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 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.

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
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*

** This non-billable code is applicable for all services identified under Assessment.*

Assessment Services codes are not available for use at the Withdrawal Management or Residential Treatment Services levels of care. Assessment activities are considered part of the daily bundle of services. There is no separate billing permitted.

In those rare instances where a client receives only an assessment service at Withdrawal Management or Residential Treatment Services levels of care because the client decides to leave the program on the date of admission, the appropriate assessment code may be claimed (see SUD Screening code section below).

SUD Assessment Screening (70899-103)

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)

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:

- ✓ Intake services/sessions – 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. In cases where the intake session also involves a significant portion devoted to the ASAM Assessment, the SUD Structured Assessment codes may be used instead or in addition to the SUD Screening code. Typically, intake sessions that include the ASAM Assessment exceed 30 minutes and with the time restrictions for the SUD Structured Assessment codes, it may be necessary for the intake service to be split between the SUD Screening and the SUD Structured Assessment. For example, if the intake session was 67 minutes, 37 minutes can be claimed for the intake portion using the SUD Screening code while the remaining 30 minutes can be claimed as the SUD Structured Assessment to claim the time spent gathering information for the ASAM.
- ✓ Aside from the intake service/session, this code may also 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.
- ✓ Multiple assessment services/sessions – Situations where subsequent ASAM-based assessment services/sessions exceed the maximum 30 minutes allowable for the SUD Structured Assessment 30+ Min (70899-101) code. To use this code for activities related to the ASAM-based assessment, it must be used as secondary to the SUD Structured Assessment. This means that two separate progress notes must be completed. This code alone may not be used to capture the entirety of the service as the State has designated the SUD Structured Assessment codes specifically for determining the ASAM Criteria. For example, a 56-minute assessment service/session can be claimed by using the SUD Structured Assessment 30+ Min (70899-105) code for the first progress note to account for the initial 30 minutes of the service and the SUD Screening (70899-105) code for the second progress note to account for the remaining 26 minutes.
- ✓ Administering the required evidence-based assessment for MAT (i.e., COWS, CIWA-AR, DAST, AUDIT, etc.), according to each program's MAT Policies and Procedures.
- ✓ A client presenting to an intake or assessment service/session and deciding that they do not wish to stay/participate (i.e., "open/close," admit and discharge on the same day). Also applicable for the Withdrawal Management or Residential Treatment Services levels of care if the daily rate is not claimed because the client did not stay.

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.

Transitions between the Residential and Outpatient levels of care:
The lockouts between outpatient and inpatient/24-hour services do not apply for the date of admission or discharge. This means that there are no longer concerns about same-day billing for those clients transitioning between the two levels of care for the date of admission or discharge. For example, when a client is leaving a residential program to enter an outpatient program, the residential program may claim the treatment day (if applicable) even when the outpatient program claims the intake/assessment service/session. It is important to remember that the residential program can only claim the treatment day when all requirements are met for claiming a treatment day and the documentation supports this.

SUD Structured Assessment, 5-14 Min (70899-102)

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)

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)

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. Although the State allows for the use of the G2212 add-on code for services other than Evaluation and Management that exceed the maximum time allowed, this is in conflict with Federal regulations. Therefore, the County does not permit the use of the G2212 code for services other than medication Evaluation and Management services.

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 to or synthesized for the LPHA.
- ✓ Re-assessment service with the client (in person, via telehealth, or telephone) as clinically necessary throughout the treatment episode of care (i.e., determining readiness for discharge, need for higher/lower level of care, justifying continued stay at the residential level of care, etc.).
- ✓ The non-LPHA or LPHA's time spent consolidating and synthesizing clinical information that is part of the ASAM based assessment, then the activity would count as service time and is billable. This includes synthesizing information

across the ASAM Criteria dimensions 1-6 and the associated risk ratings (with or without the client).

- ✓ The non-LPHA's time spent formulating the clinical recommendations in preparation for the required consultation with the LPHA (with or without the client).
- ✓ ~~Time spent conducting review of documents (legal court documents, psychiatric/psychological evaluations, hospital records, etc.) specifically for the purpose of informing the client's diagnosis and level of care placement.~~ See Psychiatric Evaluation of Hospital Records.

