

MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Alcohol/Drug Abuse Assessment, per 15 mins		CD H0001	CADC
<p>The collection and evaluation of data through interview and observation to determine a person's need for alcohol or other drug treatment services. The assessment concludes with one of the following:</p> <p>(a) Documentation of diagnosis and written treatment plan supported by assessment data; or</p> <p>(b) A written statement that the person is not in need of alcohol or drug treatment services.</p>			
Behavioral health Screening to determine eligibility for admission to treatment program, per 15 mins		CD H0002 <hr/> MH H0002	CADC <hr/> QMHP
<p>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.</p>			

*****Please Note: All services must be provided as part of treatment plan.*****

MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Behavioral Health Counseling and Therapy, per 15 mins		CD H0004* <hr/> MH H0004 <hr/> ECS H0004-HK**	CADC <hr/> QMHP
<p>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.</p> <p>*All CD counseling contacts must be face to face sessions with client that are at least one-half hour in duration.</p> <p>**No codes other than ECS codes may be billed for the same individual on the same day.</p>			
Alcohol/Drug Family/Couple Counseling, per 15 mins.		CD T1006*	CADC
<p>Family/Couple counseling or therapy in the planned treatment of a client's problem(s) as identified by an assessment, and listed in the treatment plan. Family therapy actively involves members of the identified client's immediate or extended family or social network.</p> <p>*All CD counseling contacts must be face to face sessions with client that are at least one-half hour in duration.</p>			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Alcohol/Drug, Group Counseling, per 15 mins		CD H0005*	CADC
<p>Therapeutic services provided simultaneously to three or more unrelated individuals. The intended outcome from group therapy services is the client's recovery from alcohol and/or drug abuse or dependence. The DUII Information program (formerly known as Level 1) which provides 12-20 hours of education is not a covered service under Medicaid.</p> <p>*All CD counseling contacts must be face to face sessions with client that are at least one-half hour in duration.</p>			
Alcohol and/or Other Drug Treatment Program		CD H2035*	CADC
<p>Individual, family or consultation therapy in a planned treatment of the 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.</p> <p>*This code is reserved for Morrison Center clients only and must be used in conjunction with the H0004, T1006 and 90887 and are considered additional services.</p> <p>*All CD counseling contacts must be face to face sessions with client that are at least one-half hour in duration.</p>			

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(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Oral Medication Administration, direct observation, per 15 min		CD H0033-HG	LMP
<p>The administration of LAAM, an oral substitute for narcotics or opiates. LAAM is dispensed once every 48 hours. Medicaid reimbursement is limited to a maximum of four doses every seven days, never on consecutive days. LAAM is administered or dispensed by a practitioner licensed or registered under appropriate state or Federal law to order narcotic drugs for clients or; a person licensed or approved by the State Board of Nursing or the State Board of Pharmacy, supervised by and pursuant to the order of the practitioner.</p>			
Administration of oral, medication by health care professional, per visit.		CD T1502-HG*	LMP
<p>The dispensing of Buprenorphine, an oral substitute for narcotics or opiates. Buprenorphine is dispensed by a practitioner licensed or registered under appropriate state or Federal law to order narcotic drugs for clients or; a person licensed or approved by the State Board of Nursing or the State Board of Pharmacy, supervised by and pursuant to the order of the practitioner. Claims must include name of drug, NDC# and dosage units.</p>			
<p><u>*This code may only be used for services provided in an OTP setting by an "AC" provider type. All other Medicaid provider types must bill under OMAP's medical codes for this service.</u></p>			

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(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Unclassified Drugs		CD J3490-HG*	LMP
<p>Dosing of Buprenorphine is limited to one dose per day at the OTP. Medicaid reimbursement is limited to one dose per day i.e. maximum of 16 units (1 unit = 2mg), not to exceed 32 mg per day. Claims must include name of drug, NDC# and dosage units.</p> <p><u>*This code may only be used for services provided in an OTP setting by an "AC" provider type. All other Medicaid provider types must bill under OMAP's Medical codes for this service.</u></p>			
Alcohol/Drug Service, Methadone administration or service.		CD H0020	LMP
<p>The administration of Methadone, an oral substitute for narcotics or opiates. Methadone is dispensed on a daily basis at the treatment program. Medicaid reimbursement is limited to one dose per day. Methadone is administered or dispensed by a practitioner licensed or registered under appropriate state or Federal law to order narcotic drugs for clients; or a person licensed or approved by the State Board of Nursing or the State Board of Pharmacy, supervised by and pursuant to the order of the practitioner.</p>			
Alcohol/Drug, medical/somatic intervention in ambulatory setting		CD H0016	LMP
<p>A physical examination of methadone clients as they enter drug treatment by a licensed physician or a licensed nurse with a graduate degree in nursing. The Medicaid reimbursement is limited to one physical examination per client within any 12-month period.</p>			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Alcohol/Drug Testing, collection and handling only, specimens other than blood.		CD H0048-HF H0048-HG H0048*	
<p>The collection and handling of the client's urine for testing for the presence of one or more drugs. Medicaid reimbursement is limited to one such test per client per week.</p> <p>*This CD code may only be used when service provided in a residential setting, i.e. Rosemount or Morrison Center.</p>			
Consultation		CD 90887-HF 90887-HG 90887* <hr/> MH 90882/87 <hr/> ECS 90882-HK** 90887-HK**	CADC <hr/> QMHP
<p>See CPT definition.</p> <p>*This CD code may only be used when service provided in a residential setting, i.e. Rosemount or Morrison Center</p> <p>**No codes other than ECS codes may be billed for the same client on the same day.</p>			

