

Instructions:

In order to bill the Prospective Payment System (PPS) rate, the CCBHC must provide a **threshold service** on that particular day to an eligible Medicaid recipient. Threshold services are defined on the Threshold Tab of this workbook.

The PPS is only billable when services are rendered to an active, Medicaid-enrolled individual (regardless of age, residence, or geography).

For individuals not enrolled in Medicaid, the CCBHC should bill the primary payer (i.e. Medicare, Commercial) as they would normally. In the event an individual is enrolled in Medicaid and has other primary insurance, see below for details on Third Party Liability.

To bill the PPS, the CCBHC on its claim should use the primary HCPCS Code **T1040** (Medicaid CCBHC Services, Per Diem) to trigger payment of its clinic-specific daily PPS Rate using the **CCBHC Provider Type**.

The CCBHC must also **shadow claim** all Medicaid reimbursable services provided to that member that day, including both **threshold** and **allowed services**. CCBHCs are prohibited from billing the PPS rate for any **excluded services**.

Allowed services are defined on the Tab **Allowed Services**.

Allowed services are services CCBHCs are permitted to include in their cost report as allowable activities but are not considered threshold services on their own and will not trigger PPS reimbursement.

Please Note: Care Management services are not permitted (according to Federal rule) to be considered threshold services for drawing down the CCBHC PPS rate. Care management services are included in this billing guide as allowed services.

Excluded services are services that are explicitly carved out from the CCBHC program. Any service not listed as threshold or allowed are to be considered excluded, and will result in the PPS rate being denied when billed by a CCBHC.

Regarding Excluded and Allowed Services: Some services will continue to be rendered and reimbursed outside the CCBHC Demonstration (i.e., IHH Waiver Services and certain BHI services). Please be cognizant of what services are in scope for this Demo vs. other Iowa waivers and programs.

Only CCBHC claims with a supporting **threshold service** will be reimbursed at the PPS rate. If a CCBHC claim includes only allowed services (without a threshold service) or includes excluded services, the CCBHC claim will be denied.

For a CCBHC who is continuing to provide services outside the CCBHC model as another provider type (i.e., waiver programs, services beyond the scope for CCBHCs), those services should be billed to Medicaid as they would normally prior to the CCBHC Demonstration.

The Medicaid Program and Medicaid Managed Care Organizations will pay a daily PPS rate in full to eligible CCBHCs who provide a threshold visit to an eligible Medicaid member on that particular day.

CCBHCs should follow all applicable timeframes and billing requirements for Medicaid claim submissions.

CCBHCs with billing or payment disputes should follow the normal grievance and appeals process with supporting information and detail.

Billing for Clients with Medicare and Medicaid Benefits (Dual-Eligible Beneficiaries):

For Qualified Medicare Beneficiaries (QMB), providers should bill Medicare under their non-CCBHC provider type and using billing codes they would use normally for any services rendered to a dual-eligible beneficiary. Iowa Medicaid will use crossover claims to ID these claims when they include threshold CCBHC services for eligible members, and will reimburse CCBHC providers the lesser of the Medicare cost sharing or the amount that would result in total payment equal to the CCBHC PPS.

Billing for Clients with Commercial and Medicaid Benefits:

For individuals with both Commercial and Medicaid benefits, providers should bill the primary Commercial insurance under their non-CCBHC provider type and using billing codes they would normally for any services rendered to the beneficiary.

Upon determination and processing by the Commercial payer, the CCBHC shall submit a claim for the difference (if any) in what was reimbursed by the Commercial payer and their CCBHC PPS rate. The Claim submitted to Medicaid must include the CCBHC Provider ID and shadow claim detail and commercial payment remittance statement to support claim amount.

Questions?

Questions can be directed to the CCBHC mailbox: iowaCCBHC@dhs.state.ia.us.

