

**Oregon Health Authority
Medicaid Procedure Codes for Certified Community Behavioral Health Clinic (CCBHC) Demonstration Services**

PURPOSE:

To inform clinics selected for participation in the CCBHC demonstration grant of the procedure codes that are eligible for reimbursement under the Prospective Payment System (PPS) methodology. This crosswalk will inform clinics of the Demonstration Service category that each procedure code falls under, and the specifications for providing and billing the service. Clinics may also use the crosswalk as a reference for determining the amount of visits to be included in the CCBHC Cost Report.

Primary Care (PCSM) evaluation and management (E/M) codes for CCBHC Demonstration include 99201-99220; 99224-99226; 99304-99310; 99341-99350

Providers utilizing E/M codes may also bill mental health procedure codes as listed in the Current Procedural Terminology (CPT) Code List and contained in this Demonstration Service listing

DEMONSTRATION SERVICE KEY:

CRISIS = Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization *

SADRA = Screening, assessment, and diagnosis, including risk assessment *

PCTP = Patient-centered treatment planning or similar processes, including risk assessment and crisis planning *

OMHSUS = Outpatient mental health and substance use services *

PCSM = Outpatient clinic primary care screening and monitoring of key health indicators and health risk

TCM = Targeted case management

PRS = Psychiatric rehabilitation services

PEER = Peer support and counselor services and family supports

VETS = Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration

* Demonstration services that must be provided directly by the CCBHC and not through a Designated Collaborating Organization (DCO) to receive the PPS encounter rate: Crisis services may be delivered through a state-sanctioned DCO if available

