Iowa Medicaid
Iowa HHS

Threshold Services				
Code	**Modifier**	**Definition**	**Effective Date**	**Termination Date**
Criteria 4C: Crisis Behavioral Health Services				
90839		Psychotherapy for crisis; first 60 minutes	7/1/2025	
G0017		Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis service applies, other than the office setting); first 60 minutes	7/1/2025	
H0007		Alcohol and/or drug services; crisis intervention (outpatient)	7/1/2025	
H2011	U3	Crisis intervention service - mobile crisis response. Use modifier U3 when billing PPS.	7/1/2025	
S9484	TF	Crisis intervention mental health services, per hour. Use modifier TF for community. No residential may be billed under PPS.	7/1/2025	
S9485	TF	Crisis intervention mental health services, per diem. Use modifier TF for community. No residential may be billed under PPS.	7/1/2025	
Criteria 4D: Screening, Assessment and Diagnosis				
90791		Psychiatric diagnostic evaluation	7/1/2025	
90792		Psychiatric diagnostic evaluation with medical services	7/1/2025	
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	7/1/2025	
96127		Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	7/1/2025	

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	7/1/2025	

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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	7/1/2025	
96138		Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	7/1/2025	
96156		Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	7/1/2025	
99408		Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	7/1/2025	
99409		Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	7/1/2025	
G0396		Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	7/1/2025	
G0397		Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	7/1/2025	
G0442		Annual alcohol misuse screening, 5 to 15 minutes	7/1/2025	

G0444		Annual depression screening, 5 to 15 minutes	7/1/2025	
H0003		Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	7/1/2025	
H0031		Mental health assessment, by nonphysician	7/1/2025	
H0049		Alcohol and/or drug screening	7/1/2025	
Criteria 4E: Person-Centered and Family-Centered Treatment Planning				
H0032		Mental health service plan development by nonphysician	7/1/2025	
Criteria 4F: Outpatient Mental Health and Substance Use Services				
90832		Psychotherapy, 30 minutes with patient	7/1/2025	
90834		Psychotherapy, 45 minutes with patient	7/1/2025	

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90837		Psychotherapy, 60 minutes with patient	7/1/2025	
90846		Family psychotherapy (without the patient present), 50 minutes	7/1/2025	
90847		Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	7/1/2025	
90849		Multiple-family group psychotherapy	7/1/2025	
90853		Group psychotherapy (other than of a multiple-family	7/1/2025	
90863		Pharmacologic management with psychotherapy	7/1/2025	
90875		Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	7/1/2025	

90876		Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	7/1/2025	
90899		Unlisted psychiatric service or procedure	7/1/2025	
96116		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., 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	7/1/2025	
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	7/1/2025	

Threshold 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.	7/1/2025	
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.	7/1/2025	

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.	7/1/2025	
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	7/1/2025	
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	7/1/2025	
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.	7/1/2025	

Threshold 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.	7/1/2025	
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.	7/1/2025	

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.	7/1/2025	
99499		Unlisted evaluation and management service	7/1/2025	
99510		Home visit for individual, family, or marriage counseling	7/1/2025	
G0443		Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	7/1/2025	
G0445		Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	7/1/2025	
G0446		Intensive behavioral therapy 15 min: Annual, face to face intensive behavioral health therapy for cardiovascular disease, individual	7/1/2025	
G2068		Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing	7/1/2025	
G2069		Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing	7/1/2025	

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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)	7/1/2025	

G2074		Medication assisted treatment, weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy and toxicology testing	7/1/2025	
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)	7/1/2025	
H0004		Behavioral health counseling and therapy, 15 minutes	7/1/2025	
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 an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	7/1/2025	
H0040		Assertive Community Treatment	7/1/2025	
H0046		Mental health services, not otherwise specified	7/1/2025	
H0050		Alcohol and/or drug services, brief intervention, per 15 minutes	7/1/2025	
J0571		Buprenorphine, oral, 1 mg	7/1/2025	
J0572		Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	7/1/2025	
J0573		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	7/1/2025	
J0574		Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	7/1/2025	
J0575		Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	7/1/2025	

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J0577		Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	7/1/2025	
J0578		Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy	7/1/2025	
J0592		Injection, buprenorphine HCl, 0.1 mg	7/1/2025	
J2315		Injection, naltrexone, depot form, 1 mg	7/1/2025	
Q9991		Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	7/1/2025	
Q9992		Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	7/1/2025	
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 minutes	7/1/2025	
99402		Preventative Medicine counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	7/1/2025	
99403		Preventative Medicine Counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	7/1/2025	
99404		Preventative Medicine Counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	7/1/2025	
Criteria 4I. Psychiatric Rehabilitative Services				
90846	HK	Functional Family Therapy-family therapy without youth present, use HK modifier, provider types HP, HO, HN, AF, SA	7/1/2025	

90847	HK	Functional Family Therapy-family therapy with youth present, use HK modifier, provider types HP, HO, HN, AF, SA	7/1/2025	
H0034		Medication training and support, per 15 minutes	7/1/2025	
H2012		Behavioral health day treatment, per hour	7/1/2025	
H2033		Multisystemic therapy, per 15 minutes	7/1/2025	
Threshold Services				
S9480		Intensive outpatient psychiatric services, per diem	7/1/2025	
Criteria 4J. Peer Supports, Peer Counseling and Family/Caregiver Supports				
H0038		Self-help/peer services, per 15 minutes	7/1/2025	
T1027		Family training and counseling for child development, per 15 minutes	7/1/2025	