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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips
90801	Psychiatric Diagnostic Interview examination	QMHP	Per occurrence	\$136.17	Must include face to face	The clinician interviews the patient in an initial diagnostic examination, which includes taking the patient's history and assessing his/her mental status, as well disposition. The psychiatrist may spend time communicating with family, friends, coworkers, or other sources as part of this examination and may even perform the diagnostic interview on the patient through other informative sources. Laboratory or other medical studies and their interpretation are also included	CPT codes allow use by non-physician QMHP's. However OMAP Fee-for-Service does not allow use of this code for non-physician/PMHNP Staff. MHO's vary on this issue. There is general agreement that the intent of this code (versus H0031) is for use prinicpally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. "Per Occurrence" Explanation": Bill one unit of service per assessment episode (normally there would not be in excess of one episode per day). PLEASE NOTE: AMH's expectation is that this code is billed once per completed assessment. Billed charges should reflect either of the following approaches: 1) An agency average for length of the service and provider type or 2) variable charges for each unit of service billed based on the length of that particular episode or provider type. For example, if service was provided by a Master's Level clinician for one hour, an agency might submit charges of \$100. Another episode provided by a child psychiatrist for 2 hours might be submitted for \$300. DOES NOT REQUIRE ABOVE THE LINE DX.
90802	Interactive Psychiatric Diagnostic Interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	QMHP	Per occurrence	\$136.17	Must include face to face	The clinician performs a psychiatric diagnostic examination on the patient using interactive methods of interviewing. This is most often the method used with individuals who are too young or incapable of developing expressive communication skills, or individuals who have lost the ability. This type if diagnostic interview is often done with children. Toys, physical aids, and nonverbal interaction and interpretation skills are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills	See above for "per occurrence" explanation and qualified provider explanation. Described as being used principally by child psychiatrists, psychologists and licensed clinical social workers when they initially evaluate children who do not have the ability to interact with ordinary verbal communication. This code may also be applied to the initial evaluation of adult patients with organic mental deficits, or who are catatonic or mute. Includes the same components as the Psychiatric Diagnosis Interview Examination. However, in the interactive examination, the physician uses inanimate objects, such as toys and dolls for a child, physical aids and nonverbal communications to overcome barriers to therapeutic interaction. DOES NOT REQUIRE ABOVE THE LINE DX.
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.	QMHP	20 to 30 minutes	\$68.09	Face to face	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90804 if the patient received psychotherapy only and 90805 if medical evaluation and management services were also furnished.	CPT codes allow use by non-physician QMHP's. However OMAP Fee-for-Service does not allow use of this code for non-physician/PMHNP Staff. MHO's vary on this issue. There is general agreement that the intent of this code (versus H0031) is for use prinicpally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. Used for the treatment of mental illness and behavior disturbances in which the physician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development. While a variety of psychotherapeutic techniques are recognized for coverage under these codes, the services must be performed by a person authorized by the state to perform psychotherapy services.
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services	QMHP who is MD/PMHNP	20 to 30 minutes	\$68.09	Face to face	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90804 if the patient received psychotherapy only and 90805 if medical evaluation and management services were also furnished.	Includes continuing medical diagnostic evaluations as well as pharmacologic management.

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Procedure Code Guide

MHO Code Workgroup

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.	QMHP	45 to 50 minutes	\$102.13	Face to face	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90806 if the patient received psychotherapy only and 90807 if medical evaluation and management services were also furnished.	CPT codes allow use by non-physician QMHP's. However OMAP Fee-for-Service does not allow use of this code for non-physician/PMHNP Staff. MHO's vary on this issue. There is general agreement that the intent of this code (versus H0031) is for use prinicpally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. Used for the treatment of mental illness and behavior disturbances in which the physician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development. While a variety of psychotherapeutic techniques are recognized for coverage under these codes, the services must be performed by a person authorized by the state to perform psychotherapy services.
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services	QMHP who is MD/QMHNP	45 to 50 minutes	\$102.13	Face to face	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90806 if the patient received psychotherapy only and 90807 if medical evaluation and management services were also furnished.	Includes continuing medical diagnostic evaluations as well as pharmacologic management.
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.	QMHP	75 to 80 minutes	\$170.21	Face to face	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90808 if the patient received psychotherapy only and 90809 if medical evaluation and management services were also furnished.	CPT codes allow use by non-physician QMHP's. However OMAP Fee-for-Service does not allow use of this code for non-physician/PMHNP Staff. MHO's vary on this issue. There is general agreement that the intent of this code (versus H0031) is for use prinicpally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. There will likely be an OMAP rate change in the near future to reflect consistency for cost of QMHP services. Used for the treatment of mental illness and behavior disturbances in which the physician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development. While a variety of psychotherapeutic techniques are recognized for coverage under these codes, the services must be performed by a person authorized by the state to perform psychotherapy services.
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services	QMHP who is MD/QMHNP	75 to 80 minutes	\$170.21	Face to face	The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90808 if the patient received psychotherapy only and 90809 if medical evaluation and management services were also furnished.	Includes continuing medical diagnostic evaluations as well as pharmacologic management.

