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## Subchapter 6: Mental Health Center Services Program

### 6. Service Codes and Descriptions

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## 601 Service Codes and Descriptions

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 429.000 and 450.000.

### Service

Code-Modifier   Service Description

### Encounter Bundle

Encounter bundle codes incorporate the designated service codes and must be billed in conjunction with one or more designated service codes. Only providers designated as behavioral health urgent care centers can bill encounter bundle codes.

**(To view the rates for these services, please refer to [101 CMR 306.00](#): *Rates for Mental Health Services Provided in Community Health Centers and Mental Health Centers.*)**

H2013-HA     Psychiatric health facility service, per diem (Child/Adolescent Services)

H2013-HB     Psychiatric health facility service, per diem (Adult Services)

### Psychiatric Evaluation

90791     Psychiatric diagnostic evaluation (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

90791-HA     Psychiatric evaluation performed with a CANS (Children and Adolescent Needs and Strengths) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

90792     Psychiatric diagnostic evaluation with medical services [Services provided by Behavioral Health Urgent Care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

### Individual Therapy

90832     Psychotherapy, 30 minutes with patient (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA.) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

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#### **Individual Therapy (cont.)**

- 90833      Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure.) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 90834      Psychotherapy, 45 minutes with patient (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 90836      Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure.) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 90837      Psychotherapy, 60 minutes with patient (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA.) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

#### **Couple/Family Therapy**

- 90846      Family psychotherapy (without the patient present), 50 minutes (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 90847      Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by Behavioral Health Urgent Care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 90849      Multiple-family group psychotherapy (per person per session, not to exceed 10 clients) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

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#### **Group Therapy**

90853      Group psychotherapy (other than a multiple family group) (per person per session not to exceed 12 clients) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

90853 EP      Group psychotherapy (other than a multiple family group) (per person not to exceed 12 clients) (preventive behavioral health session) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

#### **Case Consultation**

90882      Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

90889      Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers. (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA).

#### **Family Consultation**

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 (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

#### **Psychotherapy for Crisis**

90839      Psychotherapy for crisis; first 60 minutes (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

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#### **Psychotherapy for Crisis (cont.)**

90840      Psychotherapy for crisis; each additional 30 minutes (List separately in addition to the code for primary procedure.) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, -HL, -UG, or -SA) [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

**Note:** Do not report 90839 or 90840 in conjunction with 90791, psychotherapy codes 90832 through 90836, or other psychiatric services. Only use 90840 in conjunction with 90839.

#### **Specialty Services**

S9480      Intensive outpatient psychiatric services, per diem [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

H0046-HE      Mental health services, not otherwise specified (certified peer specialist services).

**(To view 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).

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)

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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)

(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 317.00](#): *Rates for Medicine Services.*)

### Covid-19 Vaccine Codes

0001A	Pfizer-BioNTech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)
0002A	Pfizer-BioNTech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2ND)
0003A	Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose
0004A	Pfizer-BioNTech Covid-19 Vaccine Administration – Booster
0011A	Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)
0012A	Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100MCG/0.5ML 2ND)
0013A	Moderna Covid-19 Vaccine Administration – Third Dose
0031A	Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 .5ML)
0034A	Janssen Covid-19 Vaccine Administration – Booster (ADM SARSCOV2 VAC AD26 .5ML)
0064A	Moderna Covid-19 Vaccine (Low Dose) Administration – Booster
0071A	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration – First Dose
0072A	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration – Second Dose
91300 SL	Pfizer-BioNTech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)
91301 SL	Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)
91303 SL	Janssen Covid-19 Vaccine (SARSCOV2 VAC AD26 .5ML IM)
91306 SL	Moderna Covid-19 Vaccine (Low Dose)
91307 SL	Pfizer-BioNTech Covid-19 Pediatric Vaccine

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(To view the rates for these services, please refer to [101 CMR 306.00: Rates for Mental Health Services Provided in Community Health Centers and Mental Health Centers.](#))

### **Evaluation and Management Codes**

Medication Visits—Services for medication visits must be billed using the following appropriate Evaluation and Management Codes.