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(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Acupuncture		CD 97780/81*	Licensed Acupuncturist
See CPT definition.			
*Use the HF, HG or no modifier to specify the service location.			
Multi-Family Group Therapy		CD 90849-HF 90849-HG 90849* <hr style="width: 20%; margin: 0 auto;"/> MH 90849	CADC <hr style="width: 20%; margin: 0 auto;"/> QMHP
See CPT definition.			
*This CD code may only be used when service provided in a residential setting, i.e. Rosemount or Morrison Center.			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
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Sign Language/ Oral Interpreter Service,per 15 mins		CD T1013-HF T1013-HG <u>T1013 *</u> MH T1013 ECS T1013-HK**	Qualified Interpreter other than immediate family
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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 shall 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.

*This CD code may only be used when service provided in a residential setting, i.e. Rosemount or Morrison Center.

**No codes other than ECS codes may be billed for the same client on the same day.

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Alcohol and Drug; Case Management	Encounter Only	CD H0006	
<p>Services provided to an OMAP Managed Care client who requires assistance to ensure access to benefits and services from local regional or state-allied agencies or other service providers. Services provided may include: advocating for the member's treatment needs; providing assistance in obtaining entitlements based on substance abuse disorder; referring client to needed services or supports; coordinating services and establishing alternatives to inpatient hospital services.</p>			
Alcohol and Drug Sub-Acute Detox Outpatient Service	Encounter Only	CD H0012	
<p>Services provided in a properly licensed 24-hour facility by medical and non-medical professionals within their scopes of licensure. Services must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include assessment, medication, prescription and management, supervision, structure and support, and case coordination.</p>			
Psychiatric diagnostic interview, per hour		MH 90801/02	QMHP who is a Psychiatrist
<p>See CPT definition.</p>			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title	Codes beginning 10/1/03	Authorized Provider
Psychological Testing with interpretation and report, per hour	MH 96100	QMHP who is licensed Psychologist or a Psychology Intern supervised by a licensed Psychologist
See CPT definition.		
Mental Health Assessment, by non-physician	MH H0031 <hr/> ECS H0031-HK*	QMHP
<p>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.</p> <p>*No codes other than ECS codes may be billed for the same client on the same day.</p>		

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
<p>Family Therapy, without patient present, per hour</p> <p>Family Therapy, with patient present, per hour</p>		<p style="text-align: center;">MH 90846/47</p> <hr/> <p style="text-align: center;">ECS 90846-HK* 90847-HK*</p>	QMHP
<p>See CPT definition.</p> <p>*No codes other than ECS codes may be billed for the same client on the same day.</p>			
<p>Group Therapy, per hour</p>		<p style="text-align: center;">MH 90853/57</p> <hr/> <p style="text-align: center;">ECS 90853-HK* 90857-HK*</p>	QMHP
<p>See CPT definition.</p> <p>*No codes other than ECS codes may be billed for the same client on the same day.</p>			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Medication training and support, per 15 mins		MH H0034 <hr style="width: 20%; margin: 5px auto;"/> ECS H0034-HK*	QMHA
Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen. *No codes other than ECS codes may be billed for the same client on the same day.			
Comprehensive medication services, per 15 mins		MH H2010 <hr style="width: 20%; margin: 5px auto;"/> ECS H2010-HK*	RN or QMHP
Services delivered by a licensed registered nurse or QMHP related to the prescribing, dispensing, administration and management of medications. *No codes other than ECS codes may be billed for the same client on the same day.			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title	Codes beginning 10/1/03	Authorized Provider
Activity therapy, related to the care and treatment of a patients disabling mental health problems, per 15 mins	MH G0176 <hr/> ECS G0176-HK*	QMHP or QMHA under direct supervision of QMHP
<p>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.</p> <p>*No codes other than ECS codes may be billed for the same client on the same day.</p>		
Community psychiatric supportive treatment, per 15 mins	MH H0036 <hr/> ECS H0036-HK*	QMHP or QMHA under direct supervision of the QMHP
<p>Structured developmental or rehabilitative programs designed to improve or remediate a person's basic functioning in daily living and community living. Programs shall include a mixture of individual, group, and activity therapy components and shall include therapeutic treatment oriented toward development of a person's emotional and physical capability in areas of daily living, community integration, and interpersonal functioning.</p> <p>*No codes other than ECS codes may be billed for the same client on the same day.</p>		