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)		Guidelines and Tips
90810	Individual Psychotherapy, Interactive, using play equipment, physical devices, language interpreter, or other mechanisms or non-verbal communication, in an office or otupatient facility, approximately 20 to 30 minutes face-to-face with the patient.	QMHP	20 to 30 minutes	\$68.09	Face to Face	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for $20-30$ minutes. Report 90810 if the patient received psychotherapy only and 90811 if medial evaluation and management services were also furnished.	CPT codes allow use by non-physician QMHP's. However OMAP Fee-for-Service does not allow use of this code for non-physician/PMHNP Staff. MHO's vary on this issue. There is general agreement that the intent of this code (versus H0031) is for use prinicpally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. There will likely be an OMAP rate change in the near future to reflect consistency for cost of QMHP services. Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction.
90811	Individual psychotherapy, Interactive, using play equipment, physical devices, language inerpreter, or other mechanisms of non-verbal comunication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services	QMHP who is MD/QMHNP	20 to 30 minutes	\$68.09	Face to Face	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90810 if the patient received psychotherapy only and 90811 if medial evaluation and management services were also furnished.	Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction. Includes continuing medical diagnostic evaluations as well as pharmacologic management.
90812	Individual Psychotherapy, Interactive, using play equipment, physical devices, language interpreter, or other mechanisms or non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.	QМНР	45 to 50 minutes	\$102.13	Face to Face	communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face	CPT codes allow use by non-physician QMHP's. However OMAP Fee-for-Service does not allow use of this code for non-physician/PMHNP Staff. MHO's vary on this issue. There is general agreement that the intent of this code (versus H0031) is for use prinicpally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction.

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips
90813	Individual psychotherapy, Interactive, using play equipment, physical devices, language inerpreter, or other mechanisms of non-verbal comunication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services	QMHP who is MD/QMHNP	45 to 50 minutes	\$102.13	Face to Face	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90812 if the patient received psychotherapy only and 90813 if medial evaluation and management services were also furnished.	Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction. Includes continuing medical diagnostic evaluations as well as pharmacologic management.
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms or non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.	QМНР	75 to 80 minutes	\$170.21	Face to Face		CPT codes allow use by non-physician QMHP's. However OMAP Fee-for-Service does not allow use of this code for non-physician/PMHNP Staff. MHO's vary on this issue. There is general agreement that the intent of this code (versus H0031) is for use prinicpally by Medicare-approved providers, i.e. LMP's, Licensed Psychologists and Licesed Clinical Social Workers. Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction.
90815	Individual psychotherapy, Interactive, using play equipment, physical devices, language inerpreter, or other mechanisms of non-verbal comunication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services	QMHP who is MD/QMHNP	75 to 80 minutes	\$170.21	Face to Face	The therapist provides interactive psychiatric services in an office or outpatient facility for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and nonverbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 75 – 80 minutes. Report 90814 if the patient received psychotherapy only and 90815 if medial evaluation and management services were also furnished.	Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed. Patients may be very young children, adult patients with organic mental deficits, or those who are catatonic or mute. The clinician uses inanimate objects, such as toys and dolls for a child, physical aids and non-verbal communications to overcome barriers to therapeutic interaction. Includes continuing medical diagnostic evaluations as well as pharmacologic management.

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New Code	e Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips
90816	Individual therapy, facility-based, 20-30 min	QMHP	20 to 30 minutes	\$68.09	Face to Face	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90816 if the patient received psychotherapy only and 90817 if medical evaluation and management services were also furnished.	
90817	Individual therapy, facility-based, with medication management, 20- 30 min	QMHP who is MD/QMHNP	20 to 30 minutes	\$68.09	Face to Face	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90816 if the patient received psychotherapy only and 90817 if medical evaluation and management services were also furnished.	
90818	Individual therapy, facility-based, 45-50 min	QMHP	45 to 50 minutes	\$102.13	Face to Face	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45–50 minutes. Report 90818 if the patient received psychotherapy only and 90819 if medical evaluation and management services were also furnished.	
90819	Individual therapy, facility-based, with medication management, 45- 50 min	QMHP who is MD/QMHNP	45 to 50 minutes	\$102.13	Face to Face	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45–50 minutes. Report 90818 if the patient received psychotherapy only and 90819 if medical evaluation and management services were also furnished.	

