

Procedure code	SERI guide with FQ Modifier Behavioral Health Providers	MH billing guide (part II) and SUD billing guide with FQ Modifier Behavioral Health Fee-for-Service Providers	Brief code description
H0001	Not allowed	Not allowed	Alcohol/drug assessmt.
H0003	Not allowed	Code not on fee schedule/non-Medicaid	Presumptive Drug Class Screening
H0004	FQ Allowed	FQ allowed	BH cnsing and ther., per 15 minutes
H0010	Not allowed	Not allowed	Alcohol/drug services; subacute detox in hospital setting, per diem (inpatient residential addition program)
H0011	Not allowed	Not allowed	Alcohol/drug services; acute detox in Free Standing E&T facility, per diem (inpatient residential addition program) Alcohol/drug services; acute detox in hospital setting, per diem (inpatient residential addition program)
H0016	Not allowed	Code not on fee schedule/non-Medicaid	Alcohol/drug services, per hour
H0017	Not allowed	Not allowed	Withdrawal management facility service in a Free Standing E&T, per diem. Withdrawal management facility service in a hospital setting, per diem.
H0018	Not allowed	Not allowed	BH srvc; short-term residential (nonhospital residential tx program where stay is typically less than 30 days), w/o R&B, per diem Added clarity..... Majority of MH RTFs stays are longer than 30 days, thus the majority of codes used for this should be H0019 code. UHC Bea Dixon asking for clarification, see outstanding issues log #106
H0019	Not allowed	Not allowed	Alcohol/drug long-term res. (nonmedical, non-acute care in a res. tx. program; stay is typically longer than 30 days), per diem BH srvc; long-term residential (nonmedical, non-acute care in a residential tx program where stay is typically longer than 30 days), w/o R&B, per diem
H0020	Not allowed	Not allowed	Alcohol/drug services; MAT admin. /dispense srvc by a lic. progrm.
H0023	FQ Allowed	FQ allowed	Behav. hlth Outreach Srvc (planned approach to reach a targeted population)
H0025	FQ Allowed	FQ allowed	Behav. hlth prev. educ. srvc (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0026	Not allowed	Code not on fee schedule/non-Medicaid	Alcohol/drug prevention
H0030	always by phone, no modifier required	Always by phone, no modifier required	BH hotline service (ASO Only)
H0031	Not allowed	Not allowed	MH health assess by non-MD
H0032	FQ Allowed	Code not on fee schedule/non-Medicaid	MH srvc plan dev by non-MD
H0033	Not allowed	Not allowed	Oral med admin. direct obsrvtn.
H0034	Not allowed	Not allowed	Medication Training and Supp, per 15 mins
H0036	Not allowed	Not allowed	Comm. psych. supp. tx., face-face, per 15 mins
H0038	FQ allowed	FQ allowed	Self-help/peer srvc, per 15 mins
H0040	Not allowed	Not allowed	Assert. comm. tx. prgrm, per diem
H0043	Not allowed	Not allowed	Supp. Housing, per diem
H0045	Not allowed	Code not on fee schedule/non-Medicaid	Respite not-in-home, per diem
H0046	FQ allowed	FQ allowed	Mental health srvc, NOS
H0047	FQ allowed	Code not on fee schedule/non-Medicaid	Alcohol/drug abuse svc, NOS
H0050	FQ allowed	Code not on fee schedule	Alcohol/drug srvc, per 15 mins
H2011	FQ allowed	FQ allowed	Crisis interven srvc, per 15 mins
H2012	Not allowed	Not allowed	Behav hlth day trtmt, per hr
H2014	FQ allowed	FQ allowed	Skills train and dev, per 15 mins
H2015	FQ allowed	FQ allowed	Comp. comm. supp. srvc, per 15 mins
H2017	FQ allowed	FQ allowed	Psychosoc. rehab srvc, per 15 mins
H2021	FQ allowed	Code not on fee schedule/non-Medicaid	Comm. based wrap-around srvc, per 15 min
H2022	Not allowed	Not allowed	Comm. wrap-around svc, per diem
H2023	FQ allowed	Code not on fee schedule/non-Medicaid	Supported employ, per 15 min
H2025	FQ allowed	Code not on fee schedule/non-Medicaid	Supp maint employ, 15 min
H2027	FQ allowed	FQ allowed	Psycho-ed srvc, per 15 mins
H2028	FQ allowed	Code not on fee schedule/non-Medicaid	Sex offend tx srvc, per 15 mins
H2031	Not allowed	Code not on fee schedule/non-Medicaid	MH clubhouse srvc, per diem
H2033	FQ allowed	FQ allowed	Multisys. ther. for juv., per 15 mins
H2036	Not allowed	Not allowed	Alcohol/drug tx program, per diem
REVENUE CODE: 1001 or 01X4	Not allowed	Not allowed	Psychiatric health facility service, per diem.
