Subchapter 6: Community Behavioral Health Center

6. Service Codes

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601 Introduction: Community Behavioral Health Center

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 448.000: *Community Behavioral Health Center Services*, 101 CMR 305.00: *Rates for Behavioral Health Services Provided in Community Behavioral Health Centers*, and 130 CMR 450.000: *Administrative and Billing Regulations*.

For complete descriptions of the service codes listed in Subchapter 6, MassHealth providers must refer to the American Medical Association's latest Current Procedural Terminology (CPT) codebook and to the HCPCS Level II codebook or the Centers for Medicare & Medicaid Services website at www.cms.gov.

602 Service Codes and Descriptions

Encounter Bundle

Encounter bundle codes incorporate the designated service codes and must be billed in conjunction with one or more designated service code.

To view the rates for these services, please refer to 101 CMR 305.00: *Rates for Behavioral Health Services Provided in Community Behavioral Health Centers.*

Service Code	Modifier	Service Description
T1040	HB	Medicaid Certified Community Behavioral Health Clinic Services, per diem (Adult Services)
T1040	HA	Medicaid Certified Community Behavioral Health Clinic Services, per diem (Child/Adolescent Services)

Designated Service Codes – Encounter Bundle

Designated service codes must be billed in conjunction with the appropriate encounter bundle code. The designated services codes for all services provided on the same date must be billed under one encounter bundle code, regardless of the number of services provided to the individual on that date.

Service Code	Modifier	Service Description
90791		Psychiatric diagnostic evaluation
90791	HA	Psychiatric diagnostic evaluation (performed with a CANS (Children and Adolescent Needs and Strengths))
90792		Psychiatric diagnostic evaluation with medical services
90832		Psychiatric diagnostic evaluation with medical services
90833		Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure). (Use this add-on code with an appropriate evaluation and management service code when medication management is also provided.)

602 Service Codes and Descriptions cont.

Service Code	Modifier	Service Description
90834		Psychotherapy, 45 minutes with patient
90836		Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) (Use this add-on code with an appropriate evaluation and management service code when medication management is also provided.)
90837		Psychotherapy, 60 minutes with patient
90838		Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure). (Use this add-on code with an appropriate evaluation and management service code when medication management is also provided.)
90839		Psychotherapy for crisis, first 60 minutes
90840		Psychotherapy for crisis, each additional 30 minutes (List separately in addition to the code for primary procedure) (Add-on code).
90846		Family psychotherapy (without the patient present), 50 minutes
90847		Family psychotherapy (conjoint psychotherapy with patient present) 50 minutes
90849		Multiple-family group psychotherapy (per person session not to exceed 10 clients)
90853		Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients)
90882		Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (case consultation)
90887		Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (per one-half hour)
96164		Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes.
96165		Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (add-on code).
96372		Therapeutic prophylactic or diagnostic injection (specify substance use or drug); subcutaneous or intramuscular
99202		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15–29 minutes of total time is spent on the date or the encounter.
99203		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30–44 minutes of total time spent on the date of the encounter.

602 Service Codes and Descriptions cont.

Service Code	Modifier	Service Description
99204		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45–59 minutes of total time spent on the date of the encounter.
99205		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60–74 minutes of total time spent on the date of the encounter.
99211		Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal.
99212		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10–19 minutes of total time spent on the date of the encounter.
99213		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20–29 minutes of total time spent on the date of the encounter.
99214		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30–39 minutes of total time spent on the date of the encounter.
99215		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40–54 minutes of total time spent on the date of the encounter.
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure), 60 min
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure) 60 min
H0004		Behavioral health counseling and therapy, per 15 minutes (individual counseling) (four units maximum) (per session)
H0005		Alcohol and/or drug services group counseling by a clinician (per 45-minute unit) (two units maximum)
H0033		Oral medication administration, direct observation (substance use disorder programs only)
T1006		Alcohol and/or substance abuse services; family/couple counseling (per 30 minutes, one unit maximum per diem)

602 Service Codes and Descriptions cont.

Crisis Services

Crisis services are billed separately from the encounter bundle codes and may be billed on the same date of service as the encounter bundle code.