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title	Codes beginning 10/1/03	Authorized Provider
<p>Training and education services related to the care and treatment of patient's disabling mental health problems, per 15 mins.</p>	<p>MH G0177</p> <hr style="width: 20%; margin: 5px auto;"/> <p>ECS G0177-HK*</p>	<p>QMHP or QMHA under the direct supervision of the QMHP</p>
<p>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.</p> <p>*No codes other than ECS codes may be billed for the same client on the same day.</p>		
<p>Individual Therapy</p>	<p>MH 90804 to 90815</p> <hr style="width: 20%; margin: 5px auto;"/> <p>ECS 90804 HK to 90815 HK*</p>	<p>QMHP</p>
<p>See CPT definition.</p> <p>*No codes other than ECS codes may be billed for the same client on the same day.</p>		

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title	Codes beginning 10/1/03	Authorized Provider
Medication Management, 30 mins	MH 90862 <hr style="width: 20%; margin: 5px auto;"/> ECS 90862-HK*	MD or PMHNP who is a QMHP
<p>See CPT definition.</p> <p>*No codes other than ECS codes may be billed for the same client on the same day.</p>		
Case Management, per 15 mins	MH T1016 T1016-HN	QMHP QMHA
<p>Services provided for coordinating the access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability.</p>		

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title	Codes beginning 10/1/03	Authorized Provider
Psychiatric Health Facility Service, per diem	MH H2013 <hr/> ECS H2013-HK	Approved non-hospital acute care facilities
<p>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, be currently approved for long term psychiatric care and referred by ECMU 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.</p>		
Assertive Community Treatment, per 15 mins	MH H0039-HN H0039	QMHA QMHP
<p>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 extent 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.</p>		

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Assertive Community Treatment, per diem	Code effective at later date	MH H0040	
<p>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 extent 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.</p>			
Skills Training and development, per 15 min		MH H2014	QMHP or QMHA
<p>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 symptomatology and promotes community integration and job readiness.</p>			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Foster Care, therapeutic, child, per diem	Non-OHP Medicaid Service	MH S5145	SCF Licensed Foster Provider with OMHAS approval for this service – limited to 40 hours per calendar month.
<p>Rehabilitation services provided in the child’s foster home. Delivered on an individualized basis and designed to promote skill development. This service requires the use of treatment foster care in coordination with other mental health interventions to reduce symptoms associated with the child’s mental or emotional disorder and to provide a structured, therapeutic environment. The service is intended to reduce the need for future services, increase the child’s potential to remain in the community, restore the child’s best possible functional level, and to allow the child to be maintained in the least restrictive setting.</p>			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Behavioral health, hospital residential treatment program, per diem	Non-OHP Medicaid Service	MH H0017-TN	
	Encounter Only	H0017-HA*	
<p>Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facility. An organized program of theoretically based individual, group and family therapies, Psychosocial skills, development, medication management, psychiatric services and consultation provided within a structured residential setting to remediate significant impairments in functioning that are the result of a principal mental or emotional disorder.</p> <p>*No other code may be billed on the same day</p>			
Behavioral health, short term, non hospital residential treatment program, per diem	Non-OHP Medicaid Service	MH H0018 H0018-TN	
	Encounter Only	H0018-HA*	
<p>Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facilities 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.</p> <p>*No other service code may be submitted for the same child on the same day.</p>			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Behavioral health, long term non-acute care in a residential treatment program, per diem	Non-OHP Medicaid Service	MH H0019-TN	
	Encounter Only	H0019-HA*	
<p>Services provided by appropriately licensed 24-hour child and adolescent psychiatric residential treatment facilities. 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.</p> <p>*No other service code may be submitted for the same child on the same day.</p>			
Pre-admission screening and residential review (PASSR) Level II evaluation, per evaluation	Non-OHP Medicaid Service	MH T2011	QMHP/NP Limited to one evaluation per 12 months.
<p>The determination of a person's need for specialized services as defined by OBRA 1987 legislation. It involves the collection and evaluation of data pertinent to the person's Psychosocial functioning, medical and cognitive status, history of psychiatric treatment and medication needs. The assessment will result in a completed PASRR evaluation form on file at the Office of Mental Health and Addiction Services (OMHAS) and in the client's chart.</p>			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Pre-admission screening and residential review (PASSR) Level I identification screening, per screen	Non-OHP Medicaid Service	MH T2010	QMHP/NP – limited to 2 reviews per 12 months
<p>The screening of clients in_nursing facilities (NF) to determine if a resident requires a PASRR Level II mental health_evaluation. This review involves an analysis of data regarding symptoms of mental illness and results in a decision to deny or perform a PASRR Level II mental health_Evaluation. Notification of this decision will be sent to the NF and OMHAS. Reviews may be repeated one time within 12 months to adjust treatment recommendations or arrange for mental health treatment.</p>			
Community Psychiatric Supportive Treatment Program (per diem)	Provider Specific Rate Encounter Only	MH H0037-HE H0037-HA	OMHAS approved PDS Provider
<p>Services provided by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children with a primary Axis 1 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.</p>			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Behavioral Health Day Treatment, per hour	Provider Specific Rate	MH H2012-HE	OMHAS approved PDTS Provider
<p>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.</p>			
Supported Employment, per 15 mins.		MH H2023	QMHA
Supported Employment, per diem	Code effective at later date	H2024	QMHA
<p>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.</p>			

