

Service Table 3-Medication Support Codes

Medication Support Services include one or more of the following: prescribing, administering, dispensing and monitoring drug interactions and contraindications of psychiatric medications or biologicals that are necessary to alleviate the suffering and symptoms of mental illness. This service may also include assessing the appropriateness of reducing medication usage when clinically indicated. Medication Support Services are individually tailored to address the beneficiary's need and are provided by a consistent provider who has an established relationship with the beneficiary.

Services may include: providing detailed information about how medications work; different types of medications available and why they are used; anticipated outcomes of taking a medication; the importance of continuing to take a medication even if the symptoms improve or disappear (as determined to be clinically appropriate); how the use of the medication may improve the effectiveness of other services a beneficiary is receiving (e.g., group or individual therapy); possible side effects of medications and how to manage them; information about medication interactions or possible complications related to using medications with alcohol or other medications or substances; and the impact of choosing not to take medications.

The service includes one or more of the following service components:

- Evaluation of the need for medication
- Evaluation of clinical effectiveness and side effects
- The obtaining of informed consent
- Medication education including instruction in the use, risks, and benefits of and alternatives for medication
- Collateral
- Plan Development

[Title 9, CCR, § 1840.372](#) states that “the maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours.”

Please note that, the prolonged service code G2212 is in the Medication Support category. G2212 can be used to prolong a code that does not have a dedicated add-on code associated with it or an evaluation and management code that is at the end of a series (ie, is associated with the longest time). The codes G2212 can be used with are listed in the Dependent on Codes Column. The [Centers for Medicare & Medicaid Services does not recognize any other prolonged service code](#) and G2212 is therefore the only prolonged service code recognized by the SDMC claiming system. Therefore if a different prolonged service code is claimed, it will be denied.

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes <small>Note: All of the below services are locked out against inpatient except the day of admission.</small>	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) RN 	01 03-08 11-26 31-34 41-42 49-58 60-62 65 71-72 81 99	Cannot be billed with: 90870 96365 96369 96374 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**	No	Yes	1	59 GC HL HV XE XP XU
Prophylactic, or Diagnostic Injection; Intra-Arterial, 15 Minutes	96373	Same as above	Same as above	Same as above	No	Yes	1	Same as above
Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes	96374	Same as above	Same as above	Cannot be billed with: 90870; 96365 96372*; 96377* 99202-99205** 99212-99215** 99217-99223** 99231-99236** 99304-99310** 99324-99328** 99334-99337** 99341-99345** 99347-99350**	No	Yes	1	Same as above

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Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Push of a New Substance/Drug, 15 Minutes	96375	Same as above	Same as above	Cannot be billed with: 90870 99231-99233 99307-99310	96365 96374	Yes	13	Same as above
Therapeutic, Prophylactic, or Diagnostic Injection; Each Additional Sequential Intravenous Drug Provided in a Facility; Has to be More than 30 Minutes after a Reported Push of the Same Drug, 1-14 Minutes	96376	<ul style="list-style-type: none"> • MD/DO • PA • NP or CNS (Certified) • RN 	01 03-08 11-26 31-34 41-42 49-58 60-62 65 71-72 81 99	Cannot be billed with: 90870	96365 96374	No	1	59 GC HL HV XE XP XU

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Application of On-body Injector for Timed Subcutaneous Injection, 15 Minutes	96377	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) RN 	01 03-08 11-26 31-34 41-42 49-58 60-62 65 71-72 81 99	Cannot be billed with: 90870 96365 96369 96374 99202-99205** 99212-99215** 99217-99220 99231-99236 99241-99245** 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350	No	Yes	1	59 GC HL HV XE XP XU
Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	01-08 10-20 22-26 31-34 41-42 49-50 52-55 57-58 60 62 65 71-72 81 99	Cannot be billed with: 90791; 90792; 90832; 90834; 90837; 90845 90847; 90849; 90853; 90865; 90867-90869; 90880 96112-96113; 96116* 96125*; 96130* 96132*; 96136* 96138*; 96146* 96365; 96369 96372-96374 96377 99203-99205	No	Yes	1	27 59 95 GC HK HL HV XE XP XU

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Cont. 99202				99212-99215* * 99218-99220 99234-99236 99304-99306 99605-99606**				
Office or Other Outpatient Visit of a New patient, 30-44 Minutes	99203	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	Same POS list as 99202	Cannot be billed with same list as above except for: 99202**; 99204-99205	No	Yes	1	Same modifiers as 99202 allowed
Office or Other Outpatient Visit of a New patient, 45-59 Minutes	99204	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	Same POS list as 99202	Cannot be billed with same list as above except for: 99202-99203**; and 99205	No	Yes	1	Same modifiers as 99202 allowed
Office or Other Outpatient Visit of a New Patient, 60-74 Minutes	99205	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	Same POS list as 99202	Cannot be billed with same list as above except for: 99202-99204**	No	Yes	1	Same modifiers as 99202 allowed

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Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	01-08 10-20 22-26 31-34 41-42 49-50 52-55 57-58 60 62 65 71-72 81 99	Cannot be billed with: 90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365 96369 96372-96374 96377 99202-99205 99213-99215 99221-99223 99234-99236 99304-99306 99605-99606**	No	Yes	1	27 59 95 GC HK HL HV XE XP XU

