam wo Pt F2F, 16-30 Min	96170	96170-1
Health Bx Int, Fam wo Pt F2F, Add'l 15 Min	96171	96171-1
Sign Lang. or Oral Interp. Svcs, 15 Min	T1013	70899-132
Interactive Complexity	90785	90785-1
Interp. of Psych Results to Fam, 15 Min	90887	90887-1

Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1) and Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1) may only be used by LPHA. Health behavior intervention services are used to address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of physical health problems. It is to be used when the primary focus of the service/session is related to the client's physical health care/condition, using psychological and/or psychosocial interventions designed to ameliorate specific disease-related problems. Health behavior intervention includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. This service emphasizes active patient/family engagement and involvement in a session with the family, but not including the client.

DMC-ODS PAYMENT REFORM 2023

In order to utilize the **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**, one of the following services must have been provided as the primary service:

- **Psychological Testing Evaluation, First Hour (96130-1) and Psychological Testing Evaluation, Each Additional Hour (96131-1)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**
- **SUD Structured Assessment 5-14 Min (70899-102)**
- **SUD Assessment Screening (70899-103)**

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)**
- **Interactive Complexity (90785-1)**

This code may be used on the same day as the following services, if the appropriate modifiers are used:

- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**
- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Psychiatric Evaluation of Hospital Record, 15 Min (90885-1)**
- **Interpretation of Psychiatric Results to Family, 15 Min (90887-1)**
- **Preparation of Report of Patient's Psychiatric Status (90889-1)**
- **SUD Structured Assessment, 15-30/30 Min (70899-100/70899-101)**

Sign Language or Oral Interpretation Services, 15 Min (70899-132) may be used by non-LPHA and LPHA when an oral interpreter is necessary for a client who is unable to speak or speak the same language as the provider. This supplemental code is not to be used when the provider is speaking the client's preferred language and only when an oral interpreter is utilized. This occurs along with another primary service, such as individual counseling. It is available for use with all services, including treatment planning, family therapy, and discharge services/sessions.

The number of units that can be claimed is dependent on the total service time for the primary service.

DMC-ODS PAYMENT REFORM 2023

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Interactive Complexity (90785-1) may be used by non-LPHA and LPHA when there is a need to manage maladaptive communication related to high anxiety, high reactivity, repeated questions, or when the patient is under the influence of alcohol or other substances. The documentation must clearly explain what constituted the need for the use of this code. This occurs along with another primary service that is for assessment. Only one unit per service may be claimed.

This code can only be used with the following primary services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**

This code cannot be used on the same day as the following services:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1) and Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

For Outpatient only: In those cases where a service/session requires the sign language or oral interpretation, interactive complexity, or health behavior intervention supplemental codes, two different services (such as Psychiatric Diagnostic Evaluation and individual counseling) may be provided to the same client on the same day.

Interpretation of Psychiatric Results to Family, 15 Min (90887-1) may only be used by LPHA when an interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data is provided to family or other responsible persons, or advising them how to assist client. Only one unit per service may be claimed.

This code can only be used with the following primary services:

- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**
- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Preparation of Report of Patient's Psychiatric Status (90889-1)**
- **Psychological Testing Evaluation, First Hour (96130-1)**
- **Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)**

DMC-ODS PAYMENT REFORM 2023

- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**
- **Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)**
- **Medical Team Conference by non-MD, Patient/Family not present, 30 Min+ (99368-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)**

This code may be used on the same day as the following service, if the appropriate modifiers are used:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

New Perinatal Supplemental Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Health Bx Int, Fam wo Pt F2F, 16-30 Min	96170	96170-2
Peri Health Bx Int, Fam wo Pt F2F, Add'l 15 Min	96171	96171-2
Peri Sign Lang. or Oral Interp. Svcs, 15 Min	T1013	70899-232
Peri Interactive Complexity	90785	90785-2
Peri Interp. of Psych Results to Fam, 15 Min	90887	90887-2

DMC-ODS PAYMENT REFORM 2023

Residential Treatment Services

There are no changes to the residential day rate services. In addition to the treatment day, care coordination and recovery services may be claimed. Please note that, as was the case previously, Residential 3.3 and Perinatal services codes are only permitted to be used by programs that have been designated by the State.