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Community Based Wraparound Services, per 15 mins.	Encounter Only	MH H2021	QMHA or QMHP
Community Based Wraparound Services, per diem	Encounter Only	H2022	QMHA or QMHP
<p>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.</p>			
Multi-systemic Therapy for Juveniles, per 15 mins.		MH H2033-HN H2033	QMHA QMHP
<p>Intensive, time-limited, home-based services delivered by appropriately licensed MST programs, consisting of individualized, comprehensive, integrated system interventions and empirically validated treatment approaches targeting multiple systems involved with a client, including peer, family, school, neighborhood, indigenous support network, and formal agency systems. MST is designed to promote behavior change in youth who have evidenced serious juvenile justice system involvement.</p>			

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(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Respite Care Service, not in the home, per diem	Encounter Only	MH H0045	
Unskilled Respite Care, not hospice, per diem	Encounter Only	S5151	
<p>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.</p>			
Mental Health Partial Hospitalization, less than 24 hours	Encounter Only	MH H0035	
<p>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 or biologicals that are not self-administered; family counseling for treatment of the client's condition; and patient education and training.</p>			

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(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
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Psychosocial Rehabilitation, per diem	Encounter Only	ECS H2018-HK*	
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Structured rehabilitative services and 24/7 crisis services delivered to individuals residing in specified residential treatment facilities. Service needs are identified in the assessment, prescribed in the individual treatment plan and include an appropriate mix and intensity of assessment, medication management, individual, group and activity therapy components. Services are oriented toward reducing symptoms, promoting community integration and transitioning the individual to a more integrated setting.

*No other codes billable on same day of service.

Therapeutic Behavioral Services, per diem	Encounter Only	ECS H2020-HK	
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Structured developmental or rehabilitative program designed to improve an individual's basic functioning in daily and community living. Program shall include a mixture of assessment, individual, group and activity therapy components, medication management, and consultation with healthcare providers. Program shall be oriented toward developing positive approaches to understanding and responding to behaviors, promoting meaningful vocational and interests and skills and improving interpersonal functioning. Service needs will be identified in the assessment and prescribed in the individual treatment plan. Services shall include the availability of around-the-clock services.

* No other codes billable on same day of service.

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MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICE CRITERIA

(Revised 8/11/03)

Service Title		Codes beginning 10/1/03	Authorized Provider
Crisis Intervention Mental Health Services, per hour	Encounter Only	MH S9484	
Unplanned face-to-face acute non-hospital intervention by a QMHP that is needed immediately in response to actual or perceived threat of harm to self or others, or risk of substantial and immediate deterioration of mental or emotional functioning.			
Respite Care Services, per 15 min	Encounter Only	MH T1005	
Respite Care Services, in the home, per diem	Encounter Only	S9125	
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.			
Oral Medication Administration, direct observation, per 15 min		MH H0033	Licensed Pharmacist
Pharmacist dispensing and observing clients taking of Mental Health medication to ensure adequate medication compliance to deter or prevent deterioration of client's condition.			

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