REVENUE CODE: 1001 or 01x4 HCPC CODE: H0018	Not allowed	Not allowed	BH srvc; short-term residential (nonhospital residential tx program where stay is typically less than 30 days), w/o R&B, per diem Added clarity..... Majority of MH RTFs stays are longer than 30 days, thus the majority of codes used for this should be H0019 code. UHC Bea Dixon asking for clarification, see outstanding issues log #106
REVENUE CODE: 1001 or 01x4 HCPC CODE: H0019	Not allowed	Not allowed	BH srvc; long-term residential (nonmedical, non-acute care in a residential tx program where stay is typically longer than 30 days), w/o R&B, per diem
REVENUE CODE: 1002 or 01x6 and/or HCPC CODE: H0010	Not allowed	Not allowed	Alcohol/drug services; subacute detox in Free Standing E&T facility, per diem (inpatient residential addition program)
REVENUE CODE: 1002 or 01x6 and/or HCPC CODE: H0011	Not allowed	Not allowed	Alcohol/drug services; acute detox in Free Standing E&T facility, per diem (inpatient residential addition program)
REVENUE CODE: 1002 or 01x6 HCPC CODE: H0017	Not allowed	Not allowed	Withdrawal management facility service in a Free Standing E&T, per diem. Withdrawal management facility service in a hospital setting, per diem.
REVENUE CODE: 1002 or 01x6 and/or HCPC CODE: H0018	Not allowed	Not allowed	Behavioral health; short-term resid. (nonhospital residential trx program), w/o room and board, per diem
REVENUE CODE: 1002 or 01x6 HCPC CODE: H0019	Not allowed	Not allowed	Alcohol/drug long-term res. (nonmedical, non-acute care in a res. tx. program; stay is typically longer than 30 days), per diem
S9125	Not allowed	Not allowed	Respite care, in the home, per diem
S9446	Not allowed	Not allowed	PT educ., not otherwise classified, by non- physician provider, in group setting, per session
S9480	Not allowed	Not allowed	Intnsv. O/P psychiatric srvc, per diem
S9484	FQ allowed	FQ allowed	Crisis intervention, per hour
S9485	Not allowed	Not allowed	Crisis intrvntn mh, per diem
T1001	Not allowed	Not allowed	Nursing Assess./Eval.
T1005	Not allowed	Not allowed	Respite care services, 15 minutes
T1013	FQ allowed	Code not on fee schedule/non-Medicaid	Sign Lang/Oral Interpreter Srvc, oer 15 minutes
T1016	FQ allowed	Code not on fee schedule	Case management, each 15 minutes
T1017	Code not in SERI	FQ allowed	Case management, each 15 minutes
T1023	Not allowed	Not allowed	Progrm intake assmt screening to determine appropriateness of an individual for participation in a spec. progrm, project or tx protocol, per encounter
T2022	Not allowed	Not allowed	Case mangement per month
T2023	Not allowed	Not allowed	targeted case management per month
T2038	FQ allowed	Code not on fee schedule/non-Medicaid	Community transition waiver/srvc, per srvc
80305	Not allowed	Not allowed	Presumptive Drug Class Screening/Direct Optical Observation e.g. Dipstick method

80306	Not allowed	Not allowed	Presumptive Drug Class Screening via instrument assisted direct optical observation (e.g., immunoassay – dipsticks, cups, etc.),