Billable Residential Treatment Services:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Residential 3.1	H0019	90899-638
Residential 3.1 Peri	H0019	90899-656
Residential 3.3	H0019	90899-844
Residential 3.3 Peri	H0019	90899-888
Residential 3.5	H0019	90899-674
Residential 3.5 Peri	H0019	90899-692

Non-Billable Residential Treatment Services:

Charge Description	CPT/HCPCS Code(s)	CDM Code
NB Residential 3.1	n/a	90899-639
NB Residential 3.1 Peri	n/a	90899-657
NB Residential 3.3	n/a	90899-845
NB Residential 3.3 Peri	n/a	90899-889
NB Residential 3.5	n/a	90899-675
NB Residential 3.5 Peri	n/a	90899-693

Residential MAT

Please note that we do not yet have a billing code for MAT at the residential levels of care. If your program is designated to provide MAT at residential, it is permissible for you to provide services accordingly. These services will be held without a CPT code for the time being. Once a CPT code becomes available, it can be used at that time so those services can be claimed.

Care Coordination at Residential

For all available care coordination services billing codes allowable at the residential levels of care, please see the Care Coordination Services section above.

Recovery Services at Residential

Recovery services are part of the residential treatment day for clients who are open at a residential level of care. There should be no additional billing of recovery services on top of the residential treatment day. It is appropriate for clients to receive recovery services once they are no longer receiving residential treatment services. For such clients, a new episode of care is opened at recovery services and the billing codes outlined in the Recovery Services section above are applicable.

DMC-ODS PAYMENT REFORM 2023

Withdrawal Management Services

Billable WM 3.2 Service:

Charge Description	CPT/HCPCS Code(s)	CDM Code
WM Residential Withdrawal Mgmt 3.2	H0012	90899-779

Non-Billable WM 3.2 Service:

Charge Description	CPT/HCPCS Code(s)	CDM Code
NB WM Residential Withdrawal Mgmt 3.2	n/a	90899-780

Care Coordination at Withdrawal Management

For all available care coordination services billing codes allowable at the withdrawal management level of care, please see the Care Coordination Services section above.

Recovery Services at Withdrawal Management

Recovery services are part of the withdrawal management treatment day for clients who are open at a withdrawal management level of care. There should be no additional billing of recovery services on top of the withdrawal management treatment day. It is appropriate for clients to receive recovery services once they are no longer receiving withdrawal management services. For such clients, a new episode of care is opened under recovery services and the billing codes outlined in the Recovery Services section above are applicable.

Opioid Treatment Programs (OTP)/Narcotic Treatment Programs (NTP)

Billable OTP/NTP Regular Services:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-1
SUD Structured Assmt, 15-30 Min	G0396	70899-100
SUD Structured Assmt, 30+ Min	G0397	70899-101
SUD Structured Assmt, 5-14 Min	G2011	70899-102
OTP/NTP Methadone Dosing	H0020	90899-632
OTP/NTP Courtesy Methadone Dosing	H0020	90899-786
OTP/NTP MAT Antabuse Administration	S5001	90899-719

DMC-ODS PAYMENT REFORM 2023

OTP/NTP MAT Narcan (2-pack Nasal Spray)	S5001	90899-722
OTP/NTP MAT Suboxone Administration	S5001	90899-728
OTP/NTP MAT Subutex Administration	S5001	90899-731
OTP/NTP MAT Courtesy Subutex Administration	S5001	90899-838
OTP/NTP MAT Suboxone (Film) Administration	S5001	90899-862
OTP/NTP MAT Sublocade Injectable Administration	S5001	90899-865
OTP/NTP MAT Vivitrol Injectable Administration	S5001	90899-868
OTP/NTP MAT Disulfiram Administration	S5000	90899-635
OTP/NTP MAT Buprenorphine (oral) Administration	S5000	90899-734
OTP/NTP MAT Courtesy Buprenorphine (oral) Administration	S5000	90899-841
OTP/NTP MAT Buprenorphine w/ Naloxone (oral) Administration	S5000	90899-737
OTP/NTP MAT Naloxone (2-pack Nasal Spray)	S5000	90899-743
OTP/NTP MAT Buprenorphine w/ Naloxone (Film) Administration	S5000	90899-871
OTP/NTP MAT Buprenorphine Injectable Administration	S5000	90899-874
OTP/NTP MAT Naltrexone Injectable Administration	S5000	90899-877