The State's policy is that only direct client care should be counted toward the selection of time and "does not 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 a client visit" (DHCS Drug Medi-Cal ODS Billing Manual, June 2023). We have obtained clarification from the State that the one area of exception is for activities related to the assessment. As a result, the non-LPHA and/or LPHA's non-face-to-face time (or time spent outside of an encounter with the client) to develop the components of the ASAM based assessment (i.e., Dimensions 1-6, risk ratings, rationales) is billable. The SUD Structured Assessment codes should be used to account for this time.

Review of documents received from outside entities, such as legal court documents, psychiatric/psychological evaluations, hospital records, etc.) is now only billable by the LPHA and must be for the purpose of informing the client's diagnosis (see Psychiatric Evaluation of Hospital Record code below). Review of such documents by non-LPHA are no longer billable.

This code is not available for use at the Withdrawal Management or Residential Treatment Services levels of care. Assessment activities are part of the daily bundle of services to be provided. Therefore, there is no separate billing permitted for face-to-face and non-face-to-face time spent on assessment activities.

A separate progress note for every encounter (same day/provider/type of service) OR one progress note for all activities? The State expects that if a provider conducts the same service to the same client on the same day, more than one time, the provider should claim the service as one service rather than two separate services. For example, if a provider met with the client for a care coordination service/session and then later that same day, provided another care coordination service/session to the same client, the provider may complete one progress note rather than two separate progress notes. The reason that the two encounters can be combined is because it is the same type of service (or billing code) for the same provider and client on the same day. Services/sessions conducted on different days must be documented separately. Likewise, if the same provider conducted services/sessions of different service types in one day, then each service type needs to be documented in separate progress notes. Another example is, 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. To claim the entire 102-minute service, two separate progress notes will need to be completed using two billing codes. One will be for 30 minutes using the Structured Assessment 30+ min code (70899-101) code, the other will be for 72 minutes using the SUD Screening (70899-105) code.

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)**
- **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)

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.

When this code should be used:

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

- ~~✓ Time spent reviewing the ASAM Assessment in order to prepare for the consultation with the non-LPHA or to determine the client's suitability for the current diagnosis and level of care placement.~~ See Psychiatric Evaluation of Hospital Records
- ✓ 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. The SUD Structured Assessment may only be used if it has not been used by another provider on that day. For services/sessions that exceed the maximum 30 minutes allowable for the SUD Structured Assessment, the time must be split between this code and the SUD Screening code to account for the entire duration of the time.

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 is not available for use at the Withdrawal Management or Residential Treatment Services levels of care. Assessment activities are part of the daily bundle of services to be provided. Therefore, there is no separate billing permitted for the LPHA's time spent on developing the Case Formulation at these levels of care.

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)**
- **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.

The following are the ways in which this code may be used by the LPHA:

- ✓ Review of documents from outside entities (i.e., legal court documents, psychiatric/psychological evaluations, hospital records, etc.) to inform the assessment for establishing, confirming, or changing the diagnosis.
- ✓ Review of the ASAM based assessment completed by the non-LPHA in preparation for the consultation and conceptualization of the Case Formulation or required write-up to establish the diagnosis.
- ✓ Review of any assessment documents received from other providers (e.g., clients transferring or transitioning from another program or level of care) to confirm or amend/update the diagnosis.

Review of documents by the non-LPHA are no longer billable.

This code is not available for use at the Withdrawal Management or Residential Treatment Services levels of care. Unfortunately, this means that an LPHA's time spent reviewing the non-LPHA's completion of the ASAM-based assessment or the receipt of an assessment document from another provider is not billable at these levels of care.

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)**

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

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.

Telephone Assessment and Management Service, 11-20 Min (98967-1)

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)

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
Family Psychotherapy (w/o Pt Present), 26-50 Min	90846	90846-1
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
SUD Treatment Plan Development/Modification	T1007	70899-125

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
Non Billable SUD Treatment Planning	n/a	70899-303
Non Billable SUD Discharge Svcs	n/a	70899-306

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.