PLACE OF SERVICE

(03140)

PLACE OF SERVICE INDICATES WHERE THE SERVICE WAS RENDERED. THIS DATA ELEMENT CONTAINS THE VALID VALUES ACCEPTED ON MEDICAL CLAIMS (HCFA 1500 AND TARGETED MEDICAL CARE.)

01	Pharmacy (NOT CURRENTLY USED)
02	Telehealth
03	School
04	Homeless Shelter
05	Indian Health Service Free Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
09	Correction Facility (NOT CURRENTLY USED)
10	Telehealth in patient home
11	Office
12	Patient's Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-in Retail Health Clinic
19	Off Campus Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus Outpatient Hospital
23	Emergency Room Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Home
33	Custodial Care Facility
34	Hospice
41	Ambulance (Land)
42	Ambulance – Air or Water
49	Independent Clinic
50	FQHC (Federally Qualified Health Center)
51	Inpatient Psychiatric Facility
52	Psychiatric Facility – Partial Hospitalization
53	Daycare Facility Psych
54	Intermediate Care Facility (ID)
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-Residential Substance Abuse Treatment Facility
58	Non-Residential Opioid Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehab
62	Comprehensive Outpatient Rehab
65	End Stage Renal Disease Treatment
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Lab
99	Other Unlisted Facility

Definitions

- Threshold Services** A service which triggers payment of the CCBHC clinic-specific PPS rate.
- Allowed Services** A service which can be included as an allowable activity in a CCBHC's cost report but does not on its own trigger PPS payment.
- Excluded Services** A service which cannot be included as an allowable activity in a CCBHC cost report nor can it be billed under the PPS model.
- CCBHC Provider Type** A provider type assigned to certified CCBHCs for billing purposes under the CCBHC Demonstration.
- Shadow Claim** Detailed data about individual services, reported in a manner similar to that of a standard claim form.

Threshold Services

CCBHC Service Category	Code	Definition -
Criteria 4.C. Crisis Behavioral Health Services	H0007	Alcohol/drug crisis intervention/outpatient
Criteria 4.C. Crisis Behavioral Health Services	H0014	Alcohol and/or drug services; ambulatory detoxification
Criteria 4.C. Crisis Behavioral Health Services	H2011	Crisis intervention service, per 15 minutes
Criteria 4.C. Crisis Behavioral Health Services	S9484	Crisis intervention mental health services, per hour□
Criteria 4.C. Crisis Behavioral Health Services	T2034	Crisis intervention
Criteria 4.C. Crisis Behavioral Health Services,	90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
Criteria 4D: Screening, Assessment and Diagnosis	90785	Interactive complexity (List separately in addition to the code for primary procedure)
Criteria 4D: Screening, Assessment and Diagnosis	90791	Psychiatric diagnostic evaluation
Criteria 4D: Screening, Assessment and Diagnosis	90792	Psychiatric diagnostic evaluation with medical services
Criteria 4D: Screening, Assessment and Diagnosis	90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
Criteria 4D: Screening, Assessment and Diagnosis	96100	Psychological testing w/interp and repor
Criteria 4D: Screening, Assessment and Diagnosis	96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
Criteria 4D: Screening, Assessment and Diagnosis	96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face□
Criteria 4D: Screening, Assessment and Diagnosis	96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report□
Criteria 4D: Screening, Assessment and Diagnosis	96127	Brief emotional behavioral assessment-Comm MH
Criteria 4D: Screening, Assessment and Diagnosis	96130	Psychological testing evaluation services by physician or other qualified health care professional, including 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
Criteria 4D: Screening, Assessment and Diagnosis	96131	Psychological testing evaluation services by physician or other qualified health care professional, including 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; each additional hour (List separately in addition to code for primary procedure)
Criteria 4D: Screening, Assessment and Diagnosis	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
Criteria 4D: Screening, Assessment and Diagnosis	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
Criteria 4D: Screening, Assessment and Diagnosis	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
Criteria 4D: Screening, Assessment and Diagnosis	96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
Criteria 4D: Screening, Assessment and Diagnosis	96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
Criteria 4D: Screening, Assessment and Diagnosis	96156	HLTH BHV ASSMT/REASSESSMENT
Criteria 4D: Screening, Assessment and Diagnosis	99408	Alcohol/sub abuse scrn&intervention 15-30 min
Criteria 4D: Screening, Assessment and Diagnosis	99409	AUDIT/DAST OVER 30 MIN
Criteria 4D: Screening, Assessment and Diagnosis	G0396	Alcohol &/or sub misuse assessment 15-30 minutes
Criteria 4D: Screening, Assessment and Diagnosis	G0397	Alcohol %/or sub misuse assessment >30 minutes
Criteria 4D: Screening, Assessment and Diagnosis	G0442	Annual alcohol screen 15 min
Criteria 4D: Screening, Assessment and Diagnosis	G0444	Depression screen annual
Criteria 4D: Screening, Assessment and Diagnosis	H0001	Alcohol and/or drug assessment
Criteria 4D: Screening, Assessment and Diagnosis	H0003	ALCOHOL/DRUG SCREENING
Criteria 4D: Screening, Assessment and Diagnosis	H0031	Mental health assessment, by nonphysician
Criteria 4D: Screening, Assessment and Diagnosis	H0032	Mental health service plan development by nonphysician
Criteria 4D: Screening, Assessment and Diagnosis	H0049	Alcohol and/or drug screening
Criteria 4E: Person-Centered and Family-Centered Treatment Planning	H0033	Mental health service plan development by nonphysician
Criteria 4F: Outpatient Mental Health and Substance Use Services	90832	Psychotherapy, 30 minutes with patient
Criteria 4F: Outpatient Mental Health and Substance Use Services	90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
Criteria 4F: Outpatient Mental Health and Substance Use Services	90834	Psychotherapy, 45 minutes with patient
Criteria 4F: Outpatient Mental Health and Substance Use Services	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
Criteria 4F: Outpatient Mental Health and Substance Use Services	90837	Psychotherapy, 60 minutes with patient