To view the rates for these services, please refer to 101 CMR 305.00: *Rates for Behavioral Health Services Provided in Community Behavioral Health Centers.*

Service Code	Modifier	Service Description
S9485	ET	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per diem rate)
S9485	HA, ET	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization per diem rate)
S9485	HE	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)
S9485	HA, HE	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)
S9485	U1	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service code 15.)
S9485	HA, U1	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service code 15.)
H2011	HN, HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at CBHC site by a paraprofessional or bachelor's level staff. Follow-up interventions provided up to the third day following initial evaluation.)
H2011	HN, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at CBHC site by a paraprofessional or bachelor's level staff. Follow-up interventions provided up to the seventh day following initial evaluation.)
H2011	HO, HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at CBHC site by a master's level clinician. Follow-up interventions provided up to the third day following initial evaluation.)
H2011	HO, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at CBHC site by a master's level clinician. Follow-up interventions provided up to the seventh day following initial evaluation.)
H2011	HN, HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service by a paraprofessional or bachelor's level staff. Follow-up interventions provided up to the third day following initial evaluation. Use Place of Service code 15)

602 Service Codes and Descriptions cont.

Service Code	Modifier	Service Description
H2011	HN, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention at a community-based site of service by a Paraprofessional or bachelor's level staff. Follow-up interventions provided up to the seventh day following initial evaluation. Use Place of Service code 15)
H2011	HO, HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service by a master's level clinician. Follow-up interventions provided up to the third day following initial evaluation. Use Place of Service code 15)
H2011	HO, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at a community-based site of service by a master's level clinician. Follow-up interventions provided up to the seventh day following initial evaluation. Use Place of Service code 15)

Specialty Services

Specialty services are billed separately from the encounter bundle codes and may be billed on the same date of services as the encounter bundle code.

To view the rates for these services, please refer to 101 CMR 306.00: *Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers*.

H0046	HE	Mental health services, not otherwise specified (Certified Peer Specialist Services).
S9480		Intensive outpatient psychiatric services, per diem

To view the rates for these services, please refer to 101 CMR 329.00: *Rates for Psychological and Licensed Independent Behavioral Health Clinician Services.*

96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.
96121	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96116.)
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
96131	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96130.)

602 Service Codes and Descriptions cont.

Service Code	Modifier	Service Description
96132		Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
96133		Each additional hour. (List separately in addition to code for primary procedures.) (Add-on code to 96132.)
96136		Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes.
96137		Each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96136.)
96138		Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.
96139		Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96138.)

To view the rates for these services, please refer to 101 CMR 346.00: *Rates for Certain Substance-Related and Addictive Disorders Programs.*

H2016	HM	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Peer Recovery Coaching)

To view the rates for these services, please refer to 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services*.

H0015		Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day)
H0015	TF	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Enhanced Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day)

602 Service Codes and Descriptions cont.

Service Code	Modifier	Service Description
H2015	HF	Comprehensive community support services, per 15 minutes (Recovery Support Navigator)
H2015	HF-HD	Comprehensive community support services, per 15 minutes (Recovery Support Navigator, pregnant and postpartum enhancement)
H2016	HM-HD	Comprehensive community support services, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Peer Recovery Coaching, pregnant and postpartum enhancement)

To view the rates for these services, please refer to 101 CMR 320.00: *Rates for Clinical Laboratory Services*.

36415	Collection of venous blood by venipuncture
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520)
80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374), Chloride (82435), Potassium (84132), Sodium (84295)
80053	Comprehensive metabolic panel. This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), Urea nitrogen (BUN) (84520)
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520),
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay (e.g., dipsticks, cups, cards, or cartridges)), includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service

602 Service Codes and Descriptions cont.

Service Code	Service Description
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (e.g., utilizing immunoassay (e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA)), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LCMS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
81025	Urine pregnancy test, by visual color comparison methods
82040	Albumin; serum, plasma or whole blood
82150	Amylase
82247	Bilirubin; total
82310	Calcium; total
82550	Creatine kinase (CK), (CPK); total
82565	Creatinine; blood
82947	Glucose; quantitative, blood (except reagent strip)
82977	Glutamyltransferase, gamma (GGT)
83986	pH; body fluid, not otherwise specified
84075	Phosphatase, alkaline
84155	Protein; total, except refractometry; serum, plasma, or whole blood
84450	Transferase; aspartate amino (AST) (SGOT)
84460	Transferase; alanine amino (ALT), (SGPT)
84520	Urea nitrogen; quantitative
84550	Uric acid; blood
84703	Gonadotropin, chorionic (hCG); qualitative
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (e.g., reagent strip)
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19))
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19)); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19)); titer
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19)) antibody, quantitative
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19))
87426	Infectious agent antigen detection by immunoassay technique, (e.g, enzyme immunoassay (EIA), enzyme-linked immunosorbent assay (ELISA), fluorescence immunoassay (FIA), immunochemiluminometric assay (IMCA)) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 (COVID-19))