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)		Guidelines and Tips
unx-21	Individual therapy, facility-based, 75-80 min	QМНР	75 to 80 minutes	\$170.21	Face to Face	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 75-8 minutes. Report 90821f the patient received psychotherapy only and 90822 medical evaluation and management services were also furnished.	
90822	Individual therapy, facility-based, with medication management, 75- 80 min	QMHP who is MD/QMHNP	75 to 80 minutes	\$170.21	Face to Face	The therapist provides individual psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestions, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 75–80 minutes. Report 90821 if the patient received psychotherapy only and 90822 if medical evaluation and management services were also furnished	
unxyx	Individual therapy, interactive, facilitybased, 20-30 min	QMHP	20 to 30 minutes	\$68.09	Face to Face	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90823 if the patient received psychotherapy only and 90824 if medical evaluation and management services were also furnished	

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips
90824	Individual therapy, interactive, facility-based, with medication management, 20-30 min	QMHP who is MD/QMHNP	20 to 30 minutes	\$68.09	Face to Face	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 20 – 30 minutes. Report 90823 if the patient received psychotherapy only and 90824 if medial evaluation and management services were also furnished	
90826	Individual therapy, interactive, facility-based, 45-50 min	QMHP	45 to 50 minutes	\$102.13	Face to Face	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90826 if the patient received psychotherapy only and 90827 if medical evaluation and management services were also furnished	
90827	Individual therapy, interactive, facility-based, with medication management, 45-50 min	QMHP who is MD/QMHNP	45 to 50 minutes	\$102.13	Face to Face	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90826 if the patient received psychotherapy only and 90827 if medcial evaluation and management services were also furnished.	

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)		Guidelines and Tips
unxyx	Individual therapy, interactive, facility-based, 75-80 min	QМНР	75 to 80 minutes	\$170.21	Face to Face	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90828 if the patient received psychotherapy only and 90829 if medial evaluation and management services were also furnished	
90829	Individual therapy, interactive, facility-based, with medication management, 75-80 min	QMHP who is MD/QMHNP	75 to 80 minutes	\$170.21	Face to Face	The therapist provides interactive psychiatric services in an inpatient hospital, partial hospital, or residential care setting for therapeutic purposes. The interactive method is most often used with individuals who are too young, or incapable, of developing expressive communications skills, or individuals who have lost the ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to gain communication with a patient not capable of engaging with the clinician by using adult language skills. Individual psychotherapy is performed face to face with the patient for 45 – 50 minutes. Report 90828 if the patient received psychotherapy only and 90829 if medical evaluation and management services were also furnished	
unsah	Family psychotherapy (without the patient present)	QMHP	Per occurrence	\$138.31	Not specificed, Approved for Telephone	reatment process. Family dynamics as they relate to the	See "per occurrence" explanation above. OMAP upper payment limit was based on 90 minute encounter. Used to describe family participation in the treatment process of the patient where the primary purpose of such psychotherapy is the treatment of the patient's condition.

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	QМНР	Per occurrence	\$138.31	Face to Face	The therapist provides family psychotherapy in a setting where the care provider meets with the patient's family jointly with the patient. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient's mental status and behavior are a main focus of the sessions. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members. Reviewing records, communicating with other providers, observing and interpreting patterns of behavior and communication between the patient and family members, and decision making regarding treatment, including medication management or any physical exam related to the medication, is included.	See "per occurrence" explanation above. OMAP upper payment limit was based on 90 minute encounter. Used to describe family participation in the treatment process of the patient where the primary purpose of such psychotherapy is the treatment of the patient's condition.
90849	Multiple-family group psychotherapy	QМНР	Per occurrence	\$46.12	Face to Face	The therapist provides multiple family group psychotherapy by meeting with several patients' families together. This is usually done in cases involving similar issues and often in settings of group homes, drug treatment facilities, or hospital rehabilitation centers. The session may focus on the issues of the patient's hospitalization or substance abuse problems. Attention is also give to the impact the patient's condition has on the family. This code is reported once for each family group present.	See "per occurrence" explanation above. Group therapy sessions for multiple families when similar dynamics are occurring due to a commonality of problems in the family members under treatment.
unxsx	Group psychotherapy (other than of a multiple-family group)	QMHP	Per occurrence	\$46.12	Face to Face	The psychiatric treatment provider conducts psychotherapy for a group of several patients in one session. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient maybe discussed within the group setting. Processes that help patients move toward emotional healing and modification of thought and behavior are use, such as facilitating improved interpersonal exchanges, group support and reminiscing. The group may be composed of patients with separate and distinct maladaptive disorders or persons sharing some facet of a disorder. This code should be used for group psychotherapy involving patients other than the patient's families.	See "per occurrence" explanation above. However if 2 distinct group services are provided on the same day, bill one line and 2 units - NOT 2 lines, 1 unit each. Psychotherapy administered in a group setting with a trained group leader in charge of several patients. Personal and group dynamics are discussed and explored in a therapeutic setting allowing emotional catharsis, instruction, insight, and support.