#### **New Patient**

- 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 total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 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 total time on the date of the encounter for code selection, 604 minutes must be met or exceeded. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

#### **Established Patient**

- 99211      Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

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#### **Established Patient (cont.)**

- 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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 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 on the date of the encounter for code selection, 20 must be met or exceeded. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 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 on the date of the encounter for code selection, 30 minutes must be met or exceeded. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 99417      Prolonged outpatient evaluation and management service(s) with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services). [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]



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### Code-Modifier Service Description

(To view the rates for these services, please refer to [101 CMR 317.00: Rates for Medicine Services.](#))

### **Nursing Facility Care–New Patient**

- 99304 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 99305 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 99306 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes at the bedside and on the patient's facility floor or unit. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

### **Subsequent Nursing Facility Care**

- 99307 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; or straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes at the bedside and on the patient's facility floor or unit.

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#### **Subsequent Nursing Facility Care (cont.)**

- 99308      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem-focused interval history; an expanded problem-focused examination; or medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.
- 99309      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; or medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
- 99310      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; or medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.

#### **Rest Home–Established Patient**

- 99334      Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; or straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

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#### **Rest Home–Established Patient (cont.)**

- 99335      Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem-focused interval history; an expanded problem-focused examination; or medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

#### **Home Visits–New Patient**

- 99341      Home visit for the evaluation and management of a new patient, which requires these three key components: a problem-focused history; a problem-focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 99342      Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem-focused history; an expanded problem-focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 99344      Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

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#### **Home Visits–New Patient (cont.)**

- 99345      Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

#### **Home Visit–Established Patient**

- 99347      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; or straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 99348      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem-focused interval history; an expanded problem-focused examination; or medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]
- 99349      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; or medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

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#### **Home Visit–Established Patient (cont.)**

- 99350      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; or medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family. [Services provided by behavioral health urgent care providers must be billed in conjunction with the appropriate encounter bundle code (H2013-HB or H2013-HA).]

(To view the rates for these services, please refer to [101 CMR 306.00](#): *Rates for Mental Health Services Provided in Community Health Centers and Mental Health Centers.*)

#### **Psychological Assessment**

- 96112      Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory, and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour.
- 96113      Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure).
- 96116      Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, [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      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; each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96116).

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## 601 Service Codes and Descriptions

### Service

### Code-Modifier   Service Description

#### **Psychological Assessment (cont.)**

- |       |   |
|-------|---|
| 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 | 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; each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96130).       |
| 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 | 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; 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 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; 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).   |

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## 602 Service Code Modifiers and Descriptions

<u>Modifier</u>	<u>Modifier Description</u>
-25	Significant, separately identifiable Evaluation and Management Service by the same physician or other qualified health professional on the same day of the procedure or other service. Modifier -25 applies to two E/M services provided on the same day.
-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.
-95	Counseling and therapy services rendered via audio-video telecommunications
-93	Services rendered via audio-only telehealth
-AF	Specialty physician. (This modifier is to be applied to service codes billed by the mental health center that were performed by a psychiatrist.)
-AH	Clinical psychologist. (This modifier is to be applied to service codes billed by the mental health center that were performed by doctoral level clinician, including PhD, PsyD, or EdD.)
-EP	Group psychotherapy modifier for preventive behavioral health session (only used with 90853)
-FQ	Counseling and therapy services provided using audio-only telecommunications
-FR	A supervising practitioner was present through a real-time two-way, audio and video communication technology
-GQ	Services rendered via asynchronous telehealth
-GT	Services rendered via interactive audio and video telecommunications systems
-HA	Child/adolescent program (only used with 90791 and H2013)
-HB	Adult program non-geriatric (only used with H2013)
-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 that were performed by an intern-level clinician, 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 and drug abuse counselor.)
-HO	Master's degree level. (This modifier is to be applied to service codes billed by the mental health center that were performed by a 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.)
-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 that were performed by an advanced practice registered nurse.)
-UG	Child psychiatrist. (This modifier is to be applied to service codes billed by the mental health center that were performed by a registered child psychiatrist.)

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### 603 Telephonic Service Codes and Descriptions

#### Service

#### Code-Modifier   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.                     |
| 99441 | Telephone evaluation and management services 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 services 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 services 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. |