CODE	REQUIRED MODIFIER	ALLOWED MODIFIERS	DESCRIPTION	Demonstration Service Category	Reimbursement Method	PROVIDER TYPE DESCRIPTION				MANAGEMENT	
90785		GT	Interactive complexity code	OMHSUS	PPS Cost-Based Rate	LMP					RETROSPECTIVE REVIEW
90791		GT	Psychiatric diagnostic evaluation	SADRA	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP		RETROSPECTIVE REVIEW
90792		GT	Psychiatric diagnostic evaluation with medical services	SADRA	PPS Cost-Based Rate	LMP					RETROSPECTIVE REVIEW
90832		GT	Psychotherapy, 30 minutes with patient and/or family member	OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP		RETROSPECTIVE REVIEW
90833		GT	Psychotherapy, 30 minutes with patient and/or family member when performed with an E/M service	OMHSUS	PPS Cost-Based Rate	LMP					RETROSPECTIVE REVIEW
90834		GT	Psychotherapy, 45 minutes with patient and/or family member	OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP		RETROSPECTIVE REVIEW
90836		GT	Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service	OMHSUS	PPS Cost-Based Rate	LMP					RETROSPECTIVE REVIEW
90837		GT	Psychotherapy, 60 minutes with patient and/or family member	OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP		RETROSPECTIVE REVIEW
90838		GT	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service	OMHSUS	PPS Cost-Based Rate	LMP					RETROSPECTIVE REVIEW
90839		GT	Psychotherapy for crisis, first 60 minutes	CRISIS/OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP		RETROSPECTIVE REVIEW
90840		GT	Psychotherapy for crisis(each additional 30 minutes) List separately in addition to primary service CPT code	CRISIS/OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP		RETROSPECTIVE REVIEW
90846		GT	Family Psychotherapy (without the patient present)	OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP	Student Intern (Masters)	RETROSPECTIVE REVIEW
90847		GT	Family Psychotherapy (with the patient present)	OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP	Student Intern (Masters)	RETROSPECTIVE REVIEW
90849			Multiple-family group psychotherapy	OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP	Student Intern (Masters)	RETROSPECTIVE REVIEW
90849	HF	HG	Multiple-family group psychotherapy	OMHSUS	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION					RETROSPECTIVE REVIEW
90853		GT	Group psychotherapy	OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP	Student Intern (Masters)	RETROSPECTIVE REVIEW
90882			Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP	QMA	RETROSPECTIVE REVIEW
90887		GT	Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	OMHSUS	PPS Cost-Based Rate	LMP	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP		RETROSPECTIVE REVIEW
90887	HF	HG	GT	Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	PCTP	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION				RETROSPECTIVE REVIEW
96101			Psychological testing with interpretation and report by Psychologist or physician per hour.	SADRA	PPS Cost-Based Rate	LMP		PSYCHOLOGIST			RETROSPECTIVE REVIEW
96118		GT	Neuropsychological testing, interpretation, and report by psychologist or physician per hour	SADRA	PPS Cost-Based Rate	LMP		PSYCHOLOGIST			RETROSPECTIVE REVIEW
96150			Health and Behavior assessment each 15 minutes	PCSM	PPS Cost-Based Rate	LPC.LMFT.LCSW.QMHP		PSYCHOLOGIST			RETROSPECTIVE REVIEW
96151			Health and behavior re-assessment each 15 minutes.	PCSM	PPS Cost-Based Rate	LPC.LMFT.LCSW.QMHP		PSYCHOLOGIST			RETROSPECTIVE REVIEW
96152			Health and behavior intervention, individual each 15 minutes.	PCSM	PPS Cost-Based Rate	LPC.LMFT.LCSW.QMHP		PSYCHOLOGIST			RETROSPECTIVE REVIEW
96153			Health and behavior intervention, group each 15 minutes.	PCSM	PPS Cost-Based Rate	LPC.LMFT.LCSW.QMHP		PSYCHOLOGIST			RETROSPECTIVE REVIEW
96154			Health and behavior intervention, family and patient each 15 minutes.	PCSM	PPS Cost-Based Rate	LPC.LMFT.LCSW.QMHP		PSYCHOLOGIST			RETROSPECTIVE REVIEW
97810	HF	HG	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	OMHSUS	PPS Cost-Based Rate	LICENSED ACUPUNCTURIST					RETROSPECTIVE REVIEW
97811	HF	HG	Acupuncture, 1 or more needles; without electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of the needle(s).	OMHSUS	PPS Cost-Based Rate	LICENSED ACUPUNCTURIST					RETROSPECTIVE REVIEW
97813	HF	HG	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	OMHSUS	PPS Cost-Based Rate	LICENSED ACUPUNCTURIST					RETROSPECTIVE REVIEW
97814	HF	HG	Acupuncture, 1 or more needles; with electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of the needle(s).	OMHSUS	PPS Cost-Based Rate	LICENSED ACUPUNCTURIST					RETROSPECTIVE REVIEW
99211		GT	Established patient office or other outpatient visit, typically 5 minutes	PCSM	PPS Cost-Based Rate	LMP			RN		PRIOR AUTHORIZATION - DMAP 8060
G0176			Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	PRS/OMHSUS	PPS Cost-Based Rate	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP	QMA		RETROSPECTIVE REVIEW
G0177		GT	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	PRS/OMHSUS	PPS Cost-Based Rate	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP	QMA	Certified Peer Support Specialist	RETROSPECTIVE REVIEW
H0001	HF	HG	GT	Alcohol and/or Drug Assessment	SADRA	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION				RETROSPECTIVE REVIEW
H0002	HF	HG	GT	Behavioral Health screening to determine eligibility for admission to treatment programs	SADRA	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION				RETROSPECTIVE REVIEW
H0004		GT	Behavioral health counseling and therapy, per 15 minutes	OMHSUS	PPS Cost-Based Rate	LPC.LMFT.LCSW	PSYCHOLOGIST	QMHP	Student Intern (Masters)		RETROSPECTIVE REVIEW
H0004	HF	HG	Behavioral health counseling and therapy, per 15 minutes	OMHSUS	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION					RETROSPECTIVE REVIEW
H0005	HF	HG	Alcohol and/or drug services; group counseling by a clinician	OMHSUS	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION					RETROSPECTIVE REVIEW
H0006	HF	HG	Alcohol and/or drug services; Case Management	TCM/OMHSUS	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION					RETROSPECTIVE REVIEW
H0010-H0011	HF		Alcohol/Drug services; sub-acute (H0010)/Acute (H0011), medically monitored detoxification, (as an alternative to inpatient ASAM Level III 7-D)	CRISIS	PPS Cost-Based Rate	QHA SUBSTANCE USE DISORDER PROGRAM CERTIFICATION					RETROSPECTIVE REVIEW
H0012-H0013	HF		Alcohol/Drug services; sub-acute (H0012)/Acute (H0013), clinically managed detoxification, (outpatient ASAM Level III 2-D)	CRISIS	PPS Cost-Based Rate	QHA SUBSTANCE USE DISORDER PROGRAM CERTIFICATION					RETROSPECTIVE REVIEW
H0014	HF		Ambulatory detoxification service for mild to moderate withdrawal from substance abuse (Ambulatory ASAM Level II-D)	OMHSUS	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION					RETROSPECTIVE REVIEW
H0015	HF	HG	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).	OMHSUS	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION					RETROSPECTIVE REVIEW
H0016	HG		Alcohol and/or drug services; Medical/somatic intervention in ambulatory setting	OMHSUS	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION					RETROSPECTIVE REVIEW
H0020	HG		Alcohol and/or drug services; Methadone administration and/or services (provision of the drug by licensed program)	OMHSUS	PPS Cost-Based Rate	AMH SUBSTANCE USE DISORDER PROGRAM CERTIFICATION					RETROSPECTIVE REVIEW