80307	Not allowed	Not allowed	Presumptive Drug Class Screening / via Instrumented Chemistry Analyzer
90791	Not allowed	Not allowed	Psych Diag. Eval
90792	Not allowed	Not allowed	Psych Diag. Eval w/ med srvc
90832	FQ allowed	FQ allowed	Psychother. w/ PT and/or fam. mem., approx. 30 mins.
+90833	FQ allowed	FQ allowed	Psychother. w/ PT and/or fam. mem., approx. 30 mins, performed w/ an E/M code. (List separately in addition to the code for primary procedure).
90834	FQ allowed	FQ allowed	Psychother. w/ PT and/or fam. mem., approx. 45 mins
+90836	FQ allowed	FQ allowed	Psychother. approx. 45 mins w/ PT and/or fam. mem.; performed w/ an E/M srvc. (List separately in addition to the code for primary procedure).
90837	FQ allowed	FQ allowed	Psychother. approx. 60 mins w/ PT and/or fam. mem.
+90838	FQ allowed	FQ allowed	Psychother. approx. 60 mins w/ PT and/or fam. mem.; performed w/ an E/M srvc. (List separately in addition to the code for primary procedure).
90846	FQ allowed	FQ allowed	Fam. psychother. w/o PT, (50 minutes)
90847	FQ allowed	FQ allowed	Fam. psychother. w/ PT present, (50 minutes)
90849	Not allowed	Not allowed	Multi fam. grp psychother. (does not require patient to be present)
90853	Not allowed	Not allowed	Grp psychother. (other than of a multiple-fam. grp)
96110	Not allowed	Not allowed	Developmental scrning; (e.g., Developmental Screening Test II, Early Language Milestone Screen), w/ intrprt and rpt, per hour
96116	Not allowed	Not allowed	Neuro BH status exam by PHD or MD (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), includes face - face time w/ the PT and time interpreting test results & prep. rpt, first hour
+96121	Not allowed	Not allowed	Neuro BH status exam by PHD or MD (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), includes face - face time w/ the PT and time interpreting test results & prep. Rprt. Each add'l hour
96130	Not allowed	Not allowed	Psychological testing eval. services by MD or any 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 interact feedback to the patient, family member(s) or caregiver(s), when performed; first hour
+96131	Not allowed	Not allowed	Psychological testing eval. services by MD or any 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 interact feedback to the patient, family member(s) or caregiver(s), when performed; each add'l hour.
96132	Not allowed	Not allowed	Neuropsychological testing eval. services by MD or any 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 interact feedback to the patient, family member(s) or caregiver(s), when performed; first hour
+96133	Not allowed	Not allowed	Neuropsychological testing eval. services by MD or any 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 interact feedback to the patient, family member(s) or caregiver(s), when performed; each add'l hour.
96136	Not allowed	Not allowed	Psychological or neuropsychological test administration and scoring, by a MD or other qualified health care professional, two or more tests, any method, first 30 minutes.
+96137	Not allowed	Not allowed	Psychological or neuropsychological test administration and scoring, by a MD or other qualified health care professional, two or more tests, any method, each add'l 30 mins.
96138	Not allowed	Not allowed	Psychological or neuropsychological test administration and scoring by a technician two or more tests, any method, first 30 mins.