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)		Guidelines and Tips
90857	Interactive Group psychotherapy	QMHP	Per occurrence	\$46.12	Face to Face	The therapist provides interactive group psychotherapy, usually to patients who are too young, or incapable, of engaging with the clinician through expressive language communication skills, or individuals who have lost that ability. This type of psychotherapy is often done with children. Toys, physical aids, and non-verbal play and interaction, including the use of interpreter skills, are employed to help the patient and clinician work through the issues being treated. Reviewing patient records, including medication and lab tests, making observations and assessments and interpreting reactions and interactions within the group, arranging group and individual follow-up services, and record dictation are included.	See "per occurrence" explanation above. However if 2 distinct group services are provided on the same day, bill one line and 2 units - NOT 2 lines, 1 unit each. Used when the patient does not have the ability to interact by ordinary verbal communication, and therefore non-verbal communication skills are employed.
90862	Pharmacologic management, including prescription, use, and review of medicaiton with no more than minimal medical psychotherapy	MD or PMHNP	Per occurrence	\$68.09	Face to face	MD or Psychiatric Mental Health Nurse Practitioner	Should be used when contact does not include a significant amount of psychotherapy. See above for "per occurrence" explanation. Used for the patient whose psychotherapy is being managed by another health professional and the billing physician is managing the psychotropic medication. The service includes 1) prescribing medication, 2) monitoring the effect of medication and its side effects, and adjusting the dosage. Any psychotherapy provided is minimal and is usually supportive in nature.
	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions	QMHP	Per occurrence	\$92.20	Not specificed, Approved for Telephone	The clinician uses this code to report work done with agencies, employers, or institutions on a psychiatric patient's behalf in order to achieve environmental changes and interventions for managing the patient's medical condition.	Medical management on a psychiatric patient's behalf with agencies, employers, or institutions. May include phone calls
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	QMHP	Per occurrence	\$92.20	Not specificed, Approved for Telephone	The clinician interprets the results of a patient's psychiatric an medical examinations and procedures, as well as other pertinent recorded data, and spends time explaining the patient's condition to family members and other responsible parties involved with the patient's care and well-being. Advice is also given as to how family members can best assist the patient.	Interpretation or explanation of psychiatric or other medical exams and procedures, or other accumulated data to family or other persons, or advising them how to assist patient. Used when the treatment of the patient may require explanations to the family, employers, or other involved persons for their support in the therapy process. This may include the reporting of examinations, procedures and other accumulated data. May include phone calls
96101	Psychological Testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with Interpretation and report, per hour	QMHP who is a psychologist or psychologist intern supervised by licensed psychologist	Per hour	\$92.20	Face to face	QMHP who is licensed Psychologist or a Psychology Intern	This code is used for time in face-to-face testing with a psychologist or physician and for interpreting results and preparing a report. Includes the administration, interpretation and scoring of tests mentioned in the CPT description and other medically accepted tests for evaluation of intellectual strengths, psychopathology, psychodynamics, mental health risks, insight, motivation and other factors influencing treatment and prognosis.
H0004	Behavioral Health Counseling/Therapy,	QMHP	Per 15 minutes	\$23.05	Not specificed, Approved for Telephone	Individual counseling or therapy in the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment plan. The intended outcome is the management, reduction or resolution of the identified problems.	For QMHP services, this code gives the most flexibility in terms of time increments and many MHO's are encouraging its use for QMHP therapy/counseling services. Generally face to face. May include phone contact for unplanned crises or phone contact may be planned if medically necessary, clinically justified and included in the treatment plan.