H0023			GT	Behavioral health outreach service (planned approach to reach a targeted population)	TCM	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP/QMHA/INTERN	CERTIFIED PEER SUPPORT SPECIALIST	RETROSPECTIVE REVIEW
H0031			GT	Mental health assessment, by non-physician.	SADRA	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	Student Intern (Masters)		RETROSPECTIVE REVIEW
H0032			GT	Mental health service plan development by non-physician.	PCTP	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	Student Intern (Masters)		RETROSPECTIVE REVIEW
H0032	HF	UA	GT	Mental health service plan development by non-physician.	PCTP	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	Student Intern (Masters)		RETROSPECTIVE REVIEW
H0033	HF	HG	GT	Oral Medication Administration, direct observation.	OMHSUS	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP			RETROSPECTIVE REVIEW
H0033				Oral Medication Administration, direct observation.	OMHSUS	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP			RETROSPECTIVE REVIEW
H0034				Medication training and support, per 15 minutes.	OMHSUS	PPS Cost-Based Rate	LMP	RN				RETROSPECTIVE REVIEW
H0036				Community psychiatric supportive treatment, face-to-face, per 15 minutes.	PRSO/OMHSUS	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP	QMHA	RETROSPECTIVE REVIEW
H0037				Community psychiatric supportive treatment program, per diem	PRSO/OMHSUS	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP	QMHA	RETROSPECTIVE REVIEW
H0038			GT	Self-help/peer services, per 15 min	PEER	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP	QMHA	RETROSPECTIVE REVIEW
H0038	HB		GT, TN, UA	Self-help/peer services, per 15 min	PEER	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP	QMHA	RETROSPECTIVE REVIEW
H0039			GT	Assertive community treatment, face-to-face, per 15 minutes.	PRSO/OMHSUS	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP/QMHA	CERTIFIED PEER SUPPORT SPECIALIST	RETROSPECTIVE REVIEW
H0048	HF	HG		Alcohol and/or drug testing; Collection and handling only, specimens other than blood	OMHSUS	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP	QMHA	RETROSPECTIVE REVIEW
H2000				Child and Adolescent Needs Survey (CANS)	SADRA	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	QMHA		RETROSPECTIVE REVIEW
H2010				Comprehensive medication services, per 15 min	OMHSUS	PPS Cost-Based Rate	LMP	RN				RETROSPECTIVE REVIEW
H2011				Crisis intervention service, per 15 minutes	CRISIS	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP		RETROSPECTIVE REVIEW
H2012				Behavioral health day treatment, per hour	OMHSUS	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	QMHA		RETROSPECTIVE REVIEW
H2014				Skills training and development, per 15 min	PEER/OMHSUS	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP/QMHA	CERTIFIED PEER SUPPORT SPECIALIST	RETROSPECTIVE REVIEW
H2016	HF			Comprehensive community support services, per diem	PEER/OMHSUS	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP/QMHA	CERTIFIED PEER SUPPORT SPECIALIST	RETROSPECTIVE REVIEW
H2018			GT	Psychosocial Rehabilitation Services, per diem	PRS	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	QMHA		RETROSPECTIVE REVIEW
H2021			GT	Community-based wrap-around services, per 15 minutes	OMHSUS/PEER	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP/QMHA	CERTIFIED PEER SUPPORT SPECIALIST	RETROSPECTIVE REVIEW
H2023			GT	Supported Employment, per 15 min	OMHSUS	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	QMHA	Certified Peer Support Specialist	RETROSPECTIVE REVIEW
H2027			GT	Psychoeducational service, per 15 minutes	PRSO/OMHSUS	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	QMHA		RETROSPECTIVE REVIEW
H2032				Activity therapy, per 15 min	OMHSUS	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	QMHA		RETROSPECTIVE REVIEW
H2033				Multi-systemic therapy for juveniles, per 15 min	OMHSUS	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	QMHA		RETROSPECTIVE REVIEW
T1006	HF	HG		Alcohol and/or substance abuse services; Family/couple counseling	OMHSUS	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP			RETROSPECTIVE REVIEW
T1502	HG			Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional	OMHSUS	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP			RETROSPECTIVE REVIEW
T1016			GT	Case management, per 15 min	TCM/OMHSUS	PPS Cost-Based Rate	LMP	LPC,LMFT,LCSW	PSYCHOLOGIST	QMHP/QMHA/INTERN	CERTIFIED PEER SUPPORT SPECIALIST	RETROSPECTIVE REVIEW
T1023			GT	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	SADRA	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP	QMHA		RETROSPECTIVE REVIEW
T2010			GT	Preadmission screening and resident review (PASSR) Level I identification screening, per screen	SADRA	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP			RETROSPECTIVE REVIEW
T2011			GT	Preadmission screening and resident review (PASSR) Level II evaluation, per evaluation	SADRA	PPS Cost-Based Rate	LPC,LMFT, LCSW	PSYCHOLOGIST	QMHP			RETROSPECTIVE REVIEW