Threshold Services

CCBHC Service Category	Code	Definition -
Criteria 4F: Outpatient Mental Health and Substance Use Services	90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
Criteria 4F: Outpatient Mental Health and Substance Use Services	90839	Psychotherapy for crisis; first 60 minutes
Criteria 4F: Outpatient Mental Health and Substance Use Services	90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
Criteria 4F: Outpatient Mental Health and Substance Use Services	90846	Family psychotherapy (without the patient present), 50 minutes
Criteria 4F: Outpatient Mental Health and Substance Use Services	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
Criteria 4F: Outpatient Mental Health and Substance Use Services	90849	Multiple-family group psychotherapy
Criteria 4F: Outpatient Mental Health and Substance Use Services	90853	Group psychotherapy (other than of a multiple-family group)
Criteria 4F: Outpatient Mental Health and Substance Use Services	90863	Pharmacologic management with psychotherapy
Criteria 4F: Outpatient Mental Health and Substance Use Services	90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
Criteria 4F: Outpatient Mental Health and Substance Use Services	90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
Criteria 4F: Outpatient Mental Health and Substance Use Services	90899	Unlisted psychiatric service or procedure
Criteria 4F: Outpatient Mental Health and Substance Use Services	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
Criteria 4F: Outpatient Mental Health and Substance Use Services	96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report□
Criteria 4F: Outpatient Mental Health and Substance Use Services	96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
Criteria 4F: Outpatient Mental Health and Substance Use Services	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
Criteria 4F: Outpatient Mental Health and Substance Use Services	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
Criteria 4F: Outpatient Mental Health and Substance Use Services	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including 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
Criteria 4F: Outpatient Mental Health and Substance Use Services	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including 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; each additional hour (List separately in addition to code for primary procedure)
Criteria 4F: Outpatient Mental Health and Substance Use Services	99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
Criteria 4F: Outpatient Mental Health and Substance Use Services	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.
Criteria 4F: Outpatient Mental Health and Substance Use Services	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.□
Criteria 4F: Outpatient Mental Health and Substance Use Services	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
Criteria 4F: Outpatient Mental Health and Substance Use Services	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.□
Criteria 4F: Outpatient Mental Health and Substance Use Services	99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional
Criteria 4F: Outpatient Mental Health and Substance Use Services	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
Criteria 4F: Outpatient Mental Health and Substance Use Services	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
Criteria 4F: Outpatient Mental Health and Substance Use Services	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
Criteria 4F: Outpatient Mental Health and Substance Use Services	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.□
Criteria 4F: Outpatient Mental Health and Substance Use Services	99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])