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Procedure Code Guide

MHO Code Workgroup

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New Code	e Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips
H0031	Mental Health Assessment, by non- physician	QMHP	Per occurrence	\$92.20	Not specificed	Determination of a person's need for mental health services, based on the collection and evaluation of data obtained through interview and observation of a person's mental history and presenting problem(s). The assessment concludes with documentation of a diagnosis and a written treatment plan supported by the assessment and interview data. If a person is not in need of mental health services, other disposition information, such as to whom the client was referred, shall be included in the client file.	"Per Occurrence" Explanation: Bill one unit of service per assessment episode (normally there would not be in excess of one episode per day). PLEASE NOTE: AMH's expectation is that this code is billed once per completed assessment. Billed charges should reflect either of the following approaches: 1) An agency average for length of the service and provider type or 2) variable charges for each unit of service billed based on the length of that particular episode or provider type. For example, if service was provided by a Master's Level clinician for one hour, an agency might submit charges of \$100. Another episode provided for 2 hours might be submitted for \$200. May include time spent reviewing records or interviewing collateral sources for clinical information. DOES NOT REQUIRE ABOVE THE LINE DX.
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	QMHP or QMHA	Per occurrence	\$92.20	Not specificed, Approved for Telephone	Screening or evaluation of the mental health service needs of clients for consideration of admission to inpatient hospital psychiatric programs, partial psychiatric hospital programs, residential treatment, or outpatient treatment services. This service differs from a mental health assessment in that the activity may require not only the evaluation of a client's treatment needs, but also an evaluation of available treatment options.	This code was added for the primary purpose of encountering the Eligibility/Level of Need Determination process under the Children's System Change Initiative bu may also be used for adults. This code also includes QMHA permissible staff and therefore is more flexible than H0002, Behavioral Health Screening, which requires QMHP staff.
H0002	Behavioral Health Screening to determine eligibility for admission to treatment program	QMHP	Per occurrence	N/A	Not specificed, Approved for Telephone	Determination of a person's immediate treatment needs to establish a provisional diagnosis for the purpose of facilitating access to an appropriate provider for full assessment and treatment.	May be Face to Face or Phone QMHP required in order to establish provisional diagnosis. DOES NOT REQUIRE ABOVE THE LINE DX.
H0032	Mental health service plan development by non-physician	QMHP or QMHA	Per occurrence	\$92.20	Not Specified	Activities to develop, evaluate, or modify a client's mental health services plan. This would include the statement of treatment or service goals, of clinical interventions designed to achieve those goals, and an evaluation of progress toward those goals. This activity may be repeated periodically and the plan may be modified.	This code was added for the purpose of encountering Child and Family Team meetings under the Children's System Change Initiative. The definition does not limit the activity, however some MHO's may choose to limit the use of this code to team meetings involving multi-agency system partners. It is only possible to encounter one line item, per day, per client, per organization, in order to avoid the system rejecting it as duplicate billing. Therefore, multiple staff from the same organization cannot encounter the service on the same day. However staff from different organizations who are in attendance may. Billed charges may be submitted at a higher level on a single line item to account for multiple agency staff in attendance. Charges must be based on cost allocation plan. Credentials required should follow the specific OAR applicable to the program and service being provided. For example, if used to develop "service coordination plan" under the ICTS rule, there are not specific credentialing requirements other than "child and family team" however if used to develop a "Treatment Plan" it would require a QMHP.
T1016	Case Management, each 15 minutes	QMHP	Per 15 minutes	\$23.05	Not specificed, Approved for Telephone	Services provided for coordinating the access to and provision of services from agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability.	May include phone calls
T1016HN	Case Management, each 15 minutes	QMHA	Per 15 minutes	\$16.31	Not specificed, Approved for Telephone	Services provided for coordinating the access to and provision of services from agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability.	May include phone calls
H0034	Medication Training and Support, per 15 minutes	QMHA	Per 15 minutes	\$16.31	Not specified, Approved for Telephone	Activities to instruct, prompt, remind or educate clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.	Generally face to face. May include phone contact for unplanned crises or phone contact may be planned if medically necessary, clinically justified and included in the treatment plan.

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips
H2010	Comprehensive Medication Services, per 15 minutes	Licensed RN or QMHP	Per 15 minutes	\$23.05	Not Specified, Approved for Telephone	Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications.	May include phone calls
H0033	Oral Medication Administration, direct observation	Pharmacist, QMHP, QMHA	Per occurrence	N/A	Face to Face	QMHA, QMHP observing clients taking of mental health medication to ensure adequate medication compliance to deter or prevent deterioration of client's condition.	
H0036	Community Psychiatric Supportive Treatment, face-to-face, per 15 minutes	QMHP or QMHA	Per 15 minutes	\$8.15	Face to Face	3	The Service criteria language was adopted from the definition of the Daily Structure and Support BA Code definition. This service is intended to be a combination of individual and group activities.
H2032	Activity therapy, per 15 mins	QMHP or QMHA	Per 15 minutes	\$8.15	Face to Face	Therapeutic activities in a structured setting designed to improve social functioning, promote community integration and reduce symptomatology in areas important to maintaining or reestablishing residency in the community. Activities may be delivered on an individual or group basis and are designed to promote skill development and meet specific goals and measurable objectives in the treatment plan.	This service was intended to provide a 15 minutes unit of service alternative to G0176, defined as a group activity therapy service. However this service definition defines the service as EITHER individual or group and to include a specific skill development function. AMH's guidance is that "structured setting" does not preclude community locations for service delivery. MHO's can elect to restrict use to individual skills training even though DMAP code is defined as individual or group.
H2014	Skills Training and Development, per 15 minutes	QMHP or QHMA	Per 15 minutes	\$2.84	Face to Face	A program of rehabilitation designed to reduce or resolve identified barriers and improve social functioning in areas important to establishing and maintain clients in the community; e.g., home, peer group, work or school. Activities are delivered to more than one client and are designed to promote skill development in areas such as decision-making, anger management and coping, community awareness and mobility, self esteem and money management. Skills training reduces symptomalogy and promotes community integration and job readiness.	This is a group skills training service.
G0176	Activity Therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	QMHP or QMHA	45 minutes or more	\$17.56	Face to Face	Therapeutic activities designed to improve social functioning, promote community integration and reduce symptomatology in areas important to maintaining or reestablishing residency in community; e.g., home, work, school, peer group. Activities are delivered to more than one person and are designed to promote skill development in areas such as stress management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility.	This is a group service focused on therapeutic activities. May only bill if service lasted a minimum of 45 minutes. Since definition states "45 minutes or more", multiple units may only be billed if distinct activities occur in a single day, for example a 45 minute cooking group in the morning and a 45 minute shopping group in the afternoon. H2014 may be used for contacts less than 45 minutes.