Billable OTP/NTP Perinatal Services:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-2
Peri SUD Structured Assmt, 15-30 Min	G0396	70899-200
Peri SUD Structured Assmt, 30+ Min	G0397	70899-201
Peri SUD Structured Assmt, 5-14 Min	G2011	70899-202
OTP/NTP Peri Methadone Dosing	H0020	90899-804

DMC-ODS PAYMENT REFORM 2023

OTP/NTP Peri Courtesy Methadone Dosing	H0020	90899-808
OTP/NTP Peri MAT Antabuse Administration	S5001	90899-811
OTP/NTP Peri MAT Narcan (2-pack Nasal Spray)	S5001	90899-814
OTP/NTP Peri MAT Suboxone Administration	S5001	90899-817
OTP/NTP Peri MAT Subutex Administration	S5001	90899-820
OTP/NTP Peri MAT Suboxone (Film) Administration	S5001	90899-880
OTP/NTP Peri MAT Disulfiram Administration	S5000	90899-823
OTP/NTP Peri MAT Buprenorphine (oral) Administration	S5000	90899-826
OTP/NTP Peri MAT Buprenorphine w/ Naloxone (oral) Administration	S5000	90899-829
OTP/NTP Peri MAT Naloxone (2-pack Nasal Spray)	S5000	90899-832
OTP/NTP Peri MAT Buprenorphine w/ Naloxone (Film) Administration	S5000	90899-883
OTP/NTP Peri MAT Sublocade Injectable Administration	S5001	90899-890
OTP/NTP Peri MAT Vivitrol Injectable Administration	S5001	90899-892
OTP/NTP Peri MAT Buprenorphine Injectable Administration	S5000	90899-894
OTP/NTP Peri MAT Naltrexone Injectable Administration	S5000	90899-896

Non-Billable OTP/NTP Regular Services:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300
NB OTP/NTP Methadone Dosing	n/a	90899-633
NB OTP/NTP WM Methadone Dosing	n/a	90899-785
NB OTP/NTP Courtesy Methadone Dosing	n/a	90899-787
NB OTP/NTP MAT Antabuse Administration	n/a	90899-720

DMC-ODS PAYMENT REFORM 2023

NB OTP/NTP MAT Narcan Administration	n/a	90899-723
NB OTP/NTP MAT Suboxone Administration	n/a	90899-729
NB OTP/NTP MAT Subutex Administration	n/a	90899-732
NB OTP/NTP MAT Courtesy Subutex Administration	n/a	90899-839
NB OTP/NTP MAT Suboxone (Film) Administration	n/a	90899-863
NB OTP/NTP MAT Sublocade Injectable Administration	n/a	90899-866
NB OTP/NTP MAT Vivitrol Injectable Administration	n/a	90899-869
NB OTP/NTP MAT Disulfiram Administration	n/a	90899-636
NB OTP/NTP MAT Buprenorphine (oral) Administration	n/a	90899-735
NB OTP/NTP MAT Courtesy Buprenorphine (oral) Administration	n/a	90899-842
NB OTP/NTP MAT Buprenorphine w/ Naloxone (oral) Administration	n/a	90899-738
NB OTP/NTP MAT Naloxone Administration	n/a	90899-744
NB OTP/NTP MAT Buprenorphine w/ Naloxone (Film) Administration	n/a	90899-872
NB OTP/NTP MAT Buprenorphine Injectable Administration	n/a	90899-875
NB OTP/NTP MAT Naltrexone Injectable Administration	n/a	90899-878

Non-Billable OTP/NTP Perinatal Services:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300
NB OTP/NTP Peri Methadone Dosing	n/a	90899-805
NB OTP/NTP Peri WM Methadone Dosing	n/a	90899-807
NB OTP/NTP Peri Courtesy Methadone Dosing	n/a	90899-809
NB OTP/NTP Peri MAT Antabuse Administration	n/a	90899-812