Threshold Services

CCBHC Service Category	Code	Definition -
Criteria 4F: Outpatient Mental Health and Substance Use Services	99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)
Criteria 4F: Outpatient Mental Health and Substance Use Services	99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
Criteria 4F: Outpatient Mental Health and Substance Use Services	99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Criteria 4F: Outpatient Mental Health and Substance Use Services	99499	Unlisted evaluation and management service
Criteria 4F: Outpatient Mental Health and Substance Use Services	99510	Home visit for individual, family, or marriage counseling
Criteria 4F: Outpatient Mental Health and Substance Use Services	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
Criteria 4F: Outpatient Mental Health and Substance Use Services	G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior
Criteria 4F: Outpatient Mental Health and Substance Use Services	G0446	Intensive behavioral therapy 15 min: Annual, face to face intensive behavioral health therapy for cardiovascular disease, individual
Criteria 4F: Outpatient Mental Health and Substance Use Services	G0447	Face to face behavioral counseling for Obesity, 15 minutes
Criteria 4F: Outpatient Mental Health and Substance Use Services	G0473	Face to face behavioral counseling for Obesity, group (2-10), 30 minutes
Criteria 4F: Outpatient Mental Health and Substance Use Services	G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy and toxicology testing
Criteria 4F: Outpatient Mental Health and Substance Use Services	G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy and toxicology testing
Criteria 4F: Outpatient Mental Health and Substance Use Services	G2070	Medication Assisted Treatment, Buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed
Criteria 4F: Outpatient Mental Health and Substance Use Services	G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
Criteria 4F: Outpatient Mental Health and Substance Use Services	G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
Criteria 4F: Outpatient Mental Health and Substance Use Services	G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
Criteria 4F: Outpatient Mental Health and Substance Use Services	G2074	Medication assisted treatment, weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy and toxicology testing
Criteria 4F: Outpatient Mental Health and Substance Use Services	G2075	Medication Assisted Treatment, Medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare enrolled opioid treatment program)
Criteria 4F: Outpatient Mental Health and Substance Use Services	G2079	Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Criteria 4F: Outpatient Mental Health and Substance Use Services	H0004	Behavioral health counseling and therapy, 15 mins
Criteria 4F: Outpatient Mental Health and Substance Use Services	H0015	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on a individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
Criteria 4F: Outpatient Mental Health and Substance Use Services	H0040	Assertive Community Treatment
Criteria 4F: Outpatient Mental Health and Substance Use Services	H0046	Mental health services, not otherwise specified
Criteria 4F: Outpatient Mental Health and Substance Use Services	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes
Criteria 4F: Outpatient Mental Health and Substance Use Services	H2010	Comprehensive Medication Services/15 min
Criteria 4F: Outpatient Mental Health and Substance Use Services	H2035	Alcohol and/or other drug treatment program, per hour
Criteria 4F: Outpatient Mental Health and Substance Use Services	T1016	Case management, each 15 minutes
Criteria 4G: Outpatient Clinic Primary Care Screening and Monitoring	99401	Preventative Medicine counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 mins
Criteria 4G: Outpatient Clinic Primary Care Screening and Monitoring	99402	Preventative Medicine counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 min
Criteria 4G: Outpatient Clinic Primary Care Screening and Monitoring	99403	Preventative Medicine Counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 min