APPLIED BEHAVIOR ANALYSIS PROCEDURE CODES

CODE				DESCRIPTION	Demonstration Service Category	Reimbursement Method			PROVIDER TYPE DESCRIPTION		MANAGEMENT
0359T				Behavior identification assessment + plan of care	SADRA	PPS Cost-Based Rate	BCBA	Physician	PSYCHOLOGIST		RETROSPECTIVE REVIEW
0362T				Exposure behavioral follow-up assessment first 30 minutes	OMHSUS	PPS Cost-Based Rate	BCBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0363T				Exposure behavioral follow-up assessment each additional 30 minutes	OMHSUS	PPS Cost-Based Rate	BCBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0364T			GT	Behavior treatment by protocol administered by technician first 30 minutes	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA or BAI	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0365T			GT	Behavior treatment by protocol administered by technician each additional 30 minutes	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA or BAI	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0366T			GT	Group behavior treatment by protocol administered by technician first 30 minutes	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA or BAI	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0367T			GT	Group behavior treatment by protocol administered by technician additional 30 minutes / Two recipients	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA or BAI	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0367T				Group behavior treatment by protocol administered by technician additional 30 minutes / Three recipients	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA or BAI	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0367T				Group behavior treatment by protocol administered by technician additional 30 minutes / Four recipients	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA or BAI	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0367T				Group behavior treatment by protocol administered by technician additional 30 minutes / Five recipients	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA or BAI	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0368T			GT	Behavior treatment with protocol modification administered by physician or other qualified health care professional first 30 minutes	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0369T			GT	Behavior treatment with protocol modification administered by physician or other qualified health care professional each additional 30 minutes	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0370T			GT	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0371T			GT	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min. / One Family	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0371T			GT	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min. / Two Families	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0371T			GT	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min. / Three Families	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0371T			GT	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min. / Four Families	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
0371T			GT	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min. / Five Families	OMHSUS	PPS Cost-Based Rate	BCBA or BCaBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060
99366			GT	Medical team conference with patient and/or family, and nonphysician health care professionals, 30 minutes or more	PCTP	PPS Cost-Based Rate	BCBA or BCaBA	Physician	PSYCHOLOGIST		PRIOR AUTHORIZATION - DMAP 8060

MODIFIER KEY:

HB = PRICING MODIFIER - SERVICES PROVIDED IN A LICENSED ADULT SUBSTANCE USE DISORDER TREATMENT PROGRAM
HE = TRACKING MODIFIER - SUPPORTED EDUCATION WHEN BILLED WITH H2023
HF = PRICING MODIFIER - SERVICES PROVIDED WITHIN AMH CERTIFIED CHEMICAL DEPENDENCY FACILITY
HG = TRACKING MODIFIER - SERVICES PROVIDED WITHIN AN AMH CERTIFIED OPIOID ADDICTION TREATMENT PROGRAM
TN = TRACKING MODIFIER - SERVICES PROVIDED IN AN ADOLESCENT MENTAL HEALTH TREATMENT PROGRAM
UA = TRACKING MODIFIER - SERVICES PROVIDED IN A LICENSED ADOLESCENT ALCOHOL AND DRUG TREATMENT PROGRAM
GT = VIA INTERACTIVE AUDIO AND TELECOMMUNICATION SYSTEMS