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 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. ~~Time spent on activities that lead to an actual change to a treatment plan or problem list, such as review of documents from outside entities or organizations (e.g., court paperwork, hospital discharge paperwork, psychiatric/psychological evaluations, etc.), may be claimed. The reason for the modification as a result of the review must be clearly documented in the progress note, along with the corresponding change reflected on the treatment plan or problem list.~~ See Psychiatric Evaluation of Hospital Records. Due to the State's focus on direct client care, the time spent by the non-LPHA or LPHA in developing, creating, or modifying the treatment plan or problem list should only be billed when it takes place within the context of a direct encounter with the client. This code may be used at any point during a client's episode of care.

This code is not available for use at the Withdrawal Management or Residential Treatment Services levels of care. Treatment planning activities are considered part of the daily bundle of services. There is no separate billing permitted.

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.

Non-Billable Treatment Plan Development/Modification: When providing a non-billable Treatment Plan Development/Modification service, the appropriate code to use is the **Non Billable SUD Discharge Services (70899-306)** code. This is due to the State's classification of Treatment Plan Development/Modification under the Discharge Services activity type.

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.

Non-Billable Skills Training and Development: When providing a non-billable Skills Training and Development Individual service, the appropriate code to use is the **Non Billable SUD Treatment Planning (70899-303)** code. This is due to the State's classification of Skills Training and Development under the Treatment Planning activity type.

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.

Non-Billable Psychoeducational Service: When providing a non-billable Psychoeducational Service, the appropriate code to use is the **Non Billable SUD Treatment Planning (70899-303)** code. This is due to the State's classification of Psychoeducational Services under the Treatment Planning activity type.

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.

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)**

Non-Billable Family Therapy Service: When providing a non-billable Family Psychotherapy Service, the appropriate code to use is the **Non Billable SUD Family Therapy (70899-307)** code.

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.

Non-Billable Family Counseling Service: When providing a non-billable Family Counseling Service, the appropriate code to use is the **Non Billable SUD Individual Counseling (70899-309)** code. This is due to the State's classification of Family Counseling Services under the Individual Counseling activity type.

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 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)**

Non-Billable Multi-Family Group Service: When providing a non-billable Multi-Family Group Service, the appropriate code to use is the **Non Billable SUD Family Therapy (70899-307)** code. This is due to the State's classification of Multi-Family Group Services under the Family Therapy activity type.

Mobile Crisis Services

Only available for those programs designated to provide this service.

New Billing Codes:

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

New Non Billable Code:

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

Mobile Crisis services cannot be billed with 24-hour services except on the date of admission and date of discharge.

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.

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.

New Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
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

SUD Crisis Intervention (outpatient) [70899-107]

May be used by non-LPHA and LPHA to address a client experiencing a crisis situation. This code is not available for use at the Residential or Withdrawal Management levels of care. Crisis intervention is considered part of the

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.

Please remember that documentation for a crisis intervention progress note should be completed within 24 hours of the date of service. Date of service counts as day zero.

This code is not available for use at the Withdrawal Management or Residential Treatment Services levels of care. Crisis intervention activities are part of the daily bundle of services to be provided. Therefore, there is no separate billing permitted.

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

New Non Billable Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Group Counseling	n/a	70899-310
Non Billable SUD Treatment Planning	n/a	70899-303

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.

Non-Billable Skills Training and Development: When providing a non-billable Skills Training and Development Group, the appropriate code to use is the **Non Billable SUD Treatment Planning (70899-303)** code. This is due to the State's classification of Skills Training and Development under the Treatment Planning activity type.

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, 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.~~ This is no longer a billable service. Due to the State's policy that only direct client care should be counted toward the selection of time and "does not 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 a client visit" (DHCS Drug Medi-Cal ODS Billing Manual, June 2023), billing is no longer allowed for review of documents. The exception to this is in relation to diagnosing the client by the LPHA (see the Psychiatric Evaluation of Hospital Record code section above).

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

New Non Billable Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Care Coordination	n/a	70899-304

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)**
- **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 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~~ These are no longer billable services as TCM. See Psychiatric Evaluation of Hospital Records
  - ~~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~~ This is no longer a billable service.