96139	Not allowed	Not allowed	Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method, each add'l 30 mins.
96164	Not allowed	Not allowed	Behav. Hlth Intrvtn. w/ grp (2 or more) face to face, first 30 minutes
96165+	Not allowed	Not allowed	Behav. Hlth Intrvtn. w/ grp (2 or more), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96167	FQ allowed	FQ allowed	Behav. Hlth Intrvtn. w/ fam. & pt. face to face, first 30 minutes
96168+	FQ allowed	FQ allowed	Behav. Hlth Intrvtn. w/ fam. & pt. face to face, each additional 15 minutes (List separately in addition to code for primary service)
96170	FQ allowed	FQ allowed	Behav.Hlth. Intrvtn. w/ fam; no pt, face to face, first 30 minutes
96171+	FQ allowed	FQ allowed	Behav.Hlth. Intrvtn. w/ fam; no pt, face to face, each additional 15 minutes (List separately in addition to code for primary service)
96372	Not allowed	Not allowed	Injection for ther/proph/diag purposes SQ or IM
99075	Not allowed	Not allowed	Medical testimony
99202	FQ allowed	FQ allowed	Office/ OP visit for new PT (problems are low to moderate severity; approx. 20 mins face - face)
99203	FQ allowed	FQ allowed	Office/OP visit for new PT(problems moderate severity; approx. 30 mins face - face)
99204	FQ allowed	FQ allowed	Office/OP visit for new PT (problems moderate to high severity; approx. 45 mins face – face)
99205	FQ allowed	FQ allowed	Office/OP visit for new PT (problems are moderate to high severity; approx. 60 mins face -face)
99211	FQ allowed	FQ allowed	Office or other outpatient visit for establ. PT E/M that may not require the presence of a physician. (problem(s) are minimal; approx. 5 mins are spent performing or supervising srvc
99212	FQ allowed	FQ allowed	Office or other outpatient visit for established patient E/M (problem(s) are self-limited or minor; approx. 10 mins face - face w/ the PT and/or fam.)
99213	FQ allowed	FQ allowed	Office or other outpatient visit for establ. PT E/M (problem(s) of low to moderate severity; approx. 15 mins face - face w/ the PT and/or fam.)
99214	FQ allowed	FQ allowed	Office or other outpatient visit for establ. PT E/M (problem(s) of moderate to high severity; approx. 25 minutes face - face w/ the PT and/or fam.)
99215	FQ allowed	FQ allowed	Office or other outpatient visit for establ. PT E/M (problem(s) of moderate to high severity; approx. 40 minutes face - face w/ the PT and/or fam.)
99304	Not allowed	Not allowed	Initial visit at nursing facility E/M, per day, (problem(s) are of low severity; approx. 25 minutes w/ the PT and/or fam. or caregiver)
99305	Not allowed	Not allowed	Initial visit at nursing facility E/M, per day, (problem(s) are of moderate severity; approx. 35 mins w/ the PT and/or fam. or caregiver)
99306	Not allowed	Not allowed	Initial visit at nursing facility E/M, per day, (problem(s) are of high severity; approx. 45 mins w/ the PT and/or fam. or caregiver)
99307	Not allowed	Not allowed	Subseqt. nursing facility visit, per day, E/M (patient stable, recovering, or improving; approx. 10 mins w/ the PT and/or fam. or caregiver)
99308	Not allowed	Not allowed	Subsequent nursing facility visit, per day, E/M (patient is responding inadequately to therapy or has developed a minor complication; approx. 15 mins w/ the PT and/or fam. or caregiver)

99309	Not allowed	Not allowed	Subsequent nursing facility visit, per day, E/M (patient has developed a significant complication or a significant new prob.; approx. 25 mins w/ the PT and/or fam. or caregiver)
99310	Not allowed	Not allowed	Subsequent nursing facility visit, per day, E/M (patient may be unstable or may have developed a significant new problem requiring immediate physician attention; approx. 35 mins w/ the PT and/or fam. or caregiver)
99324	Not allowed	Not allowed	Domiciliary or rest home visit for new PT E/M (problem(s) are of low severity; approx. 20 mins w/ the PT and/or fam. or caregiver)
99325	Not allowed	Not allowed	Domiciliary or rest home visit for new patient E/M (problem(s) are of moderate severity; approx. 30 mins w/ the PT and/or fam. or caregiver)
