

MD Codes		CDM#	CPT/HCPC	
BHS Medication Services	Home/Res, Visit of a New Pt, 15-25 Min	99341-4	99341	
BHS Medication Services	Home/Res. Visit of a New Pt, 26-35 Min	99342-4	99342	
BHS Medication Services	Home/Res. Visit of a New Pt, 51-65 Min	99344-4	99344	
BHS Medication Services	Home/Res. Visit of a New Pt, 66-80 Min	99345-4	99345	
BHS Medication Services	Home/Res. Visit of an Established Pt, 10-20 Min	99347-4	99347	
BHS Medication Services	Home/Res. Visit of an Established Pt, 21-35 Min	99348-4	99348	
BHS Medication Services	Home/Res. Visit of an Established Pt, 36-50 Min	99349-4	99349	
BHS Medication Services	Home/Res. Visit of an Established Pt, 51-70 Min	99350-4	99350	
BHS Medication Services	Therapeutic, Prophylactic, Diagnostic Injection, 15 Min	96372-4	96372	
BHS Medication Services	Injection; Intra- Arterial, 15 Min	96373-4	96373	
BHS Medication Services	Injection; Intravenous Push, Single or Initial, 15 Min	96374-4	96374	
BHS Medication Services	Application for Timed Subcutaneous Injection, 15 Min	96377-4	96377	
BHS Medication Services	Oral Medication Admin, Direct Observation, 15 Min	70899-414	H0033	
BHS Medication Services	Medication Training and Support, Ind, per 15 Min	70899-415	H0034	
BHS Medication Services	Medication Training and Support, Grp, per 15 Min	70899-416	H0034	
BHS Mental Health Assessment Services	Telephone Assmt and Mgmt Service, 5-10 Min	98966-4	98966	
BHS Mental Health Assessment Services	Telephone Assmt and Mgmt Service, 11-20 Min	98967-4	98967	
BHS Mental Health Assessment Services	Telephone Assmt and Mgmt Service, 21-30 Min	98968-4	98968	
BHS Mental Health Assessment Services	Psych Diagnostic Eval, 15 Min	90791-4	90791	

BHS Mental Health Assessment Services	Comprehensive Multidisciplinary Eval, 15 Min	70899-417	H2000	
BHS Mental Health Assessment Services	Telephone E&M Service, 5-10 min by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian <u>not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</u> ; 5-10 minutes of medical discussion	99441-4	99441	
BHS Mental Health Assessment Services	Telephone E&M Service, 11-20 Min (of medical discussion)	99442-4	99442	
BHS Mental Health Assessment Services	Telephone E&M Service, 21-30 Min (of medical discussion)	99443-4	99443	
BHS Mental Health Assessment Services	Standardized Cognitive Performance Testing, per Hour	96125-4	96125	
BHS Mental Health Assessment Services	Brief Emotional/Behavioral Assessment, 15 Min	96127-4	96127	
BHS Mental Health Assessment Services	Psychological Testing Eval, First Hour	96130-4	96130	
BHS Mental Health Assessment Services	Psychological Testing Eval, Each Add'l Hour	96131-4	96131	
BHS Mental Health Assessment Services	Neuropsychological Testing Eval, First Hour	96132-4	96132	
BHS Mental Health Assessment Services	Neuropsychological Testing Eval, Each Additional Hour	96133-4	96133	
BHS Mental Health Assessment Services	Psych or Neuropsych Test Admin, 15 Min	96146-4	96146	
BHS Mental Health Assessment Services	Psych or Neuropsychological Test Admin, First 30 Min	96136-4	96136	
BHS Mental Health Assessment Services	Psych or Neuropsych Test Admin, Each Additional 30 Min	96137-4	96137	

BHS Mental Health Assessment Services	NonBillable BH Mental Health Assessment Svcs	70899-407		
BHS Mental Health Assessment Services	Assessment of Aphasia, per Hour	96105-4	96105	
BHS Mental Health Assessment Services	Developmental Screening, 15 Min	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 Min	96113-4	96113	Supplemental Code
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	Supplemental Code
BHS Mental Health Assessment Services	Hospital inpatient or observation care , for the evaluation and management of a patient <u>including admission and discharge on the same date</u> , which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	99234-4	99234	
BHS Mental Health Assessment Services	Hospital inpatient or observation care , for the evaluation and management of a patient <u>including admission and discharge on the same date</u> , which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	99235-4	99235	
BHS Mental Health Assessment Services	Hospital inpatient or observation care , for the evaluation and management of a patient <u>including admission and discharge on the same date</u> , which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	99236-4	99236	