Threshold Services

CCBHC Service Category	Code	Definition -
Criteria 4G: Outpatient Clinic Primary Care Screening and Monitoring	99404	Preventative Medicine Counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 min
Criteria 4G: Outpatient Clinic Primary Care Screening and Monitoring	G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment(provision of the services by a medicare-enrolled opioid treatment program; list separately in addition to code for primary procedure
Criteria 4H: Targeted Case Management Services	According to federal guidance, Case Management Services are not considered Threshold Services. These codes are included as allowed CCBHC services.	
Criteria 4I. Psychiatric Rehabilitative Services	90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
Criteria 4I. Psychiatric Rehabilitative Services	H0034	Medication training and support, per 15 minutes
Criteria 4I. Psychiatric Rehabilitative Services	H2012	Behavioral health day treatment, per hour
Criteria 4I. Psychiatric Rehabilitative Services	H2031	Mental Health Clubhouse Service, per diem
Criteria 4I. Psychiatric Rehabilitative Services	H2033	Multisystemic therapy, per 15 minutes
Criteria 4I. Psychiatric Rehabilitative Services	S9480	Intensive outpatient psychiatric services, per diem
Criteria 4J. Peer Supports, Peer Counseling and Family/Caregiver Supports	H0038	Self-help/peer services, per 15 minutes
Criteria 4J. Peer Supports, Peer Counseling and Family/Caregiver Supports	T1027	FAMILY TRAINING & COUNSELING/PER 15 MIN.

Allowed Services

Code	Definition
81000	UA, NON-AUTOMATED, WITH MICROSCOPY
83992	PHENCYCLIDINE (PCP)
90460	IM ADMIN 1ST/ONLY COMPONENT
90461	IM ADMIN EACH ADDL COMPONENT
90472	IMMUNIZATION ADMIN EACH ADD
90473	IMMUNE ADMIN ORAL/NASAL
90474	IMMUNE ADMIN ORAL/NASAL ADDL
90611	SMALLPOX AND MONKEYPOX VACCINE, 0.5ML
90622	VACCINIA VIRUS VACCINE, 0.3 ML
90634	HEPA VACC PED/ADOL 3 DOSE
90674	CCIIV4 VAC NO PRSV 0.5 ML IM
90682	RIV4 VACC RECOMBINANT DNA IM
90689	VACC IIV4 NO PRSRV 0.25ML IM
90750	HZV VACC RECOMBINANT IM
90756	CCIIV4 VACC ABX FREE IM
90782	THER. INJ. OF MEDICATION (SPECIFY);SUBQ
91300	SARS-COV-2 COVID-19 VACCINE, 30 MCG/0.3M
91301	SARS-COV-2 COVID-19 VACCINE, 100 MCG/0.5
91303	SARS-COV-2 [COVID-19], 0.5ML DOSAGE
91304	Sarscov2 vac 5mcg/0.5ml im
91305	Sarscov2 vac 30 mcg trs-sucr
91306	Sarscov2 vac 50mcg/0.25ml im
91307	Sarscov2 vac 10 mcg trs-sucr
91308	Sarscov2 vac 3 mcg trs-sucr
91309	Sarscov2 vac 50mcg/0.5ml im
91311	Sarscov2 vac 25mcg/0.25ml im
91312	SARS-COV-2 COVID-19 VACCINE, 30 MCG/0.3
91313	SARS-COV-2 COVID-19 VACCINE, 50 MCG/0.5
91314	SARS-COV-2 VACCINE, BIVALENT, 25 MCG/.25
91315	SARS-COV-2 VACCINE, BIVALENT, 10 MCG/0.2
91316	SARS-COV-2 VACCINE, BIVALENT, 10MCG/0.2M
91317	SARS-COV-2 VACCINE, BIVALENT, 3MCG/0.2ML
96001	MOTION TEST W/FT PRESS MEAS
96105	Assessment of aphasia
96110	Developmental screening
96112	development test
96113	development test
96125	cognitive test by hc pro
96158	HLTH BHV IVNTJ INDIV IST 30
96164	HLTH BHV IVNTJ GRP IST 30
96165	HLTH BHV IVNTJ GRP EA ADDL
96167	HLTH BHV IVNTJ FAM IST 30
96168	HLTH BHV IVNTJ FAM EA ADDL
96170	HLTH BHV IVNTJ FAM WO PT IST
96171	HLTH BHV IVNTJ FAM W/O PT EA
96372	THER/PROPH/DIAG INJ SC/IM