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)		Guidelines and Tips
	Training and Educational Services realted to the care and treatment of patien'ts disabling mental health problems per session (45 minutes or more)	QMHP or QMHA	45 minutes or more	\$48.92	Face to face	Psychosocial skills development and rehabilitation services used to improve social functioning in areas important to maintaining or reestablishing residency in the community. Interventions are delivered on an individual basis and are individualized to meet specific goals and measurable objectives in the treatment plan. Interventions focus on developing and strengthening competencies in areas such as anger management, stress management, conflict resolution, money management, community mobility, symptom management and reduction.	This is an individual skills training service. May only bill if service lasted a minimum of 45 minutes. Since definition states "45 minutes or more", multiple units may only be billed if distinct activities occur in a single day, for example a 45 minute cooking group in the morning and a 45 minute shopping group in the afternoon. H2032may be used for contacts less than 45 minutes.
H2027	Psychoeducational Services, per 15 minutes	Not specified	Per 15 minutes	N/A	Not specificed, Approved for Telephone	Activities to provide information and education to clients, families, and significant others regarding mental disorders and their treatment. This activity acknowledges the importance of involving significant others who may be essential in assisting a client to maintain treatment and to recover.	
H0039	Assertive community treatment, face-to-face, per 15 minutes	QMHP	Per 15 minutes	\$31.33	Face to face	A multidisciplinary, team-based approach, providing proactive, focused, sustained care and treatment targeted at a defined group of consumers. Services are aimed at maintaining the individual's contact with services, reducing the extend of hospital admissions and seeking improvement with social functioning and quality of life. Services are most appropriate for individuals with severe and persistent mental illness and the greatest level of functional impairment. NOTE: ACT is a manualized EBP with fidelity scales.	This service has been "carved out" of manged care for high fidelity programs and will be paid FFS by AMH. Though the code is available for use under managed care for programs not meeting AMH's fidelity criteria, it may be prudent to use other codes to encounter this service such as case management, skills training, individual therapy or medication managment.
H0039HN	Assertive community treatment, face-to-face, per 15 minutes	QМНА	Per 15 minutes	\$16.31	Face to face	A multidisciplinary, team-based approach, providing proactive, focused, sustained care and treatment targeted at a defined group of consumers. Services are aimed at maintaining the individual's contact with services, reducing the extend of hospital admissions and seeking improvement with social functioning and quality of life. Services are most appropriate for individuals with severe and persistent mental illness and the greatest level of functional impairment. NOTE: ACT is a manualized EBP with fidelity scales.	This service has been "carved out" of manged care for high fidelity programs and will be paid FFS by AMH. Though the code is available for use under managed care for programs not meeting AMH's fidelity criteria, it may be prudent to use other codes to encounter this service such as case management, skills training, individual therapy or medication managment.
H2023	Supported employment per 15 minutes	QMHA	Per 15 minutes	\$16.31	Not specificed, Approved for Telephone	Services to promote rehabilitation and return to productive employment. Programs use a team approach to engage and retain clients in treatment and provide the supports necessary to ensure success at the workplace.	This service has been "carved out" of manged care for high fidelity programs and will be paid FFS by AMH. Though the code is available for use under managed care for programs not meeting AMH's fidelity criteria, it may be prudent to use other codes to encounter this service such as skills training or case management.
	Multisystemic therapy for juveniles, per 15 minutes	QMHP	Per 15 minutes	\$23.05	Not specificed	Intensive, time-limited, home-based services delivered by appropriately licensed, proprietary MST programs, consisting of individualized, comprehensive, integrated system.	