Please note that most activities that are not considered direct client care that were previously billable are no longer billable. The following activities cannot be billed:

- Review of documents, such as
  - The physician's review of the physical exam,
  - Documents from outside entities for non-LPHA,
  - Review of past progress notes/assessment/treatment plan/problem list to prepare for upcoming services, etc.)
- Time spent completing the 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.

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

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

Peri SUD Individual Counseling, 15 Min	H0004	70899-230

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

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
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.

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, in most cases, recovery services will likely be provided as part of the bundle of services for the treatment day, in which case 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

Peri Recovery Svcs, 1 Hr	H2035	70899-224

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

Peer Support Specialist Services Codes

Peer Support Services consist of individual and group coaching to promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Services are intended to prevent relapse, empower clients through strength-based coaching, support linkages to community resources, and educate clients and their families about SUD and the recovery process. Peer Support Services can be delivered and claimed as a standalone service or provided in conjunction with other DMC-ODS services, including inpatient and residential services.

Peer Support Services can only be provided by certified peer specialists.

Peer Support Services include the following service components:

- Educational Skill Building Groups – A supportive environment where clients and their families learn coping mechanisms and problem-solving skills to help the client achieve desired outcomes. These groups should promote skill building for clients in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement – Activities and coaching that encourages and supports clients to participate in behavioral health treatment. This may include supporting clients in their transitions between levels of care and in developing their own recovery goals and processes.
- Therapeutic Activity – A structured non-clinical activity that promotes recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the client's treatment to attain and maintain recovery within their communities. Activities may include, but are not limited to, advocacy on behalf of the client; promotion of self-advocacy; resource navigation; and collaboration with the clients and others providing care or support to the client, family members, or significant support persons.

New Peer Support Specialist Services Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Behavioral Health Prevention Education, Group	H0025	70899-128

Self-Help/Peer Svcs, Individual, per 15 Min	H0038	70899-129

New Perinatal Peer Support Specialist Services Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Behavioral Health Prevention Education, Group	H0025	70899-228
Peri Self-Help/Peer Svcs, Individual, per 15 Min	H0038	70899-229

New Non Billable Peer Support Specialist Services Billing Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Peer Support Svcs	n/a	70899-308

Self-Help/Peer Services (70899-229)

This code may only be used by Certified Peer Support Specialists to claim Engagement and Therapeutic Activity components described above. Services are to be conducted in a one-on-one setting (in person, by telephone, or telehealth).

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.

Behavioral Health Prevention Education Service (70899-228)

This code may only be used by Certified Peer Support Specialists to claim Educational Skill Building Groups.

Contingency Management (Recovery Incentives) Services

Contingency Management Services is a pilot program for non-residential DMC-ODS providers that utilizes an evidence-based approach to reinforce individual positive behavior change for non-use or treatment/medication adherence in those with a stimulant use disorder. This benefit is only available for those programs that have been approved to provide this service.

New Contingency Management Services Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code

SUD Recovery Incentives, 15 Min	H0050	70899-118

New Non Billable Codes:

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

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. Recovery Incentives activities include administering drug tests, informing clients of the results of the evidence/urine drug test, entering the results into the mobile or web-based application, providing educational information, and distributing motivational incentives.

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.

New Perinatal Contingency Management Services Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri SUD Recovery Incentives, 15 Min	H0050	70899-218
Peri SUD Drug Testing POC Tests	H0048	70899-204

New Non Billable Contingency Management Services Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Individual Counseling	n/a	70899-309
Non Billable SUD Assessment	n/a	70899-300

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.

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.

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)**
- **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

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

MAT Services at Residential

At this time, the State allows for the use of two codes, Medication Training and Support-Individual per 15 Min (70899-110) and Oral Medication Admin, Direct Observation, 15 Min (70899-109) for MAT services at the Residential levels of care. For further information on the specific use of these codes, please refer to the MAT Documentation Manual.

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

Although the State allows for clients to receive Recovery Services while receiving another treatment level of care, this is very rare. Clients at residential programs who are also appropriate for Recovery Services will likely be receiving it as part of their residential treatment episode of care. In such cases, there should be no additional billing of recovery services on top of the residential treatment day. It is most 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.