Allowed Services

Code	Definition
96967	TELEPHONE A/M SERVICE, 11-20MIN OF DISC
97151	BHV ID ASSMT BY PHYS/QHP
97152	BHV ID SUPRT ASSMT BY I TECH
97153	ADAPTIVE BEHAVIOR TX BY TECH
97154	GRP ADAPT BHV TX BY TECH
97155	ADAPT BEHAVIOR TX PHYS/QHP
97156	FAM ADAPT BHV TX GDN PHY/QHP
97157	MULT FAM ADAPT BHV TX GDN
97158	GRP ADAPT BHV TX BY PHY/QHP
98966	HC PRO PHONE CALL 5-10 MIN
98967	HC PRO PHONE CALL 11-20 MIN
98968	HC PRO PHONE CALL 21-30 MIN
99483	Assmt & care pln pt cog imp
99484	CARE MGMT SVC BHVL HLTH COND
99484	CARE MGMT SVC BHVL HLTH COND
99492	IST PSYC COLLAB CARE MGMT
99492	IST PSYC COLLAB CARE MGMT
99493	SBSQ Psych collab care mgmt
99493	SBSQ Psych collab care mgmt
99494	1st/SBSQ psych collab care
99494	1st/SBSQ psych collab care
0001A	Immunization administration of SARS-COV
0002A	Immunization administration of SARS-COV
0003A	Adm sarscov2 30mcg/0.3ml 3rd
0004A	Adm sarscov2 30mcg/0.3ml bst
0011A	IMMUNIZATION ADMINISTRATION OF SARS-COV-
0012A	IMMUNIZATION ADMINISTRATION OF SARS-COV-
0013A	Adm sarscov2 100mcg/0.5ml3rd
0031A	IMMUNIZATION ADMINISTRATION OF SARS-COV-
0034A	Adm sarscov2 vac ad26 .5ml b
0041A	Adm sarscov2 5mcg/0.5ml 1st
0042A	Adm sarscov2 5mcg/0.5ml 2nd
0044A	ADMIN SARS-COV-2, 5 MCG/0.5 ML BOOSTER
0051A	Adm sarscv2 30mcg trs-sucr 1
0052A	Adm sarscv2 30mcg trs-sucr 2
0053A	Adm sarscv2 30mcg trs-sucr 3
0054A	Adm sarscv2 30mcg trs-sucr b
0064A	Adm sarscov2 50mcg/0.25mlbst
0071A	Adm sarscv2 10mcg trs-sucr 1
0072A	Adm sarscv2 10mcg trs-sucr 2
0073A	Adm sarscv2 10mcg trs-sucr 3
0074A	Adm sarscv2 10mcg trs-sucr b
0081A	Adm sarscv2 3mcg trs-sucr 1
0082A	Adm sarscv2 3mcg trs-sucr 2
0083A	Adm sarscv2 3mcg trs-sucr 3
0091A	IMMUNIZATION ADMIN COVID-19 VACCINE, 50

