

Community Mental Health Center Billing Guidelines Effective July 1, 2011

Providers must refer to current CPT and HCPCS codebooks for proper coding.

Those services listed below in the same service category all apply toward that service limit total.

SERVICE NAME	NEW PROCEDURE CODES	MODIFIERS (HW is required for all services)	RATES	UNIT MEASURES	PLACE OF SERVICE CODES	SERVICE LIMITS	
						DAILY	YEARLY
Interview /Exam	90801		134.27	Per service	03,12,31, 32, 53,99	1	72
Medication Management	90862		50.18	Per service	12, 31, 32, 53, 99		
Individual Therapy with Medication Management	90805 90807 90809		66.12 91.92 129.35	Per service	03,12, 31, 32, 53, 99		
Medication Injection**	T1502		4.76	Per injection	12,31,32, 53, 99	2	None
Assessment*	H0031		93.00	Per service	03,12,31, 32, 53,99	1	36
Treatment Plan Review**	H0032	HT	18.45	Per service	03,31,32, 53, 99		
Individual Therapy	90804 90806 90808		58.05 78.48 115.66	Per service	03,12,31, 32,53,99		
Nursing Services***	T1002		18.45	Per 15 min. unit	03,12,31, 32, 53,99	4	144
Family Therapy	90846 90847		74.11 92.21	Per service each	03,12,31, 32,53,99	1	24
Group Therapy	90853 90857		27.85 31.91	Per service	03,31,32, 53, 99	2	40
Multi-Family Group Therapy	90849		29.56	Per service	31,32,53, 99	1	
Case Management (Adult)**	T1017	HB	14.88	Per 15 min unit	12,53,99	96	576
Case Management (Child)**	T1017	HA	14.88	Per 15 min unit	12,53,03, 99		
Individual Therapeutic Support**	H2019		9.52	Per 15 min unit	03,12,53, 99		
School Based services**	H2015	HA	18.45	Per 15 min unit	03,12,53, 99		
Mental Illness Monitoring Services (MIMS)**	H0039		18.90	Per 15 min unit	12, 53, 99		
Psychosocial Rehabilitation**	H2030	HB	3.87	Per 15 min unit	53,99	20	None

SERVICE NAME	NW PROCEDURE CODES	MODIFIERS (HW is required for all services)	RATES	UNIT MEASURES	PLACE OF SERVICE CODES	SERVICE LIMITS	
						DAILY	YEARLY
Day Treatment (child)*	H2012		32.00	Per 1 hr unit	53,03	5	None
Day Support**	H2017		2.08	Per 15 min unit	53, 99	20	None
Psychosocial Rehabilitation (Elderly)**	H2030	HC	3.87	Per 15 min unit	31,32,53, 99	20	None
Acute Partial Hospitalization**	H0035		113.00	Per Diem	22,53,99	1	100

Revised 7/1/2011

* Effective as of 10/01/03

** Effective as of 07/01/05

A unit of service is calculated by adding time spent in face to face contact with the beneficiary or collateral.

Daily Service Limits are defined as the maximum number of units that can be provided per service/per day.

Yearly Service Limits is defined as the maximum number of units that can be provided per year per beneficiary.

Modifiers

HW = Funded by state mental health agency ***

HA = Child/ Adolescent program

HB = Adult program

HT = Multi-disciplinary

HC = Adult program, geriatric

Place of Service Code

03 = School

12 = Home

22 = Outpatient Hospital

31 = Skilled Nursing Facility ****

32 = Nursing Facility****

53 = Community Mental Health Center

99 = Other Place of Service

***Required modifier.

****Only eligible for Medicaid reimbursement when recommended by the Appropriateness Review Committee as part of Pre-Admission Screening and Resident Review process.