

## BILLABLE MEDICAID CODES

SERVICE TYPE	MEDICAID CODE	BILLABLE TREATMENT SERVICES <u>EFFECTIVE</u> 10/1/2011
<b>Outpatient</b>	H0001	Initial Assessment by Provider
	90801	Psy. Evaluation/Initial Assessment
	H0001.H9	Court Ordered Assessment by Provider
	H0001.SP	Spanish speaking initial assessment
	90801.SP	Spanish speaking Psy./Initial Assessment
	H0004	Individual Therapy, 60 minutes
	H0004.HR	Family/Couple Therapy w/client, 60 min
	H0004.H9	Court Ordered Individual Therapy, 30 min
	H0004.SP	Spanish speaking individual therapy
	H0004.TS	Outpatient Intake, following AMS assessment, 60 minutes
	90804	Individual Psychotherapy by MA/PhD, 30 min
	90806	Individual Psychotherapy by MA/PhD, 60 min
	90806.SP	Spanish Speaking Individual Psychotherapy by MA/PhD, 60 min
	90808	Individual Psychotherapy by MA/PhD, 75 min
	90853	Didactic Group Therapy Session
	90857	Psychotherapy Group Session
	H0005	Therapeutic Group w/Acupuncture
	H0005.H9	Program Group – Court Ordered
	H0005.HQ	Therapeutic Group
	H0005.RL	Group Counseling – Relapse Prevention
	90847	Family/Couple Psychotherapy w/client by MA/PhD, 60 min
	H2027	Didactic Education Group by S.A.T.P.
	H2036	TLC Specialized Women’s Treatment Day
	90813	Psychological Evaluation & Testing *
90862	Pharmacological Management MD/DO/PA/CNP, 20-30 min	
<b>Early Intervention</b>	H0022	Early Intervention Services
<b>Recovery Support Services</b>	T1012	Recovery Support & Skills Development Services

\* THIS SERVICE MUST BE PROVIDED BY A FULLY LICENSED PSYCHOLOGIST (PhD) OR A PSYCHIATRIST. It is limited to 2 hours annually

\*\* THIS IS INDIVIDUAL THERAPY, IN ADDITION TO THE REGULAR IOP SESSION

\*\*\* Clients receiving Expanded IOP must show an ASAM level of II.5 and receive an average of 20 or more hours of programming per week.

**NOTE: “HD” Modifier is required for All qualifying Women’s Specialty Services.**

**“HH” Modifier is required for All Dual Diagnosis/Integrated Treatment Services.**

SERVICE TYPE	MEDICAID CODE	BILLABLE TREATMENT SERVICES <u>EFFECTIVE 10/1/2011</u>	
<b>IOP</b>	H0004.TF	Individual counseling/ evaluation with IOP client, 60 minutes**	
	90804.TF	Individual Psychotherapy w/IOP client by MA/PhD, 30 min.	
	90806.TF	Individual counseling/ evaluation with IOP client, 60 minutes**	
	90806.TS	IOP Individual Intake, following AMS assessment, 60 min	
	90813.TF	IOP Psychological Eval. & Testing*	
	H0015	Intensive Outpatient Therapy, at least 3 hours daily / 3x/wk	
	H0015.TF	Expanded Intensive Outpatient***	
	<b>Pharmacologic Support</b>	H0020	Methadone daily <u>Pharmacology</u> dose
H0004.HG		OTC Individual therapy, 15 minutes	
H0005.HG		Methadone Group Counseling	
99203.HG		OTC Initial MD/DO Evaluation	
90805.HG		Methadone Individual Counseling, 30 min./Medication Review	
90807.HG		Methadone Individual Therapy by S.A.T.S., 60 min.	
90862.HG		OTC Medication Review	
H2027.HG		OTC Didactic Educ. Group, 15 min.	
T1023.HG		Clinical Review to determine appropriate for Opiate Replacement Treatment	
<b>Residential</b>		H0018.UM	Residential, short term
		H0019	Extended Residential
<b>Sub-acute Detox</b>		H0010	Sub-acute Detoxification (Medically Monitored)
	H0010.UM.HA	Adolescent Sub-acute Detoxification (Medically Monitored)	
	H0012	Sub-acute Detoxification (Non-medical/Social Setting)	
	H0014	Sub-acute Detoxification (Ambulatory w/o Extended Monitoring)	
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