602 Service Codes and Descriptions cont.

Service Code	Service Description
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay (EIA), enzyme-linked immunosorbent assay (ELISA), fluorescence immunoassay (FIA), immunochemiluminometric assay (IMCA)) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 (COVID-19)) and influenza virus types A and B
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19)), amplified probe technique
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19)) and influenza virus types A and B, multiplex amplified probe technique
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19)), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID-19))

To view the rates for the following services, please refer to 101 CMR 317.00: *Rates for Medicine Services*.

99446	Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5–10 minutes of medical consultative discussion and review
99447	Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11–20 minutes of medical consultative discussion and review
99448	Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21–30 minutes of medical consultative discussion and review
99449	Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review

602 Service Codes and Descriptions cont.

Service Code	Service Description
99451	Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative discussion and review
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/ requesting physician or other qualified health care professional, 30 minutes

603 Service Code Modifiers and Descriptions

Modifier	Modifier Description
25	Significant, separately identifiable evaluation and management (E/M) service by the same physician or other qualified health professional on the same day of the procedure or other service. Modifier 25 is used to facilitate billing of evaluation and management services on the day of a procedure for which separate payment may be made. The physician or other qualified health care professional may indicate that on the day a procedure or service code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed.
59	Distinct Procedure Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier 59 to the end of the appropriate service code. Modifier 59 is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances. However, when another already established modifier is appropriate, it should be used rather than modifier 59.
91	Repeat clinical diagnostic laboratory test
AF	Specialty physician (This modifier is to be applied to service codes billed by the mental health center which were performed by a psychiatrist)
AH	Clinical psychologist (This modifier is to be applied to service codes billed by the mental health center which were performed by doctoral level clinician, including PhD, PsyD, EdD)
EP	Group psychotherapy modifier for preventive behavioral health session (only used with 90853)
ET	Emergency services.
GJ	Opt-out physician or practitioner emergency or urgent service. (Urgent Care services. To identify services provided by Mental Health Centers that are designated as Behavioral Health Urgent Care provider sites.)
HA	Child/adolescent program (This modifier is to be applied to service codes billed when performed with a Children and Adolescent Needs and Strengths (CANS)).
HB	Adult program, non-geriatric.

603 Service Code Modifiers and Descriptions cont.

Modifier	Modifier Description
HE	Mental health program (Certified Peer Specialist Services)
HL	Intern (This modifier is to be applied to service codes billed by the mental health center which were performed by intern level clinicians, including post-doctoral fellows and psychology interns, post-master's mental health counselors and mental health counselor interns, post-master's marriage and family therapist, Licensed Alcohol and Drug Counselor IIs (LADC II), Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor)
HN	A service rendered by a provider with a bachelor's degree.
HO	Master's degree level (This modifier is to be applied to service codes billed by the mental health center which were performed by master's level clinician, including Licensed Clinical Social Workers (LCSWs), Licensed Independent Clinical Social Workers (LICSWs), Licensed Alcohol and Drug Counselor I, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist)
QW	CLIA waived test
SA	Nurse practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by the mental health center which were performed by a psychiatric nurse mental health clinical specialist.)
U1	Medicaid level of care 1.

604 Telephonic Service Codes and Descriptions

Service Code	Service Description
98966	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion.
98967	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11–20 minutes of medical discussion.
98968	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21–30 minutes of medical discussion

604 Telephonic Service Codes and Descriptions cont.

Service Code	Service Description
99441	Telephone evaluation and management servicers by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion.
99442	Telephone evaluation and management servicers by a physician or other qualified health care professional who may report evaluation and management services provided to and established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11–20 minutes of medical discussion
99443	Telephone evaluation and management servicers by a physician or other qualified health care professional who may report evaluation and management services provided to and established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21–30 minutes of medical discussion

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