

NP/CNS (Master's, or above, Degree Nurse with Certification) Codes		CDM#	CPT/HCPC	Dependent On
BHS Mental Health Assessment Services	Developmental Screening, 15 Minutes	96110-4	96110	
BHS Mental Health Assessment Services	Developmental Testing, First Hour	96112-4	96112	
BHS Mental Health Assessment Services	Developmental Testing, Each Additional 30 Minutes	96113-4	96113	96112
BHS Mental Health Assessment Services	Neurobehavioral Status Exam, First Hour	96116-4	96116	
BHS Mental Health Assessment Services	Neurobehavioral Status Exam, Each Additional Hour	96121-4	96121	96116
BHS Mental Health Assessment Services	Standardized Cognitive Performance Testing, per Hour	96125-4	96125	
BHS Mental Health Assessment Services	Brief Emotional/Behavioral Assessment, 15 Minutes	96127-4	96127	
BHS Mental Health Assessment Services	Psychological Testing Evaluation, First Hour	96130-4	96130	
BHS Mental Health Assessment Services	Psychological Testing Evaluation, Each Additional Hour	96131-4	96131	96130
BHS Mental Health Assessment Services	Neuropsychological Testing Evaluation, First Hour	96132-4	96132	
BHS Mental Health Assessment Services	Neuropsychological Testing Evaluation, Each Additional Hour	96133-4	96133	96132
BHS Mental Health Assessment Services	Psychological or Neuropsychological Test Administration, First 30 Minutes	96136-4	96136	
BHS Mental Health Assessment Services	Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	96137-4	96137	96136
BHS Mental Health Assessment Services	Psychological or Neuropsychological Test Administration, 15 Minutes	96146-4	96146	
BHS Mental Health Assessment Services	Assessment of Aphasia, per Hour	96105-4	96105	
BHS Mental Health Assessment	Caregiver Assessment Administration of Care-Giver Focused Risk Assessment, 15 Minutes	96161-4	96161	90885, 96110, 98966-98968, 99441-99442, H0031, H2000, T1001

BHS Crisis Services	Psychotherapy for Crisis, First 30-74 Minutes	90839-4	90839	
BHS Crisis Services	Psychotherapy for Crisis, Each Additional 30 Minutes	90840-4	90840	90839
BHS Crisis Services	Crisis Intervention Service, per 15 Minutes	70899-413	H2011	
BHS Crisis Services	Transportation staff time (<i>mobile crisis team only</i>)	TBD	T2007	
Plan Development	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	70899-422	H0032	
Rehabilitation Service	Psychosocial Rehabilitation - Individual, per 15 Minutes	70899-423	H2017	
Rehabilitation Service	Psychosocial Rehabilitation - Family (No modifier required, but must document "Collateral Contact" and specify who collateral is in body of progress note), per 15 Minutes	70899-423	H2017	
Rehabilitation Service	Psychosocial Rehabilitation - Group (use HQ modifier), per 15 Minutes	70899-429	H2017	
Rehabilitation Service	Psychosocial Rehabilitation - IHBS (for CYS, use HK modifier), per 15 Minutes	70899-423	H2017	
Rehabilitation Service	Community-Based Wrap-Around Services, per 15 Minutes	70899-424	H2021	
BHS Individual Therapy	Psychotherapy, 30 Minutes with Patient	90832-4	90832	
BHS Individual Therapy	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	90833-4	90833	90202-99205 99212-99215 99234-99236 99341-99345 99347-99350
BHS Individual Therapy	Psychotherapy, 45 Minutes with Patient	90834-4	90834	

BHS Individual Therapy	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	90836-4	90836	90202-99205 99212-99215 99234-99236 99341-99345 99347-99350
BHS Individual Therapy	Psychotherapy, 60 Minutes with Patient	90837-4	90837	
BHS Individual Therapy	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	90838-4	90838	90202-99205 99212-99215 99234-99236 99341-99345 99347-99350
BHS Family Therapy	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50	90847-4	90847	
BHS Group Therapy	Multiple-Family Group Psychotherapy, 15 Minutes	90849-4	90849***	
BHS Group Therapy	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853-4	90853***	

Supplemental Service Codes	Sign Language or Oral Interpretive Services, 15 Minutes			90791-90792, 90885, 96365, 96105, 90865 90867-90870 90880 90885 96105 96110 96112-96113 96116 96121 96125 96127 96130-96133 96136-96139 96365-96377 98966-98968 99202-99205 99212-99215 99217-99220 99231-99236 99241-99245 99251-99255 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350 99366-99368 99441-99443 99484 99605-99607 G2212 H0031 H0032 H0033 H0034 H2000 H2011 H2017 H2019 H2021 S5145
		70899-411	T1013	T1001
BHS Medication Services	Home Visit of a New Patient, 15-25 Minutes	99341-4	99341	
BHS Medication Services	Home Visit of a New Patient, 26-35 Minutes	99342-4	99342	
BHS Medication Services	Home Visit of a New Patient, 51-65 Minutes	99344-4	99344	
BHS Medication Services	Home Visit of a New Patient, 66-80 Minutes	99345-4	99345	
BHS Medication Services	Home Visit of an Established Patient, 10-20 Minutes	99347-4	99347	

BHS Medication Services	Home Visit of an Established Patient, 21-35 Minutes	99348-4	99348	
BHS Medication Services	Home Visit of an Established Patient, 36-50 Minutes	99349-4	99349	
BHS Medication Services	Home Visit of an Established Patient, 51-70 Minutes	99350-4	99350	
BHS Supplemental code	Interactive Complexity - (use w/Assmt, Ind or Grp)	90785-4	90875	see codes on "Table" Tab

The CODES below are not used by Outpatient Providers

BHS Mental Health Assessment Services	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 35-44 Minutes	99234-4	99234	
BHS Mental Health Assessment Services	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 45-53 Minutes	99235-4	99235	
BHS Mental Health Assessment Services	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 54-60 Minutes	99236-4	99236	
BHS Individual Therapy Services	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of low severity. 20-39 minutes	99221-4	99221	
BHS Individual Therapy Services	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of moderate	99222-4	99222	
BHS Individual Therapy Services	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of high severity. 60-79 minutes	99223-4	99223	