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes <i>Note: All of the below services are locked out against inpatient except the day of admission.</i>	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	Same POS as 99212 list	Same lockout codes as 99212 except cannot be billed with: 99212** or 99214-99215	No	Yes	1	Same list of modifiers as 99212
Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	Same POS as 99212 list	Same lockout codes as 99212 except cannot be billed with: 99212-99213** or 99215	No	Yes	1	Same list of modifiers as 99212
Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	Same POS as 99212 list	Same lockout codes as 99212 except cannot be billed with: 99212-99214**	No	Yes	1	Same list of modifiers as 99212

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes <small>Note: All of the below services are locked out against inpatient except the day of admission.</small>	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Home Visit of a New Patient, 15-25 Minutes	99341	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	04 12-16 31-34	Cannot be billed with: 90791 90792 90832 90834 90837 90845 90847 90849 90853 90865 90867-90869 90880 96112-96113 96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96372-96374* 96377* 99218-99220 99234-99236 99304-99306 99342-99345 99451 99605-99606**	No	Yes	1	27 59 GC HK HL HV XE XP XU

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes <i>Note: All of the below services are locked out against inpatient except the day of admission.</i>	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Home Visit of a New Patient, 26-35 Minutes	99342	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	04 12-16 31-34	Cannot be billed with codes from same lockout list as 99341 except for codes 99341 & 99344-99345	No	Yes	1	27 HV 59 XE GC XP HK XU HL
Home Visit of a New Patient, 51-65 Minutes	99344	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	04 12-16 31-34	Cannot be billed with codes from same lockout list as 99341 except for codes 99341-99342 & 99345	No	Yes	1	Same as above modifiers
Home Visit of a New Patient, 66-80 Minutes	99345	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	04 12-16 31-34	Cannot be billed with codes from same lockout list as 99341 except for codes 99341-99342 & 99345	No	Yes	1	Same as above modifiers
Home Visit of an Established Patient, 10-20 Minutes	99347	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	04 12-16 31-34	Cannot be billed with codes from same lockout list as 99341 and except for codes: 99348- 99350	No	Yes	1	Same as above modifiers
Home Visit of an Established Patient, 21-35 Minutes	99348	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	04 12-16 31-34	Same as 99347 lockout code list and cannot bill with: 99347**; 99349-99350	No	Yes	1	Same as above modifiers

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Home Visit of an Established Patient, 36-50 Minutes	99349	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	04 12-16 31-34	Same as 99347 lockout code list and cannot bill with: 99347-99348**; 99350	No	Yes	1	27 59 GC HK HL HV XE XP XU
Home Visit of an Established Patient, 51-70 Minutes	99350	<ul style="list-style-type: none"> MD/DO PA NP or CNS (Certified) 	04 12-16 31-34	Same as 99347 lockout code list and cannot bill with: 99347-99349**	No	Yes	1	Same as above modifiers

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes <small>Note: All of the below services are locked out against inpatient except the day of admission.</small>	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to-Face with New Patient with Assessment and Intervention, 15 Minutes	99605	<ul style="list-style-type: none"> Pharm 	All except 09	Cannot be billed with: 90791 90792 90832-90834 90836-90840 90845 90847 90849 90853 90865 90870 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350 99484 99606**	No	No	1	27 59 95 HK HL HV XE XP XU
Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to-	99606	<ul style="list-style-type: none"> Pharm 	All except 09	Cannot be billed with: 90791 90792 90832-90834 90836-90840 90845	No	No	1	27 59 95 HK HL HV

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Face with Established Patient with Assessment and Intervention, 15 Minutes				90847 90849 90853 90865 90870 99202-99205 99212-99215 99217-99220 99231-99236 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350 99484 99605				XE XP XU
Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to-Face with Patient with Assessment and Intervention, each Additional 15 Minutes beyond 99605 or 99606.	99607	<ul style="list-style-type: none"> Pharm 	All except 09	Cannot be billed with: 99484	99605 99606	No	15	27 59 95 HK HL HV XE XP XU
Prolonged Office or Other Outpatient	G2212	<ul style="list-style-type: none"> MD/DO PA 	All except 09	No	90791 90792 90837	Yes	14	GC HK HL

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Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		<ul style="list-style-type: none"> • NP or CNS (Certified) • PhD/PsyD • LCSW (Licensed, Registered or Waivered) • PCC (Licensed, Registered or Waivered) • MFT (Licensed, Registered or Waivered) • Pharm • RN • LVN 			90838 90845 90847 90849 90853 90865 90870 90880 90885 96105 96110 96125 96127 96146 96367 96368 96372 96373 96376 96377 99205 99215 99217 99220 99223 99233 99236 99245 99255 99306 99310			HV SC

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					99337 99350			
Oral Medication Administration, Direct Observation, 15 Minutes	H0033	<ul style="list-style-type: none"> All disciplines, including non-licensed. 	All except 09	No	No	No	16	GC HK HL HV SC
Medication Training and Support, per 15 Minutes	H0034	<ul style="list-style-type: none"> MD/DO Pharmacist PA NP or CNS (Certified) RN LVN PT 	All except 09	No	No	No	16	GC HK HL HV SC

*Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.

** Except with modifiers 27, 59, XE, XP, XU. Modifiers have to be on the target or excluded service.