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

MAT Services at Withdrawal Management

At this time, the State allows for the use of two codes, Medication Training and Support-Individual per 15 Min (70899-110) and Oral Medication Admin, Direct Observation, 15 Min (70899-109) for MAT services at the withdrawal management levels of care. For further information on the specific use of these codes, please refer to the MAT Documentation Manual.

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

Although the State allows for clients to receive Recovery Services while receiving another treatment level of care, this is very rare. Clients at withdrawal management who are also appropriate for Recovery Services will likely be receiving it as part of their withdrawal management episode of care. In such cases, there should be no additional billing of Recovery Services on top of the withdrawal management treatment day. It is most 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
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

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
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
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

Dosing bundled rates at the NTP include the costs for physical exam; drug screening, intake assessment; medical director supervision; TB, syphilis, HIV and Hepatitis C tests; drug screening; dosing; and ingredient costs.

Assessment Services at NTP ***May only be claimed separately from dosing if a dosing service is not provided on the same day****

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 Physical Exam at the time of a patient's admission is only billable when there is no dosing on the same day.

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. Time spent on conducting the ASAM based assessment may only be billed when there is no dosing on the same day.

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**
- **SUD Treatment Plan Development and Modification (70899-125)**

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)**

Medication Services

For more information specific to MAT program providers, please refer to the MAT Documentation Manual.

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:

- 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)
- Interpreting (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
- Teaching that is general and not limited to discussion that is required for the management of a specific patient
- Review of documents to prepare for or as follow up from an E/M encounter

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
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 Assessment	n/a	70899-300
Non Billable SUD Medication Services	n/a	70899-302
Non Billable SUD Discharge Svcs	n/a	70899-306
Non Billable SUD Care Coordination	n/a	70899-304

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. 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.

As an alternative, physicians 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.

For Outpatient programs that may offer physical exams conducted by the Medical Director of the program, the service may be claimed using this code.

Review of a physical exam (either completed on-site or received from an outside provider) for the purpose of fulfilling the physical exam requirement for each DMC-ODS client is no longer billable.

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)**
- **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)**

Non-Billable Psychiatric Diagnostic Evaluation with Medical Services: When providing a non-billable Psychiatric Diagnostic Evaluation Service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Psychiatric Diagnostic Evaluation Services under the Assessment activity type.

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.

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 or established 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. *"New"* patient means an individual who has not received services from any provider within the same provider (or legal entity) in the past three (3) years. *"Established"* patient means an individual who has received any services with a provider (or legal entity) in the past three (3) years.

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)**
- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**

These codes 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)**

Non-Billable Office Outpatient Visit Services: When providing a non-billable Office Outpatient Visit Service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Office Outpatient Visit Services under the Assessment activity type.

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 the 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, 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)**
- **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.

Non-Billable Home Visit Services: When providing a non-billable Home Visit Service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Home Visit Services under the Assessment activity type.

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:

- **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.

Non-Billable Telephone Evaluation and Management Services: When providing a non-billable Telephone Evaluation and Management Service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Telephone Evaluation and Management Services under the Assessment activity type.

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)**

Non-Billable Medical Team Conference Services: When providing a non-billable Medical Team Conference service, the appropriate code to use is the **Non Billable SUD Care Coordination (70899-304)** code. This is due to the State's classification of Medical Team Conference Services under the Care Coordination activity type.

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.

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.

Non-Billable Transitional Care Management Services: When providing a non-billable Transitional Care Management Service, the appropriate code to use is the **Non Billable SUD Discharge Services (70899-306)** code. This is due to the State's classification of Transitional Care Management Services under the Discharge Services activity type.

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)**

Non-Billable Inter-Professional Service: When providing a non-billable Inter-Professional service, the appropriate code to use is the **Non Billable SUD Care Coordination (70899-304)** code. This is due to the State's classification of Inter-Professional Services under the Care Coordination activity type.

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
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
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 Assessment	n/a	70899-300
Non Billable SUD Medication Services	n/a	70899-302
Non Billable SUD Discharge Svcs	n/a	70899-306
Non Billable SUD Care Coordination	n/a	70899-304