BHS Individual Therapy	Initial hospital inpatient or observation care, (for the eval. and mgmt of a patient, which req. a medically appropriate hx and/or exam and straightforward/low lev med dec making), 40 min must be met/exceeded	99221-4	99221	
BHS Individual Therapy	Initial hospital inpatient or observation care, (for the eval. and mgmt of a patient, which req. a medically appropriate hx and/or exam and moderate level med. dec. making), 55 min. must be met/exceeded	99222-4	99222	
BHS Individual Therapy	Initial hospital inpatient or observation care, (for the eval. and mgmt of a patient, which req. a medically appropriate hx and/or exam and high level med. dec. making), 75 min. must be met/exceeded	99223-4	99223	
BHS Individual Therapy	Psychotherapy, 30 Min	90832-4	90832	
BHS Individual Therapy	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	90833-4	90833	
BHS Individual Therapy	Psychotherapy, 45 Min	90834-4	90834	
BHS Individual Therapy	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	90836-4	90836	
BHS Individual Therapy	Psychotherapy, 60 Min	90837-4	90837	
BHS Individual Therapy	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	90838-4	90838	
BHS Individual Therapy	NonBillable BH Individual Therapy	70899-406		
BHS Family Therapy	Family Psychotherapy [Conjoint Psychotherapy] , 50 Min	90847-4	90847	
BHS Family Therapy	NonBillable BH Family Therapy	70899-404		
BHS Group Therapy	Multiple-Family Group Psychotherapy, 15 Min	90849-4	90849	
BHS Group Therapy	Group Psychotherapy, 15 Min	90853-4	90853	
BHS Group Therapy	NonBillable BH Group Therapy	70899-405		
BHS Crisis Services	Crisis Intervention, per 15 Min	70899-413	H2011	

BHS Crisis Services	Psychotherapy for Crisis, First 30-74 Min	90839-4	90839	
BHS Crisis Services	NonBillable BH Crisis Svcs	70899-403		
Plan Development	Med Team Conf by Non-MD, F2F w Pt/Family, 30 Min +	99366-4	99367	
Plan Development	Med Team Conf by Non-MD, Pt/Fam not Present, 30 Min+	99368-4	99368	
Plan Development	Care Mgmt Svcs for BH Conditions Directed by Phys. At Least 20 Minutes: includes: 1) initial assessment or follow-up monitoring, including the use of applicable validated rating scales, 2) behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, 3) facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and 4) continuity of care with a designated member of the care team.	99484-4	H0032	
Plan Development	MHS Plan Developed by Non-Phys, 15 Minutes	70899-422		
Plan Development	NonBillable Plan Development	70899-410		
Rehabilitation Service	Psychosocial Rehabilitation - Individual, per 15 mins	70899-423	H2017	
Rehabilitation Service	Psychosocial Rehabilitation - Family (No modifier required, but must document "Collateral Contact" and specify who that is in the body of the progress note)	70899-423	H2017	
Rehabilitation Service	Psychosocial Rehabilitation - Group Educ (Use HQ modifier), per 15 mins	70899-429	H2017	
Rehabilitation Service	Psychosocial Rehabilitation - IHBS (use HK modifier), per 15 mins	70899-423	H2017	
Rehabilitation Service	NonBillable BH Rehabilitation Service	70899-425		

MD Supplemental/Add-on Codes		CDM#	CPT/HCPC	
BHS Medication Services	Injection; Add'l Sequential New Substance/Drug, 15 Min	96375-4	96375	Add-on
BHS Medication Services	Injection; Each Add'l Sequential Intravenous Drug 1-14 Min	96376-4	96376	Add-on

BHS Crisis Services	Psychotherapy for Crisis, Each Additional 30 Min	90840-4	90840	Add-on
Supplemental Codes	Caregiver Assessment - Administration of Care-giver Focused Risk Assessment - 15 mins	96161-4	96161	Supplemental Code