

<b>Threshold Services</b>			
<b>CCBHC Service Category</b>	<b>Code</b>	<b>Modifier</b>	<b>Definition -</b>
<b>Criteria 4.C. Crisis Behavioral Health Services</b>	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
<b>Criteria 4.C. Crisis Behavioral Health Services,</b>	G0018		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); each additional 30 minutes – list separately in addition to code for primary service
<b>Criteria 4.C. Crisis Behavioral Health Services</b>	H0007		Alcohol/drug crisis intervention/outpatient
<b>Criteria 4.C. Crisis Behavioral Health Services</b>	H2011	U3	Crisis intervention service - mobile crisis response. Use modifier U3 when billing PPS.
<b>Criteria 4.C. Crisis Behavioral Health Services</b>	S9484	TF	Crisis intervention mental health services, per hour. Use modifier TF for community. No residential may be billed under PPS.
<b>Criteria 4.C. Crisis Behavioral Health Services</b>	S9485	TF	Crisis intervention mental health services, per diem. Use modifier TF for community. No residential may be billed under PPS.
<b>Criteria 4.C. Crisis Behavioral Health Services</b>	90839		Psychotherapy for crisis; first 60 minutes
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	90785		Interactive complexity (List separately in addition to the code for primary procedure)
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	90791		Psychiatric diagnostic evaluation
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	90792		Psychiatric diagnostic evaluation with medical services
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	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

<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	96127		Brief emotional behavioral assessment-Comm MH
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	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
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	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)
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	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

<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	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)
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	96138		Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	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)
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	96156		HLTH BHV ASSMT/REASSESSMENT
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	99408		Alcohol/sub abuse screen & intervention 15-30 minutes
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	99409		AUDIT/DAST OVER 30 MINUTES
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	G0396		Alcohol &/or sub misuse assessment 15-30 minutes
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	G0397		Alcohol %/or sub misuse assessment >30 minutes
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	G0442		Annual alcohol screen 15 minutes
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	G0444		Depression screen annual
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	H0003		ALCOHOL/DRUG SCREENING
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	H0031		Mental health assessment, by nonphysician
<b>Criteria 4D: Screening, Assessment and Diagnosis</b>	H0049		Alcohol and/or drug screening

<b>Criteria 4E: Person-Centered and Family-Centered Treatment Planning</b>	H0032		Mental health service plan development by nonphysician
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90832		Psychotherapy, 30 minutes with patient
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90833		Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90834		Psychotherapy, 45 minutes with patient
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90836		Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90837		Psychotherapy, 60 minutes with patient
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90838		Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90840		Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90846		Family psychotherapy (without the patient present), 50 minutes
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90847		Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90849		Multiple-family group psychotherapy
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90853		Group psychotherapy (other than of a multiple-family group)
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90863		Pharmacologic management with psychotherapy
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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

<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	90899		Unlisted psychiatric service or procedure
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	96121		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; each additional hour (List separately in addition to code for primary procedure)

<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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)
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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.
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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.

<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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.
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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.
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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.
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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.
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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.

<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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.
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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)
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	99499		Unlisted evaluation and management service



<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	99510		Home visit for individual, family, or marriage counseling
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	G0443		Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	G0445		Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	G0446		Intensive behavioral therapy 15 min: Annual, face to face intensive behavioral health therapy for cardiovascular disease, individual
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	G0473		Face to face behavioral counseling for Obesity, group (2-10), 30 minutes
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	G2068		Medication assisted treatment, <b>buprenorphine</b> (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	G2069		Medication assisted treatment, <b>buprenorphine</b> (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing

<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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)
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	G2074		Medication assisted treatment, weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy and toxicology testing
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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)
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	G2080		Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	H0004		Behavioral health counseling and therapy, 15 minutes
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	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
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	H0040		Assertive Community Treatment

<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	H0046		Mental health services, not otherwise specified
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	H0050		Alcohol and/or drug services, brief intervention, per 15 minutes
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	J0571		Buprenorphine, oral, 1 mg
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	J0572		Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	J0573		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	J0574		Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	J0575		Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	J0577		Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	J0578		Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	J0592		Injection, buprenorphine HCl, 0.1 mg
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	J2315		Injection, naltrexone, depot form, 1 mg
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	Q9991		Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg
<b>Criteria 4F: Outpatient Mental Health and Substance Use Services</b>	Q9992		Injection, buprenorphine extended-release (Sublocade), greater than 100 mg
<b>Criteria 4G: Outpatient Clinic Primary Care Screening and Monitoring</b>	99401		Preventative Medicine counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
<b>Criteria 4G: Outpatient Clinic Primary Care Screening and Monitoring</b>	99402		Preventative Medicine counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes

<b>Criteria 4G: Outpatient Clinic Primary Care Screening and Monitoring</b>	99403		Preventative Medicine Counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
<b>Criteria 4G: Outpatient Clinic Primary Care Screening and Monitoring</b>	99404		Preventative Medicine Counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
<b>Criteria 4G: Outpatient Clinic Primary Care Screening and Monitoring</b>	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
<b>Criteria 4I. Psychiatric Rehabilitative Services</b>	90846	HK	Functional Family Therapy-family therapy without youth present, use HK modifier, provider types HP, HO, AF, SA
<b>Criteria 4I. Psychiatric Rehabilitative Services</b>	90847	HK	Functional Family Therapy-family therapy with youth present, use HK modifier, provider types HP, HO, AF, SA
<b>Criteria 4I. Psychiatric Rehabilitative Services</b>	H0034		Medication training and support, per 15 minutes
<b>Criteria 4I. Psychiatric Rehabilitative Services</b>	H2012		Behavioral health day treatment, per hour
<b>Criteria 4I. Psychiatric Rehabilitative Services</b>	H2033		Multisystemic therapy, per 15 minutes
<b>Criteria 4I. Psychiatric Rehabilitative Services</b>	S9480		Intensive outpatient psychiatric services, per diem
<b>Criteria 4J. Peer Supports, Peer Counseling and Family/Caregiver Supports</b>	H0038		Self-help/peer services, per 15 minutes
<b>Criteria 4J. Peer Supports, Peer Counseling and Family/Caregiver Supports</b>	T1027		FAMILY TRAINING & COUNSELING/PER 15 MINUTES