DMC-ODS PAYMENT REFORM 2023

NB OTP/NTP Peri MAT Narcan Administration	n/a	90899-815
NB OTP/NTP Peri MAT Suboxone Administration	n/a	90899-818
NB OTP/NTP Peri MAT Subutex Administration	n/a	90899-821
NB OTP/NTP Peri MAT Suboxone (Film) Administration	n/a	90899-881
NB OTP/NTP Peri MAT Disulfiram Administration	n/a	90899-824
NB OTP/NTP Peri MAT Buprenorphine (oral) Administration	n/a	90899-827
NB OTP/NTP Peri MAT Buprenorphine w/ Naloxone (oral) Administration	n/a	90899-830
NB OTP/NTP Peri MAT Naloxone Administration	n/a	90899-833
NB OTP/NTP Peri MAT Buprenorphine w/ Naloxone (Film) Administration	n/a	90899-884
NB OTP/NTP Peri MAT Sublocade Injectable Administration	n/a	90899-891
NB OTP/NTP Peri MAT Vivitrol Injectable Administration	n/a	90899-893
NB OTP/NTP Peri MAT Buprenorphine Injectable Administration	n/a	90899-895
NB OTP/NTP Peri MAT Naltrexone Injectable Administration	n/a	90899-897

Assessment Services at NTP

The **Psychiatric Diagnostic Evaluation with Medical Services, 15 Min (90792-1)** may only be used by a Licensed Physician, Physician Assistant, and Nurse Practitioner for conducting the Physical Exam at the time of a patient’s admission to the NTP. This may be face-to-face or non-face-to-face time. This code is restricted to use only one time per day. If the LPHA write up or narrative documentation that is required is also completed on the same day by the same LPHA, this code may capture both activities. It can only be used on the same day as the SUD Structured Assessment 5-14/15-30/30+ minutes (70899-102/70899-100/70899-101) when an appropriate modifier is used.

The **SUD Structured Assessment 5-14/15-30/30+ minutes (70899-102/70899-100/70899-101)** should be used by the non-LPHA to complete the ASAM based assessment. Choose the code that accurately reflects the amount of time spent providing the assessment service. These codes may only be used on the same day as the **Psychiatric Diagnostic Evaluation with Medical Services, 15 Min (90792-1)** if the appropriate modifier is used.

DMC-ODS PAYMENT REFORM 2023

Individual Counseling Services at NTP

The following services are permitted at the NTP (see descriptions in the Individual Counseling section above):

- **SUD Crisis Intervention (outPt) 70899-107**
- **Psychoeducational Svc, per 15 Min 70899-115**
- **SUD Family Counseling 70899-116**
- **SUD Brief Intervention, 15 Min 70899-117**
- **SUD Individual Counseling, 15 Min 70899-130**

Group Counseling Services at NTP

The **SUD Group Counseling (70899-131)** code, which may be used by non-LPHA and LPHA to claim for group sessions/services. For further information on groups, see the Group Counseling section above.

Care Coordination Services at NTP

There is no billing code provided by the State that allows for the billing of care coordination activities at the NTP, except for the following:

- Clinician consultation or the **Medical Team Conference by non-MD, Patient/Family not present, 30 Min+ (99368-1)**
- Physician consultation or **Medical Team Conference by MD, Patient/Family not present, 30 Min+ (99637-1)**
- **SUD Treatment Plan Development and Modification (70899-125)**, which can be used by non-LPHA and LPHA to bill for the creation and modification or updates to the treatment plan at any point during a patient's treatment episode.

Medication Services

Evaluation and Management (E/M) services may only be performed by medical LPHA (Licensed Physician, Physician Assistant, Nurse Practitioner).