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New Code	e Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips	
H2021	Community based wraparound services, per 15 minutes	N/A	Per 15 minutes	N/A	Not specificed, Approved for Telephone	Individualized, community-based clinical interventions, delivered as an alternative or addition to traditional services, that are as likely or more likely to effectively treat a client's mental health condition. Services may include informal supports and resources and are provided to a client and family members in order to promote, maintain, or restore successful community living. Services are delivered as the result of a collaborative planning process and are provided in a manner or place different from the traditional manner or place of service delivery.	Similar to T1005 but wraparound. Can use for Individual Skills Training utilizing 15 minute unit.	
H2022	Community based wraparound services, per diem	N/A	Per diem	N/A	Not specificed, Approved for Telephone	Individualized, community-based clinical interventions, delivered as an alternative or addition to traditional services, that are as likely or more likely to effectively treat a client's mental health condition. Services may include informal supports and resources and are provided to a client and family members in order to promote, maintain, or restore successful community living. Services are delivered as the result of a collaborative planning process and are provided in a manner or place different from the traditional manner or place of service delivery.	Allows per diem rate to be developed	
H0038	Self-help/peer services, per 15 mins	Consumer/Family Member	Per 15 minutes	N/A	Not specificed, Approved for Telephone	Services provided by peers (mental health consumers) include a wide range of supports, services, and advocacy that contribute to a client's ability to engage in ongoing treatment. These services may include but are not limited to: self-help support groups, drop-in centers, outreach services, education and advocacy. Persons performing this activity have experience in treatment and recovery.	This code might include family support services provided to a consumer's family members by other unrelated family members. As with any code, providers or provider organizations will need to be covered by certificates of approval and follow OAR's for documentation requirements. The consumer does not need to be present (service my be provided to consumer/cleint's caretaker/family). This code may be used for phone support. Federal Guidelines require assurance that "supervision is provided by a competent mental health professional (as defined ty the State). The amount, duration and scope of supervision will vary depending on Stae Practice Acts, the demonstrated competency and experience of the peer support provider, as well as the service mix, and may range from direct oversight to periodic care consultationServices must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goalsuse (of) personcentered planning processactively engage and empower participant in leading and directing theservice plan Peer Support providers must complete training and certification as	
T1013	Sign Languag or Oral Interpretive services, per 15 minutes	Qualified Interpreter other than immediate family	Per 15 minutes	\$7.93	Face to Face	Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Such interpreters will be linguistically appropriate and be capable of communicating in English and the primary language of the individual and be able to translate clinical information effectively. Reimbursement for interpreter services is only allowed when provided in conjunction with another service such as assessment, individual/family therapy or group therapy, etc. Whenever feasible, individuals should receive services from staff who are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service.		

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips	
H2013	Psychiatric health facility service, per diem		Per diem	\$269.90 / \$448.15 Provider specific rate	Face to Face	Services provided in an intensively staffed 24-hour non-hospital facility under a physician approved treatment plan to a client who is 18 years old, for which treatment includes an appropriate mix and intensity of assessment, medication management, individual and group therapies and skills development to reduce or eliminate the acute symptoms of the disorder and restore the client's ability to function in a home or the community to the best possible level.		
H0017	Behavioral Health, Long Term, Residential Services (non-medical, non-acute care in a residential treatmetn program where stay is typically longer than 30 days), without room and board, per diem	N/A	Per Diem	N/A	Face to Face	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility (non-medical, non-acute care where stay is typically longer than 30 days). The program must provide a range of professional expertise and treatment services that ensures appropriate and active treatment of a current DSM Axis I diagnosis. Services must be expected to improve or maintain the child's functional level. (No other code may be billed on the same day)		
H0018	Behavioral Health; Short Term, Residential (non-hospital residential treatment program,), without room and board, per diem	N/A	Per Diem	N/A	Face to Face	Services provided by appropriately licensed (non-hospital) 24-hour child and adolescent psychiatric residential treatment facility for assessment, evaluation and stabilization of a child in a secure setting under the direction of a board certified child psychiatrist for up to 90 days. (No other code may be billed on the same day)		
H0019	Behavioral Health; Residential (Hospital Residential Treatment Program), without room and board, per diem	N/A	Per Diem	N/A	Face to Face	Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility with an organized program of theoretically based individual, group and family therapies, psychosocial skills development, medication management, psychiatric services and consultation to remediate significant impairments in functioning that are the result of a principal mental or emotional disorder. (No other code may be billed on the same day)	This Code may be used for Treatment Foster Care or Proctor Care programs which meet all standards for ITS level of care, including the Certificate of Need process, provider is ITS licensed, and services are provided consistent with the ITS Administrative Rule.	
H0035	Mental health partial hospitalization, treatment, less than 24 hours		Less than 24 hours	N/A	Face to Face	Distinct, organized ambulatory treatment, which is prescribed, supervised and reviewed by a physician and provided in a properly licensed facility by qualified mental health professionals within their scope of licensure or certification. Services must be reasonable and necessary for diagnosis and active treatment of a condition and must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include diagnostic services; individual and group therapy; occupational therapy; individualized activity therapies that are not primarily recreational or diversionary; administration of medications; administration of biologicals that are not self-administered; family counseling for treatment of the client's condition; and patient education and training.		