99326	Not allowed	Not allowed	Domiciliary or rest home visit for new PT E/M (problem(s) are of moderate to high severity; approx. 45 mins w/ the PT and/or family or caregiver)
99327	Not allowed	Not allowed	Domiciliary or rest home visit for new PT E/M (problem(s) are of high severity; approx. 60 mins w/ the PT and/or fam or caregiver)
99328	Not allowed	Not allowed	Domiciliary or rest home visit for new PT E/M (Usually, the patient is unstable or has developed a significant new problem requiring immediate MD attention; approx. 75 mins w/ the PT and/or fam. or caregiver)
99334	Not allowed	Not allowed	Domiciliary or rest home visit for establ. PT E/M (problem(s) are self-limited or minor; approx. 15 mins w/ the PT and/or fam. or caregiver)
99335	Not allowed	Not allowed	Domiciliary or rest home visit for establ. PT E/M (problem(s) of low to moderate severity; approx. 25 mins w/ the PT and/or fam. or caregiver)
99336	Not allowed	Not allowed	Domiciliary or rest home visit for establ. PT E/M (problem(s) of moderate to high severity; approx. 40 minutes w/ the PT and/or fam. or caregiver)
99337	Not allowed	Not allowed	Domiciliary or rest home visit for establ. PT E/M (PT may be unstable or may have developed a significant new prob. requiring immediate MD attention; approx. 60 mins w/ the PT and/or fam. or caregiver)
99341	Not allowed	Not allowed	Home visit for new PT E/M (problem(s) of low severity; approx. 20 mins are spent face - face w/ the PT and/or fam.)
99342	Not allowed	Not allowed	Home visit for new PT E/M (problem(s) of moderate severity; approx. 30 mins spent face - face w/ the PT and/or fam.)
99343	Not allowed	Not allowed	Home visit for new PT E/M (problem(s) of moderate to high severity; 45 mins spent face - face w/ the PT and/or fam.)
99344	Not allowed	Not allowed	Home visit for new PT E/M (problem(s) of high severity; approx. 60 mins spent face - face w/ other Pt and/or fam.)
99345	Not allowed	Not allowed	Home visit for new PT E/M (patient is unstable or has developed a significant new prob. requiring immediate physician attention; approx. 75 mins spent face - face w/ other PT and/or fam.)
99347	Not allowed	Not allowed	Home visit for establ. PT E/M (problem(s) are self-limited or minor; approx. 15 mins are spent face - face w/ the PT and/or fam)
99348	Not allowed	Not allowed	Home visit for estab. PT E/M (problems(s) of low to moderate severity; approx. 25 mins spent face - face w/ the PT and/or fam.)
99349	Not allowed	Not allowed	Home visit for estab. PT E/M (problem(s) of moderate to high severity; approx. 40 mins spent face - face w/ the PT and/or fam.)
99350	Not allowed	Not allowed	Home visit for estab. PT. E/M (problem(s) of moderate to high severity. The patient may be unstable or may have developed a significant new prob. Req. immediate MD attention; approx. 60 mins spent face - face w/ the PT and/or fam.)
+99354	FQ allowed	FQ allowed	Office or O/P prolonged E/M or psychotherapy srvc (beyond the typical service time of the primary procedure); 1 <sup>st</sup> hour. (List separately, in addition to code for office or other outpatient E/M or psychotherapy service)
+99355	FQ allowed	FQ allowed	Office or O/P prolonged E/M or psychotherapy srvc (beyond the typical service time of the primary procedure); each add'l 30 minutes. (List separately, in addition to code for office or other outpatient E/ M or psychotherapy service)
+99356	Not allowed	Not allowed	Inpat. or observ. prolonged service requiring unit/floor time beyond the usual service; 1st hour (List separately in addition to code for inpatient E/M service)
+99357	Not allowed	Not allowed	Inpatient or observation prolonged service requiring unit/floor time beyond the usual service; each add'l 30 mins. (List separately, in addition to code for inpatient E/M service)
+G2212	FQ allowed	Code not on fee schedule	Prolonged office/OP visit ea additional 15 minutes