Some examples of E/M activities include:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver)
- Care coordination (not separately reported)

Do not count time spent on the following:

- The performance of other services that are reported separately
- Travel

DMC-ODS PAYMENT REFORM 2023

- Teaching that is general and not limited to discussion that is required for the management of a specific patient

New Medication Services Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-1
Oral Medication Admin, Direct Observation, 15 Min	H0033	70899-109
Medication Training and Support-Indv per 15 Min	H0034	70899-110
Medication Training and Support-Group per 15 Min	H0034	70899-111
Office OutPt Visit of New Pt, 15-29 Min	99202	99202-1
Office OutPt Visit of a New Pt, 30-44 Min	99203	99203-1
Office OutPt Visit of a New Pt, 45-59 Min	99204	99204-1
Office OutPt Visit of a New Pt, 60-74 Min	99205	99205-1
Office OutPt Visit of an Established Pt, 10-19 Min	99212	99212-1
Office OutPt Visit of an Established Pt, 20-29 Min	99213	99213-1
Office OutPt Visit of an Established Pt, 30-39 Min	99214	99214-1
Office OutPt Visit of an Established Pt, 40-54 Min	99215	99215-1
Home Visit of a New Pt, 15-25 Min	99341	99341-1
Home Visit of a New Pt, 26-35 Min	99342	99342-1
Home Visit of a New Pt, 51-65 Min	99344	99344-1
Home Visit of a New Pt, 66-80 Min	99345	99345-1
Home Visit of an Established Pt, 10-20 Min	99347	99347-1
Home Visit of an Established Pt, 21-35 Min	99348	99348-1
Home Visit of an Established Pt, 36-50 Min	99349	99349-1

DMC-ODS PAYMENT REFORM 2023

Home Visit of an Established Pt, 51-70 Min	99350	99350-1
Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-112
Telephone E&M Service, 5-10 Min	99441	99441-1
Telephone E&M Service, 11-20 Min	99442	99442-1
Telephone E&M Service, 21-30 Min	99443	99443-1
Med Team Conf by MD, Pt/Fam not Present, 30 Min+	99367	99367-1
Transitional Care Mgmt Svcs: Comm. w/in 14 days	99495	99495-1
Transitional Care Mgmt Svcs: Comm. w/in 7 days	99496	99496-1
Inter-Prof Phone/EHR Assmt-Consult. MD 5-15 Min	99451	99451-1

New Medication Services Non Billable Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Psychiatric Diagnostic Evaluation with Medical Services, 15 Min (90792-1) may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for performing a MAT or OTP/NTP evaluation. An integrated biopsychosocial and medical assessment that can include history, mental status, other physical examination elements as indicated, and recommendations. May include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic services. This code is restricted to use only one time per day.

As an alternative, Licensed Physicians, Physician Assistants, and Nurse Practitioners at the outpatient levels of care may utilize the **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)** or **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)** for those assessment/evaluation sessions that exceed 15 minutes.

Important: The **Prolonged Office Outpatient Evaluation & Management Service, Each Additional 15 Min (70899-112)** code cannot be used with this service.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)**
- **Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)**

DMC-ODS PAYMENT REFORM 2023

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1) and Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code may be used on the same day as the following services, if the appropriate modifiers are used:

- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Psychiatric Evaluation of Hospital Record, 15 Min (90885-1)**
- **Interpretation of Psychiatric Results to Family, 15 Min (90887-1)**
- **Preparation of Report of Patient's Psychiatric Status (90889-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**
- **Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)**
- **Medical Team Conference by non-MD, Patient/Family not present, 30 Min+ (99368-1)**
- **Telephone Evaluation & Management Service, 5-10/11-20/21-30 Min (99441-1/99442-1/99443-1)**
- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Min (99451-1)**

Oral Medication Administration, Direct Observation, 15 Min (70899-109) may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse for a MAT program when claiming a medication administration service.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

DMC-ODS PAYMENT REFORM 2023

Medication Training and Support- Individual per 15 Min (70899-110) and Medication Training and Support-Group per 15 Min (70899-111) may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse for a MAT program when providing psychoeducation, training, and/or support related to medication, either in a one-on-one or group setting.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1) and Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1) may only be used by medical LPHA (Licensed Physician, Physician Assistant, Nurse Practitioner) when office or other outpatient visit for the evaluation and management of a new patient is provided. The service requires a medically appropriate history and/or examination and straightforward/low level/moderate level/high level of medical decision making. This code can only be used once per day.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**

This code may only be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**

Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1) and Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1) may only be used by medical LPHA (Licensed Physician, Physician Assistant, Nurse Practitioner) when E/M services provided in a home of a new or established patient, face-to-face with patient and/or family. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). These codes can only be used once per day.