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New Code	Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)		Guidelines and Tips	
H0037	Community psychiatric supportive treatment program, per diem	Specified by Administrative Rule	Per diem	N/A	Face to Face	Services provided by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children with a primary Axis I DSM diagnosis, and their families. The program must provide a range of professional expertise and individualized treatment services, including psychiatric services, family treatment and other therapeutic activities integrated with an accredited education program. Services must provide at least four hours/day in preschool - fifth grade and five hours/day in sixth - twelfth grade programs for a minimum of 230 days per year.	MHO's will use this code for Psychiatric Day Treatment services.	
H2012	Behavioral Health Day treatment, per hour	Specified by Administrative Rule	Per hour	N/A	Face to Face	Children's psychiatric day treatment services as defined in H0037, except provided on an hourly basis when an enrolled client's absence or transition precludes client's receipt of the minimum number of per diem hours required for H0037. Services must be included in the client's treatment plan, documented in the client's clinical record, and provided by a Qualified Mental Health Professional or Qualified Mental Health Associate.		
S9480	Intensive outpatient psychiatric services, per diem	Not specified	Per Diem	N/A	Face to Face	Intensive Outpatient Psychiatric services focus on maintaining and improving functional abilities for the individual. Assessment and Evaluation and Crisis outpatient codes may be billed on the same day; however no other outpatient services may be billed on the same day. Facility-based codes may also be billed on the same day. Clients participate in activities a minimum of 4 hours per day.		
H0045	Respite Care Services, not in the Home, per diem	Non-medical professionals	Per diem	N/A	Face to Face	Respite care services provided outside the home give assistance to clients in place of primary care givers on a temporary per diem basis so the patient may be maintained at the current level of care required when the primary care givers are temporarily absent.	Non-medical facility-based respite care.	
S5151	Unskilled Respite Care, not hospice; per diem	Non-medical professionals	Per diem	N/A	Face to Face	Services provided in a properly licensed 24-hour facility by non-medical professionals within their scopes of licensure or certification. Services must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include assessment, supervision, structure and support, and case coordination.		
S9125	Respite Care, in the home, per diem	Not specified	Per diem	N/A	Face to Face	Services provided in home or community to either a family or individual client, including services such as respite, aides, recreation, homemaker, behavior monitor, tutor or mentor, provided by agency staff under agency supervision. Agency supervision shall include training, supervision in adhering to the client treatment plan, and emergency back-up support. Travel time is factored into the rate and may not be billed under a separate code. Family support services are particularly appropriate when there are severe behavioral problems, which increase risk.	Home-based Respite Care at a per diem rate.	

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New Code	e Service	Permissible Staff	Time/Units	DMAP Upper Payment Limit	Mode Limitations (Face to Face, Allowable by Telephone)	Service Criteria - From AMH Document	Guidelines and Tips
T1005	Respite Care Services, up to 15 minutes	Not specified	Up to 15 minutes	N/A	Not Specified	Services provided in home or community to either a family or individual client, including services such as respite, aides, recreation, homemaker, behavior monitor, tutor or mentor, provided by agency staff under agency supervision. Agency supervision shall include training, supervision in adhering to the client treatment plan, and emergency back-up support. Travel time is factored into the rate and may not be billed under a separate code. Family support services are particularly appropriate when there are severe behavioral problems, which increase risk.	Similar to H2021 but respite care. May use for consumer mentoring programs.
H2011	Crisis intervention services, per 15 mins	Not specified	Per 15 minutes	N/A	Not specificed, Approved for Telephone	Mental health crisis intervention provides immediate support for an individual in personal crisis with outpatient status. The aim of this service is to stabilize the individual during a psychiatric emergency.	This code is intended to be similar to S9484 but allow encountering in 15 minute increments.
S9484	Crisis Intervention mental health services, per hour	Not specified	Per hour	N/A	Not specificed, Approved for Telephone	Mental Health crisis intervention provides immediate support for an individual in personal crisis with outpatient status. The aim of this service is to stabilize the individual during a psychiatric emergency.	May be used in place of assessment or therapy codes to reflect higher cost of providing crisis services that result from funding capacity, the increased costs of outreach, or in order to quantify volume of crisis specific services.

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