Allowed Services

Code	Definition
0092A	IMMUNIZATION ADMIN COVID-19 VACCINE, 50
0093A	IMMUNIZATION ADMIN COVID-19 VACCINE, 50
0094A	Adm sarscov2 50 mcg/.5 mlbst
0111A	Adm sarscov2 25mcg/0.25ml1st
0112A	Adm sarscov2 25mcg/0.25ml2nd
0113A	IMMUNIZATION ADMIN COVID-19 VACCINE, 25
0124A	IMMUNIZATION ADMIN OF COVID-19 VACCINE
0134A	IMMUNIZATION ADMINISTRATION OF SARS-COV-
0144A	ADMIN SARS-COV-2, BIVALENT, 25 MCG/.25 M
0154A	ADMIN SARS-COV-2, BIVALENT, 10 MCG/0.2 M
0164A	IMMUNIZATION ADMIN COVID-19 VACCINE, 10M
0173A	IMMUNIZATION ADMIN COVID-19 VACCINE, 3MC
G0310	Immunization Counseling
G0311	Immunization Counseling
G0312	Immunization Counseling
G0313	Immunization Counseling
G0314	Immunization Counseling
G0315	Immunization Counseling
G0449	Annual face-to-face obesity screening
G0450	Screen for sexually transmitted infection
G0451	DEVELOPMENT TESTING, WITH I & R
G0480	Drug test(s); utilizing drug identificat
G0501	Resource intensive services for patients
G0659	Drug test(s); utilizing drug identificat
G2080	Each additional 30 minutes of counseling
G2212	Prolong outpt/office visit
G2212	Prolong outpt/office visit
G2214	Initial or subsequent psychiatric collab
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE
H0003	ALCOHOL/DRUG SCREENING
H0033	Oral medication administration (psychotropic)
H0033	Oral medication administration (psychotropic)
H0036	Mental Health outreach; 15 minute unit Elderly
H0036	Mental Health outreach; 15 minute unit Elderly
H2010	Comprehensive Medication Services/15 min
Q3014	Telehealth facility fee
Q3014	Telehealth facility fee
T1013	Sign language or oral interpretation services
T1013	Telephonic interpretive services
T2023	Targeted case management; per month

Excluded Services	
Code	Definition- suggest remove excluded list as it doesn't cover everything.
96158	Behavioral Programming (i.e. health and behavioral intervention); first 30 mins BI Waiver
96159	Behavioral Programming (i.e. health and behavioral intervention); each additional 15 mins BI Waiver
G0501	Resource intensive services for patients
G0506	Comprehensive Care Management-IHH informational code
G0506	Comprehensive Care Management-IHH informational code
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment *Intensity Add-on codes
G2080	Each additional 30 minutes of counseling
G2213	Initiation of medication for the treatment
G9008	Care Coordination-IHH Informational Code
G9008	Care Coordination-IHH Informational Code
H0004	Counseling (individual) (i.e. health and behavior intervention); first 15 mins HIV and HD Waiver
H0018 TF	Level III.3 & III.5 Clinically Managed Medium/High Intensity Residential Substance Use Disorder Treatment – CommunityBased
H0018 TG	Level III.7 Communitybased Substance Use Disorder Treatment
H2014	SKILLS TRAINING & DEV, PER 15 MIN
H2034	Level III.I Clinically Managed Low Intensity Residential Substance Use Disorder Treatment
J1630	Haldol injection, up to 5 mg
J1631	Haldol decanoate injection, per 50 mg
J2358	Injection, olanzapine, long acting, 1 mg
J2680	Injection fluphenazine deconoate 25 mg
J2794	Injection risperidone, long acting .5mg
J2798	Injection, risperidone (perseris), .5
J3490	Unclassified drug
J7306	Levonorgestrel implant sys
J8498	Antiemetic rectal/supp nos
J8499	Prescription drug, oral, nos
J8597	Antiemetic drug oral nos
S0201	23 hour crisis observation and holding
S0201	Crisis Intervention Mental Health
T2011	Preadmission screening pasarr/II encount
T2034	Crisis intervention , waiver; per diem