For New Patients - When presenting problems are of low severity, the 20-minute service requires 3 key components: problem focused history, problem focused examination, and straightforward medical decision making. When presenting problems are of moderate severity,

DMC-ODS PAYMENT REFORM 2023

the 30-minute service requires 3 key components: expanded problem focused history, expanded problem focused examination, and medical decision making of low complexity. When presenting problems are of high severity, the 60-minute service requires 3 key components: comprehensive history, comprehensive examination, and medical decision making of moderate complexity. When the patient is unstable or has developed a significant new problem requiring immediate physician attention, the 75-minute service requires 3 key components: comprehensive history, comprehensive examination, and medical decision making of high complexity.

For established patients – When presenting problems are self-limited or minor, the 15-minute service requires at least 2 of 3 key components: problem focused interval history, problem focused examination, and straightforward medical decision making. When presenting problems are of low to moderate severity, the 25-minute service requires at least 2 of 3 key components: expanded problem focused interval history, expanded problem focused examination, and medical decision making of low complexity. When presenting problems are of moderate to high severity, the 40-minute service requires at least 2 of 3 key components: detailed interval history, detailed examination, and medical decision making of moderate complexity. When presenting problems are of moderate to high severity, patient may be unstable or may have developed a significant new problem requiring immediate physician attention, the 60-minute service requires at least 2 of 3 key components: comprehensive interval history, comprehensive examination, and medical decision making of high complexity.

Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1) cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**
- **Home Visit of a New Patient, 26-35/51-65/66-80 Min (99342-1/99344-1/99345-1)**
- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Min (99451-1)**

Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1) may be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**

Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1) cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**
- **Home Visit of an Established Patient, 21-35/36-50/51-70 Min (99348-1/99349-1/99350-1)**

DMC-ODS PAYMENT REFORM 2023

- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Min (99451-1)**

Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1) may be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**

Prolonged Office Outpatient Evaluation & Management Service, Each Additional 15 Min (70899-112) may only be used by medical LPHA (Licensed Physician, Physician Assistant, Nurse Practitioner) as an add-on code for the following services when the duration of the service provided exceeds the maximum number of minutes:

- **Office Outpatient Visit of New Patient, 60-74 Min (99205-1)**
- **Office Outpatient Visit of an Established Patient, 40-54 Min (99215-1)**

Do not use for any time less than 15 minutes.

Telephone Evaluation & Management Service, 5-10 Min (99441-1) may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for an E/M service provided to a client using the telephone when the service duration is 5-10 minutes. This code can only be used once per day.

The Telephone E/M Service Codes are used to report service encounters initiated by an established client, parent, or guardian of an established client. If the telephone service ends with a decision to see the client within 24 hours of the next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure, and visit. Likewise, if the telephone call refers to an E/M service performed and reported by that individual within the previous 7 days (either requested or unsolicited client follow-up) or within the postoperative period of the previously completed procedure, then the service(s) is considered part of that previous E/M service or procedure.

Telephone Evaluation & Management Service, 11-20 Min (99442-1) may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for an E/M service provided to a client using the telephone when the service duration is 11-20 minutes. This code can only be used once per day.

Telephone Evaluation & Management Service, 21-30 Min (99443-1) may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for an E/M service provided to a client using the telephone when the service duration is 21-30 minutes. This code can only be used once per day.

Telephone Evaluation & Management Service, 5-10 Min (99441-1), Telephone Evaluation & Management Service, 11-20 Min (99442-1), and Telephone Evaluation & Management Service, 21-30 Min (99443-1) cannot be used together or on the same day.

These codes also cannot be used on the same day as the following services:

DMC-ODS PAYMENT REFORM 2023

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**

Important: The **Prolonged Office Outpatient Evaluation & Management Service, Each Additional 15 Min (70899-112)** cannot be used for the Telephone Evaluation & Management Service codes.

Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1) may only be used by a Licensed Physician and is the equivalent to the Physician Consultation that was previously available. This code can only be used once per day.

These codes cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**

Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1) may only be used by a Licensed Physician, Physician Assistant, and Nurse Practitioner. It is to be used for a new or established patient whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the patient's community setting (home, domiciliary, rest home or assisted living). Transitional Care Management commences upon the date of discharge and continues for the next 29 days.

Comprised of one face-to-face visit within the specified time frames, in combination with non-face-to-face services that may be performed by the physician or other qualified health care professional and/or licensed clinical staff under his/her direction.

Non-face-to-face services provided by clinical staff, under the direction of the physician or other qualified health care professional may include: communication regarding aspects of care (with patient, family members, guardians/caretakers, surrogate decision makers, and/or other professionals), communication with home health agencies and other community services utilized by the patient, patient and/or family/caretaker education to support self-management, independent living, and activities of daily living, assessment and support for treatment.

DMC-ODS PAYMENT REFORM 2023

These codes may only be used once per day.

Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1) cannot be used together or on the same day.

These codes also cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**

These codes may be used on the same with the following services, if the appropriate modifiers are used:

- **Telephone Assessment and Management Service, 5-10/11-20/21-30 Min (98966-1/98967-1/98968-1)**

Important: The **Prolonged Office Outpatient Evaluation & Management Service, Each Additional 15 Min (70899-112)** cannot be used for these services.

Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Min (99451-1) may only be provided by a Licensed Physician and may include a written report to the patient's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative time. This can only be used once per day.

These codes cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1) and Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1) and Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**

Perinatal Medication Services Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-2
Peri Oral Medication Admin, Direct Observation, 15 Min	H0033	70899-209
Peri Medication Training and Support-Indv per 15 Min	H0034	70899-210
Peri Medication Training and Support-Group per 15 Min	H0034	70899-211

DMC-ODS PAYMENT REFORM 2023

Peri Office OutPt Visit of New Pt, 15-29 Min	99202	99202-2
Peri Office OutPt Visit of a New Pt, 30- 44 Min	99203	99203-2
Peri Office OutPt Visit of a New Pt, 45- 59 Min	99204	99204-2
Peri Office OutPt Visit of a New Pt, 60- 74 Min	99205	99205-2
Peri Office OutPt Visit of Established Pt, 10-19 Min	99212	99212-2
Peri Office OutPt Visit of Established Pt, 20-29 Min	99213	99213-2
Peri Office OutPt Visit of Established Pt, 30-39 Min	99214	99214-2
Peri Office OutPt Visit of Established Pt, 40-54 Min	99215	99215-2
Peri Home Visit of a New Pt, 15-25 Min	99341	99341-2
Peri Home Visit of a New Pt, 26-35 Min	99342	99342-2
Peri Home Visit of a New Pt, 51-65 Min	99344	99344-2
Peri Home Visit of a New Pt, 66-80 Min	99345	99345-2
Peri Home Visit of an Established Pt, 10-20 Min	99347	99347-2
Peri Home Visit of an Established Pt, 21-35 Min	99348	99348-2
Peri Home Visit of an Established Pt, 36-50 Min	99349	99349-2
Peri Home Visit of an Established Pt, 51-70 Min	99350	99350-2
Peri Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-212
Peri Telephone E&M Service, 5-10 Min	99441	99441-2
Peri Telephone E&M Service, 11-20 Min	99442	99442-2
Peri Telephone E&M Service, 21-30 Min	99443	99443-2
Peri Med Team Conf by MD, Pt/Fam not Present, 30 Min+	99368	99368-2
Peri Transitional Care Mgmt Svcs: Comm. w/in 14 days	99495	99495-2

DMC-ODS PAYMENT REFORM 2023

Peri Transitional Care Mgmt Svcs: Comm. w/in 7 days	99496	99496-2
Peri Inter-Prof Phone/EHR Assmt- Consult. MD 5-15 Min	99451	99451-2

New Perinatal Medication Services Non Billable Code (same as Regular Non Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302